

13 June 2018

Radio New Zealand questions re Galbraith building:

OIA docs show a series of apparently contradictory decisions and actions about seismic risks at Galbraith and how to manage them, that RNZ requests comment and clarification on. In summary:

- The board is told in 2000 (Holmes report) that Galbraith is “not suitable for service as an essential medical facility due to seismic issues making it earthquake prone with associated life safety risk”
- 2004 and 2008 reports both say it will perform poorly as an IL4 bldg
- 2007 FMP plan is that operating theatres and other IL4 services be gradually decommissioned
- Around 2010 or 2012 (?) the building is assessed at 55% of NBS as an IL4 by using site-specific geotech and reducing the quake-risk exposure period to 20 yrs. One engineer tells RNZ this sort of thing went on a bit back then; another says this is an “unusual” approach esp for a hospital (but engineers tend to debate these things)
- FMP committee endorses a 2011 report for Galbraith to keep essential infrastructure, radiology, laboratory, NICU and theatres until 2021 on the basis the bldg is 55% of NBS; some (all?) of these are IL4.
 - To quote that 2011 report: “Note that under current codes Galbraith can continue to function for at least a 10 year period (2011 – 2021) for the purposes of housing theatres and other critical services required post disaster.”
- A slightly later (no date on report) Facilities report says that to continue offering any critical services, the beam column joints on all floors must be strengthened
- The DHB by email (Fri 4/05/2018 2:34 p.m.) told RNZ that since 2008 it had strengthened only one column and one beam (the docs suggest some column strengthening 2000-2008; pls confirm, with extent of this)
- The 2017 plan is to reopen operating theatres – this comes AFTER the 2016 tightening of seismic assessments in NZ
- 2018 seismic assessments put the building at 20% NBS
- Operating theatre recommissioning is put on hold (pls confirm); opening a ward on level 5 is delayed from June 1 to at least July 17 (pls confirm)

RNZ appears to be in a position to report on the above timeline as it stands, and may do so, but requests DHB input, comment and an interview before 5pm Weds on this matter.

- Given that throughout the 2000-2018 period, this is the same building that’s being discussed, with a lot of patients in it the whole time, including mothers and babies, the above timeline could reasonably be read to show that the board and management’s approach appears inconsistent with the prioritisation of patient, public and staff safety, even given Auckland’s low-quake-risk profile. For instance, the 2011 report shows the board intended to keep critical post-disaster services in the building till 2021, despite knowing the 55% NBS rating had only been achieved by altering key factors of geotech and time period, and despite planning in 2007 to remove them, and despite being told in 2000 there were life safety risks.
- Galbraith “houses critical plant and infrastructure and has key services which are critical to the wider MMH campus”. So the the above timeline is not just about Galbraith, but about risks to the wider campus

- The public might be justified to ask: Is this the best the DHB can do? Pls note, if the DHB takes the position that the above represents good practice from a precautionary point of view, and wise balancing of the demands on services versus seismic risk, RNZ requests the DHB provide an interview to explain how this is so.
- Pls note RNZ has all the info so far released about what the current board is doing about Galbraith and requests that this not be restated in any answer to the above

CMDHB's response is as follows:

We want to decommission Galbraith....

The Galbraith Building has served the population of South Auckland for almost 60 years. Our preferred option since the early 2000s has always been to decommission Galbraith as it will have reached its design life and is no longer ideal as a location for modern healthcare delivery. The DHB's master planning from 2008 assumed decommissioning by 2021 and the documents you refer to confirmed that these early assumptions were appropriate. Seismic assessment is relevant to the technical assessment methods and legislative standards of the time. As changes to these factors are implemented, it can impact our understanding of legislative compliance, risk management and district wide investment priorities. More recent changes to legislation (Building (Earthquake-prone Buildings) Amendment Act 2016) and clarification of Council requirements on compliance for seismic strengthening confirms that, based on 2017 and 2018 peer reviewed assessments, Galbraith is an earthquake prone building. As Auckland is classified as a low earthquake risk zone, the legislation allows the DHB 35 years to undertake strengthening or building replacement if that is our choice.

But we have limited options for alternative location without also investing in new buildings...

As we have advised Radio New Zealand before, the DHB is challenged by not having an alternative location for most of the existing services in the Galbraith building. Many of the services currently in Galbraith need to be on the Middlemore site and close to acute care services (e.g. surgical theatres, Emergency Department, radiology, neonatal unit). Master plans since 2008 have included future development of a new Women's Health block to be built alongside Kidz First children's hospital at Middlemore. This would provide a closer link between maternity birthing and other specialist infant (e.g. neonates) and child health services. This would also decant maternity services that are currently occupying 2 floors of Galbraith and enable future expansion needs for maternity ward beds.

The DHB has to continue to weigh up the cost and impact of **remediation** against risks of life safety in the unlikely event of a major earthquake. We are more certain, however, that we will put patient outcomes at risk if services that are currently provided in Galbraith are disrupted or reduced due to relocation. There is limited regional capacity for women in South Auckland to birth in other hospitals without risk of patient safety, particularly for the high and complex need pregnancies who need services located close to home. As we have advised Radio New Zealand before, business cases for new builds that may remediate or add additional capacity to the DHB's services need to be processed through regional and national priorities.

Remediation itself is also costly and likely to disrupt services....

More recent detailed advice on estimating how we would undertake remediation, the potential disruption on services and cost have revealed in more detail that this is not an easy option either.

The DHB's role is to weigh up the options, risks and likelihood of risks occurring