

08 May 2019

[REDACTED]

E-mail: [REDACTED]

Dear [REDACTED]

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 08 April 2019. You requested the following information:

1. **Any Engineering Report from July 2018 till 5 April 2019 that provides information around the NBS (new building standard) rating of:**
 - a. *Galbraith building*
 - b. *Western Campus*
 - c. *Any other building where there currently is high or medium concern re seismic issues (per categorisation in Dec 2017 Remediation Works document).*
2. **An update of the Dec 2017 Remediation Works document chart that lists facilities by high, medium and low concern, and re seismic, asbestos etc. issue.**
3. **Any 'Executive Summary' or similar about remediation works of any CM Health facilities for this same period.**
 - a. *The latest totals of forecasts or budgets of what total facilities remediation will cost both short-term and long-term.*
 - b. *The most up-to-date timeline for re-cladding any and all leaky buildings.*
4. **The most up-to-date cost estimates for that re-cladding.**
5. **Any and all briefings or advisories or memos about progress or problems on the Scott building re-clad.**

While there are a few requests here, they are mostly for discrete documents or straightforward information about, say, costs.

Our responses are summarised below, and refer to attached documents where pertinent, including where we have partially or fully withheld information under the Act.

1. **Any Engineering Report from July 2018 - 05 April 2019 that provides information around the New Building Standard (NBS) rating of:**

We have interpreted Engineering Report to relate to independent expert work commissioned by the DHB in the period, related to assessments on the NBS.

During 2018, Beca was commissioned to undertake the Initial Seismic Assessments (ISA) of twelve of our older buildings; as determined by the previous desktop studies, and noted in the Strategic Assessment – Facilities Remediation document of late 2017. A Beca Report (1 February 2019) has now reported the results of that ISA process.

That advice has initially been shared with the CMDHB Board as a confidential matter, and they have requested further confidential information. These confidential briefings are critical for the Board to understand the issues of the DHB, and support effective decision-making. As noted in the Board agenda (20 February 2019) we did this under the Act - Public Interest [9(2)(ba)(ii) –*The withholding of information is necessary to protect information, where making available such information would be likely to otherwise damage the public interest*].

When this additional advice has been considered by the Board, we will be publicly releasing the Independent reports and Board decisions. Consequently, at this time, we are declining to release the Beca ISA briefings and further advice. We do this under the Act - Published soon [18(d) – *Information soon to be publicly available*]. We anticipate the information will be released in the next 2 months, and at that time, we will ensure we provide Radio NZ with notice of the release.

a. **Galbraith Building.**

CM Health has not received, nor required any further Engineering Report information on the Galbraith Building NBS rating. The building was deemed an Earthquake-Prone building in 2018, and public notices have been placed to this effect. We provided that information to Radio NZ in June 2018.

There have been no other Engineering or Remediation Reports sought on the Galbraith Building. This is because there will be no capital commitment to re-mediate the building due to the costs being prohibitive. The DHB is now putting our effort into seeking capital approval and funding in the medium term, to enable us to replace the Galbraith Building with a Women's Health building (gynaecology and maternity), and additional inpatient ward block.

b. **Western Campus.**

In 2018, Beca was commissioned to undertake an initial seismic assessments (ISA), including on Building 38 (aka Western Campus), amongst 11 DHB buildings. This information is a part of the Beca ISA information noted above.

c. **any other building where there currently is high or medium concern re seismic issues (per categorisation in Dec 2017 Strategic Assessment - Remediation Works document)**

The Beca Report on the ISA findings for the 12 DHB building identified those buildings that required further assessment and/or investigation. These ISA summary's and the additional advice sought by the Board are part of the information noted above that we intend to publish soon. The Esme Green Building, which contains administration services and offices, is currently undergoing a DSA.

2. **An update of the chart in the December 2017 Strategic Assessment – Facilities Remediation document, which listed Facilities by high, medium and low concern, and re: seismic, asbestos etc. issue.**

We have not formally completed any updating the Chart you refer to, which was included in the Strategic Assessment document. There is no further update to provide – as the document remains unchanged and is publicly available. This element of the request is therefore declined under the Act – [18(d) and 18(e) - *Existing information publicly available and no new information exists*].

