

Out of scope

Out of scope

Inpatient Building Update:

- Out of scope
- Out of scope
 - Tony Lloyd provided an overview of the changes in option 4.3, noting the removal of the Mental Health Services of Older People IPU has been removed and the redistribution of collaborative space due to the removal of the Pavilion.
 - Out of scope
 - **NOTED** comments from the Te Whatu Ora Southern team:
 - Hamish Brown noted this is a difficult decision to make due to papers being provided 36 hours prior to the meeting and it appears the \$90m savings have been achieved by moving items to other budget lines. Due to the amount of risk to programme he is not in a position where he can recommend this option to the Capital and Infrastructure Committee.
 - Shelia Barnett acknowledged the design team have done the best job they can with the least amount of impact, but the clinical risks are too large and unacceptable.
 - Bridget Dickson added that the non-quantifiable risk is the stakeholders.
 - Pete Hodgson noted the bed reduction is unacceptable and that the option is silent on operational expenditure savings.
 - **DISCUSSED** that reductions for the Mental Health Services of Older People IPU were offered up by Te Whatu Ora Southern but not the full deletion of the IPU from the building.
 - **DISCUSSED** the potential costs for Dairy Building to be fitted out. Current estimate from CPB s 9(2)(b)(i) for fit out as an office space. Further discussion occurred around moving the kitchen to the Dairy Building to free up space for a reduced Mental Health Services of Older People IPU.
 - **DISCUSSED** releasing contingency to retain some clinical services and beds.
 - **DISCUSSED** the risks involved with going back to concept design. Robert Rust commented that similar conversations are being had in Australia on multiple projects; it can be done but there is risk.
 - The Chair noted that given the task set by Joint Ministers a good outcome has been reached, it is not an acceptable outcome, but it meets the requirements of the task.
 - Monique Fowler commented that the capital and operational expenditure risks need to be clearly outlined in the options put forward to Joint Ministers.

s 9(2)(g)(i)

The Chair opened the floor for wider discussion. Key points to note include:

- Hamish Brown, Bridget Dickson, and Shelia Barnett support this alternative option and would like it presented to Joint Ministers for consideration.
- **DISCUSSED** the alternative option is more palatable with more savings on elements known. However, further exploration needs to occur for third party funding viability.
- **DISCUSSED** the need to review and consider both capital and operational expenditure costs and that the outcome from the design optimisation process will result in better value for money.

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- **NOTED** the Executive Steering Group recommended option will be presented to the Te Whatu Ora Board for consideration before seeking approval of the Joint Ministers.
- **NOTED** the Executive Steering Group will recommend option 4.3, subject to the removed beds being added back in and a space for a reduced Mental Health Services of Older People IPU included in the design. A revised option 4.3, with these inclusions, is to be circulated to the Executive Steering Group members for formal endorsement.
- **NOTED** the final recommendation was required by 7 October for the Capital and Infrastructure Committee meeting on 13 October.
- Hamish Brown requested more information regarding the redundancy and resilience under option 4.3. Richard Wager provided an overview, key points to note include:
 - Reduction in heat pumps, but number of boilers remains the same.
 - Reduction in logistic lifts.
 - Water tank storage reduced from 48 hours to 24 hours.
- Hamish Brown noted these changes will raise the overall risk profile.
- Neil O'Donnell noted the changes to services generated a 9(2)(b)(ii) saving

Out of scope

5

Financial Report

The report was taken as read, key points from discussion:

- There has been a 12% increase in general market, non-residential, costs since last year. Concerns about the changes in exchange rates, market pricing, and inflationary wage pressures remain.
- The September reports will be split into Outpatient Building and Inpatient Building, with any site wide costs being included in the Inpatient Building report.

Out of scope

COST MANAGEMENT REPORT NO. 26

28 SEPTEMBER 2022

NEW DUNEDIN HOSPITAL

TE WHATU ORA - HEALTH NEW ZEALAND

Prepared For

Te Whatu Ora - Health New Zealand
Wellington

Prepared By

Rider Levett Bucknall Christchurch
PO Box 461
Christchurch 8140
T: +64 3 354 6873
RLB.com

Project number

CH1595

Submitted on

29 September 2022





1.0 EXECUTIVE SUMMARY

This Cost Management Report prepared by Rider Levett Bucknall for Te Whatu Ora - Health New Zealand for the proposed New Dunedin Hospital Project summarises the current financial position of the project and includes an assessment of the total commitment and remaining available contingency.

Our report has been prepared on a GST exclusive basis.

New risks are reported below; for existing risks, please refer to previous reports.

New Risks	Description
1	Delay in recommending Inpatients Design will incur additional fees and escalation / delay costs
2	Exchange rate – now lowest since 2009 – ongoing impacts to material supply resulting in increased costs (e.g., Viscous Dampers)

1.1 FINANCIAL REVIEW

The following is a summary of the Project Budget and variance from last report.

Note, the Inpatients Programme remains on hold while approvals are gained for the design reset. Upon approval to the Project Team, the budget will be realigned. Hopefully this will be forthcoming in the next period.



**APPENDIX E: TE WHATU ORA DIRECT
COST STATUS**

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Discussions are being undertaken separately regarding the proposed staffing structure which is being discussed separately. At present the direction is to work within the existing budgets.

We have included an updated summary of those budget lines which we believe are currently or have the potential to become under pressure. We are awaiting confirmation of where those cost centres are overbudget, as to where the overspend is to be funded from:

Cost Category	Budget (\$)	Approved Commitment Value*	Paid to Date	% Spent**	Forecasted Expenditure ***	Variance		Comment
501.1 Disputes Advisory Boards	700,000	225,602	225,602	32%	829,208	354,810	R	Note that discussions are ongoing around structure but currently forecasting overspend.
501.2 Probity	350,000	534,394	515,344	147%	637,283	287,283	R	Budget is overspent. Additional funding required. Forecast has been reduced noting that main procurements complete; any further involvement expected to be minimal.
501.4 Legal	1,701,739	1,702,948	1,521,811	89%	1,900,000	198,261	A	Further anticipated expenditure for potential future requirements beyond procurement are likely to be a ring-fenced risk allocation in Contingency.
503.1 Council Fees	3,371,083	2,514,449	1,327,949	42%	4,666,526	1,295,423	R	Due to the separate consent process and additional peer reviews to date, this item has been updated to red status.



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From: [Lauren Semple](#)
To: "[Balkham, Matt](#)"; [Hamish Brown](#); "[Mike Jeffery](#)"; "[Todd, Derek](#)"
Cc: [Simon Crack](#); [Bridget Dickson](#)
Subject: RE: NDH - Outpatient consent - flooding comments : probability of events. [GREE-DMS.FID91606]
Date: Sunday, 24 July 2022 16:37:13
Attachments: [image003.png](#)

Looks like we can all stand down on this! The panel have issued draft conditions which make no real change to our proposed Adverse Weather Plan and no RFI has been forthcoming on the back of Commissioner Howie's review so fingers crossed we shall shortly have a consent and this matter is done and dusted.

