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Gas Industry Commission
Level 8, Todd Building
95 Customhouse Quay
P.O. Box 10-646
Wellington 6143

5 December 2012

Dear Sir / Madam,

RE: SUBMISSION – STATEMENT OF PROPOSAL – Amendments to the Gas Governance (Critical Contingency Management Regulations 2008)

INTRODUCTION

This submission is designed to address the Essential Service Provider / Band 7 discussion within the recently release Gas Industry Co Statement of Proposal.

BACKGROUND

Tauranga Hospital provides health services to the people of the Western Bay of Plenty. A secondary hospital, it provides level 4-5 services including medical, surgical, paediatrics, obstetrics, gynaecology and mental health. The hospital is also a base for a range of associated clinical support services and allied health, such as rehabilitation, speech therapy, physiotherapy, stroke and cardiac support, district nursing and drug and alcohol programmes.

There are 349 beds at Tauranga Hospital, including the Special Care Baby Unit, maternity and mental health. Approximately 224 beds are available for medical and surgical patients (including critical care and coronary care) with a further 58 for children and older people and 17 for medical day stay. Twenty four beds are designated for mental health patients and 10 for Mental Health for older people. There are 43 beds available for maternity including 12 for the special care baby unit.

Tauranga Hospital serves one of the fastest growing populations in the country and the campus has undergone significant development in recent years to allow the BOPDHB to grow health services to match.



SUBMISSION DOCUMENT

Whakatane Hospital provides health services to the people of the Eastern Bay of Plenty. A secondary hospital, it provides level 3-4 services including medical, surgical, paediatrics, obstetrics, gynaecology and mental health. The hospital is also a base for a range of associated clinical support services and allied health, such as rehabilitation, speech therapy, physiotherapy, stroke and cardiac support, district nursing and drug and alcohol programmes.

There are 110 beds at Whakatane Hospital, including the Special Care Baby Unit, Maternity and Mental Health. Approximately 67 beds are available for medical and surgical patients with a further 14 designated for children.

Whakatane Hospital is presently undergoing a complete rebuild (Project Waka) which will deliver a completely new, seismically sound, single level Hospital to the Community.

NATURAL GAS USAGE AT TAURANGA HOSPITAL

Tauranga Hospital uses natural gas to fire 7 hot water boilers and 2 steam boilers located over the wider campus.

Steam is supplied to some of the main hospital buildings via a network of pipes with associated condensate traps, filters, reducers etc. Steam is used for sterilization purposes mainly but also serves theatre AHU humidifiers, (maintained between 40 – 60%RH) and kitchen cooking vessels. The steam supplied to CSU is via an accumulator, (a pressure vessel that stores energy) the steam supplied to CSU must have a dryness factor of no less than 97%.

There are 2x 14.9 horsepower steam boilers located in B19. They are both gas fired; one boiler has a dual fuel burner that can be manually changed over to fire on diesel should the natural gas supply be compromised. This diesel is supplied via a header tank and a 10 000L underground tank.

Tauranga Hospital has an annual Gas usage of *approximately* 26 TJ. In the 12 months preceding November 2012, the maximum consumption on any one day was 115GJ and the maximum use per hour on any one day was 7GJ.

NATURAL GAS USAGE AT WHAKATANE HOSPITAL

Whakatane Hospital uses natural gas to fire its 2 steam boilers located in the boiler house on the southern side of the campus. The boilers are 1.7MW and 1.2MW capacity and the smaller of the 2 also has a dual fuel burner and can run on diesel.

Both the boilers are used to generate steam which is used around the site to heat water, both for domestic and heating purposes, as well as feeding the 2 autoclaves in CSU. One third of our current steam consumption is used in the laundry for heating water.

Annual gas consumption at Whakatane Hospital is around 20TJ . In the 12 months preceding November 2012, the maximum consumption on any one day was 86.62GJ and the maximum use per hour on any one day was 6.700 GJ.

Statement Of Proposal QUESTION 6 – Are the proposed categories appropriate?

- a) BOPDHB **supports** the creation of a new Band 7 for Essential Service Providers and **supports** the definition of ESP's as per the Statement of Proposal – including Hospitals, Prisons, Hospices, Residential care facilities, Specialised medical service providers to critical care facilities (medical laboratory services, blood supplies, non shelf stable medical supplies) and Laundry supplies to critical care facilities.

However, BOPDHB **does not support** the assertion that where a user who would otherwise be eligible for ESP status has alternative fuel capability they may not then be designated as an ESP.

BOPDHB **does not agree** that we should be potentially disadvantaged through having a level of internal resilience. We would undertake to utilise our secondary generation capability where practicable, but would like to reserve the right to be classified as an ESP and in so doing secure our rights to continue drawing gas as a member of Band 7 in accordance with operational exigencies.

- b) Further, BOPDHB **does not agree** that elective procedures should be excluded from the definition of a Hospital that qualifies as an ESP on Band 7.

Elective cases are carried out in the same Theatres as Acute cases. Theatre lists change based on Patient acuity. Elective lists can be cancelled in the face of Hospital capacity issues or urgent cases taking priority. Divorcing elective cases from acute cases would be problematic to the point of farce. BOPDHB therefore **strongly submits** that no such demarcation is applied in the final document.

- c) BOPDHB **supports** recognition of Public Health environmental protection services as essential services which are needed to safeguard public health.

BOPDHB **supports** the essential services listed in Band 5 of the Statement of Proposal as these services, are fundamental to health protection of communities. The importance of continuous access to a supply of potable water for drinking and sanitation, and also wastewater collection, treatment and disposal can not be overstated.

BOPDHB **does not support** the minimum consumption threshold for Public Health Environmental Protection Services related Essential Service Providers. An essential service is no less essential just because it may not consume more than 2TJ per year. The effects of an essential services inability to operate are just as severe on a community no matter what the gas consumption level.

- d) BOPDHB **does not agree** that Hospitals be required to apply for ESP status every two years. Our business will never deviate from that of an Essential Service Provider, therefore this type of administrative / compliance only type requirement, is in our submission, unnecessary for Hospitals.

CONCLUSION

BOPDHB broadly supports the intent of the proposed new Band 7. This support however is tempered by the above submissions.

Thankyou for the opportunity to provide this submission. Should you wish more information re any aspect of the submission, please contact the writer.

Yours faithfully,



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Stuart Taylor
Operations Co-ordinator

ACKNOWLEDGEMENTS

BOPDHB Property Services:

Jeff Hodson – General Manager
Neil Mower – Facilities Manager Whakatane
Lynda Aitken – Decision Support Analyst

BOPDHB Governance and Quality:

Gail Bingham – General Manager

Toi Te Ora Public Health Service:

Annaka Davis – Health Protection Officer / Emergency Planning

BOPDHB Finance:

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Other:

BOPDHB website