We are using that Desktop Assessment summary as at 2017 to guide and inform progression of work across all of our Facilities teams. In 2018/19, this work has included commissioning independent experts to complete a variety of detailed assessments, and recommend prioritisation of works.

Seismic: Refer to the note above, regarding the commissioning of further Initial Seismic Assessments, and our decision to withhold information until the Board consideration of confidential advice is completed, regarding the outcomes of these assessments, and related recommendations for buildings.

Asbestos: Refer to the summary (**attached**) of progress made since 2017 to complete the Asbestos Management Plan, and ongoing works to assess and manage these issues as part of Facilities management programmes. We note that we have previously (on 13 December 2018) provided Radio NZ with a **copy of the Asbestos Management Plan** and updates on results of regular monitoring testing in the hospital (OIA 14112018 – Pennington).

The CM Health Executive Leadership Team receives quarterly reporting from Facilities on Asbestos Management across our campus, and we are providing a copy of the last update (**attached**), received in February 2019.

We have withheld a small amount of detail on forecast costing/ estimates in the report. We do this to protect the DHB commercial interests in completing cost-effective engagement of specialist service, as this is information that may impact imminent negotiations. We do so under the Act [9]2)(b)(ii) – *likely to unreasonably prejudice the commercial position of the person who supplied the information*. We believe the public interest is in ensuring commercial agreements by the DHB are not compromised by release at this time.

Fire Safety Remediation and Management: We note that we have recently (27 March, and 24 April 2019) provided Radio NZ with an update on our **Fire Safety programme and a copy of the Passive Fire Assessment and Management Report** for all of the CM Health Buildings (OIA 20022019 – Pennington).

3. Any 'Executive Summary' or similar, about remediation works of any CM Health facilities for this same period

Management and Progress reporting on these operational matters is provided by the General Manager Facilities to the Executive Leadership Team. From October 2018 onwards, these have been included in the reporting to the Hospital Advisory Committee (HAC) of the Board. The monthly reports are publicly available in the CMDHB Board section of our website.

- <https://countiesmanukau.health.nz/about-us/governance/board-and-committees/>

An additional **Summary Briefing** was provided by the CEO to the Board in February 2019, on Facilities matters (Seismic and Cladding), following receipt of independent reports.

These confidential briefings are critical for the Board members to understand the issues of the DHB, and support effective decision-making. These briefings are confidential under the Act - Public Interest [9(2)(ba)(ii) – *The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest*].

The DHB is currently developing **Business Cases for a programme of remedial capital works**. This is the required process for DHBs to seek approvals and funding to proceed with all capital investments; however these Business Cases are not yet complete. They will be subject to the mandated process of regional and national approvals, including negotiation with Ministry of Health, Treasury and the national Capital Investment Committee. The documents relate to decisions informing these Business Cases and therefore should remain confidential, and are likely to evolve throughout the approvals process.

We are withholding these documents, as the content includes details that will impact the DHB's ability to complete effective investment approvals and the commercial negotiations, and we believe the need for this entire process of decision-making and case development to occur in confidence outweighs the likely public interest at this time.

a. The latest totals of forecasts or budgets of what total facilities remediation will cost both short-term and long-term.

We do not have a single forecast amount for the totality of facilities remediation short and long-term at this time. The budgets and investment for this work will be delivered by a variety of mechanisms. Works are planned or occurring across a wide-range of facility maintenance programmes, service developments, and new capital investment projects, which will all contribute to these costs.

In 2019, we updated the indicative project Recladding Costs, for the known buildings.

- \$30.2m for the Manukau & McIndoe Building re-cladding
- \$20m for the Kidz First building short-term remediation, focussed on re-fixing cladding panels above public walkways.

Information on immediate Asbestos Management and Fire Safety Measures is being informed by ongoing works and monitoring, and where known is included in attached or previously provided documents. Some of this work will be linked to more significant building works and/or refurbishments.

The independent expert assessments currently being completed for building Seismic and Resilience requirements will inform further costings, and potential Business Cases for capital funding approvals. As noted above, we are making no medium or long-term capital commitment to remediation of the Galbraith Building, but rather seeking to replace that building and develop additional capacity.

b. The most up-to-date timeline for recladding any and all leaky buildings.

The Scott Building re-cladding works are currently in progress, and are scheduled to be complete in 2022. Commencement was delayed due to Building Consent issues, which have now been resolved.