From: Lauren Semple
Sent: Thursday, July 21, 2022 10:52 AM
To: 'Balkham, Matt' <[REDACTED]>; Andrew Holmes <Andrew.Holmes@health.govt.nz>; Adam Feeley <[REDACTED]>; Rachel Murdoch <[REDACTED]>; [REDACTED]; 'Marcus Read' <[REDACTED]>; [REDACTED]; 'Hamish Brown' <Hamish.Brown@southerndhb.govt.nz>; 'Mike Jeffery' <[REDACTED]>; Todd, Derek <[REDACTED]>
Cc: 'Simon Crack' <Simon.Crack@southerndhb.govt.nz>; Bridget Dickson <Bridget.Dickson@southerndhb.govt.nz>
Subject: RE: NDH - Outpatient consent - flooding comments : probability of events. [GREE-DMS.FID91606]

Thanks All – if/when we are asked via RFI to address this we will make the point (as we did in the Stage 1 response) that these are (deliberately) conservative assessments and the likelihood of actually needing to rely on such a plan is very slim (particularly when this building will be attached by bridge to another building which exits at a higher point). An unfortunate by-product of splitting the consents which we knew was an area of risk.

From: Balkham, Matt <[REDACTED]>
Sent: Thursday, July 21, 2022 9:26 AM
To: Andrew Holmes <Andrew.Holmes@health.govt.nz>; Adam Feeley <[REDACTED]>; Rachel Murdoch <[REDACTED]>; [REDACTED]; 'Marcus Read' <[REDACTED]>; [REDACTED]; 'Hamish Brown' <Hamish.Brown@southerndhb.govt.nz>; 'Mike Jeffery' <[REDACTED]>; Todd, Derek <[REDACTED]>
Cc: Lauren Semple <[REDACTED]>; 'Simon Crack' <Simon.Crack@southerndhb.govt.nz>; Bridget Dickson <Bridget.Dickson@southerndhb.govt.nz>
Subject: RE: NDH - Outpatient consent - flooding comments : probability of events.

Kia ora Rachel,

I'll speak to the Jacobs team and collate a response to your queries.

Nga mihi

Matt Balkham | [Jacobs](#) | Business Leader Water Resources New Zealand

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 Level 8, 1 Grey St | Wellington, 6011 | New Zealand



From: Andrew Holmes <Andrew.Holmes@health.govt.nz>

Sent: 21 July 2022 08:51

To: Adam Feeley <[REDACTED]>; 'Rachel Murdoch' <[REDACTED]>; 'Marcus Read' <[REDACTED]>; 'Hamish Brown' <Hamish.Brown@southerndhb.govt.nz>; 'Mike Jeffery' <[REDACTED]>; Todd, Derek <[REDACTED]>; Balkham, Matt <[REDACTED]>

Cc: 'Lauren Semple' <[REDACTED]>; 'Simon Crack' <Simon.Crack@southerndhb.govt.nz>; Bridget Dickson <Bridget.Dickson@southerndhb.govt.nz>

Subject: [EXTERNAL] RE: NDH - Outpatient consent - flooding comments : probability of events.

Team

What I would point out is that the frequency numbers are all actually when seal level rises 800mm, being year 80 if I recall rightly.

Therefore, over time, the probability changes.

There was a note that a 1:10 year event was therefore likely. This is in fact quite incorrect. It slowly changes over time, ultimately ending up with the calculations offered in year 80.

Further, it assumes no city-wide mitigation occurs – which is unlikely. Whether that mitigation is Leith improvement, street levels or whatever else. Dunedin will be somewhat under water by then if no macro changes are implemented.

To get a profile of event chance per decade, no other wider infrastructure improvements, Jacobs would/ should create a table, that restates the probability per decade. That might allay fears.

Final comment – this is an operational plan. Nothing to do with construction, but I think that was obvious to HNZ side of matters.

Discuss as required.

Ngā mihi

Andrew Holmes

CPEng 226277

**Construction Director - New Dunedin Hospital Project
 Infrastructure & Investment Group**

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andrew.Holmes@health.govt.nz

83 Castle Street, Dunedin 9016



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TeWhatuOra.govt.nz

From: Adam Feeley <[REDACTED]>
Sent: Thursday, 21 July 2022 8:35 am
To: 'Rachel Murdoch' <[REDACTED]>; [REDACTED]
 'Marcus Read' <[REDACTED]>; [REDACTED] 'Hamish Brown'
 <Hamish.Brown@southerndhb.govt.nz>; 'Mike Jeffery' <[REDACTED]>;
 [REDACTED]
Cc: 'Lauren Semple' <[REDACTED]>; 'Simon Crack'
 <Simon.Crack@southerndhb.govt.nz>; Bridget Dickson <Bridget.Dickson@southerndhb.govt.nz>;
 Andrew Holmes <Andrew.Holmes@health.govt.nz>
Subject: RE: NDH - Outpatient consent - Further flooding comments [GREE-DMS.FID91606]

Hi Rachel

1. **Flooding response plan** - I recall that the DHB had some details around dealing with flooding response, but not sure it could be termed a "Plan." I imagine that Simon/Bridget (cc'd) will liaise with Hamish on documenting something in more detail that they can get reviewed by you for it's level of compliance with the EPA's expectations. An initial chat with them as to what might be required would make sense.
2. **Minimum floor levels** – I don't see any problem with what you're suggesting (unless the minimum is in excess of what is currently proposed), but Marcus/WAM/Holmsie best to comment.

cheers

From: Rachel Murdoch <[REDACTED]>
Sent: Wednesday, 20 July 2022 8:36 pm
To: [REDACTED]; Marcus Read ([REDACTED] <[\[REDACTED\]](mailto:[REDACTED])>;
 [REDACTED]; Adam Feeley ([REDACTED]
 <[\[REDACTED\]](mailto:[REDACTED])>; Hamish Brown (Hamish.Brown@southerndhb.govt.nz)
 <Hamish.Brown@southerndhb.govt.nz>; 'Mike Jeffery' <[REDACTED]>;
 [REDACTED] <[\[REDACTED\]](mailto:[REDACTED])>; [REDACTED]
 <[\[REDACTED\]](mailto:[REDACTED])>
Cc: Lauren Semple <[REDACTED]>
Subject: NDH - Outpatient consent - Further flooding comments [GREE-DMS.FID91606]

Hi all,

The potential flooding effects of the Outpatient building and our proposed management response continue to cause some consternation for the Expert Consenting Panel such

that they have requested and now received further comment from Russell Howie on those matters. That comment is attached for your information. It focuses largely on the proposal to provide and implement an adverse weather response plan. For completeness the draft condition (as proffered by us) currently reads:

1. An Adverse Weather Response Plan must be prepared prior to the Outpatient building commencing that outlines measures for managing operations during flood events to ensure staff and visitors can safely access the building, and in the case of extreme flooding events the evacuation and closure of the building, and deferral of medical services. The plan must be implemented during operation of the Outpatient building and updated as required. The plan must be made available to Dunedin City Council upon request.

