Before the Hearings Commissioners

Under	the Resource Management Act 1991 (**RMA**)
In the matter of	a submission by **Mercy Hospital** (submitter 84) on Proposed Plan Change 1 – Minor Improvements to the Partially Operative Dunedin City District Plan 2024 (2GP)

Primary statement of evidence of Louise Taylor

Dated 31 July 2025

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1 SUMMARY STATEMENT

1.0 My name is Louise Taylor. I am a Director of Taylor Planning Limited. I am presenting this planning evidence on behalf of Mercy Hospital (Mercy).

1.1 The Dunedin City Council established a specific zone for Mercy Hospital prior to the Partially Operative Second Generation Dunedin City District Plan 2024 (2GP) to provide for the hospital and associated activities undertaken by Mercy at its site in Newington Avenue, Māori Hill, Dunedin. At that time, the actual and potential effects of Mercy's operation were carefully considered, and a specific zone and rule framework was developed to enable Mercy's activities whilst appropriately managing effects on neighbours and the wider roading network. A Mercy Hospital Development Plan was included in the zone, providing a building envelope for any future building expansion works to comply with.

1.2 Mercy's submission on PC1 generally sought to prevent a more restrictive planning framework in the Mercy Hospital Zone due to the thorough process that occurred to establish the zone, and again via the 2GP process. There is no evidential basis to impose a more restrictive set of plan provisions.

1.3 I agree with the s42A report recommendations in relation to Mercy Hospital's submission, other than I consider it to be more efficient and effective to use a gross floor area as a trigger for resource consent, rather than a vehicle movements trigger in relation to high trip generator activities.

1.4 In conclusion:

a. I support the Council Officer's recommendations in relation to Mercy Hospital's submission on Plan Change 1.

b. I consider it inefficient and inconsistent with Mercy Hospital Zone objectives[1] to impose a rule requiring resource consent for an increase in building footprint or vehicle movements from activities that are **in accordance** with the Mercy Hospital Zone Development Plan[2].

c. I agree that Rules 27.3.3.X and 27.10.X.1 should only apply to new buildings or additions that are **not in accordance** with the Development Plan (as recommended in the s42A report[3]).

d. I consider that the trigger in Appendix 6C of the Transportation Chapter should be 2,200m^2 gross floor area for Hospitals[4], rather than the s42A report recommendation of "50 vehicle movements per hour or 250 heavy vehicle movements per day, whichever is met first"[5].

e. I consider it appropriate to include up to 10 inpatient beds (overnight stay) in the definition of "Healthcare"[6].

[1] Objective 27.2.1, Objective 27.2.1 and Objective 27.2.2
[2] Rules 27.3.3.X and 27.10.X.1 (S84.009 and S84.010)
[3] s42A report, page 21
[4] Refer Mr Copland Transport Evidence, paragraph 39
[5] s42A Report, pages 19, 20; S84.011
[6] S84.005

2 INTRODUCTION, QUALIFICATIONS AND EXPERIENCE

2.0 My full name is Louise Elizabeth Robertson Taylor. I am a Director of Taylor Planning Limited. I am presenting this planning evidence on behalf of Mercy Hospital.

2.1 I hold a Bachelor's degree in Geography (1995) and a Master's degree in Regional and Resource Planning (1997), both obtained from the University of Otago. I have nearly 30 years' experience within the planning and resource management field. My practice has included work for local authorities, central government agencies, not for profits, private companies and private individuals, primarily as an independent planning consultant.

2.2 I am an accredited Hearings Commissioner (including Chair endorsement) and have heard and decided more than 20 cases.

2.3 I have extensive experience with preparing district plan provisions. I am currently leading Mackenzie District Council's district plan review and am providing strategic advice to Timaru District Council for its district plan review. I have extensive experience preparing submissions and assessing district plan provisions, primarily throughout the South Island.

2.4 I worked on behalf of Mercy Hospital with Dunedin City Council planners to develop the Mercy Hospital Zone in the first-generation Operative Dunedin City District Plan via a Plan Change, and presented planning evidence to the hearing for that matter. That zone was used as a starting point for the Major Facilities zones established in the 2GP. I assisted Mercy Hospital in preparing its submission to the 2GP, and presented planning evidence to the hearing Panel in relation to the Mercy Hospital Major Facility Zone in the 2GP process.

