

by

**Geoff & Gaye Banks – 58 Gracefield Ave – High Density Residential Zone**

**Submitter #918**

**Submission on the Specific Purpose Hospital Zone – Former Christchurch Womens Hospital Site**

### **Introduction and Background**

My name's Geoff Banks. I'm presenting on behalf of my wife Gaye and me.

We support intensification of housing done well, to provide for growth and housing choice.

We support intensification of health facilities, to provide for growth and health choices.

We do not support moves to risk removal of central city health infrastructure before planning how increased health demands will be met. That's what the proposed PC14 enables.

We live at 58 Gracefield Ave on the corner of Durham St, bordering the former Christchurch Womens' Hospital site zoned Specific Purpose Hospital, to our north . We bought this new home in 2015 having left our earthquake-damaged home of 26 years nearby. The History of the Victoria Neighbourhood attached <sup>(3)</sup> shows our home being built on P5. We wanted to be close to the city and having been overshadowed by a large 2-storey home previously, purchased the corner home of 4 built alongside one another.

We checked the planning rules for the hospital site and were pleased to see that it had a specific purpose zone for hospital use. We understood and were happy with what might be built next door. We were familiar with the former hospital buildings, also shown in the photos<sup>(3)</sup> and described at pages 2 to 5, and understood the plan might allow reconstruction at a similar scale. My wife Gaye was born at this hospital.

Our submission is largely supportive of PC14 as it impacts this Specific Purpose Hospital site, particularly the effort made by CCC planners to acknowledge the potential large form of future hospital buildings relative to the much smaller residential neighbours, including older homes and post-earthquake builds such as ours.

However, we also support the broader submissions by the VNA and others to provide more sunlight access and the need for comprehensive social impact evaluation, which also impact this site, but that is not the focus of this personal submission.

Our primary concern relates to the new "Alternative Zone" of HDR applied to this SPH zone. Our formal submission seeks the removal of the alternative HDR zone from this site in order to protect our city's choices for intensification of health services. On reflection we think that some HDR permitted uses might be

helpful to both the SPH, HRZ, and NPS-UD objectives, and have suggested a solution that benefits both SPH and HDR objectives. This alters our submission, proposing these HDR activities only as an Alternative.

Our submission has been rejected in the S42A report. We disagree with the reasoning and conclusion. Our submission is not that there should be *“no ability for future residential development”* (S42A 8.13.12), rather that the path to that outcome, if required in future, should not be PC14 for the following reasons:

### Keeping this site for Hospital Use

Our main concern is the potential removal of a critical site to health use by establishing an alternative HDR zone, when that seems to contradict all of PC14’s objectives about intensification of community services.

A further concern is what seems to be a lack of public engagement on such a critical matter to our city.

#### 1. Not for sale

This 2 Ha site has been used for a hospital since 1906. In 1952 a new hospital was built, then demolished in 2008 because of the need for earthquake strengthening and, according to Te Whatu Oroa this year <sup>(2)</sup> and their local Corporate Solicitor Tim Lester in 2021 <sup>(3)</sup>, the site has not been declared surplus to requirements, is not for sale, and they say **Health would be unlikely to secure a large, central site like this ever again.**

PC14 at clause 13.5.2.1.3 (a) encourages comprehensive residential development of hospital sites (excluding Christchurch hospital) that are no longer required for hospital services. This site has not been declared as no longer required, and is not likely to be, given their response.

#### 2. Not required to be lost to Health by NPS-UD

I asked CCC planners whether PC14 applied to the former Christchurch Womens’ Hospital site and was informed by email in April 2022 that PC14 was not going to include this site <sup>(4)</sup>.

As a lay person, I see nothing in Policy 3 or Clause 77N relating to non-residential zones that suggests that sites currently zoned for health use and available for future health intensification should be removed and replaced with residential intensification which would generate more health needs. Rather, my reading is that the capacity of both residential and community services should be **aligned** with each other, **not compete** with each other.

### 3. Not recommended to be lost to Health by CCC Planners in S32 reports

I have read the PC14 S32 Evaluation related to Hospital Zones, noting the following:

- The introduction on P1 says that PC14 does not allow for a full review of Hospital zones across the city. This is critical to any decision in our view.
- 1.1.2 calls for **robust and enduring** provisions. That needs serious evaluation of Health services capacity, as well as residential capacity. We have not seen any such evaluation.
- Importantly, 2.1.7 notes that “... *there will inevitably be increases in population, especially in High Density Residential zones, resulting in increasing demand on ... hospitals*”. In 2020, David Meates <sup>(5)</sup>, then CDHB chief executive, advised of lack of capacity at the existing city sites, even after work under construction was completed. That article also has a helpful plan showing how constrained to expand the cbd site is by roads and Hagley Park.
- 3.8.3 says PC14 “...*does not involve any changes to the activities provided for in the SP Hospital Zone.*” We think that could be misleading when the zone now allows for a HDR alternative.
- 4.3.4 notes that “... *there is a possibility of residential rather than hospital development.*” There is no comment as to the source of that information. It goes on to say that “*Residential development can proceed **without a plan change** under the alternative HRZ zoning for this site.*” We are very alarmed at this frank acknowledgement that such a critical health site could be **lost to our city** without a separate Plan Change and all the transparency and democratic processes that would accompany such a change. We see **no S32 analysis of what the health impacts would be for our people**. Remember that the introduction to the S32 Evaluation says that “**PC14 does not allow for a full review of Hospital zones across the city.**”
- 4.4.1 f Suggests some hospital sites being more intensively used because of increased population within city boundaries, and that this would be an efficient use of the hospital property resource. We agree.
- 5.7.4 says that “Low rise hospitals are likely cheaper than hospitals with multi-level buildings, so long as land prices make it feasible for new sites of adequate size to be acquired.” We agree, and this 2 Ha site currently owned is perfectly positioned for substantial low-cost hospital development. What better place to locate a hospital with nursing accommodation, lost from the cbd site? A hospital on this site increases diversity of facilities, reducing risk. As a seismic engineer now focusing on resilience, I listened to Rowena Dobbie’s submission on a QM for

future earthquake risks and found her research and conclusions compelling and relevant to hospital facilities.