While we haven't yet received a formal request for information from the Panel in response to the matters raised by Russell, it is highly likely that we will, so it would be good to get a jump start on that. I've summarised his comments/queries in the table below, along with suggested responses/actions for everyone – but please feel free to redirect if those queries would be better addressed by someone else.

Any questions, please don't hesitate to give me or Lauren a ring.

Cheers all,
Rachel

Para Ref	Howie comment/query	Suggested Health response/person responsible
2, 3	Adverse weather response plan: required prior to the Outpatient building commencing. This wording is unclear – is it before construction commences or before commissioning of the building?	Due before commissioning of the building – this is already reasonably clear in the conditions (I thought!) but we can probably propose a change to make it even more apparent. Maurice – can you work that up please?
4, 5, 6, 7, 13 and 15	<p><u>Measures within the adverse weather response plan</u></p> <p>4) The Plan is to 'outline' (?) measures for managing 'operations' (?) during flood events so that staff and visitors can access the building.</p> <p>5) Notes significant restrictions on access to the building under just modest flood events (10 year or greater). There does not seem to be any description of what those practicable measures [assume he means for securing access to building] might be, when they might need to be implemented, and indeed if there are any.</p> <p>6) Evacuation of the building is to be included in the plan for "extreme" flood events. Clearly required at 1/500 year event, but is it necessary for any other (lesser) event? Presumably that would be when flooding in the streets prevents normal vehicle</p>	<p>Hamish/Adam/Marcus – in short, it looks like we are going to need to provide more detail on the intended content of the adverse weather plan. Assume we don't yet have any details around that yet – unless something exists for the current hospital that we could adapt?</p> <p>Derek/Matt – in Damian's absence, can you please:</p> <ul style="list-style-type: none"> • Provide examples, if you have any, of adverse weather response plans, or operational flood management plans. • Provide some recommendations on what practicable measures could be adopted for ensuring access to the Outpatient building in all of the modelled flood events. • Provide advice on the point at which you consider evacuation of

	<p>access.</p> <p>7) The Plan could require that certain specified actions are to be taken when the flood water in the streets around the building reach stated milestone levels.</p> <p>15) The Plan will have effect whenever flooding in the streets occurs. As already mentioned, a more prescriptive specification of what the plan must include will improve confidence that practicable and effective steps can be taken to ensure the functioning of the building.</p>	<p>the building should occur, and in particular whether you think that should be when there is flooding in the streets preventing normal vehicle access.</p> <ul style="list-style-type: none"> • Advise whether you agree that the Plan could require certain specified actions when flood waters reach a stated milestone level, and if so, what those milestones could be. <p>Once we have that information, we can work up a response to these questions, likely with an amended draft condition which provides a bit more detail on what the Plan will address.</p>
13	<p>There is no specific condition setting the requirement for minimum floor levels.</p>	<p>We have a proposed condition requiring construction of the building "in general accordance" with the plans.</p> <p>However as a "belts and braces" approach, assume there is no issue with including this as a separate condition? Adam/Marcus to confirm.</p>

Ngā mihi | Kind regards

Rachel Murdoch | Senior Associate



DDI [REDACTED] | M +64 [REDACTED] | [REDACTED]

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From: [Simon Crack](#)
To: [Adam Feeley](#); "[Lauren Semple](#)"; "[Rachel Murdoch](#)"; [Bridget Dickson](#)
Subject: RE: New Dunedin Hospital: Invitation to comment on draft conditions [GREE-DMS.FID91606]
Date: Monday, 25 July 2022 09:23:21
Attachments: [image003.png](#)

Thanks, Adam. And yes, we'll cancel our catch-up today and noted re: the need for an OB adverse weather response plan. We'll weave this into – and pick it up via – our wider OB transition planning, which begin in earnest next year.

Cheers,

Simon

Simon Crack

**Acting Deputy Programme Director, New Dunedin Hospital (NDH)
Southern**

waea pūkoro: +64 [REDACTED] | Imēra: simon.crack@southerndhb.govt.nz
83 Castle Street, Dunedin 9016 | Private Bag 1921, Dunedin 9054



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TeWhatuOra.govt.nz

From: Adam Feeley <[REDACTED]>
Sent: Monday, 25 July 2022 09:19
To: 'Lauren Semple' <[REDACTED]>; 'Rachel Murdoch' <[REDACTED]>; Simon Crack <Simon.Crack@southerndhb.govt.nz>; Bridget Dickson <Bridget.Dickson@southerndhb.govt.nz>
Subject: RE: New Dunedin Hospital: Invitation to comment on draft conditions [GREE-DMS.FID91606]

Simon/Bridget

103.82 as a minimum floor level is now a condition (which we can live with) and an adverse weather response plan for flooding has to done prior to commencing OB operation.

So I think we're fine and can do away with a meeting today on more planning details for the latter.

Cheers

Adam

From: Lauren Semple <[REDACTED]>
Sent: Friday, 22 July 2022 1:55 pm
To: [REDACTED] William Hulme-Moir
<[REDACTED]>; Adam Feeley <[REDACTED]>; 'Marcus Read'
<[REDACTED]>
Cc: Rachel Murdoch <[REDACTED]>
Subject: FW: New Dunedin Hospital: Invitation to comment on draft conditions [GREE-DMS.FID91606]
Importance: High

Hot off the press – we will do a first pass to identify the differences and then involve the experts as needed (within the short timeframe we have).

From: DunedinHospital Fasttrack <DunedinHospital.Fasttrack@epa.govt.nz>
Sent: Friday, July 22, 2022 12:32 PM
To: Lauren Semple <[REDACTED]>; Rachel Murdoch
<[REDACTED]>
Subject: New Dunedin Hospital: Invitation to comment on draft conditions

Dear All

On 21 July 2022 the Expert Consenting Panel issued Minute 6.

In accordance with the COVID-19 Recovery (Fast-track Consenting) Act 2020 the Panel must provide and invite written comments on its draft conditions from the applicant and every person or group who provided comments on the application.

The panel have provided a Word and pdf version of the proposed draft conditions of consent.

The Minute and the draft conditions are available on the EPA website here: <https://www.epa.govt.nz/fast-track-consenting/referred-projects/new-dunedin-hospital-whakatputpu/the-draft-conditions/>

Any comments you may have on the draft conditions are to be sent to the EPA by email at dunedinhospital.fasttrack@epa.govt.nz and must be received by 5pm 1 August 2022.

