

## CORPORATE OFFICE

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### RE Official Information Act request CDHB 10162

I refer to your email dated 6 August 2019 requesting the following information under the Official Information Act from Canterbury DHB. This request is a follow up to a media response to your original request dated 30 July 2019 regarding the Canterbury DHB and passive fire and building WOFs.

The passive fire defects identified are no different than those found in buildings across New Zealand, however what is different is the Canterbury DHB's approach. Canterbury DHB takes its obligations to patients, staff and visitors very seriously and as such has implemented the only system in New Zealand that examines all aspects of passive fire from design, through supply to installation, inspection which is usually intrusive, to sign off.

Canterbury DHB has built a fit for purpose training and accreditation facility to deal with passive fire issues which all our installers have to attend to be assessed, only those that pass this are allowed to work within the DHB's buildings. Canterbury DHB has instigated a strict permit to work scheme which eliminates an opening being made without being rectified during the service installation. As clinical areas become available, for update or repair, they are generally checked and any passive fire issues found are then dealt with at that time.

Canterbury DHB received a "highly commended" award for its passive fire accreditation programme at the finals of the New Zealand Institute of Building (NZIOB) Industry Awards held in Auckland on 23 August 2019. Please refer to **Appendix 1** attached.

To address your information request, we respond as follows (your questions repeated in **bold**):

- 1. A core question that patients and staff might like answered is: Exactly who has made the call that a WOF can be issued even though passive fire is not up to scratch? And on what basis?**

Christchurch City Council (as responsible Territorial Authority) is responsible for Building Warrant of Fitness (BWOFF) certification in accordance with the regulatory regime. This is based on Independent Qualified Person (IQP) inspection and sign off, fire service input and provision of documentation to Council evidencing that appropriate steps are being taken to mitigate fire risk.

**I ask for more info as per my earlier request:**

- 2. A list of passive fire defects identified, per building, and those buildings' IL ratings**

The defects identified across the campus generally comprise the following types:

- penetrations formed in wall and floors during the original build;
- penetrations left by alteration of services over the life of the building;
- penetrations made during temporary repairs during the earthquake recovery; and
- installation of new services over the life of the building by subcontractors that have not been correctly sealed or used incorrect materials (a relatively common occurrence nationwide).

Canterbury DHB has identified circa 3000 passive fire protection issues so far across main campus. These range from minor defects to missing protection and/or issues with existing penetrations or fire rated walls. (This is a relatively small number given the size, complexity and age of our facilities).

In terms of importance level (IL) ratings:

- IL4- Parkside, Womens and on completion, Christchurch Hospital Hagley (CHH) (formerly ASB);
- IL3- Riverside, Labs, Food Services Clinical Services; and
- IL2- Oncology.

**3. Detail of what has been rectified**  
**a. and what hasn't,**  
**b. and what will be (a repair timeline)**

Canterbury DHB is still undertaking assessments of the passive fire protection in its buildings and as such, the full extent of compliance with current Code/remediation required is still being assessed.

Rectifications to date on the main Christchurch hospital campus include:

- Labs Risers – Ground Floor;
- Parkside - Bone Shop Corridor, Pharmacy, Stair Wells, Some Basement. Labs to Parkside Tunnel;
- Riverside / Clinical Services – Radiology some areas, Paeds Outpatients;
- Womens – Stair 1 and 2 above Ground Floor. CHH link access areas; and
- Oncology – some basement areas
- All of the heavy ceiling tiles on the Christchurch Campus have been replaced due to risk of dislodgement which has necessitated revised strategies for passive fire in relation to ceiling voids.

Canterbury DHB has also undertaken passive fire rectification/upgrade/ works on its other sites including:

- Burwood – Spinal;
- Akaroa;
- Home Dialysis building; and
- Rangiora Stage 3.
- Christchurch Labs building riser shaft partial rectification works.

**Re my earlier questions re building WOF:. You say the DHB “holds a current Building Warrant of Fitness for its Hospital campus”.**

**4. So this single WOF covers all and every CDHB building?**  
**a. at its main campus?**  
**b. and at other sites?**

One BWOFF covers the entire Christchurch Hospital main campus. While there are a number of buildings on the campus, they are all interlinked and form part of the one fire system.

There are separate BWOFF certificates for the separate St Asaph St and Outpatients sites/buildings that are in the immediate vicinity of the main hospital campus.

**5. So CDHB does not need a WOF for each building, as Waikato and Counties Manukau and Auckland DHB do?**

See above response.

All Canterbury DHB buildings have a current BWOFF.

**6. Does the WOF cover buildings that were consented under the current Code, but are non-compliant with that Code? Who decided that was OK?**

Each BWOFF certificate covers the fire systems specified/identified within that particular BWOFF. Any issues with a fire system need to be resolved, irrespective of the age of a building.