2.5 I have prepared several resource consent applications on behalf of Mercy Hospital for activities on its site, so am familiar with how the zone and the “Mercy Hospital Development Plan” (Appendix 27A) works in practice.

2.6 I assisted Mercy in the preparation of its submission on Plan Change 1 – Minor Improvements to the 2GP.

2.7 I am familiar with the site and surrounding neighbourhood having visited many times.

3 CODE OF CONDUCT

3.0 I have read the Environment Court’s Code of Conduct for Expert Witnesses (2023) and I agree to comply with it. My qualifications as an expert are set out above. I confirm that the issues addressed in this brief of evidence are within my areas of expertise. I

have not omitted to consider material facts known to me that might alter or detract from the opinions expressed.

4 SCOPE OF EVIDENCE

4.0 My evidence will address the following:

a. Mercy Hospital, and the Mercy Hospital Major Facilities Zone insofar as it is affected by Plan Change 1;

b. Mercy's submissions in relation to Plan Change 1;

c. the Council Officer's s42A recommendations; and

d. in particular "high trip generator activities" provisions, and the definition of "healthcare".

4.1 In preparing my evidence, I have read the s42A report "Plan Change 1 – Minor Improvements, Non-Heritage Topics" dated 25 July 2025, and "Statement of Evidence of Logan Paul Copland for Dunedin City Council" dated 21 June 2025.

5 THE STATUTORY AND HIGHER ORDER PLANNING FRAMEWORK

5.0 In preparing this evidence, I have specifically considered the following:

a. the purpose and principles of the RMA (sections 5-8);

b. provisions of the RMA relevant to plan-making and consenting; and

c. the Otago Regional Policy Statement 2019 and Proposed Otago Regional Policy Statement 2021. Whilst both Statements promote strategic and coordinated development and change in Otago's urban areas, there are no particularly relevant provisions to my evidence.

6 MERCY HOSPITAL

6.0 Established in 1936 and located in Māori Hill, Dunedin, Mercy Hospital is a long-standing charitable entity providing Tertiary level healthcare and Outreach services to the greater Otago and Southland regions.

6.1 The Mercy campus is home to a wide range of healthcare facilities including Manaaki, Mercy Cancer Care, Mercy Heart Centre, Mercy Physiotherapy, and Mercy Hospital as well as affiliated services Pacific Radiology and Awanui Labs. Specialist doctors from most branches of medicine consult with patients from clinic rooms onsite at Marinoto Clinic and Mercy Care East.

6.2 Mercy Hospital hosts seven theatres, a three-bed intensive care unit, in-patient and day-stay beds, alongside a cardiac catheterisation lab and a modern oncology unit.

6.3 Service provision also directly supports Health New Zealand entities, across the region, though contracted patient treatments, facility and equipment access while also acting as a key response provider of emergency service and back -up to Health New Zealand at times of civil emergency.

6.4 The Dunedin City Council established a specific zone for Mercy Hospital prior to the 2GP to provide for the hospital and associated activities undertaken by Mercy at its site in Newington Avenue, Māori Hill, Dunedin. At that time, the actual and potential effects of Mercy's operation were carefully considered, and a specific zone and rule framework was developed to enable Mercy's activities whilst appropriately managing effects on neighbours and the wider roading network. A Mercy Hospital Development Plan was included in the zone, which permits future building expansion works within a building envelope. The Development Plan ensures that the scale of activities at Mercy remain suitable for the site, and any adverse effects are appropriately managed. This zone was transferred into the 2GP as the Mercy Hospital Major Facilities Zone, and again at that time, Council carefully tested the suitability of provisions to ensure the balance between providing for Mercy's activities (now and into the future) and potential effects on neighbours and the surrounding roading network would continue to be appropriately managed. These controls apply in the Mercy Zone in the 2GP and have been working well to manage Mercy's ongoing operation and upgrade activities, which enable the important healthcare service it provides to the Otago and Southland's community.

6.5 It is therefore important to ensure that any changes to the 2GP do not impact on Mercy's ability to continue to operate its facilities, and that no additional constraints are imposed, as there is no demonstrated need for additional provisions at this site.