Regards

Gen

On behalf of the Fast-track Consenting Applications team



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From: [Hamish Brown](#)
To: [Bridget Dickson](#)
Cc: [Simon Crack](#)
Subject: RE: New Dunedin Hospital: Invitation to comment on draft conditions [GREE-DMS.FID91606]
Date: Monday, 25 July 2022 11:29:28
Attachments: [image005.png](#)
[image006.png](#)

Happy with this

From: Bridget Dickson <Bridget.Dickson@southernhb.govt.nz>
Sent: Monday, 25 July 2022 09:26
To: Hamish Brown <Hamish.Brown@southernhb.govt.nz>
Cc: Simon Crack <Simon.Crack@southernhb.govt.nz>
Subject: FW: New Dunedin Hospital: Invitation to comment on draft conditions [GREE-DMS.FID91606]

FYI

Ngā mihi nui,
Bridget

Bridget Dickson (she/her)

**Programme Director, New Dunedin Hospital (NDH)
Southern**

waea pūkoro: +64 [REDACTED] | Īmēra: bridget.dickson@southernhb.govt.nz
NDH PMO Office, 83 Castle Street, Dunedin 9016 | Private Bag 1921, Dunedin 9054



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TeWhatuOra.govt.nz

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Subject: RE: New Dunedin Hospital: Invitation to comment on draft conditions [GREE-DMS.FID91606]

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Cheers

Adam

From: Lauren Semple <[REDACTED]>
Sent: Friday, 22 July 2022 1:55 pm
To: [REDACTED]; William Hulme-Moir <[REDACTED]>; Adam Feeley <[REDACTED]>; 'Marcus Read' <[REDACTED]>
Cc: Rachel Murdoch <[REDACTED]>
Subject: FW: New Dunedin Hospital: Invitation to comment on draft conditions [GREE-DMS.FID91606]
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On behalf of the Fast-track Consenting Applications team



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Tua Tusa

From: Andrew Holmes
Sent: Thursday, 21 July 2022 10:56 am
To: Adam Feeley; 'Rachel Murdoch'; 'Marcus Read'
Cc: Onno Le Roy
Subject: RE: NDH - Outpatient consent - flooding comments : probability of events.

1. It really is a design question, but
2. We have played around with the floor levels
 - a. Any higher it will be ridiculous
 - b. Lower with a subfloor will be more expensive
 So where it is "about right"
3. There is a reset scheme to delate the rattle space tub , but traditional foundations built roughly on slab as at todays date would be quite cost efficient, so we still would not wish to go down - and as said above, any higher would be ridiculous.

So, in summary 103.820 design FFL seems to commercially suit us and aligns to the flood report risk on file, so that's "an easy to agree to report", in my opinion.

AH

From: Adam Feeley <[REDACTED]>
Sent: Thursday, 21 July 2022 9:00 am
To: Andrew Holmes <Andrew.Holmes@health.govt.nz>; 'Rachel Murdoch' <[REDACTED]>; 'Marcus Read' <[REDACTED]>
Subject: RE: NDH - Outpatient consent - flooding comments : probability of events.

Holmsie

The specific question for you/Marcus is whether there would be any issue with having an express condition in our consent to build to a minimum floor level? On the basis it would be the levels proposed in the flooding reports, I assume there isn't a problem with that?

cheers

From: Andrew Holmes <Andrew.Holmes@health.govt.nz>
Sent: Thursday, 21 July 2022 8:51 am
To: Adam Feeley <[REDACTED]>; 'Rachel Murdoch' <[REDACTED]>; 'Marcus Read' <[REDACTED]>; 'Hamish Brown' <Hamish.Brown@southerndhb.govt.nz>; 'Mike Jeffery' <[REDACTED]>
Cc: 'Lauren Semple' <[REDACTED]>; 'Simon Crack' <Simon.Crack@southerndhb.govt.nz>; Bridget Dickson <[REDACTED]>
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Discuss as required.

Ngā mihi

Andrew Holmes

CPEng 226277

**Construction Director - New Dunedin Hospital Project
Infrastructure & Investment Group**

waea pūkoro: **s 9(2)(a)** | ĩmēra:

andrew.Holmes@health.govt.nz

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From: Adam Feeley <adam@175east.net.nz>

Sent: Thursday, 21 July 2022 8:35 am

To: 'Rachel Murdoch' <**s 9(2)(a)**> <**s 9(2)(a)**>; 'Marcus Read' <**s 9(2)(a)**>; maurice.dale@boffamiskell.co.nz; 'Hamish Brown' <Hamish.Brown@southerndhb.govt.nz>;

'Mike Jeffery' <**s 9(2)(a)**>

Cc: 'Lauren Semple' <**s 9(2)(a)**> <com>; 'Simon Crack' <Simon.Crack@southerndhb.govt.nz>; Bridget Dickson <Bridget.Dickson@southerndhb.govt.nz>; Andrew Holmes <Andrew.Holmes@health.govt.nz>

Subject: RE NDH - Outpatient consent - Further flooding comments [GREE-DMS.FID91606]

Hi Rachel

1. **Flooding response plan** - I recall that the DHB had some details around dealing with flooding response, but not sure it could be termed a "Plan." I imagine that Simon/Bridget (cc'd) will liaise with Hamish on documenting something in more detail that they can get reviewed by you for it's level of compliance with the EPA's expectations. An initial chat with them as to what might be required would make sense.
2. **Minimum floor levels** – I don't see any problem with what you're suggesting (unless the minimum is in excess of what is currently proposed), but Marcus/WAM/Holmsie best to comment.

From: Rachel Murdoch <s 9(2)(a)>
 Sent: Wednesday, 20 July 2022 8:36 pm
 To: s 9(2)(a); Marcus <s 9(2)(a)>; s 9(2)(a); z; Adam Feeley <s 9(2)(a)>; Hamish Brown <Hamish.Brown@southerndhb.govt.nz> <Hamish.Brown@southerndhb.govt.nz>; 'Mike Jeffery' <s 9(2)(a)>; 'Derek.Todd <s 9(2)(a)>>; 'Matt.Balkham <s 9(2)(a)>
 Cc: Lauren Semple <s 9(2)(a)>
 Subject: NDH - Outpatient consent - Further flooding comments [GREE-DMS.FID91606]

Hi all,

The potential flooding effects of the Outpatient building and our proposed management response continue to cause some consternation for the Expert Consenting Panel such that they have requested and now received further comment from Russell Howie on those matters. That comment is attached for your information. It focuses largely on the proposal to provide and implement an adverse weather response plan. For completeness the draft condition (as proffered by us) currently reads:

1. An Adverse Weather Response Plan must be prepared prior to the Outpatient building commencing that outlines measures for managing operations during flood events to ensure staff and visitors can safely access the building, and in the case of extreme flooding events the evacuation and closure of the building, and deferral of medical services. The plan must be implemented during operation of the Outpatient building and updated as required. The plan must be made available to Dunedin City Council upon request.