Almost all of the buildings on Canterbury DHB's main campus are legacy buildings. While the fire systems would have been compliant with the Code of the day, factors such as Code change over time, change of use and years of contractor works can cause issues within existing fire systems requiring upgrade or remediation. You would not

expect these same issues to arise with new buildings that have been designed and built to current Code and where appropriate oversight is exercised over subsequent contractor works to help ensure the integrity of passive fire systems is maintained.

**Also, re your more careful way of doing things, can you confirm that:**

7. **The DHB only uses IQPs who have passed the DHB's own tests?**
8. **And that these tests include an IQP having to fix the defects on a dummy wall? Sounds innovative.**

IQPs are recognised by Council as qualified to carry out performance inspection, maintenance, reporting or recommendation on a building's fire system. They do not undertake passive fire protection works and as such, do not form part of the Canterbury DHB passive fire accreditation programme.

### **Conclusions**

As a result of passive fire assessments undertaken to date, Canterbury DHB has implemented an extensive assessment and risk mitigation programme that will enable Canterbury DHB to manage any issues which arise around fire in general (not just passive fire, which is only one component of a total fire system). Canterbury DHB continues to have fully operational sprinklers and active notification systems.

In order to be more proactive in monitoring of fire related issues, Canterbury DHB has adjusted its monitoring from a triple knock to a double knock alarm system. This means that only two sensors will need to activate, rather than three previously, before an alarm sounds. This might create some operational issues and cause more false alarms and fire service call outs but it provides a more heightened approach to potential fire issues. Canterbury DHB now also monitors higher risk areas more proactively/closely.

A complete passive fire remediation timeline has not yet been finalised as it is intrinsically linked with a Ministry of Health led facility master planning process as well as access to key clinical areas like theatres and ICU which currently are running at capacity. The more proactive approach detailed above provides Canterbury DHB with confidence that it can continue to provide safe facilities in the interim.

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 Canterbury DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery  
**Executive Director**  
**Planning, Funding & Decision Support**

# Passive Fire Programme award

## “awesome result”

Canterbury DHB staff have again been recognised for their innovation.

The newly implemented passive fire programme won a Highly Commended in the James Hardie Innovation Award category of the recent New Zealand Building Industry Awards 2019 held in Auckland.

Passive fire protection provides the initial protection from smoke before the detection systems and sprinklers activate, and continues to reduce the spread of flames and smoke to other areas of buildings. Canterbury DHB's Passive Fire Programme began three years ago and is believed to be the only fully integrated passive fire programme in New Zealand and includes supply, inspections, testing and training.

Award judge, Bruce Rogers, who is a Board and National Council Member of the New Zealand Institute of Building, says it is quite unusual for a client based organisation to be able to step up and reach into the industry and achieve great results.

“It is testament to the energy, innovation and passion of Canterbury DHB Site Redevelopment Project Manager Simon Hemmings and PFITS Consultancy Technical Director Alan Page. Spectacular. You are onto something.”

Managing Director of BOSS Fire Mark Prior says, “it is an awesome result for some game-changing, inertia-busting trailblazers. Congrats to both Simon and Alan.”

Construction Advisor for Fletchers Construction at Grey Base Hospital Jonathan Laird tweeted:

“Congratulations to Canterbury DHB, Simon, and Alan. NZIOB Innovation Award – Highly Commended for their Passive Fire Programme. Recognised for its innovation in response to passive fire issues at CDHB. Great work guys – keep it up!”

Simon says he is thrilled to receive the award on behalf the team.

“It’s been a long and, at times, very challenging process but we are proud to say we are seeing positive changes in the way passive fire protection is considered both within Canterbury DHB and throughout the wider industry. We have recently been approached by a number of other DHBs and Ministry departments as well as contractors and private health providers to assist and provide guidance for their own passive fire issues.”



From left, James Hardie Technical Manager Singh Kamboj, Canterbury DHB Site Redevelopment Project Manager Simon Hemmings and PFITS Consultancy Technical Director Alan Page

Research and information company BRANZ, the Ministry of Business, Innovation and Employment, the Fire Protection Association of New Zealand, and the New Zealand Insurance Council are taking a vested interest in Canterbury DHB's programme.

“We still have a long way to go but are already seeing the benefits of our unique programme,” he says.

Following the Canterbury earthquakes and subsequent building inspections, Canterbury DHB became aware of some areas in our buildings that need rectification.

This was due to the age of the buildings, the work undertaken on them over the years, and the changes to the Building Code over time. A programme was put in place and systems implemented to ensure the integrity of passive fire systems is maintained into the future.