- 5.7.4 Also goes on to say that a Social benefit for the status quo is the longstanding expectation for the SP Hospital zone, and **the interrelationship between planning provisions and hospital planning, with hospitals needing to expand in size over time**. We agree.

I have also read another S32 Evaluation for SPH dated 25 July 2015, located on the PC14 links <sup>(6)</sup> :

- P34 *"The longer term strategy for public healthcare provision across the city is to intensify use on several of the main hospital sites."* And *"... **consultation with potential developers on the Former Christchurch Women's site indicate it is reasonable to assume that healthcare will be the longer term aim of these sites.**"* We agree in all respects.
- P39 summarising that the most appropriate way to achieve the objectives was to **retain the SPH zone for this site**. We agree.
- P48 on the risks of acting or not acting, which says that acting will **enable a greater scale of hospital development, and not providing a more enabling planning framework will curtail recovery and longer-term development of the City's hospitals**. We agree.

#### **4. The Alternative HDR Zone was Not Consulted-on with any Transparency**

- A potential risk to removal of hospital land was not raised as part of early public consultation.
- Te Whatu Ora consultation was only on heights, according to the S42A report.
- No account was taken of the 2015 S32's CCC Planner advice on health facilities.
- No PC14 submission of support was made by either Te Whatu Ora, or Ngai Tahu (who have the first purchase option if the site was sold).

Our concern is that by providing for an "Alternative" HDR zoning for this site, the **decision about losing this site to health** is made:

- in the absence of long term hospital planning, as advised by CCC planners,
- in the absence of specific consultation with the people of Otautahi-Christchurch,
- in the absence of local hospital support, or Ngai Tahu support, via submissions,
- and in the absence of any cost/benefit evaluation of losing this large site to Health.

Once lost to Health, if developed as HDR housing, it could not practically be reclaimed for a century.

PC14 is designed to intensify housing in residential areas and also align with, hence intensify, community services such as health. This PC14 change risks enabling a relatively small % of extra residential Capacity on this site by **losing a very large % of central city hospital land capacity to intensify health services**, and reduce risk through diversity of locations.

We note that Te Whatu Ora indicated the possibility of leasing the site in the interim so that it is “Not totally lost to health” <sup>(2)</sup>. We think that there may well be the potential for a short-medium lease solution that supports neighbourhood housing intensification, but does not lose the site to health. We want to propose a win-win solution which differs slightly from our formal submission by allowing some HDR permitted activities which are more low cost, shorter life uses typical of a lease arrangement.

### **Interim Health and Partial HDR Activities allowing for Future Intensification**

Our submission simply sought to remove the alternative HDR zone from this site.

However, on reflection, some of the HDR Permitted Activities which are not in the Specific Purpose (Hospital) Zone could be a helpful activity in the interim at a low cost. Importantly, those activities would not preclude easy adaption to residential use in the long term under a separate Plan Change application, or medium or long term hospital use if a Hospital Plan confirmed it was needed. Those HDR activities are:

- P3: Market gardens, community gardens, and garden allotments,
- P6: Non-residential activity up to 40 sqm. This could be a cottage industry in a relocatable building, possibly in support of P3. The resident operators required under (a) could include immediate neighbours.
- P7: Education facility up to 40 sqm, as for P6. Could be horticulture education in conjunction with the new Youth Hub, for example.
- P10: Activity associated with a retirement village, given the Victoria Care village is currently on the north boundary (see below). P3, 6, or 7 activities could be a source of village involvement.

In summary, we are not opposed to housing intensification but are opposed to the potential loss of critical health infrastructure without thorough assessment and widespread consultation, which has not happened under PC14.

We have proposed a way forward which is:

- supportive of ensuring that this site is not lost to Health intensification at present,
- supportive of neighbourhood housing intensification in the interim by suggesting selected permitted HDR activities on the site, rather than keeping it entirely vacant, and
- should health planning and consultation determine that intensification can and should be achieved elsewhere in future, that can be addressed by way of seeking a specific plan Change.

Nga mihi nui



Attachments:

1. Te Whatu Ora – Health New Zealand: Letter TWA to GB 19 April 2023
2. Tim Lester – Corporate Solicitor CDHB: Part email to ? (redacted) 20 August 2021
3. VNA - Our Little Corner Of The World: Extracts relating to the former Womens' Hospital
4. Mark Stevenson – CCC: Email correspondence relating to SPHZ status 13 April 2022
5. Joanne Carroll – Patients to remain in old Christchurch Hospital Building 12 June 2020
6. Geoff Banks – Pathway to Finding the S32 Evaluation 22 November 2023
7. Site Plans – 885 Colombo St



Examples of urban vineyards as one example of the HDR zone permitted uses proposed for this SPH site, and applied elsewhere.

An “Urban Winery” could be one expression of this, as would a “Community Orchard” . Such an environment would be a real asset to residents, existing and future in an intensified environment, at very little financial cost or even cost-positive if leased, providing social and environmental benefits. It would also allow ready use for health when needed.