While we haven't yet received a formal request for information from the Panel in response to the matters raised by Russell, it is highly likely that we will, so it would be good to get a jump start on that. I've summarised his comments/queries in the table below, along with suggested responses/actions for everyone – but please feel free to redirect if those queries would be better addressed by someone else.

Any questions, please don't hesitate to give me or Lauren a ring.

Cheers all,
 Rachel

Para Ref	Howie comment/query	Suggested Health response/person responsible
2, 3	Adverse weather response plan: required prior to the Outpatient building commencing. This wording is unclear – is it before construction commences or before commissioning of the building?	Due before commissioning of the building – this is already reasonably clear in the conditions (I thought!) but we can probably propose a change to make it even more apparent. Maurice – can you work that up please?
4, 5, 6, 7, 13 and 15	<u>Measures within the adverse weather response plan.</u> 4) The Plan is to 'outline' (?) measures for manging 'operations' (?) during flood events so that staff and visitors can access the building. 5) Notes significant restrictions on access to the building under just modest flood events (10 year or greater). There does not seem to be any description of what	Hamish/Adam/Marcus – in short, it looks like we are going to need to provide more detail on the intended content of the adverse weather plan. Assume we don't yet have any details around that yet – unless something exists for the current hospital that we could adapt? Derek/Matt – in Damian's absence, can you please:

	<p>those practicable measures [assume he means for securing access to building] might be, when they might need to be implemented, and indeed if there are any.</p> <p>6) Evacuation of the building is to be included in the plan for "extreme" flood events. Clearly required at 1/500 year event, but is it necessary for any other (lesser) event? Presumably that would be when flooding in the streets prevents normal vehicle access.</p> <p>7) The Plan could require that certain specified actions are to be taken when the flood water in the streets around the building reach stated milestone levels.</p> <p>15) The Plan will have effect whenever flooding in the streets occurs. As already mentioned, a more prescriptive specification of what the plan must include will improve confidence that practicable and effective steps can be taken to ensure the functioning of the building.</p>	<ul style="list-style-type: none"> • Provide examples, if you have any, of adverse weather response plans, or operational flood management plans. • Provide some recommendations on what practicable measures could be adopted for ensuring access to the Outpatient building in all of the modelled flood events. • Provide advice on the point at which you consider evacuation of the building should occur, and in particular whether you think that should be when there is flooding in the streets preventing normal vehicle access. • Advise whether you agree that the Plan could require certain specified actions when flood waters reach a stated milestone level, and if so, what those milestones could be. <p>Once we have that information, we can work up a response to these questions, likely with an amended draft condition which provides a bit more detail on what the Plan will address.</p>
13	There is no specific condition setting the requirement for minimum floor levels.	<p>We have a proposed condition requiring construction of the building "in general accordance" with the plans.</p> <p>However as a "belts and braces" approach, assume there is no issue with including this as a separate condition? Adam/Marcus to confirm.</p>

Ngā mihi | Kind regards

Rachel Murdoch | Senior Associate



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Tua Tusa

From: Adam Feeley <s 9(2)(a)>
Sent: Monday, 25 July 2022 9:45 am
To: Andrew Holmes; Onno Le Roy; 'Telford Consultants'; Helen Telford; Tony Lloyd
Subject: EPA - Review of consent conditions

Just an FYI, but the draft consent conditions from EPA came through Friday afternoon for comment. Technically, it doesn't guarantee they'll grant a consent, but it would take something extraordinary for this not to happen.

They've required 103.82 as the minimum building level after the issues around flooding levels were debated – but we can accept that. Otherwise nothing adverse on flooding or, it appears, anything else.

Comments will go back to them this week.

cheers

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Tua Tusa

From: Bill Gregory <s 9(2)(a)>
Sent: Monday, 15 August 2022 9:53 am
To: Neil O'Donnell; Alan Jones; Andrew Holmes
Cc: s 9(2)(a); Kris Thomas
Subject: FW: Base isolated flood level sorted generator?
Attachments: 20220812105953450.pdf

Gentlemen

FYI on Generator enclosure

- General approach seems to be solidifying- package units look to be out-no confidence regarding acoustic performance.
- Location Castle/Bow vs Bow ANZAC still seems to be a 'debate', acoustic requirements higher on the latter location, will drive more detailed and heavier construction, but placing the building on the Castle/Bow is probably not be the best use of the site.
- Holmes waiting for TT advice to confirm raft depth.
- Beca producing further layout detail to confirm size of installation and requirements for parts.

Any further comments?

Bill

From: Bill Gregory
Sent: Friday, 12 August 2022 11:44 am
To: Richard Wager <s 9(2)(a)>; Andrew Holmes <andrew.holmes@health.govt.nz>
Cc: Trevor Boustead <s 9(2)(a)>; Jeff Matthews <s 9(2)(a)>;
Darryl Haines <s 9(2)(a)>; Tracy Hilliker <s 9(2)(a)>; Ockie Vlok
<s 9(2)(a)>; 5397839 - New Dunedin Hospital <s 9(2)(a)>; Kris Thomas
<s 9(2)(a)>

Subject: RE: Base isolated flood level sorted generator?

Sorry Richard
A light hearted suggestion only.

Enclosed a more considered option, hopefully cutting through some of the optioning we are being faced with.
The basis of this is summarized in the following way:

- The site conditions mean a raft is the cost effective mechanism to support the superstructure, but it was thought that the generator would have to be mounted above the flood line. This was leading to complicated and substantial second floors.
- Making a boat using the raft and precast walls to a line above the flood plane means the generator can sit on the floor more or less at ground level or at least on a plinth above an internal flood line- this internal space would have pumping to clear water ingress from wall joint leakage only.
- Acoustic separation of the generator noise from the surroundings and protected areas in the building requires significant wall construction- precast at lower levels- perhaps recycled from the Cadbury building street frontages, and Korok above and across the roof, with Colorcoated aluminum cladding over on the exterior.
- Orientation of intake and outflows from the site and towards Bow lane.
- Tracy would like us to put the building on Castle and Bow Lane corner, but I still feel we should try to protect that location for future development. (Tracy may of course tell us that the building has to go there).
- Tracy has strongly suggested that the package unit provision of generators is not proven at this size and we would be taking a significant risk in choosing to provide them this way.

- It seems like Kris boat solution provides some advantages we should all have a look at.
- Do the transformers need to be inside the boat? Or under shelter?