The Business Case for funding of the Kidz First, Manukau Surgical Centre (MSC) and McIndoe Building re-cladding works is currently in preparation. The intention is to evaluate the methodology, as part of

the Scott Building remediation processes, before any commitment is made. However, it is anticipated the three remaining buildings will be undertaken progressively, and partly concurrently under the one programme of works, and in accordance with an updated Building Surveyors report.

4. The most up-to-date costs estimate for that re-cladding.

Refer above for the 2019 updated building Recladding costings, noting that full completion of the Business Case development for Kidz First, Manukau Surgical Centre (MSC) and McIndoe Buildings may refine these further.

5. Any and all briefings or advisories or memos about progress or problems on the Scott building re-clad

Gaining Auckland Council Building Consent, in particular agreeing the acceptable building processes/ materials created a delay in commencement of Re-cladding works on the Scott Building.

We engaged RCP Consultants to independently review the Consent process, and report on any contributing factors. That report (**attached**) noted *“that the extended period for this consent is not caused by a single event, but a combination of factors that are attributable to both parties”*. The report noted named individuals involved in the process – we are withholding those details under the Act – [9(2)(a) – *Protecting Privacy of Natural Persons*], while noting the job titles of those engaged in the process.

We are not aware of the development of any other formal reports / memos or official information on this by the Facilities Management team, other than the Operational Monthly progress reports, which advised our Executive Management of the delays occurring, and action to resolve them. As noted above, these updates/ progress reports are included within the performance reports to the Hospital Advisory Committee/ CMDHB Board, and are publicly available.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,



Fepulea'i Margie Apa

Chief Executive

**Counties Manukau District Health Board
Executive Leadership Team
Asbestos Management Plan - Quarterly Report, Quarter 2,
October - December 2018**

Recommendation

It is recommended that the Executive Leadership Team:

Receive: the Asbestos Management Plan - Quarterly Report for the period October – December 2018, Q2, for your information

Note: Limitations in detail presented resulting primarily from access issues

Endorse: the quarterly report

Endorse the recommendation to undertake the level of remediation/control proposed for the management of identified asbestos activities for the remaining part of 2018/19; and affirm the on-going management of asbestos continues in accordance with the agreed management plan.

Prepared and submitted by: Andrew Nelson, Hazardous Substance, Safety and Compliance Advisor (FEAM)) on behalf of Pauline Hanna, Acting Director, Strategy and Infrastructure.

<i>Endorsement – all decision papers requiring ELT approval, particularly if they contain either financial/legal/HR/IT or Facilities information, MUST obtain the appropriate endorsement before submitting to ELT. Final endorsement/sign-off is to be obtained from the following divisions:</i>		
Division	Name of person endorsing	Date
Finance	n/a	
Legal	n/a	
HR	n/a	
IT	n/a	
Facilities	n/a	

Purpose

The purpose of this paper is to provide ELT a summary report on;

- Recent asbestos management activities having been or in the process of being undertaken and or completed for the period October - December 2018, Q2
- Key asbestos remediation and management activities scheduled for commencement and or completion during Q3.
- The spend against budget year to date, December 2018
- Proposed key asbestos remediation and management activities for the remainder of Q4 and proposed for the period 2019-2020.

Executive Summary

During the ELT meeting held on the 23rd October 2018, an update report was delivered to the Executive, providing a general overview of asbestos management and associated activities that had been completed or had commenced during Q1 and, any significant activity for Q2.

As of December 20th 2018, Q2, a variety of asbestos and asbestos related activities have commenced and or completed. Works have included installation of temporary containment structures for safer access, asbestos supervision, minor asbestos works in Galbraith (old Operating Room4 and Sterile Services unit areas, risers and service cupboards (to facilitate passive fire remediation), levels 4, 5 and 6) and Otara Spinal Unit. Work has commenced to relocate services currently occupying Galbraith basement to the previous theatre suite in Galbraith.

Galbraith riser and service cupboard works have been rescheduled following a need to resolve unscheduled activities and will re-commence January 2019.

Minor asbestos works, including refurbishment activity at Pukekohe Hospital and additional passive fire remediation (Galbraith) have, or are to be assessed, with work to commence during Jan 2019. Remaining planned asbestos will continue to be progressed as contractor resource allows.

