

Before Independent Hearings Commissioners in Nelson

Under the Resource Management Act 1991 (RMA)

In the matter of the hearing of submissions on Plan Change 29 (Housing and Hazards) to the Nelson Resource Management Plan

Summary statement of evidence of Dene Coleman for Manuka
Street Hospital Limited

Corporate

Dated 30 August 2024

MAY IT PLEASE THE COMMISSIONERS

Introduction

1. My full name is Dene Coleman.
2. I am the Chief Executive Officer at Manuka Street Hospital Limited (**MSHL**) in Nelson and have held this position for almost a year. I am involved and have executive responsibility for all operational aspects of the organisation including payroll, HR, approvals, hospital and company planning and development, regulatory compliance, resourcing and communications, in addition to informing the MSHL Board of Directors on future strategic direction and risk.
3. My experience and expertise are set out in my primary statement of evidence dated 10 July 2024.

Scope of evidence

4. My primary statement of evidence provides:
 - (a) background to and regional importance of MSHL;
 - (b) support for planning recognition for the Hospital;
 - (c) development considerations for hospitals; and
 - (d) the benefits that expansion of the Hospital would enable.
5. In this statement I provide a summary of my evidence.

Background to and regional importance of the Manuka Street Hospital

6. The New Zealand healthcare system is under increasing pressure. Public hospitals in New Zealand are struggling to meet demand and private hospitals play an important role to ease the burden on the public system.
7. Health NZ Nelson Marlborough and Manuka Street Hospital have a high and growing demand for their surgical services due to the increasing and aging

population. Both these factors increase the current and future forecast demand for services at Manuka Street Hospital.

8. In the 12-month period from May 2023 to April 2024 the portion of Health NZ Nelson Marlborough patients not meeting the government time to elective surgery target grew by 41%. This is significant.
9. Other than Nelson Hospital, Manuka Street Hospital is currently the only Health NZ accredited, fully equipped hospital in the region that can provide surgery under general anaesthesia, with in-patient facilities. Public hospitals also have a requirement to focus on timebound acute (emergency) surgery, and as a result elective surgery is often delayed.
10. Because of this, Manuka Street Hospital has a critical and regionally significant role in supporting the Nelson Hospital to meet the current and growing demand for elective surgery. Timely electively surgery is important because it provides for a disability to be corrected, which reduces pain, supports well-being and enables a person to contribute more fully to society.
11. Currently Manuka Street Hospital performs approximately 3,100 surgeries per annum. In the last financial year, 26% of these were funded by the Accident Compensation Corporation, and 16% were funded by Health NZ to provide outsourced elective procedures for patients in the public system, with this increasing from 0% four years ago.
12. With the current growth of private elective surgery, the forecast demand (due in part to the aging population), and the growth already experienced in outsourced public hospital surgeries, Manuka Street Hospital will outgrow its current capacity and require further development in the short term.
13. Related but separate to the growing demand for elective surgeries, at times of acute bed shortage at the public hospital, Manuka Steet Hospital assists by taking patient transfers from their surgical ward to free up beds at Nelson Hospital for other patients to be admitted.
14. Under a Memorandum of Understanding between Health NZ Nelson Marlborough and MSHL, critical infrastructure is also provided by MSHL to provide inpatient care for Health NZ patients in the event of a significant

regional emergency. MSHL must have the ability to develop its facilities to fully meet these requirements.

Support for planning recognition for the hospital

15. Manuka Street Hospital is an existing use, having been part of this neighbourhood since the early 1900s.
16. MSHL has been actively involved to seek that the hospital gets appropriate recognition in the Nelson planning framework, including through Plan Change 29 to the Nelson Resource Management Plan.
17. PC29 has proposed to rezone the site from Residential – Lower Density zone to the High Density zone. The Council’s s42A report and evidence supported the Residential – Medium Density zone applying to the site. Following expert conferencing, the Council’s Addendum s42A report recommended that MSHL’s proposed Schedule Y be adopted to regulate the hospital site. MSHL supports this (with minor amendments to the wording of Schedule Y).
18. Hospitals need to be purpose-built and are a bespoke design. They need to accommodate a range of services and functions, and also be flexible to adapt to evolving healthcare needs and technical advancements over time. To support the efficient operation and enable the expansion of the hospital, it is important that the operational and functional requirements for hospital buildings are recognised and provided for in the Plan. The proposed provisions in Schedule Y recognise the use and built form requirements of the hospital.
19. Manuka Street Hospital currently has four purpose-built operating theatres that are designed to international standards. We also have a ten-bed post anaesthetic care unit and international standard Theatre Sterilising Unit.
20. Manukau Street Hospital will need to expand its facilities to provide for the projected demand. The organisation has reached capacity in its theatre sterilisation unit and must address this constraint to fully utilise current theatre capacity. Staff facilities of changing areas, office and meal spaces all require expansion to support workflow and staff wellbeing. An additional theatre is planned due to current and forecast growth in elective surgery volumes. Expansion of the current specialist centre on site, inline with best

practice co-location of services and specialties, will provide the region with a world class facility both now and for the foreseeable future.

21. Supportive hospital specific planning provisions that recognise the value of the hospital will enable this expansion to occur in a much more efficient and certain manner than it would otherwise.
22. Manuka Street is cognisant of its residential neighbours, and works hard to be a good citizen of the local community fostering relationships with its neighbours. The hospital is an existing use, and has been part of this neighbourhood for over 120 years. Over this time, it has been redeveloped to meet changing healthcare and hospital needs, and it is essential that it can continue to do so. The size of the site, and its orientation to Manuka Street and the Brook Stream means that development can be located with appropriate separation from residential boundaries.

Flood hazard overlay

23. PC29 proposes to apply Flood Hazard and High Flood Hazard overlays to much of MSHL's site, thereby meaning that additional rules relating to flood hazards will apply to the site. MSHL accepts, on the evidence of Mr Carlson-McColl for MSHL, that it is appropriate for the overlays to apply to much of 36 Manuka Street, however they should not be applied to 44 Manuka Street. The Council's Addendum s42A report on flooding confirms this.
24. Despite the overlays, given the critical importance of the Hospital's functions in the region it would not be appropriate for these overlays to prohibit further development or redevelopment of the Hospital. As set out in the evidence of Mr Carlson-McColl, appropriate development can occur in flood hazard areas which would either not exacerbate or increase flood risk.

Conclusion

25. In my view, appropriate enabling provisions for Manuka Street Hospital are crucial to recognise the nature and complexity of this facility and the need to expand it to meet the current and future demand for healthcare services in Nelson/Tasman and Marlborough regions.

26. For the reasons set out in this evidence I consider that the relief sought by MSHL, as further addressed in the expert evidence for MSHL, should be granted.

DATED at Nelson this 30th day of August 2024

Dene Coleman