Bill

From: Richard Wager <s 9(2)(a)>
Sent: Friday, 12 August 2022 9:57 am
To: Bill Gregory <s 9(2)(a)>; Andrew Holmes <andrew.holmes@health.govt.nz>
Cc: Trevor Boustead <s 9(2)(a)>; Jeff Matthews <s 9(2)(a)>
Ockie Vlok <s 9(2)(a)>; 5397839 - New Dunedin Hospital <s 9(2)(a)>
Subject: RE: Base isolated flood level sorted generator? x6

Thanks for your help Bill.....

Before this one really gets legs (or wheels?)

Our comment is along the lines of this comparing apples with lemons - 😊

Very nice for a MOBILE EMERGENCY application.

Prime rating of this unit is 1440kW – we are working with 2250kW electrical output as basis of design – so looking at these would add another 2 generator sets for a total of 6 units.

Main issue is acoustic insulation and attenuation on these units is minimal and is very unlikely to ever meet requirements.

Don't want to sound ungrateful though Bill 😊

Richard

Mob. s 9(2)(a)

Sensitivity: General

From: Bill Gregory <s 9(2)(a)>
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Cc: Trevor Boustead <s 9(2)(a)>; Richard Wager <s 9(2)(a)>; Jeff Matthews <s 9(2)(a)>
Subject: Base isolated flood level sorted generator? x6

[2000KVA GENERATOR | GRS Website \(generatorrentals.co.nz\)](http://generatorrentals.co.nz)

Base isolated?
Already raised?
- may need fatter tyres and a carport...

Regards

Bill Gregory
B Arch (Hons), ANZIA, Reg Arch

Principal

Document 15

Direct s 9(2)(a)
Mobile s 9(2)(a)