7 RELIEF SOUGHT BY MERCY HOSPITAL

7.0 The full relief sought by Mercy in respect of Plan Change 1 is set out in Annexure A to its submission (submission 84). Mercy's submission points which the Council Officer has recommended be accepted, are not discussed further in my evidence.[7]

7.1 In respect of the submissions that the Council Officer has recommended be rejected or accepted only in part, I have set out my comments in the following sections. These relate to proposed new provisions relating to "high trip generator activities", and the definition of "healthcare".

[7] These are changes to Rule 27.9.3.3(a): S84.012; Definition of "Construction and Site Investigation": S84.001, S84.002; Hyper link for Rule 4.3.2.2.b: S84.003, S84.004; Deletion of proposed stormwater open watercourse mapping through the Mercy zone, retention of Rule 27.9.4.X and deletion of Rule 27.9.6.1: S84.006

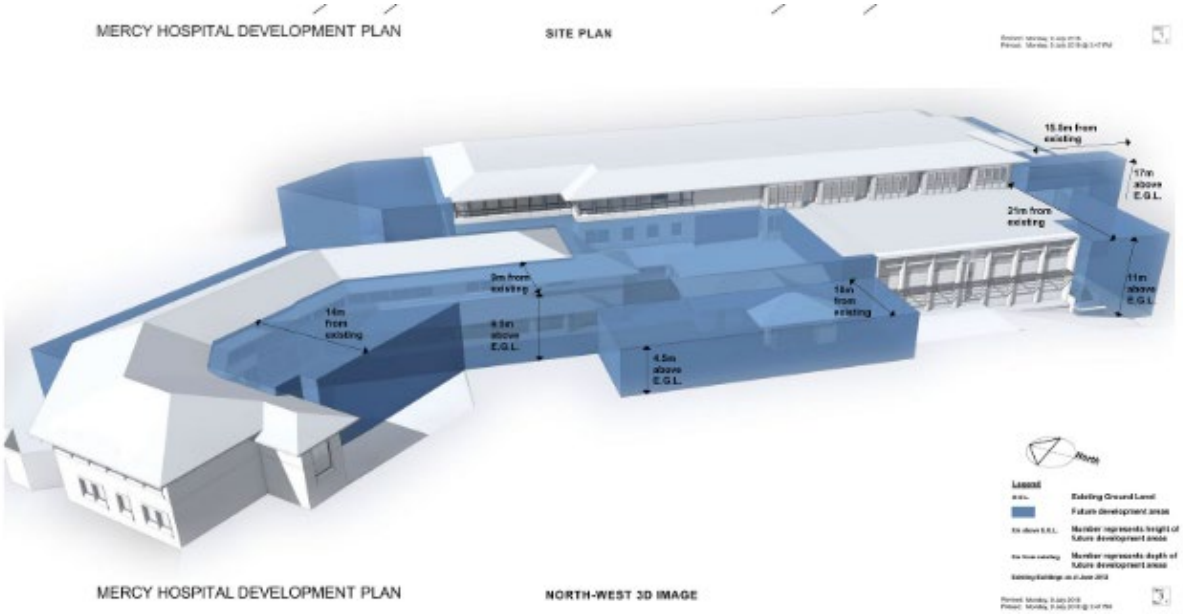
High Trip Generator Provisions[8]

