

29 January 2021

██████████  
██

Dear ██████████

**Re: OIA request – Mental Health unit data**

Thank you for your Official Information Act request received 10 December 2020 seeking information from Waitematā District Health Board (DHB) about our mental health facilities.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing around 8,500 people across more than 80 locations.

In addition to providing services to our own population, we are also the metropolitan Auckland provider of child disability services, child community dental services and community alcohol and drug services. We are the northern region provider of forensic psychiatry services.

Patients, staff and other community members use our buildings throughout the year, often 24/7. It's important to us that these buildings are fit-for-purpose so that we can provide the right environments for delivering the best possible healthcare.

Waitematā DHB has the largest property asset portfolio in the country. We aim to ensure that all matters of legal compliance relating to our portfolio meet the standards set out in local and national legislation. Some issues raised in the building reports date back several years and have since been addressed.

Our asset management plan ensures that procedures and inspections are implemented and documented and we meet all legal requirements expected of DHBs in relation to the ownership of property assets.

You requested the following information:

- 1. The name, location and number of beds for each mental health and intellectual disability unit (this includes forensic units) operated by your DHB?**

The names, locations and number of funded beds for each of our mental health and detoxification units are provided in Table 1, below.

**Table 1: Unit names, locations and bed numbers**

Name of unit	Location	Number of funded beds
He Puna Waiora - adult acute admissions	North Shore Hospital, 132 Shakespeare Rd	35
Waiatarau - adult acute admissions	Waitakere Hospital, 55-75 Lincoln Rd, Henderson	32
Kingsley Mortimer Unit – older adult acute admissions	North Shore Hospital, 190 Shakespeare Rd	19
Kauri Unit - forensic psychiatry unit	Mason Clinic, 81 Carrington Rd, Pt Chevalier	15
Rata Unit - forensic psychiatry unit	Mason Clinic	15
Totara Unit - forensic psychiatry unit	Mason Clinic	15
Te Aka Unit - forensic psychiatry unit	Mason Clinic	15
Tane Whakapiripiri - forensic psychiatry unit	Mason Clinic	12
Kahikatea Unit - forensic psychiatry unit	Mason Clinic	20
Rimu Unit - forensic psychiatry unit	Mason Clinic	9
Pohutukawa Unit – forensic intellectual disability unit	Mason Clinic	12

**2. All reports carried out by the Ombudsman in the past five years on any one of these units.**

The table below provides links to reports for inspections carried out by the Ombudsman within the past five years, where they are publicly available. Where they are not, we attach the reports as appendices. Please note, the Kingsley Mortimer Unit has not had an Ombudsman inspection during this time.

**Table 2: Ombudsman inspection reports for the past five years**

Year of inspection	Unit inspected	Report available from
2015	Kahikatea	See Appendix 1
	Rata	See Appendix 2
	Tane Whakapiripiri	See Appendix 3
2016	He Puna Waiora	See Appendix 4
	Waiatarau	See Appendix 5
2017	Pohutukawa	See Appendix 6
2019	He Puna Waiora	<a href="https://www.ombudsman.parliament.nz/resources/report-unannounced-inspection-he-puna-waiora-mental-health-inpatient-unit-north-shore">https://www.ombudsman.parliament.nz/resources/report-unannounced-inspection-he-puna-waiora-mental-health-inpatient-unit-north-shore</a>
	Waiatarau	<a href="https://www.ombudsman.parliament.nz/resources/report-unannounced-inspection-waiatarau-mental-health-inpatient-unit-waitakere-hospital">https://www.ombudsman.parliament.nz/resources/report-unannounced-inspection-waiatarau-mental-health-inpatient-unit-waitakere-hospital</a>
2020	An inspection was carried out at Mason Clinic in December 2020. At the completion of the inspection the inspectors were not able to provide an estimated date for the final report.	

**3. For each unit, please provide the occupancy data for the 12 months ending November 30. What I mean by this is the average occupancy (in bed numbers) each month and the number of times the unit was caring for more patients than it had beds.**

Pitman House is a voluntary admissions facility which was closed during COVID-19 lockdowns. This had a consequent impact on bed availability. Intensive detoxification support was provided in people's homes during this period.

We have provided data for Mason Clinic as a whole, as the clinic has some capacity to move people between units to match demand.