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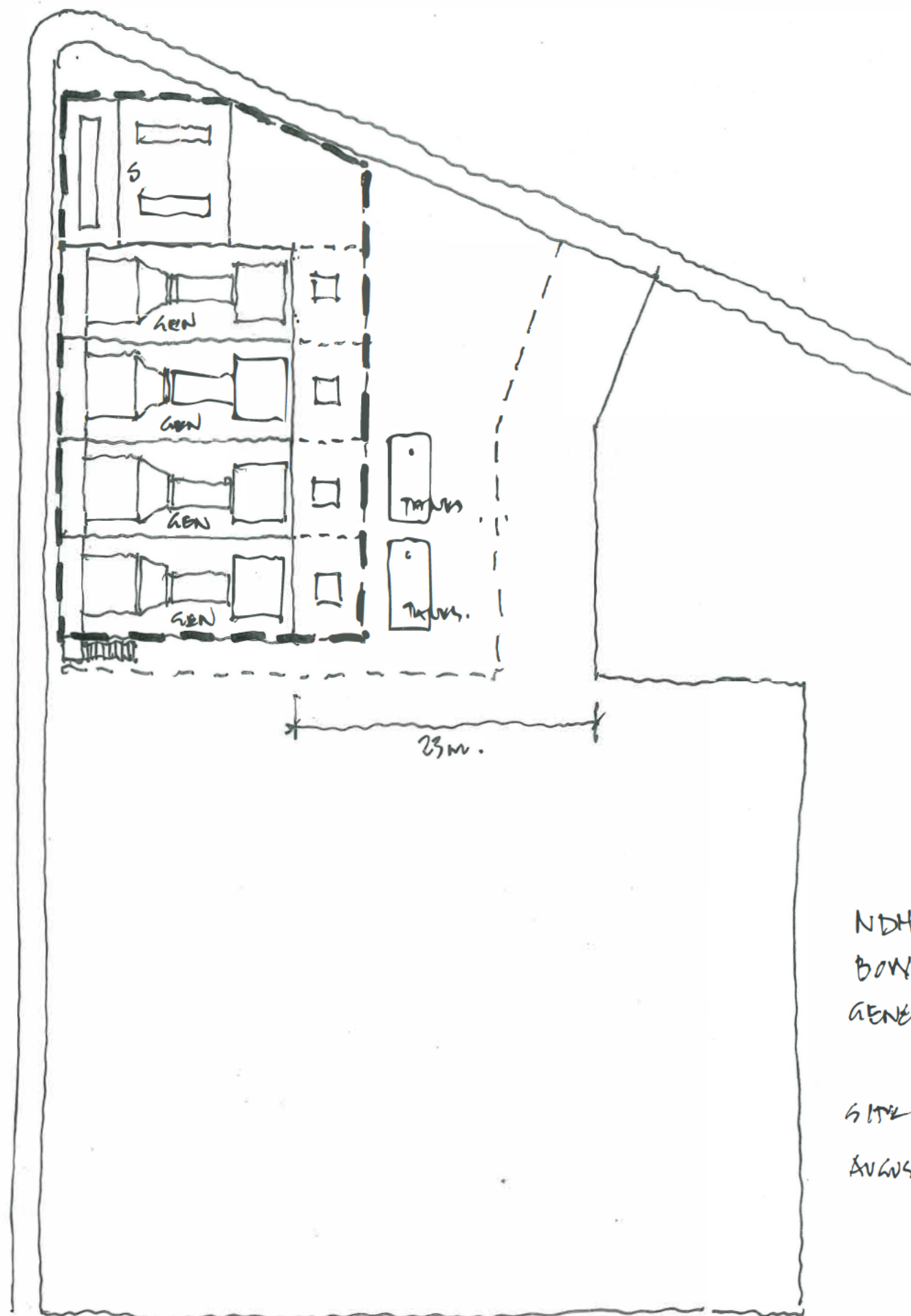
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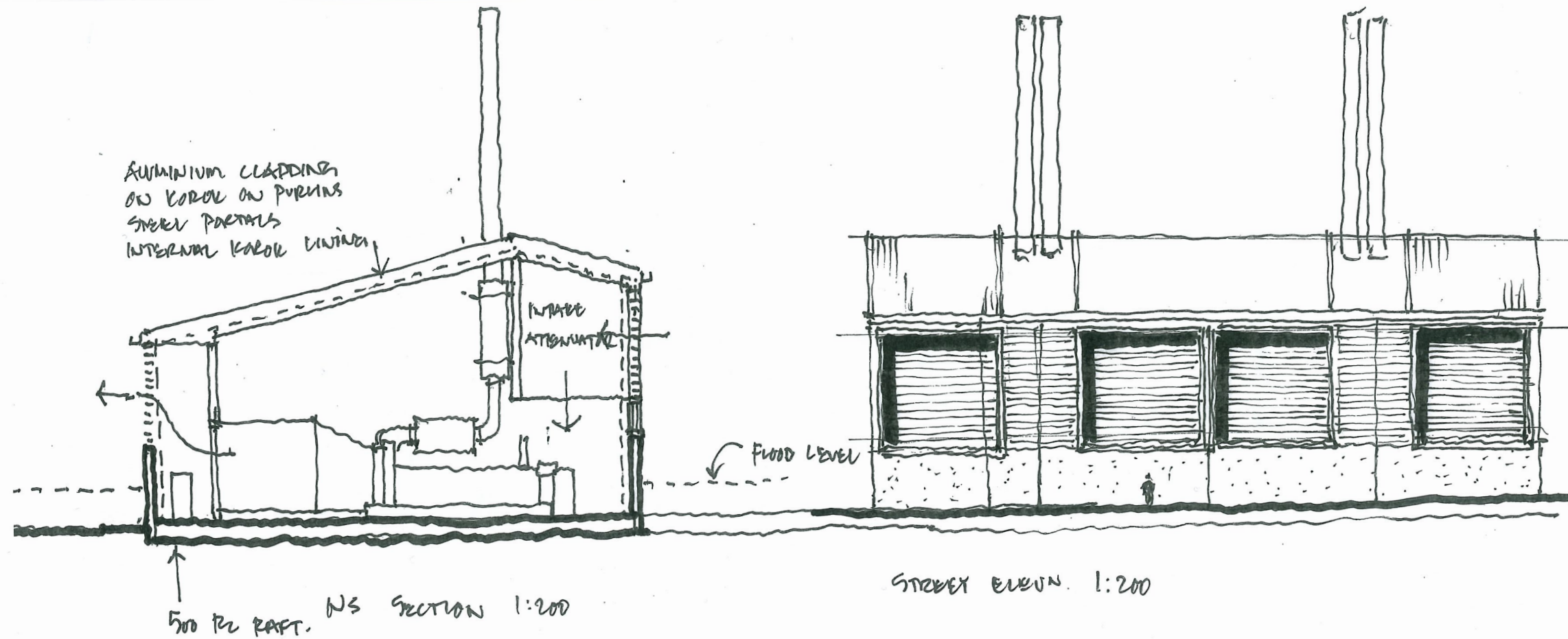
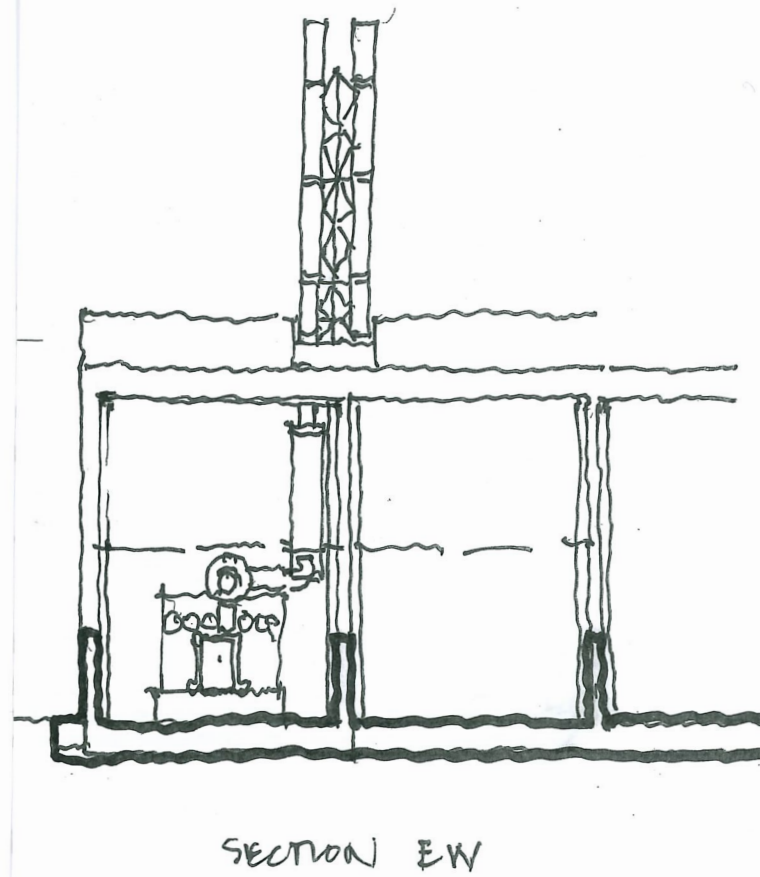
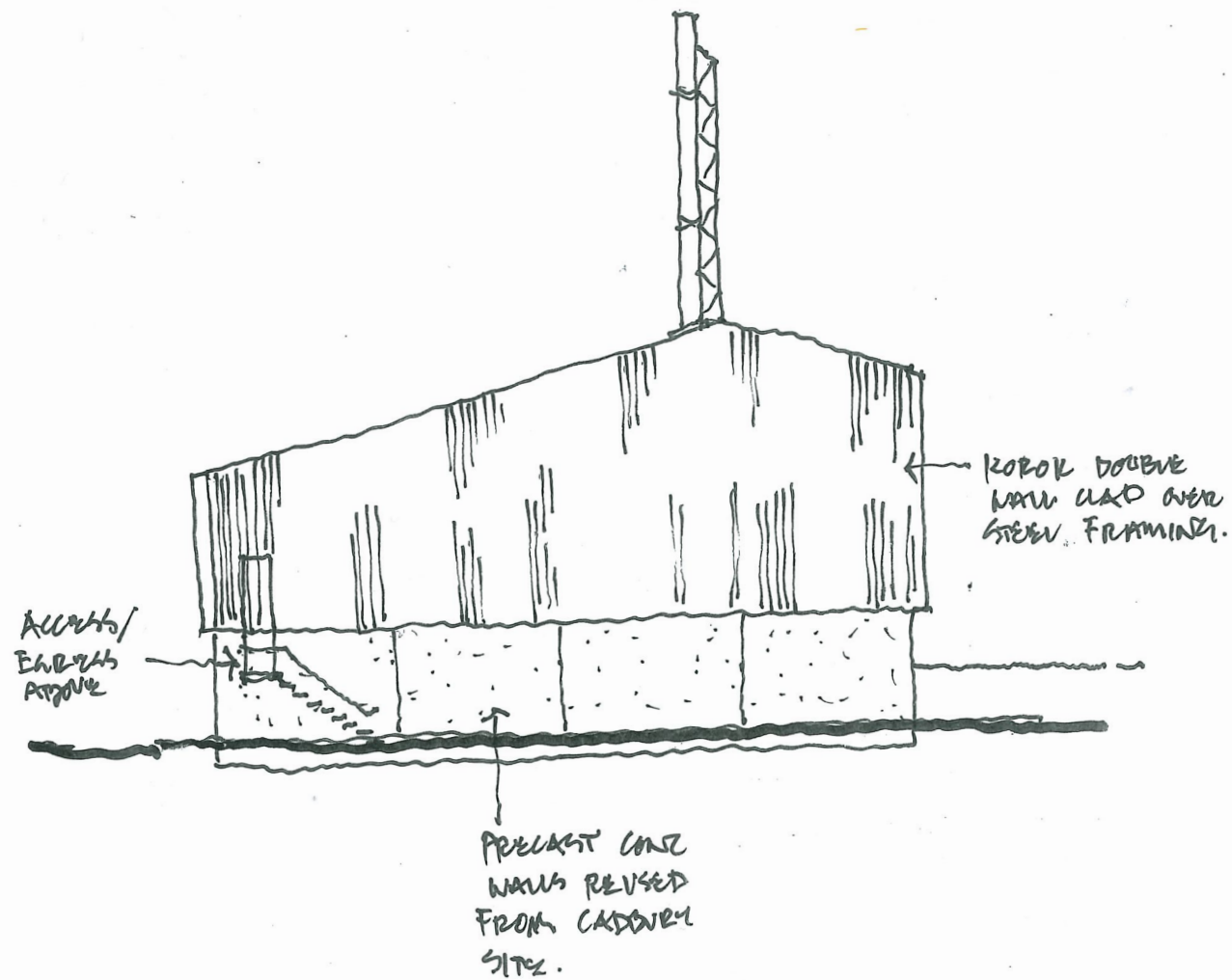
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NDH
BOW LANE
GENERATOR PROPOSAL