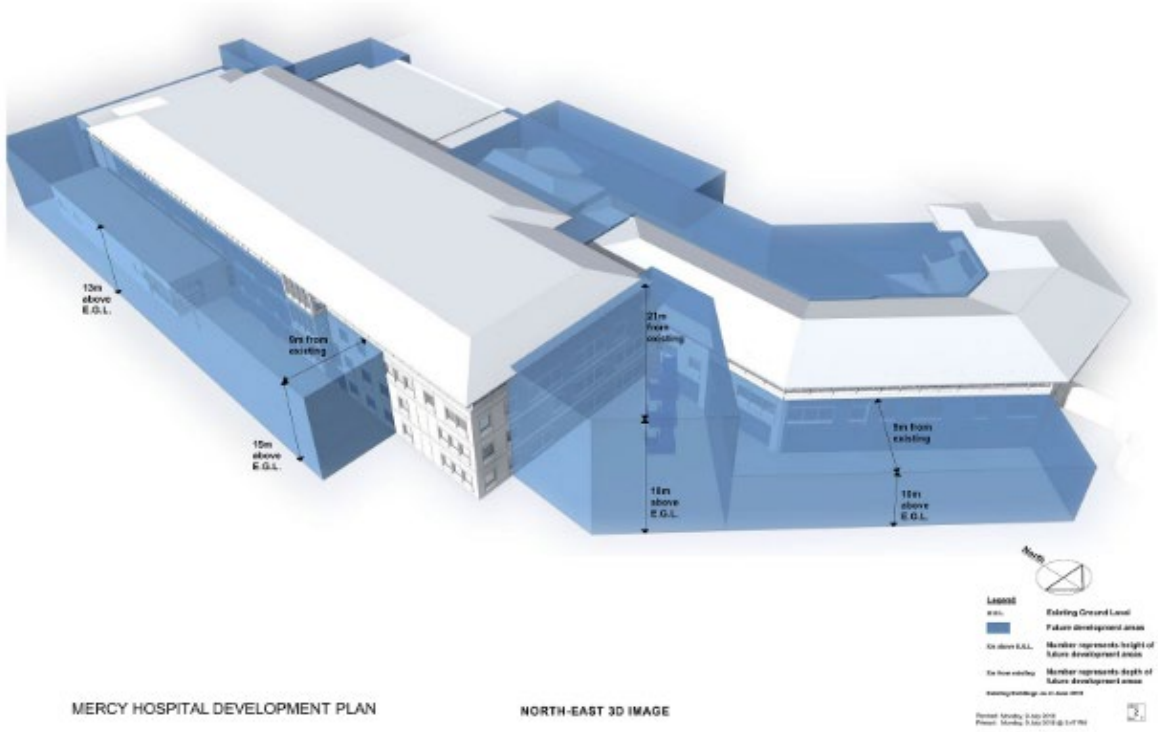
7.2 This section relates to Transportation Chapter Appendix 6C[9], Mercy Hospital Zone Rule 27.3.3.X[10] and Rule 27.10.X.1[11] of the 2GP.

7.3 Both the s42A author[12] and Mr Copland[13] note Mercy's concerns that applying the high trip generator rule to the Mercy Zone is unnecessarily onerous given traffic effects were assessed when the Mercy Zone was established in the first-generation Operative District Plan via a Plan Change, and again during the development process of the 2GP. The Mercy Hospital Zone has a Development Plan (Appendix 27A Mercy Hospital Development Plan) which identifies the existing building footprint for all buildings within the Mercy Hospital site at the time the zone was established. It also includes some limited areas to enable future growth. Refer below:

Appendix 27A. Mercy Hospital Development Plan

[8] S84.008
[9] S84.011
[10] S84.009
[11] S84.010
[12] s42A Report, pages 14 - 16
[13] Mr Copland Transport Evidence, paragraphs 46 - 30





7.4 The Mercy Hospital chapter includes a policy and rules providing for buildings and structures in accordance with the Development Plan. Policy 27.2.2.1 refers to only allowing buildings and structures that are either in accordance with the Mercy Hospital Development Plan, or of a height, setback, purpose and size that generally generate no more than minor effects on neighbours.

7.5 Objective 27.2.1 provides that Mercy Hospital is able to operate efficiently and effectively as a hospital. Policy 27.2.1.1 gives effect to this objective by requiring that hospital and healthcare activities in the Mercy Hospital Zone are enabled.

7.6 It is my interpretation of these objectives and policies that hospital activities in accordance with the Development Plan in particular are to be enabled in the Mercy Hospital Zone, and those not in accordance with the Development Plan must appropriately manage off site effects. These provisions are given effect to by Activity status table – land use activities 27.3.3, where Hospitals and (as amended by PC1) healthcare, are permitted activities (27.3.3.2 and 27.3.3.Y).