**Table 3: Bed occupancy by available beds and percentage occupancy**

	MEASURE	DEC-2019	JAN-2020	FEB-2020	MAR-2020	APR-2020	MAY-2020	JUN-2020	JUL-2020	AUG-2020	SEP-2020	OCT-2020	NOV-2020
He Puna Waiora - adult acute admissions	% Occupancy incl Leave	86%	85%	85%	82%	81%	84%	96%	90%	85%	84%	85%	84%
	Available Beds	1085	1085	1015	1085	1050	1085	1050	1085	1085	1050	1085	1050
	Occupied Beds incl Leave	937	917	865	892	852	910	1013	972	921	881	917	877
Waiatarau - adult acute admissions	% Occupancy incl Leave	99%	99%	100%	97%	92%	95%	101%	103%	95%	93%	99%	96%
	Available Beds	992	992	928	992	960	992	960	992	992	960	992	960
	Occupied Beds incl Leave	982	981	925	961	886	941	971	1020	946	893	979	925
Kingsley Mortimer Unit - older adult acute admissions	% Occupancy incl Leave	88%	96%	101%	91%	65%	78%	97%	98%	96%	94%	96%	96%
	Available Beds	589	589	551	589	570	589	570	589	589	570	589	570
	Occupied Beds incl Leave	521	565	558	537	368	459	553	575	564	538	564	547
Mason Clinic (excluding beds used for Forensic Intellectual Disability Secure Services (FIDSS))	% Occupancy incl Leave	99%	99%	97%	97%	97%	97%	97%	97%	95%	96%	96%	100%
	Available Beds	3069	3069	2871	3069	2970	3069	2970	3069	3069	2970	3069	2970
	Occupied Beds incl Leave	3045	3033	2813	2996	2908	2989	2871	2971	2932	2879	2948	2937
FIDSS beds (includes Pohutukawa Unit and other beds within Mason Clinic funded under FIDSS)	% * Occupancy incl Leave	117%	123%	119%	117%	117%	117%	111%	108%	108%	112%	117%	117%
	Available Beds	372	372	348	372	360	372	360	372	372	360	372	360
	Occupied Beds incl Leave	434	459	415	434	420	434	399	403	403	404	434	420

\* Please note that FIDSS is required to provide care either by the courts or in cases of very urgent clinical need. In these cases short-term emergency management for additional numbers may be facilitated by seeking an available appropriate bed in a non-ID specific unit or in high-care suite or by use of an unlocked seclusion room as a temporary bedroom.

**4. Please describe what strategies your DHB employs to house and care for people in mental health and intellectual disability units if there are too few beds. Does your DHB turn office space/seclusion rooms into bedrooms? If not, how do you manage demand?**

The ways in which the various Waitematā DHB mental health services manage demand when there are bed pressures are described in Table 4 below.

**Table 4: Bed management strategies**

Service	Bed management
Adult acute admissions	<p>Demand is managed on an acuity and risk basis. Beds are prioritised for the people most in need when there is demand in excess of funded beds. All people will have their care and treatment needs reviewed. Where appropriate, a person may be discharged to a step-down non-government organisation (NGO)-operated respite facility, or discharged home, with a follow-up plan in place which includes family/whānau and the community mental health team.</p> <p>Office spaces and seclusion rooms are never used as bedrooms to manage demand; however, the service does have access to some unfunded beds and, on occasion, will bring in extra staff to place a person into one of these unfunded beds for a short period of time.</p> <p>On occasion, when a person has been admitted to Emergency Department (ED) or a general hospital ward prior to being identified for admission to an acute mental health inpatient unit they may wait in the ED, the Assessment and Diagnosis Unit (ADU) or a general hospital ward. Their care needs are met by the general hospital staff with their mental health needs managed by either the liaison psychiatry team or their community mental health team.</p>
Older adult acute admissions	<p>Demand is managed on an acuity and risk basis. Beds are prioritised for the people most in need when there is demand in excess of funded beds.</p> <p>Office spaces are never used as bedrooms to manage demand. There have been very limited occasions, however, when a lounge area within one of the high dependency rooms has been converted to a two-bedded room. This is a rare occasion when there are no other options available. This only happens when there are two lower acuity people who can be co-located in the same area. All normal health and safety protocols are followed.</p> <p>The service is more likely to engage respite care as step-down beds for people with functional mental health issues whose care can be managed appropriately in an NGO-operated respite facility.</p> <p>Respite may also be utilised in Aged Residential care facilities if people are assessed as not requiring acute hospital admission but require 24-hour monitoring with support from community mental health teams. Where appropriate, people may also be discharged home with funded one-on-one support for short interventions when required.</p> <p>If the person is admitted via ED and the general hospital, people can wait in ADU, ED or on medical wards until a bed becomes available. Their care needs are met by the general hospital staff. Their mental health needs are managed by either the liaison psychiatry team or their community consultant, if they have one.</p>