## San Francisco, California – Neighborhood Vineyards Project

This list wouldn’t be complete without including California’s second largest urban area, San Francisco, and soon it will be. Winemakers Elly Hartshorn and Jenny Sargent planted 230 vines of Pinot Noir in their **urban vineyard in 2013**, and plan to release their first wine in 2016, the first to be grown in the city in over a century. Vineyards once ringed San Francisco, as in Los Angeles to the south. When the 1906 Earthquake torched the city, [the vineyards were abandoned and many urban winemaking facilities were moved outside of the city](#). If you’d like to donate to the Neighborhood Vineyards Project, in true San Francisco fashion, they’re accepting (in lieu of time in the fields): “cash, bitcoins, Silicon Valley stock, celebrity IOU’s, your parents’ credit cards, giant commemorative checks and tax refunds.”



# Thessaloniki, Greece

In 2013, the city of Thessaloniki partnered with Domaine Gerovassiliou (a renowned winery outside the city) and a local university to plant **Greece's first urban vineyard**. The initial plan called for 480 vines, all native Greek varieties: white Robola and Malagousia and red Agiorgitiko and Xinomavro. The project is meant to be educational, with the hope that the wines will be auctioned off in order to benefit the local community. Photos from this year's harvest reveal that things are already in full swing at the vineyard, which is located on a 2-acre field, **nestled between apartment towers** and Kaftanzoglio Stadium.





19 April 2023

Geoff Banks  
59 Gracefield Avenue,  
Christchurch 8013

Īmēra / Email: [Geoff.banks@bfe.nz](mailto:Geoff.banks@bfe.nz)

Dear Geoff

RE Official Information Act request ChChD 11079 / HNZ00013194

I refer to your email dated 9 March 2023 requesting the following information under the Official Information Act from Waitaha Canterbury regarding the former Christchurch Women's Hospital site at 885 Colombo Street, Christchurch. Specifically:

1. I have seen in the public domain correspondence between Tim Lester, CDHB Solicitor, and Benjamin Speedy of HUD, dated 3 March 2021 indicating that HUD was procuring consultants to undertake a DD investigation on the site. Please provide any subsequent correspondence with HUD and any results of that DD investigation that you may have received.
2. I have seen in the public domain correspondence between Tim Lester, CDHB Solicitor, and a Ngai Tahu representative, dated 5 February 2021, referring to a potential partnership between MHUD and Ngai Tahu on this site should it become surplus to DHB requirements. Please provide all correspondence relating to:
  - a. Any internal CDHB or Te Whatu Ora correspondence or other documents referring to whether 885 Colombo St might become, or is now, surplus to CDHB or Waitaha Canterbury or Te Whata Ora requirements.
  - b. Any correspondence or other documents referring to or from MHUD on possible sale or purchase of the site at 885 Colombo St, after 2 March 2021.
  - c. Any correspondence or other documents referring to or from Ngai Tahu purchasing, or considering purchase or development alone or in partnership, of the site at 885 Colombo St, after 4 February 2021.

Please find attached as **Appendix 1** correspondence and documentation relating to the former Christchurch Women's Hospital site at 885 Colombo Street, Christchurch.

No decision has been made yet about the future use or any sale of the former Christchurch Women's site at 885 Colombo Street. Te Whatu Ora is continuing to consider the potential future health requirements or any alternate use for the site. The site has not been declared surplus to requirements while those investigations are ongoing. If a decision is made at some point that the site is surplus to Te Whatu Ora's requirements (noting that decision has not yet been made), then the land still cannot be sold until such time as Te Whatu Ora has complied with all statutory pre-requisites in relation to the site.

The disposal process is prescribed by statute, including under the Pae Ora (Healthy Futures) Act 2022. Under that Act, if land is declared surplus to requirements, then approval from Te Whatu Ora / Health NZ Board and the Minister of Health will be required before it can be sold. The land is also "relevant land" for the purposes of the Ngāi Tahu Claims Settlement Act, with Ngāi Tahu having a first right of refusal to purchase should Te Whatu Ora make the decision to proceed with a sale. Te Whatu Ora must also comply with any applicable provisions under the Public Works Act if relevant to this site.



The PWA provides that where land is no longer required for a public work, it must be offered back to the person from whom it was compulsorily acquired or to their successor.

**Note:** we have redacted information pursuant to the following sections of the Official Information Act:

- Section 9(2)(a) *"...to protect the privacy of natural persons, including those deceased"*.
- Section 9(2)(b) *"...commercial sensitivity. To protect the commercial position of the person who is the subject of the information."*
- Section 9(2)(h) *"... maintain legal professional privilege"*.

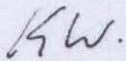
We have also redacted/removed 'double up' information i.e. email trails that are extensively repeated.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz); or Freephone 0800 802 602.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Te Whatu Ora / Health NZ website after your receipt of this response.

Ngā mihi / Yours sincerely,



Keith Wright  
Senior Manager, OIAs  
Waitaha Canterbury / Te Tai o Poutini West Coast.

**From:** Tim Lester <[Tim.Lester@cdhb.health.nz](mailto:Tim.Lester@cdhb.health.nz)>

**Sent:** Friday, 20 August 2021 10:48 am

**To:** [REDACTED] <[REDACTED]@hud.govt.nz>

**Cc:** [REDACTED] <[REDACTED]@hud.govt.nz>

**Subject:** RE: 885 Colombo Street, Christchurch - Valuation Process

Hi [REDACTED]

I hope you are both up and running from home and keeping well

[REDACTED] thanks for this, and apologies for the delay in responding.