7.7 Buildings and structures that are in accordance with the Development Plan are permitted (27.3.4.3), as are small buildings and structures not in accordance with the Development Plan (where bulk and location standards are met) (27.3.4.4). New buildings and structures **not** in accordance with the Development Plan which exceed 40m^2 footprint **or** are used for clinical services, are discretionary activities. This means that such activities require resource consent, and the full range of adverse effects must be considered. This includes impacts on the roading network (where this is relevant).

7.8 For Mercy, unlike other zones, (prior to PC1), there are no rules requiring specific resource consent for activities that generate additional vehicle movements. This is because the scale and therefore effects of Mercy's activities are managed by the scale of structures via the Development Plan. Most development not in accordance with the Development Plan requires a full discretionary effects assessment, which allows for traffic effects to be considered.

7.9 Mercy is a self-contained site in terms of carparking; it provides extensive carparks for staff and visitors on site. The Zone has rules to require mobility carpark numbers, dimensions and access (Rules 27.5.4.4 and Rule 27.5.4A which requires compliance with Section 6.6: Parking, Loading and Access Standards). At the time the zone was introduced, and then again when it was included in the 2GP, a "vehicle movements" or "trip generator" rule was not considered necessary[14].

7.10 Mr Copland suggests that the situation may have changed since the zone was introduced. I have not seen evidence which identifies that the capacity of the roads surrounding Mercy Hospital has reduced to the extent that additional management of Mercy's activities is necessary since the matter was considered via the 2GP process. This matter does not appear to have been covered at all in the s32 report[15] or the Transport Comments[16] that supported the s32 report. It is my view that for the Council

[14] I note that in the s42A report for the Mercy Hospital Zone for the 2GP, it notes a submitter did seek that Integrated Traffic Assessments be required for some activities not in accordance with the Development Plan, but this was not recommended by the s42A author and was not imposed by the Panel (refer page 33, Mercy Hospital Section 42A Report, 2 November 2016).
[15] Plan Chang 1 – Minor Improvements, Section 32 Report, 20 November 2024
[16] Transport Comments on 2GP Variation 3 – Minor Improvements Change Proposals, 20 August 2024

to impose a new rule which requires resource consent for increased traffic movements from and to Mercy Hospital, it would be necessary for it to have technical evidence identifying an adverse effect that requires managing by such a rule.

7.11 I agree with the s42A author that if Mercy was expanding its buildings outside the "Future Development" areas identified in the Development Plan, it would be appropriate to consider adverse effects of any associated increase in vehicle movements on the surrounding roading network. This is the case now, due to the discretionary activity status. I therefore do not consider it necessary in s32 terms to impose a specific rule to address this effect, because it is also managed via the existing rule framework.

7.12 However, if the Panel is of a mind to impose a specific high trip generators rule to the Mercy Zone, I agree with the s42A author's recommended wording for Rules 27.3.3.X and 27.10.X.1 in that the thresholds in Appendix 6C only apply for works not in accordance with the Development Plan.

7.13 The s42A author recommends changes to the type and scale of triggers for hospitals in Appendix 6C from 300m^2 to 50 vehicle movements within any hour of the day or 250 heavy vehicle movements per day, whichever is met first, and that these thresholds apply to vehicle movements occurring on the public road network only. I note Mr Copland's evidence[17] that, based on New Zealand Transport Agency's Research Report 453 *Trips and parking related to land use,* this change would equate to an increase of 2,200m^2 of gross floor area for hospitals.

7.14 In terms of ease of ensuring compliance of this rule for Mercy Hospital, it is Mr Whitney's preference to have a rule which triggers consent based on 2,200m^2, rather than additional vehicle movements. If Mercy seeks to develop a new build that extends outside the "Future Development Area" in the Development Plan, it is likely to be the extension of an existing building, which would be partially within the "Future Development Area" and partially outside it. It would be difficult to calculate the predicted additional vehicle movements for that portion of build outside the "Future Development Area".

7.15 This also makes sense to me from a planning and compliance perspective. It would be simpler to determine compliance with a rule which refers to a gross floor area than vehicle movements that might be generated by that part of the building outside the area marked "Future Development Area" in the Development Plan. Determining increases vehicle numbers may need input of a transportation engineer. A 2,200m^2 trigger provides more certainty, and is a more efficient way of ensuring rule compliance.