Forensic psychiatry	<p>The service runs a waitlist for admission from prison which is guided by the Department of Corrections prison model of care. Demand in excess of available beds is managed through the relevant prison's in-reach mental health services, by advice to the courts of bed status or by individuals remaining on bail in the community or in non-forensic mental health inpatient units.</p> <p>In rare circumstances, and only if required by the courts or for very urgent clinical need, short-term emergency management for additional numbers may be facilitated in a high-care suite or by use of an unlocked seclusion room as a temporary bedroom.</p>
Forensic intellectual disability	<p>The Forensic ID beds are managed under the Forensic Coordination Service (Intellectual Disability) (FCS-ID) high and complex framework and specific supernumerary contracts which are managed with the Ministry of Health.</p> <p>If required by the courts or in cases of very urgent clinical need, short-term emergency management for additional numbers may be facilitated by seeking an available appropriate bed in a non-ID specific unit or in high-care suite or by use of an unlocked seclusion room as a temporary bedroom.</p> <p>Demand where no additional appropriate beds are available anywhere in the service is managed by FCS-ID seeking placement in other national forensic hospital secure beds, or community secure ID forensic beds managed by NGOs or by advising the court of the situation and requesting delay to proceedings pending bed availability.</p>

**5. Please provide the most recent engineering/building report for each of your mental health and intellectual disability units (again, this includes forensic units).**

Waitematā District Health Board (DHB) provides forensic mental health services to residents of the Northern region and forensic intellectual disability services for those north of Taupo at the Mason Clinic in Point Chevalier, Auckland.

It is important to note that any issues highlighted in the Mason Clinic building reports are being addressed through an extensive programme of remediation repairs, facility upgrades and new buildings across the whole site including:

- Te Aka - a new 15-bed facility which opened in 2017
- E Tū Tanekaha - a new \$22 million unit which is expected to be completed in March 2021
- E Tū Wairua Hinengaro - an additional multi-storey inpatient facility which is expected to be tendered in 2021/2022.

In addition, other minor highlighted issues date back a number of years and have since been addressed. An example is the graffiti-guarding of units such as Waiatarau, which is also soft-washed annually, as part of a programme of works for soft washing of DHB-owned buildings. Similarly, the roofing issues detailed in the Kingsley Mortimer Unit, Appendix 10, have been remedied.

Information about our latest building condition reports can be found in the following appendices (condition definitions can be found in **Appendix 7**):

**Table 5. Engineering/building reports**

Name of unit	Date of condition survey	Further information (asset management plan)
He Puna Waiora –	2017	See <b>Appendix 8</b>

adult acute admissions		
Waiatarau – adult acute admissions	2012	See <b>Appendix 9</b>
Kingsley Mortimer Unit – older adult acute admissions	2012	See <b>Appendix 10</b>
Kauri Unit - Mason Clinic (due to be removed 2025)	2012	See <b>Appendix 11 and Appendix 18</b>
Rata Unit - Mason Clinic (due to be removed 2022)	2019	See Appendix <b>12 and Appendix 18</b>
Totara Unit - Mason Clinic (due to be removed 2022)	2012	See Appendix <b>11 and Appendix 18</b>
Te Aka Unit - Mason Clinic	2019	See <b>Appendix 13</b>
Tane Whakapiripiri - Mason Clinic	2019	See <b>Appendix 14</b>
Kahikatea Unit - Mason Clinic (due to be removed 2022)	2012	See Appendix <b>15 and Appendix 18</b>
Rimu Unit - Mason Clinic	2019	See <b>Appendix 16</b>
Pohutukawa Unit – Mason Clinic	2011	See <b>Appendix 17</b>

**6. Please provide the self-assessment data collected by your DHB and submitted to the Ministry of Health (MoH) for each of your mental health and intellectual disability units.**