SITE PLAN 1:400
AUGUST 2022



ND4
BOW LANE
GENERATOR
PROPOSAL
1:200 @ A3.
AUGUST 2022

Tua Tusa

From: Kris Thomas <s 9(2)(a)>
Sent: Monday, 15 August 2022 3:07 pm
To: Bill Gregory; Neil O'Donnell; Alan Jones; Andrew Holmes
Cc: Marcus Read
Subject: RE: Base isolated flood level sorted generator?
Attachments: 20220812105953450.pdf

Hi all,

This looks good. I think we need to keep reminding people that large earthquakes and floods are not combined design events. Cracks can be repaired after an earthquake if required (unlikely given Holmes are designing it..)

The next thing we really need to challenge is the acoustics requirements for 'emergency only' generation.

Regards

Kris Thomas
 s 9(2)(a)



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From: Bill Gregory <s 9(2)(a)>
Sent: Monday, August 15, 2022 9:53 AM
To: Neil O'Donnell <s 9(2)(a)>; Alan Jones <s 9(2)(a)>.com>; Andrew Holmes <andrew.holmes@health.govt.nz>
Cc: Marcus Read <s 9(2)(a)>; Kris Thomas <s 9(2)(a)> z>
Subject: FW: Base isolated flood level sorted generator?

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 Darryl Haines <s 9(2)(a) [redacted]>; Tracy Hilliker <s 9(2)(a) [redacted]>; Ockie Vlok
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 Ockie Vlok <s 9(2)(a) [redacted]>; 5397839 - New Dunedin Hospital <s 9(2)(a) [redacted]>
 Subject: RE: Base isolated flood level sorted generator? x6

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Mob. s 9(2)(a)

Sensitivity: General

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Regards

Bill Gregory
 B Arch (Hons), ANZIA, Reg Arch
 Principal

Direct s 9(2)(a)
 Mobile s 9(2)(a)

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Rachel Murdoch
Senior Associate
Greenwood Roche

Southern District Health Board
Private Bag 1921
Dunedin 9054

18 February 2022

Flooding risk for the New Dunedin Hospital's Outpatients' Building [your ref: GREE-DMS.FID91606]

Dear Rachel,

Thank you for your email of 2 February 2022 requesting a description of the Southern District Health Board's (Southern DHB) operational planning and procedures in the event of a significant flood event (1:500 year) affecting the New Dunedin Hospital's Outpatients' Building.

Given the Outpatients' Building's location at near sea-level, we would assume that a flood event of that magnitude would severely affect both our campus and the wider central city's infrastructure. Flooding estimates of a 1:500 year flood indicates that the building would not be inundated due to the raised ground floor, but would severely impact the ability to safely access the Outpatients' Building. We can confirm that we would close the Outpatients' Building under that scenario.

In order to reach this decision point, a number of steps would be followed. These are summarised, below.

Emergency Operation Centre (EOC) will help guide our operational response

In the event of an adverse scenario such as this, an Emergency Operation Centre (EOC) is formed. Our EOC would be in close contact with the municipal EOC, which would lead city-wide emergency operations planning.

Southern DHB's EOC is comprised of emergency management planners, clinicians and senior operational colleagues, under the supervision of an Incident Controller. Our EOC would manage a major event from a whole of hospital perspective and would lead communications to staff. It would act as a control point for all issues related to the emergency for the hospital and is the key contact for other agencies such as Police, Fire, Civil Defence and Ambulance.

On notification of an event of this scale, an adverse weather emergency response plan would be executed. These response plans – based on a range of scenarios – are developed to help staff remain as safe as possible, acknowledging that severe weather conditions are potentially hazardous. They apply to all Southern DHB staff who work on a day (24-hour period) affected by adverse weather conditions or a Met Service warning of an impending adverse weather event.

The degree to which the hospital emergency processes are activated will depend on the severity and duration of the event. Our key priority is the safety of our staff and our patients, with our core business to provide healthcare services.

Our operational response will be to prioritise risk management planning and recovery

In the event of a flood of a 1:500 year scale, a number of mitigation actions would be enacted following the EOC's determination that we need to evacuate the building. We would then work to operationalise our response. Unlike a seismic event, we would expect there would be sufficient time to help prepare for this event and our response/contingency planning would likely assume the water inundation would last for a matter of days.

It is important to highlight that the Outpatients' Building will not be essential to service delivery. The activity that will occur there will be, for the most part, deferrable and/or could be undertaken in an alternative location.

Of note, modelling shows that lesser flooding events of up to one metre (1:10 year events) would also impact the Outpatients' Building. The main entrance via Cumberland Street and St Andrews Street would be inaccessible. In such an event, patients, visitors, staff and supplies would be redirected to alternative routes to entry via the northern public entrance and/or the loading dock.

Given the likely lead-in time of several days of the need for a flood response, our priorities would be to defer patients and secure the building. Following that, we would minimise numbers of those in the building and, if deemed necessary, move vital clinical equipment to the second floor and above where practicable. We would hope that evacuation would not be required with enough notice of the scale of the flooding. Depending on how localised the flooding event was, we would consider moving services – and patients – to Wakari Hospital or elsewhere, potentially utilising helicopter support and/or 4WDs if appropriate.

Operationally and on advice that the major flood event has ceased, we would seek to restore services from the building as quickly as safely possible. We would also move to secure (or repair) any flood damage, which would need to include any damage to the plant rooms that might limit reoccupation of the building.

We hope this information is helpful to assist in the Outpatients' Building consenting process.

Yours sincerely,



Hamish Brown
Acting Chief Operating Officer
Southern DHB



Bridget Dickson
Acting Programme Director
Southern DHB