[17] Mr Copland Transport Evidence, paragraph 39

7.16 I do not consider this change requires an assessment in terms of s32AA other than to note it would be a more efficient and effective way of achieving the relevant objectives in both the Mercy Zone and Transportation Chapter.

Provision for Healthcare Activities

7.17 In its submission, Mercy Hospital sought to retain Change D16 (Providing for Healthcare activities) as notified, except to amend the definition of "healthcare" to delete reference to in-patient facilities.[18]

7.18 Page 59 of the s42A report correctly states that Mercy Hospital (S84.005) submitted to retain Change D16 but sought to amend the definition of "healthcare" to delete the reference to in-patient facilities. Mercy Hospital considers that any facility providing "in-patient" care is in fact a hospital (apart from rest home / retirement village facilities which are separately defined), and therefore should be excluded from the definition of "healthcare". For in-patient care to be provided, the facility must have a complex set of rosters, significant infrastructural requirements, operate 24-hrs per day, along with health and safety obligations that are significantly increased compared with day-stay care.

7.19 At page 60, the s42A states:

In response to Mercy Hospital's submission (S84.005), I note that providing for small-scale in-patient facilities is one of the key matters of concern that Change D16 originally sought to address. This is because DCC has had enquiries from treatment providers seeking to establish niche live-in facilities targeted to the treatment of specific conditions. These include providers who treat people with addiction, eating disorders, or other mental or physical health issues where a small-scale facility that includes inpatient care (rather than a hospital) could be appropriate in a range of zones. This issue is discussed in some detail in paragraphs 1128 – 1133 in the section 32 report. I note that the consultation feedback received from Mercy Hospital in early 2024 included a request that activities providing any overnight care should be treated as 'hospitals'. The Change attempts to address this feedback by limiting 'healthcare' activity to no more than 10 inpatient beds, with larger facilities being classed as 'hospital' activity. It is my view that the approach taken and outlined in the section 32 report remains appropriate, and I therefore do not recommend any further amendments as a result of the submission point from Mercy Hospital.

7.20 When Mercy provided comment on the draft (pre-notification) version of the "healthcare" definition, it included up to 50 in-patient beds. Any greater would be a "hospital" as defined. Mercy was particularly concerned about the scale a 50 in-patient

[18] S84.005

(overnight) bed facility would be (noting that Mercy currently provides for 59 in-patient/overnight stay beds and is a sizeable and complex facility), and the associated effects of this that would need to be carefully managed. I agree with those concerns.

7.21 I consider the now proposed 10 inpatient beds is appropriate to provide for smaller, bespoke facilities, which in some zones may be appropriate to be permitted. I note that "healthcare" is provided for in residential zones as a discretionary activity which would ensure a full assessment of relevant effects. I consider this activity status to be appropriate.

7.22 I therefore am comfortable with the assessment and recommendation of the s42A officer in relation to the definition of "healthcare".

8 CONCLUSION

8.0 In conclusion:

a. I support the Council Officer's recommendations in relation to Mercy Hospital's submission on Plan Change 1.

b. I consider it inefficient and inconsistent with Mercy Hospital Zone objectives[19] to impose a rule requiring resource consent for an increase in building footprint or vehicle movements from activities that are **in accordance** with the Mercy Hospital Zone Development Plan[20].

c. I agree that Rules 27.3.3.X and 27.10.X.1 should only apply to new buildings or additions that are **not in accordance** with the Development Plan (as recommended in the s42A report[21]).

d. I consider that the trigger in Appendix 6C of the Transportation Chapter should be 2,200m^2 gross floor area for Hospitals[22], rather than the s42A report recommendation of "50 vehicle movements per hour or 250 heavy vehicle movements per day, whichever is met first"[23].

e. I consider it appropriate to include up to 10 inpatient beds (overnight stay) in the definition of "Healthcare"[24].

Louise Taylor
31 July 2025

[19] Objective 27.2.1, Objective 27.2.1 and Objective 27.2.2
[20] Rules 27.3.3.X and 27.10.X.1 (S84.009 and S84.010)
[21] s42A Report, page 21
[22] Refer Mr Copland Transport Evidence, paragraph 39
[23] s42A Report, pages 19, 20; S84.011
[24] S84.005