This valuation methodology effectively commits CDHB to disposal; and I'm not sure that we're there yet. You'll appreciate that we have a few statutory hoops to jump through before we can commit to any disposal. With the transition to Health NZ, there are now also a few more steps in the chain

Rather than disposal, any interest in a long term lease arrangement? This would avoid the disposal process, allow the property to be put to use by HUD but not completely lost to health in case there was a need in the future (Health would be unlikely to secure a large, central site like this ever again)

[REDACTED] I haven't been in all the conversations so not sure if this is been discussed/considered previously? Can you let me know if this is an option, or whether HUD is only interested in purchase?

Happy to discuss

Kind regards

**Tim Lester**

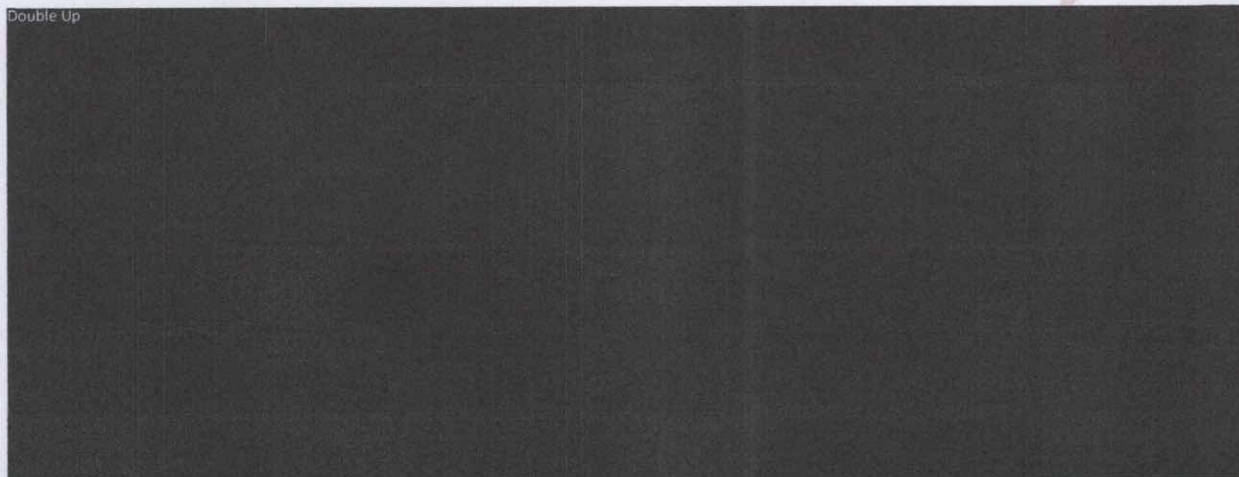
Corporate Solicitor

Canterbury District Health Board

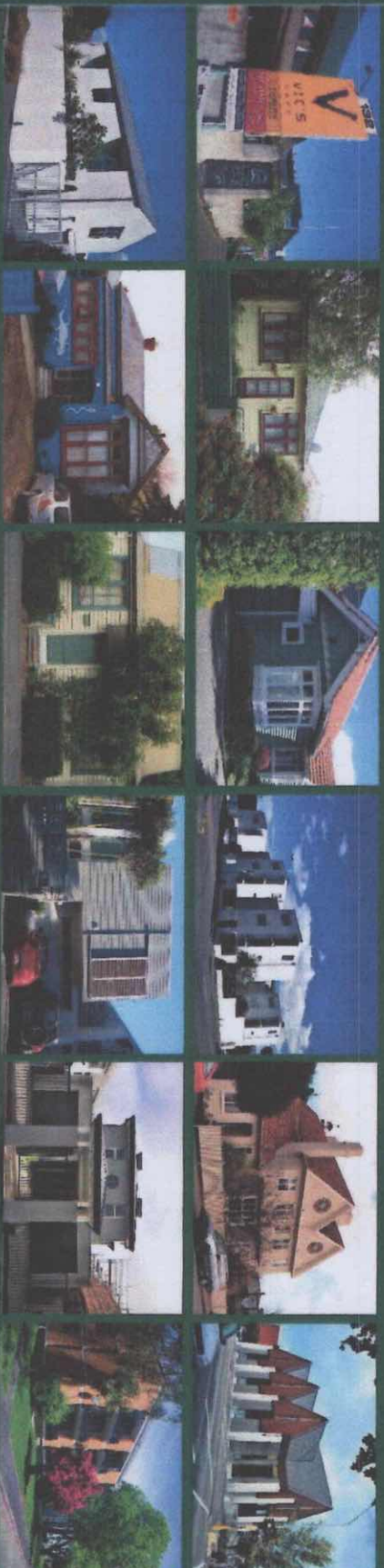
T: [REDACTED] | E: [tim.lester@cdhb.health.nz](mailto:tim.lester@cdhb.health.nz)

Level 1, 32 Oxford Terrace, Christchurch | PO Box 1600 | Christchurch | [www.cdhb.govt.nz](http://www.cdhb.govt.nz)

Double Up







# OUR LITTLE CORNER OF THE WORLD

*A Photographic History of a  
Christchurch Central City Neighbourhood*

VICTORIA NEIGHBOURHOOD ASSOCIATION INC (VNA)







© 885 Colombo St  
**Christchurch Women's Hospital 1964**



Hospital site  
2017



© Women's Hospital  
2005



Before demolition  
2008



© Hospital demolition  
2008



Another view  
2017



901 -  
Resthaven Resthome



901 -  
Resthaven Resthome



911 C  
Another part



919 Colombo St  
The cafe and offices



## significance

It was a garden  
e Floriste in 1955,  
er that, Pepperberry  
years and, since  
917A (now part of  
thern Book Club in  
irdressers Salon at  
arches).