A variety of asbestos surveys were also completed during Q2, notably, extended surveys of key locations identified during previous update, considered to present highest risk for facility and organizational operation and maintenance. As a result of these reviews, several areas known to contain high risk asbestos materials cannot be effectively remediated, requiring those locations to continue to be managed with controls. These include the majority of contaminated ceiling voids, now also including Pukekohe hospital. Remaining high risk locations are confirmed to be able to undergo a level of necessary practicable remediation, though not removing all asbestos material would effectively minimize risk.

The exact cost of such remediation/minimization work remains unclear, [REDACTED]. As a result of this estimation it is recommended CM Health proceed with a tender process to secure the services of a reputable and competent contractor, to undertake all identified works and, provide ongoing specialist asbestos services for a defined period to assist and ensure CM Health appropriately manages its asbestos sources.

It is recommended this process commence early Q3 to enable timely engagement of a suitable contractor and to enable the program of work identified to commence at the earliest opportunity during Q4.

Bray and Poutassi buildings are recommended as the areas remediation is to commence first. Remaining asbestos management would continue in accordance with CM Health's Asbestos Management plan, assessment and operational prioritization.

Background

CM Health's Asbestos Management Plan was approved during CM Health's ELT meeting held 24th July 2018, with a request from ELT to provide a quarterly 'asbestos report'. The first quarterly report was provided during the ELT meeting 23rd October 2018, and accepted. The following detail and recommendations are submitted for ELT acceptance and where required approval.

During Q2, Oct – Dec 2018, a level of asbestos remediation and control has and continues to be undertaken. **Most activity continues to be performed on the Middlemore Site, is considered relatively small works and has included:**

- **Galbraith**
 - Enabling works (multiple levels) riser and service cupboards, including passive fire work **Progressing**
(L4, 5 and 6 completed, L2 & 3 scheduled to commence Jan 7th, followed by L1 & ground, and will also include passive fire remediation work)
 - Enabling works for relocations and, environmental cleaning of OR. **Completed**
(Refurbishment of Galbraith OR for the relocation of agreed teams is underway and, expected to be completed by the end of Jan/mid Feb 2019 for occupation).
 - Enabling works for Histology refurbishment. **Completed**
 - Enabling works for Radiology refurbishment (Intervention and Rm 5). **Completed**
 - Enabling and supportive works Level 2 plant. **Completed**
- **Spinal Unit** – Removal of asbestos floor and associated works. **Completed**

Asbestos activities have been completed in accordance with agreed plans and, monitoring as determined. Monitored work, including continued internal assurance monitoring, has not resulted in any published exposure standard being exceeded. Air monitoring has continued to remain below 0.01 f/ml air (trace).

Total expenditure for asbestos activities, remediation, support, related works, assessment and monitoring etc. during this period is understood to have been \$83,000, with invoices pending for a further \$155,000 for this period. Assigned funding remains under spent. Accrual minus pending invoices for this period \$422,000. Projected and planned expenditure for Q3 is estimated at \$300,000. This figure does not include asbestos support for required fire penetration remediation works (currently estimated at \$40-80,000).

Review

At the request of the Executive Leadership Team, for a more detailed overview of remediation and control activity needed, further asbestos assessment has now been carried out relating to identified locations previously communicated. Extended survey has provided an increased level of detail and some additional findings originally not observed during previous assessment. Reviews were completed Dec. 2018. Additional detail that was not previously identified has resulted in additional areas now being required to have increased controls/restriction introduced. These increased requirements have increased ongoing impact to facility operation and maintenance, and have been included in the overall review.

Extended assessment and review has confirmed contamination in ceiling voids cannot be effectively and practically removed without significant work/complexity. High level controls are considered to be the most practical approach to managing these locations, with removal a consideration when and if refurbishment or replacement of roof is to be considered.

For the remaining locations, tunnels and basements, assessment confirms asbestos sources in these areas cannot be completely and effectively removed. A level of practical control, which includes remediation in key areas, is considered reasonable and attainable.

Proposal

Following extended assessment and review, it is proposed CM Health progress with a planned program of asbestos works which achieves a level of acceptable (practical) control for the following areas:

- **Bray** (basement) – combination of works resulting in safe and controlled (managed) zones
 - Isolate crawl space and voids off the main tunnel – achieving controlled zones
 - Clean and remove asbestos material in main tunnel and plant areas – achieving ‘Safe’ zones
- **Colvin** (roof void and tunnel) – combination of works resulting in safe and controlled (managed) zones
 - Ceiling void – manage under current asbestos controls, review opportunity and install permanent structure enabling safe access/egress. Reassess opportunity of removing asbestos materials if roof is to be replaced.
 - Tunnel – Isolate crawl space and voids off the main tunnel and plant areas – achieving expanded ‘Safe’ and controlled zone(s)
- **Poutassi** (roof void and tunnel) – combination of works resulting in safe and controlled (managed) zones
 - Ceiling void – manage under current asbestos controls, review opportunity and install permanent structure enabling safe access/egress. Reassess opportunity of removing asbestos materials if roof is to be replaced.
 - Tunnel – Isolate crawl space and voids off the main tunnel, clean and remove asbestos material in main tunnel – achieving ‘Safe’ and controlled zone(s)
- **Pukekohe** (roof void and tunnel) – combination of works resulting in safe and controlled (managed) zones
 - Ceiling void – though remediation of the ceiling space is considered possible the estimated cost and practicality of undertaking compared to risks, proposal to manage under current asbestos controls, review opportunity and install permanent structure enabling safe access/egress is considered currently, practical. Reassess opportunity of removing asbestos materials if roof is to be replaced.

- Tunnel – Tunnel space is problematic due to the various construction methods utilized. Isolate crawl space and voids off the main tunnel, clean and remove asbestos material in main tunnel – achieving ‘Safe’ and controlled zone(s)
- **Franklin** (roof void and tunnel) – combination of works resulting in safe and controlled (managed) zones
 - Ceiling void – manage under current asbestos controls, review opportunity and install permanent structure enabling safe access/egress
 - Tunnel – Isolate crawl space and voids off the main tunnel, clean and remove asbestos material in main tunnel – achieving ‘Safe’ and controlled zone(s)
- **Western Campus** (tunnels) – combination of works resulting in safe and controlled (managed) zones
 - Isolate crawl space and voids off the main tunnel – achieving controlled zones
 - Clean and remove asbestos material in main tunnel – achieving ‘Safe’ zones
- **Spinal Unit** (crawl tunnels) – suitable remediation of this space is not considered possible, recommendation the area remains a controlled space combination of works resulting in safe and controlled (managed) zones

The proposed direct expenditure for undertaking all of the recommended asbestos activities identified through extended assessment is estimated to be [REDACTED]. This figure does not include associated costs that would also be incurred e.g. monitoring, facility modification (non-asbestos construction works) etc.

Potential asbestos expenditure for the period Q4 cannot be accurately forecast as many of these activities are reactive, unplanned. It is proposed CM Health’s potential expenditure for this period, including a portion of work from extended assessment, [REDACTED].

It is recommended CM Health complete a tender process for all work proposed as soon as possible (commencing Q3), to ensure the timely, effective and safe management of all locations; and, enabling CM Health ensure the securing of capable and competent asbestos removalist services.

Note: There is a current perception, as a result of growing and increasing requirement on asbestos contractors, availability of competent contractors could be constrained. If accurate there could be implication for CM Health if a market approach were delayed.

It is proposed Bray tunnel and plant room works are the primary priority due to its proximity, frequency of access and facility services it provides the wider Middlemore site. For all remaining locations it is recommended these are prioritized and planned for against proposed and known facility improvements/work required and, access requirements to maintain facilities services and buildings.

Additional activities, not identified through this program of assessment, i.e. those areas currently being managed and not considered to present an immediate high priority, will continue to be reviewed and managed according to CM Health’s asbestos management plan and as Facilities/Engineering department (and personnel) identify facility priorities. Resource required for such activities cannot be determined at this time.

Discussion

It is hoped the Q2 report provides the Executive Leadership Team increased detail requested and an agreeable approach and program of activity determined to effectively manage those sources of asbestos material further assessed.

[REDACTED]

It is not considered a requirement or recommendation that CM Health commences and completes all activities recommended at the same time or as soon as possible, this is not considered optimal or necessary.

It is however recommended CM Health commences and actively progresses proposed activities in a controlled and planned manner, completing all activities in an agreed timeframe and as priorities dictate.