thaven rest home

e on this site from  
rentide (rest) Home  
n Army applied to  
d replace it with a  
ie Press (6 October  
n Army described

Eventide as a 'tired, old, storm-damaged house built in 1906, encompassed in unattractive wooden fire escapes like an ugly spider web'. (11) Residents will remember that in 2010, when the Army applied for resource consent to build their church in our neighbourhood, they used similar language to describe the houses on Salisbury and Colombo Streets. (44) Approval to demolish Eventide was controversial, with many wanting to preserve the building. It took two hearings and several compromises before approval was finally given. Resthaven Resthome and Dementia Care is still at this address. (11)



**885 Colombo Street (Christchurch Women's Hospital):**

There has been a hospital on this site since 1906. It was initially part of the St Helen's Hospital group, having been converted from a public house situated on Durham St. After much discussion and

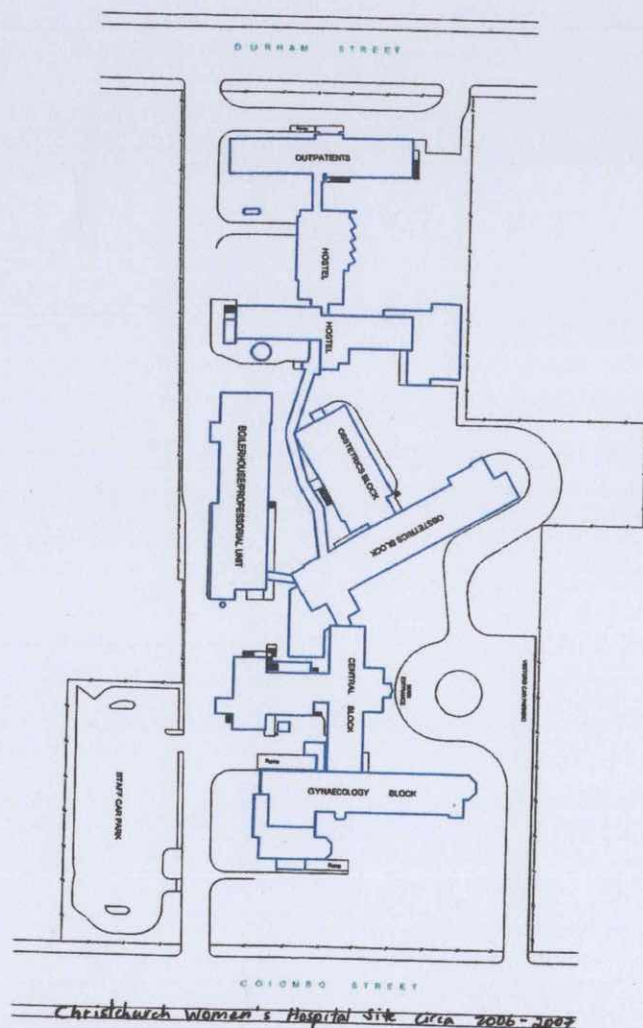
controversy in 1952, a new hospital was built on Colombo Street, focussing on obstetrics. There were three cots available for premature babies within the entire Canterbury region at that time. In 1964, the hospital was transferred to the North Canterbury Hospital Board and soon after renamed Christchurch Women's Hospital. It was set up as a pilot—the first in the country—which was so successful that other St Helen's hospitals were soon transferred to their local hospital boards. (19) (39)

Another first was the hospital's 1973 midwifery training programme, taught completely on-site, initially with seven students. In 1981, the Christchurch Polytechnic (Ara Institute since 2016) took responsibility for midwifery qualifications, which now includes master's level studies. (19)

By 1993, the hospital consisted of a day surgery unit, in vitro fertilisation unit, a pathology area (one of the few neonatal units in the country), gynaecology, a birthing unit and an intermediate nursery. At one time there also was a Termination of Pregnancy Service, later transferred to the nearby Lyndhurst Hospital. When fully developed, the site consisted of eight separate titles acquired over 25 years, for a total of 19,000 m<sup>2</sup>. See aerial diagram, as of 2006. (19) (10)

Christchurch Women's Hospital was closed in March 2005, primarily because of work needed to bring it up to earthquake code standards—which turned out to be very prophetic. It was demolished in 2008 -





2009. As of February 2018, the site is still vacant. Although most of the site is well maintained, at times the large empty space has been used as a rubbish tip and/or a place for squatters.



**875 Colombo Street:**

This address is no longer used, but is next to the large apartment block currently being built at 873 Colombo Street. Until 1970, the Bellevue Flats were on this site. In 1969, the Minister of Health gave approval for the North Canterbury Health Board to purchase the site (along with three others) for extensions to the Christchurch Women's Hospital. It was bought at auction for \$35,000, including \$2000 for chattels. (10) Another source referred to Glenholme Flats being at the same address in 1955.



**847 - 857 Colombo Street (The Salvation Army):**  
This 1217 sq. ft. building is a three-story structure with a flat roof and is currently used as a community center. It is located on the corner of Colombo Street and is a prominent landmark in the area.

This 4217m2 site was mainly residential until the houses and a child care centre on the Colombo - Salisbury - Gracefield Avenue corner were demolished in 2012 to make way for a large Salvation Army development. Resource consent was applied for in 2010, which the VNA and other

residents opposed zoning. Approval restrictions. Development 2010 - 2011 earthquake amended design w (44) The last step (Avenue - Salisbury 2016. For further see the Salisbury chapters.



## 857 Colombo Street

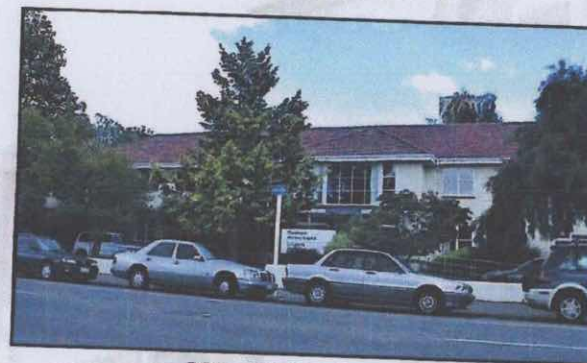
The house at this address was built in 2009 (see above). The house was the home in the late 1800s of John Hyndman's Land, named after. A Mr. Hyndman lived there in 1955. See (2)





376 and 378 Durham St  
New townhouses (52 – 58 Gracefield Ave) 2015

# *Christchurch Women's Hospital*



380 – 392 Durham St  
Christchurch Women's Hospital Outpatients' clinic 2001



Durham St - Gracefield Ave corner  
2017



© Women's Hospital 2005



© Women's Hospital nurses hostel 2005



Durham St - Gracefield Ave corner  
Christmas 2017



© Women's Hospital  
Demolition starting 2008





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## Geoff Banks

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**From:** Stevenson, Mark <Mark.Stevenson@ccc.govt.nz>  
**Sent:** Wednesday, 13 April 2022 12:14 pm  
**To:** Geoff Banks; vnachristchurch@gmail.com; 'Marjorie Manthei'  
**Cc:** McLellan-Dowling, Jake  
**Subject:** RE: Plan Change 14 CBD

Hi Geoff

Sorry for the delay in responding to your email below. The changes do not apply to the specific purpose zone so you are correct there is no change.

Thanks  
Kind Regards

Mark Stevenson

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**From:** Geoff Banks <geoffbanks5@gmail.com>  
**Sent:** Monday, 11 April 2022 10:42 AM  
**To:** Stevenson, Mark <Mark.Stevenson@ccc.govt.nz>; vnachristchurch@gmail.com; 'Marjorie Manthei' <mm1946@xtra.co.nz>  
**Cc:** McLellan-Dowling, Jake <Jake.McLellan@ccc.govt.nz>  
**Subject:** RE: Plan Change 14 CBD

Hello Mark, Darren, Jake.

Now that the Draft Housing and Business Choice Plan Change(BHBC) has been issued today, I will be starting to assemble feedback and research in order to provide a submission. The mechanism of that submission has yet to be confirmed, but will be discussed within the agenda of a VNA meeting this evening.

I have just one aspect of clarification I am seeking at this stage, related to the former Christchurch Womens Hospital site between Colombo and Durham Streets. In the DHBC this site is designated as Special Purpose Hospital, and there are no changes proposed for this zone designation so far as I can determine to date. I therefore assume that CCC has no changes planned to height limits and other current planning constraints for this particular site.

Furthermore, is CCC considering any change to the designation of the hospital site, such as to High Density Residential?

I look forward to your confirmation as soon as possible, given the very short time available for feedback.

Kind regards,

Geoff Banks

E [geoffbanks5@gmail.com](mailto:geoffbanks5@gmail.com)

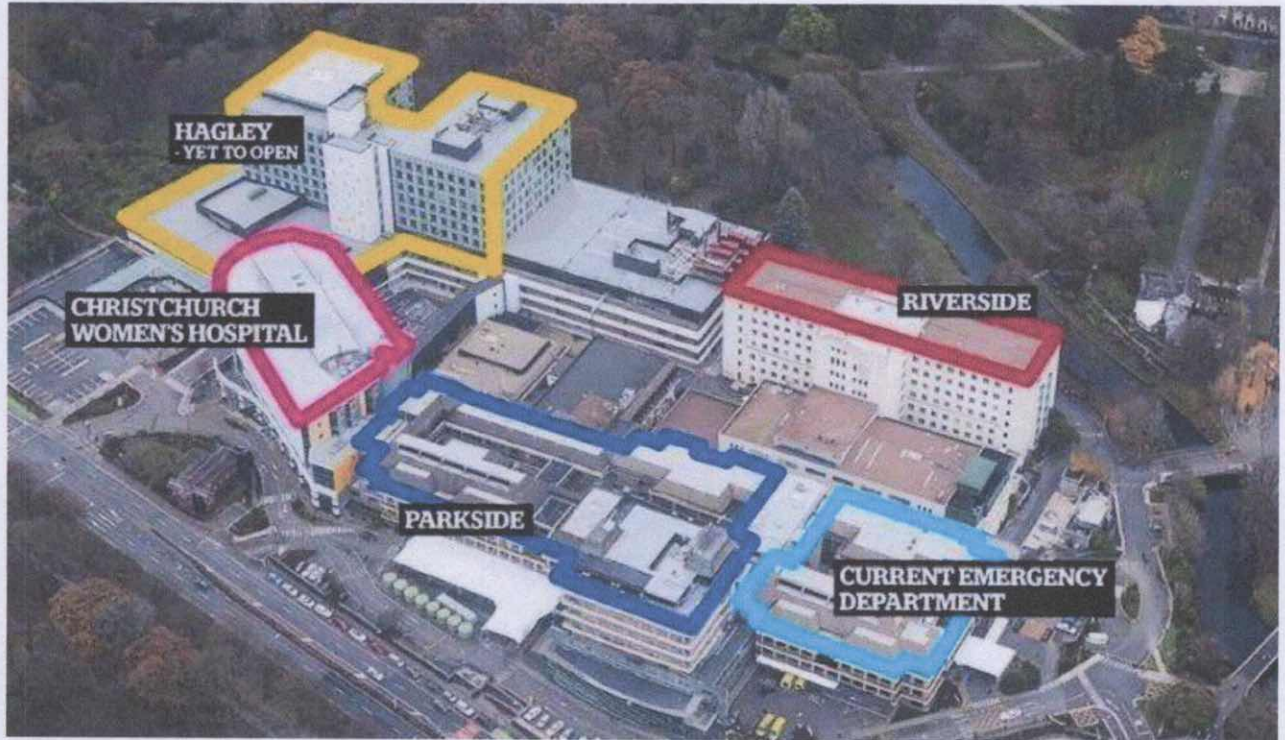
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**From:** Stevenson, Mark <[Mark.Stevenson@ccc.govt.nz](mailto:Mark.Stevenson@ccc.govt.nz)>  
**Sent:** Tuesday, 5 April 2022 5:18 PM  
**To:** Geoff Banks <[geoffbanks5@gmail.com](mailto:geoffbanks5@gmail.com)>; [vnachristchurch@gmail.com](mailto:vnachristchurch@gmail.com); Marjorie Manthei <[mm1946@xtra.co.nz](mailto:mm1946@xtra.co.nz)>  
**Cc:** McLellan-Dowling, Jake <[Jake.McLellan@ccc.govt.nz](mailto:Jake.McLellan@ccc.govt.nz)>  
**Subject:** RE: Plan Change 14 CBD