Current funding for asbestos activities, recently reduced, if the optimal approach is accepted would be considered sufficient to cover the cost of all works proposed for Q3 and those under consideration for Q4.

Remaining identified asbestos works and ongoing activities ensuring the safe management and control of asbestos in accordance to CM Health's asbestos management plan will require additional funding to be assigned for the financial period 2019/20.

Appendices

Nil

Released under OIA 09 May 2019

D. Asbestos							
Activity	Pro c't	Start	Interi m	Finish	Cost estimate	Location	
D1 Assessment - Internal - Engineering review ELT Hazardous Substance management framework.		Feb 16 Jun 16 Oct 16		May 16 Sep 16 Oct 16	Cost estimate \$1m basement	MMH MMH	<u>Decision</u> – Asbestos Management 1 Updates have been provided to ELT regularly on asbestos activity.
D2 Management* - Developed Policy for managing asbestos - Prioritized scope of work - Developing Asbestos Management Plan – - Procedures including identifying ‘picture’.		Sep 16 Sep 16 Nov 16 Nov 16	-	Oct 16 Oct 16 Mar 18 Mar 18 Ongoing			Worksafe & Asbestos requirements Asbestos management plan (AMP) approved June 2018. The AMP sets out broad safe work process, there are also additional processes undertaken dependent on the work required in areas with Asbestos material present, and the level of risks such sources present. Many are supported by external resources when such work is required. Staff have received training, and are progressing through a level of competency / approvals. There are specific processes that must be undertaken during any asbestos removal work (set by the contractors performing the work).
D3 Identification - Independent (ATL & Greencap) - Priority Areas o MMH		May 17		Mar 18		District	Quality Hub register CM Health continues to undertake independent assessment beyond that already completed.

D. Asbestos							
Activity	Pro c't	Start	Interi m	Finish	Cost estimate	Location	
<ul style="list-style-type: none"> ○ Others - Report review – FEAM operational - Electronic register for safety impact asbestos only <p>(This is only a tool to support the information obtained through independent assessment. Management of this is ongoing)</p>		<p>Jul 17</p> <p>Mar 17</p>		<p>Mar 18</p> <p>Ongoing</p>			<p>This is ongoing and of particular requirement for any work involving refurbishment and or demolition work. This will continue as long as asbestos remains in situ.</p> <p>All buildings have been initially assessed for the presence of asbestos. Completion of these assessments occurred between March/June 2018. Subsequent to this assessment, a priority list was prepared.</p> <p>Even though an initial assessment has been completed, further assessment and monitoring is being undertaken on an ongoing basis according to necessary work and agreed projects. These are also undertaken in accordance with a level of priority</p>
<p>D4 Control and Management</p> <ul style="list-style-type: none"> - Operational management (reactive +/- consequences) - Planned asbestos management prioritization - Urgent Galbraith, B30 works to give personnel safety - High (asbestos) risk report as basis to assess FMP FEAM operational dependencies 		<p>Apr 16</p> <p>Jan 18</p>		<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Mar 18</p>		District	<p>Review and management of ACM is continually being reviewed and prioritized in accordance with CM Health requirements, and any additional risks that arise likely to be impacted by the presence of ACM. Management of this is ongoing</p> <p>Works involving or requiring the removal of ACM are continually being reviewed and prioritized. This is ongoing.</p>
<p>D5 Integrated risk profile with FMP</p>		Feb 18	Apr 18				

Tuesday, 5 February 2019

Counties Manukau District Health Board

100 Hospital Road
Papatoetoe

Attention: [REDACTED]

Re: Scott Building Re-Clad

Dear [REDACTED]

Further to your request for a reconciliation of the time delays associated with Lodgement and processing of the Scott Building Re-Clad Building Consent, we set out the Engineer's advice below.

Hawkins were engaged as a Design & Build Contractor for the Scott Building Re-clad with the contract being awarded in April 2018. Hawkins are responsible for the management of the design and all associated building consents.

The original programme had the Building Consent being submitted to Council on 4 September.

Hawkins initiated pre-application meetings with Council to smooth the consenting processing. It was at a meeting with Council on 2 July 2018, that Council noted that Rab Board was unlikely to meet building code requirements due to fire compliance issues.

Hawkins reviewed their options with the design team and this triggered the design and specification change from Rab Board to DensGlass. The design was progressed on the DensGlass solution, as there was no other product available in New Zealand, and approved by Council.