# Patients to remain in old Christchurch Hospital building until at least 2025

Joanne Carroll 18:24, Jun 12 2020



STUFF

Christchurch Hospital's new and old buildings, which are part of a massive upgrade.

Patients and staff will still be using an old earthquake prone building, even after a new \$500 million hospital building is in use later this year at Christchurch Hospital.

Major flaws in electrical infrastructure have been uncovered in a damning report into the state of the country's medical buildings.

Engineering experts [found a litany of problems](#) at Christchurch Hospital, from a poorly performing water system and sprinklers to sub-par fire protection, concerns over asbestos, and seismically inadequate cladding panels.



The National Asset Management Programme for district health boards reveals parts of Christchurch Hospital's Riverside building are so bad they are barely serviceable and likely to fail in the short-term.

**READ MORE:**

- \* [Litany of flaws found in Christchurch hospital buildings](#)
- \* [Hospital picks clinicians' least preferred option for new build](#)
- \* [Chch Hospital leaders say poor buildings are 'drastically impacting patient care'](#)

DAVID WALKER/STUFF

Canterbury District Health Board (CDHB) chief executive David Meates said despite the original intention for the new Hagley Building to replace Riverside, Riverside would still need to be used until a new Tower 3 building was ready. That was not expected until 2025, he said.

The Hagley Building will be open three years later than first promised when it is finally handed over to the health board in August, and will open about three months later.

After that about 50 per cent of the hospital services would be housed at both Riverside and Parkside, Meates said.

"We are going to need to continue to utilise parts of Riverside just to enable us to meet the needs we will need to continue to work in a very poor facility. The challenge we continue to deal with is the balance both providing services and mitigating the risks as much as possible. How we manage that is very challenging," he said.

The new acute services building at Christchurch Hospital, now known as Christchurch Hospital Hagley, was due for completion in 2019. (Video first published in December 2018)

Once Tower 3 was complete, Riverside West would be demolished with the remaining Riverside structure being used for clinical support space, he said.



The report found sprinklers, hot and cold water and medical gas distribution were all found to be substandard, while engineers also uncovered poor passive fire protection and known asbestos issues.

Concerns were also raised about seismic issues with some cladding panels.

The Parkside building had several issues with its heating, ventilation and air conditioning, water and gases problems, and its interior was deemed average.

Meates said the CDHB has already installed large water tanks to enable the building to have fire protection, and has stopped using the top two stories of Riverside to allow for easier evacuation in an earthquake.

He had hoped a \$437.78m plan for a six-storey Tower 3, a design for a fourth tower and a minimal refurbishment of the Parkside building would have been approved by the Government, but the Ministry of Health's Capital Investment Committee had only allowed for a \$150m budget – which resulted in a plan for a five-storey Tower 3.

Until that is built, the CDHB would need to request more money from the Ministry to fix earthquake damage and compliance issues in all of its existing buildings, Meates said.

Throughout Christchurch Hospital's buildings the electrical infrastructure is considered too old, while mechanical distribution pipes are nearing their end of life.

The Parkside building at Christchurch Hospital has significant issues including electrical infrastructure.

The asset management survey was published this month and carried out for the Ministry of Health by Beca, which assessed 166 buildings at 31 sites. Its aim is to prioritise funding for hospital rebuilds and refurbishments.

Meates said even once Tower 3 opened, the campus would still not have enough capacity for patients and staff.



"We are the largest health provider in the country and provide care not only to Canterbury but to the rest of the South Island and lower North Island, and we are one of the few DHBs still using six-bed rooms for acute settings.

"Our clinical teams work extremely hard to ensure care is not compromised, but they work in a very difficult environment," he said.

The new Hagley building at Christchurch hospital will be open until later this year, but is not big enough.

He acknowledged the issues were as a result of lack of funding over a long time, and the Government faced a significant challenge to fund the large capital investment needed.

"The Hagley Building costs half a billion dollars and it will hold just under half the capacity we require," he said.



Specific Purpose Hospital Zone – Former Christchurch Women's Hospital Site

Pathway to Finding the S32 Evaluation:

1. Proposed Housing Choices website:  
<https://ccc.govt.nz/the-council/plans-strategies-policies-and-bylaws/plans/christchurch-district-plan/changes-to-the-district-plan/proposed-changes-to-the-district-plan/pc14/>
2. Proposed Provisions – Chapter 1 introduction:  
chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://ccc.govt.nz/assets/Documents/The-Council/Plans-Strategies-Policies-Bylaws/Plans/district-plan/Proposed-changes/2023/PC14/Provisions/Plan-Change-14-HBC-NOTIFICATION-Chapter-1-Introduction.pdf
3. Link at section 1.3.1(b) to evaluations:  
The evaluations prepared under section 32 and 32AA22 are not part of the Plan itself, but are available on the Council's website at:  
<http://proposeddistrictplan1.ccc.govt.nz/background/section-32-reports/>
4. Open Stage 2 Section 32 Reports link:  
<https://proposeddistrictplan1.ccc.govt.nz/background/section-32-reports/stage-two-section-32-reports/>
5. Open Specific Purpose Zones S32 Report link:  
[http://resources.ccc.govt.nz/files/policiesreportsstrategies/dpr\\_section32\\_specificpurposezones.pdf](http://resources.ccc.govt.nz/files/policiesreportsstrategies/dpr_section32_specificpurposezones.pdf)
6. At 4.5 Specific Purpose (Hospital) Zone, it says:  
*"It should be noted that Christchurch Hospital, Lyndhurst and the former Christchurch Women's sites are now part of the Central City Chapter and are zoned Central City Specific Purpose Hospital zone."* Go back to Central City S32 Report link:  
chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://resources.ccc.govt.nz/files/policiesreportsstrategies/chapter13-centralcity-s32.pdf
7. Find section 2.8 Hospital Zone, Central City.  
Note that it is dated at the bottom "Notified 25 July 2015".

Did they really do this one in advance?

Or is the date a typo, and the S32 report is the right one?

I guess it is the right one. It says it seeks to "Provide clarity around the intended use of the zone" so surely can't have changed again.

Bayley Medical Holdings Ltd  
DCDB Document Id: CT 284/18...

Lot 2  
DP 368162  
0.0456  
Unit Title SRS 35027

13/106  
19/106  
20/106  
21/106

13/106  
14/106  
15/106  
16/106

27.17  
13.54  
14.70  
14.12  
16.40

Pt Lot 1  
DP 40845  
0.5437  
Victoria Property Holdings ...

Lot 1  
DP 44149  
0.0011  
The Salvation Army New

Pt Section 79  
Town reserve Christchurch  
0.0827  
Canterbury District Health ...  
Hospital Purposes NZGZ 1958  
(BM 277), (SO 9392)

27.17  
13.54  
16.94  
15.80

Lot 1  
DP 320014  
0.2779  
Unit Title SRS 117447

4/4000  
10/400

52.08  
32.78  
21.88

Lot 1  
DP 5352  
0.3621  
Canterbury District Health ...  
Public Works NZGZ 1943 p 950  
(SO 7511)

Lot 2  
DP 5352  
0.0865  
Canterbury District Health ...  
(SO 7511)

Pt Section 78  
Town reserve Christchurch  
0.0736  
Canterbury District Health ...  
DCDB Document Id: CT 6D/131

52.08  
32.78  
39.67  
35.20

Pt Section 59  
Town reserve Christchurch  
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Canterbury District Health ...  
Public Works NZGZ 1943 p 950  
(SO 7511)

65.22  
17.07  
17.74

Lot 3  
DP 494411  
0.0296  
A Childs A Davis  
L M Childs A Davis  
Island Trustee Service Limited

Lot 4  
DP 494411  
0.0273  
A Childs A Davis  
L M Childs A Davis  
Island Trustee Service Limited

Lot 17  
DP 2392  
0.0397  
M Manthorpe Property Services Ltd  
R J Manthorpe

Lot 16  
DP 2392  
0.0399  
M Manthorpe Property Services Ltd  
R J Manthorpe

Lot 15  
DP 2392  
0.0402  
M Manthorpe Property Services Ltd  
R J Manthorpe

Lot 14  
DP 2392  
0.0404  
M Manthorpe Property Services Ltd  
R J Manthorpe

Pt Lot 13  
DP 2392  
0.0406  
Canterbury District Health ...  
MacDonald Fanatic Limited

Lot 1  
DP 10221  
0.0634  
E L Harris  
J G Harris

Lot 2  
DP 10221  
0.0650  
E L Harris  
J G Harris

Lot 2  
DP 20596  
0.1257  
Canterbury District Health ...

Lot 1  
DP 20596  
0.0783  
Canterbury District Health ...

10.20  
10.22  
14.22  
14.22  
14.22  
14.34  
10.54  
20.94  
21.92  
38.61  
30.66  
30.66

13.85  
13.54  
28.07  
8.18  
28.30  
28.41  
28.49  
29.80  
29.10  
24.94

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28

50  
14.22  
14.22  
14.22  
14.34  
10.54  
2.00  
19.00  
22.90  
46.33

112.25  
21.98

Lot 4  
DP 910  
0.6217  
Canterbury District Health ...  
Hospital Purposes NZGZ 1958...

112.18  
55.42

Lot 1  
DP 7731  
0.4046  
Canterbury District Health ...  
Public Works NZGZ 1943 p 950

36.11

24.93  
30.66  
30.66

40.23

15.33

7