The resolution of this change, and the resultant redesign, resulted in a delay to the Building Consent Lodgement. Hawkins lodged the Building Consent package on 3 October 2018.

As at the date of this letter, the Building Consent has not yet been uplifted. We have reviewed the flow of information between Hawkins and Council to identify what these delays are attributed to. Our findings are that the extended period for this consent is not caused by a single event, but a combination of factors that are attributable to both Council and Hawkins.

Delays attributable to Council – reviewing docs and accessing information from the Consent Lodgement Portal, reviewing old/superseded documentation, availability of council resources due to leave and workload.

Delays attributable to Hawkins – lack of information to Council resulting Council RFIs, potentially poor-quality information (initial Accessibility Report), provision of information such as timber condition testing and reports (in relation to L4 &5), changes to documentation as a result of design team-initiated change (Aluminium Flashing Detail).

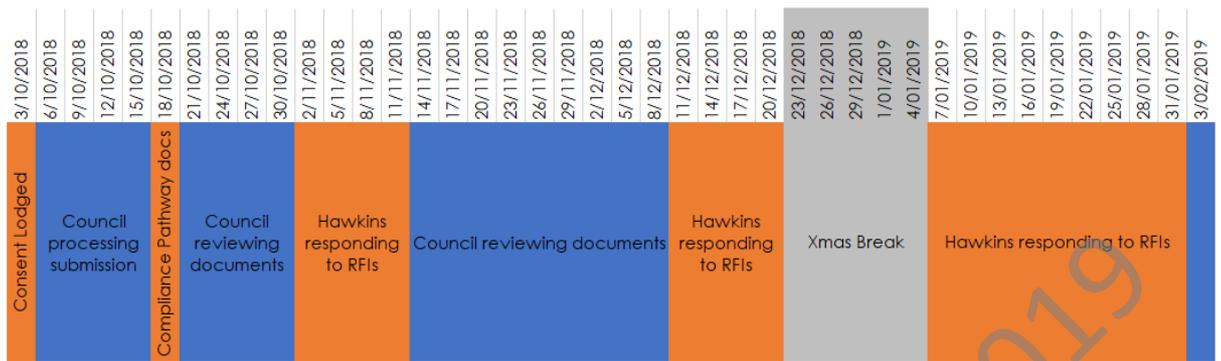
The graphic below is a high-level summary of which party had key actions against them to enable the processing and uplift of the Building Consent.



Resource Coordination Partnership

rcp.co.nz

Project Management • Portfolio Management • Infrastructure Management



Our assessment is that there is an even split of time attributable to Council and Hawkins in the extended processing of the consent. Given the consent extended into the Christmas break, this caused further delay to the Consent. It is not uncommon in the Construction industry for key consultants to be shut down for three weeks over the Christmas period.

We also note that this project had a number of contributing factors that could have resulted in a consent processing period greater than usual. This includes:

1. Industry confusion on how the external wall systems should be assessed (we note that MBIE issued advice on Fire Performance of External Wall Cladding systems in December 2018 to assist the industry)
2. Complexity of re-cladding an existing building (made up of 2 different constructions)
3. Lack of tested systems in the market requiring new products and systems to be considered by Council (i.e. DensGlass)

Benchmarking against other Building Consent time frames

Our experience is Building consents with Auckland Council are taking an average of two to three months to process Building Consent applications.

We would typically allow 40 working days for the Building Consent process, on assumption that the package is clear and complete and peer reviews included.

We note that there are other projects that we have seen Building Consent processing in the order of two to five months:

Projects	Forecast Date	Actual Date	Consent Processing time
University of Otago Dental School Car Park Building Consent	7-Sep-18	5-Nov-18	2 Months
University of Otago Dental School Stage 1 (Enabling Works) Building Consent	25-Sep-18	10-Nov-18	2.5 Months
University of Otago Dental School Stage 2 (Main Works) Building Consent	18-Dec-18	Expected date 28-Mar-19	3.5 Months
[REDACTED]	varying	varying	2 to 5 Months

This is typical of the time lines from Council. The surge of building projects through the industry is placing unprecedented pressure on Council.

Current outstanding requests from Council

Request	Date Requested from Council	Date Submitted	Status
Accessibility Report	10-Dec-18	31-Jan-19	Awaiting response from Council
Proposed Cladding System Fire Compliance Letter, Holmes Fire	10-Dec-18	31-Jan-19	Awaiting response from Council
Timber condition invasive investigation letter, Forensic Building Consultants	10-Dec-18	31-Jan-19	Awaiting response from Council
Aluminium Flashing Detail	Additional information not requested by Council	31-Jan-19	Awaiting response from Council

We trust the information above (and attached at Appendix A) sufficiently covers the queries of the Board. Should you require any further information or clarification, please do not hesitate to contact the Writer.

Yours sincerely

[Redacted Signature]

[Redacted Name]
Engineer to the Contract

CC List:

[Redacted Name], RCP
[Redacted Name], RCP

Released under OIA 09 May 2019

APPENDIX A: SCOTT BUILDING CONSENT - TIMELINE OF EVENTS

Pre-Consent

Meetings held with Council to agree technical approaches (esp. re. fire engineering), drawing formats, compliance pathways etc. on the following dates:

- **27/7/2018** - With [REDACTED] /Akld Council's Principal Specialist Building Surveyor
- **8/8/2018** - With [REDACTED] /Akld Council's Principal Specialist Building Surveyor and [REDACTED] Akld Council Fire Engineer
- **28/8/2018** - With [REDACTED] /Akld Council's Principal Specialist Building Surveyor and [REDACTED] Akld Council Fire Engineer

Consent Processing

High level timeline of Auckland Council RFIs and Hawkins team responses:

- **3/10/2018** - Building Consent lodged and fully uploaded to Akld Council online portal.
- **12/10/2018** - [REDACTED] /Akld Council confirms receipt of submission but notes that information appears to be missing.
- **12/10/2018** - Hawkins resolves missing info via email and reloads to portal.
- **15/10/2018** - [REDACTED] /Akld Council requests info on compliance pathways associated with the DensGlass to be formatted into a table for convenience.
- **19/10/2018** - Hawkins provides table via email.
- **29 - 31/10/2018** - [REDACTED] /Akld Council's Principal Specialist Building Surveyor issues RFIs. These include a number that relate to fire engineering issues (Noted [REDACTED] Council Fire Engineer was on leave during this time). [REDACTED] comments contradict previous agreements [REDACTED] so Hawkins requests that these issues be parked until [REDACTED] return.
- **13/11/2018** - All RFIs are responded to via commentary in the RFI tracker. This tracker also highlights that a number of drawings will be updated but require sign off from [REDACTED] and so will follow.
- **21/11/2018** - [REDACTED] /Akld Council's Principal Specialist Building Surveyor confirms via email that he has yet to review any RFI responses.
- **23/11/2018** - [REDACTED] provide all updated drawings (which have all been reviewed and signed off by [REDACTED] facade engineers) to the Council portal. Hawkins requests confirmation that there will be no further RFIs prior to updating the producer statements (PS1 and PS2).
- **4/12/2018** - Hawkins update the PS1 and PS2 and re-issue.
- **10/12/2018** - Council's Principal Specialist Building Surveyor emails an update regards the RFI responses. [REDACTED] A meeting is subsequently arranged for the 13th December.
- **13/12/2018** - Meeting held between Auckland Council [REDACTED] and Hawkins/CMDHB. A number of RFIs are resolved during a round table session after the meeting.
- **21/12/2018** - Hawkins email an updated RFI tracker to [REDACTED] Akld Council's Principal Specialist Building Surveyor.
- **December 2018** - MBIE issued a guidance note on the Fire Performance of External Wall Cladding Systems. This guide was issued to help the industry demonstrate compliance with the New Zealand Building Code.
- **8/1/2019** - To assist [REDACTED] /Akld Council's Principal Specialist Building Surveyor, the Hawkins team re-load 'only what is current' to Council online portal.
- **16/1/2019** - Meeting held between Auckland Council [REDACTED] and Hawkins/CMDHB. A number of RFIs are resolved during a round table session after the meeting.
- **30/1/2019** - Hawkins provide responses to remaining RFIs including Accessibility Report, Proposed Cladding System Fire Compliance Letter, Holmes Fire, Timber condition invasive investigation letter, Forensic Building Consultants, Aluminium Flashing Detail

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