We are not able to provide any facilities self-assessment data as none have taken place in the Waitematā DHB mental health and addiction clinical facilities. The MoH decides which clinical facilities at which DHBs go through the Clinical Facilities Fitness for Purpose assessment process, of which part is a self-assessment. To date, none of our clinical facilities have been scheduled for this process. However, we have been advised by the MoH that the Mason Clinic will be included in Phase 2, which is due to start in February 2021.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Dr Murray Patton**  
**Director Specialist Mental Health & Addictions Services**  
**Waitematā District Health Board**


.....  
**COTA Report**

**Report on an unannounced visit to  
Kahikatea Unit (Mason Clinic) Under the  
Crimes of Torture Act 1989**

25 March 2015  
.....

**Dame Beverley Wakem, DNZM, CBE**  
Chief Ombudsman  
National Preventive Mechanism

.....  
Office of the Ombudsman  
Tari o te Kaitiaki Mana Tangata



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## Executive Summary

### Background

1. In 2007, the Ombudsmen were designated one of the National Preventive Mechanisms (NPMs) under the Crimes of Torture Act (COTA), with responsibility for examining and monitoring the general conditions and treatment of service users in New Zealand secure hospitals.
2. On 25 March 2015, Chief Inspector Jacki Jones (to whom I have delegated authority to carry out visits of places of detention under COTA<sup>1</sup>) visited Kahikatea Unit (Mason Clinic).

### Summary of findings

3. The Chief Inspector's findings may be summarised as follows:
  - There was no evidence that any service users had been subject to anything that could be construed as torture, or cruel, inhuman or degrading treatment in the six months preceding the visit.
  - There were no seclusion or restraint incidents for the six months prior to the visit.
  - There was only one complaint for the six months prior to the visit.
  - All files contained the necessary paperwork to detain (and treat) the service users in the Unit.
  - Service users have access to daily showers, clean clothing and bedding.
  - The quality and quantity of the meals was adequate.
  - There were no concerns with service users' access to fresh air and leisure activities.
  - Service users can receive visitors and send and receive mail daily.
4. The issues that needed addressing were as follows:
  - Not all staff were up to date with their calming and restraint training.
  - The DHB's complaints process is not readily available in the Unit.
  - Accommodation is looking tired and drab.
  - The Unit telephone offers no privacy for those using it.

### Recommendations

5. I recommend that:

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<sup>1</sup> Acting under delegation of the NPM Chief Ombudsman Dame Beverley Wakem and Ombudsman Professor Ron Paterson.

- a. All staff should be up to date with their calming and restraint training.
  - b. The DHB's complaints process should be readily available within the Unit.
  - c. As part of the remedial work being carried out in 2018, the Unit needs to be upgraded/refreshed.
  - d. The Unit telephone needs to be relocated to ensure privacy for those using it.
6. A follow up visit will be made on future dates as necessary to monitor implementation of the recommendations.

### **Consultation**

7. A draft copy of this report was forwarded to Kahikatea Unit (Mason Clinic) for comment as to fact, finding or omission prior to finalisation and distribution.

### **Kahikatea Unit comments**

Happy with the report.

## Facility Facts

### **Kahikatea Unit (Mason Clinic)**

Auckland Regional Forensic Services – The Mason Clinic is a regional secure unit, located in Point Chevalier, providing forensic psychiatric care to people in the wider Auckland region and beyond. The clinic provides integrated forensic mental health services to the northern region's courts, prisons and general mental health services.

Kahikatea Unit (the Unit) is one of seven forensic mental health inpatient units that assesses, treats and assists in the recovery of people with mental illness.<sup>2</sup>

Kahikatea is a minimum secure rehabilitation unit where service users can develop independent living skills.

### **Region**

The clinic has a catchment area from the Bombay Hills in the south to the top of the North Island for general mental illness, and for offenders with an intellectual disability, from Taupo to the top of the North Island.

### **District Health Board (DHB)**

Waitemata

### **Operating capacity**

20 (16 men and 4 women)

### **Unit Manager**

Dave Holder

### **DAMHs**

Jeremy Skipworth

### **Last inspection**

Unannounced visit – September 2008

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<sup>2</sup> Waitemata DHB website



## The Visit

8. The visit of Kahikatea Unit (Mason Clinic) took place on 25 March 2015 and was conducted by Chief Inspector Jacki Jones.

### Visit methodology

9. The Acting Service Manager, Operations provided the following information prior to the visit:
  - The seclusion and restraint data for the previous six months.
  - The number of complaints for the previous six months.
  - Activities programme.
  - A list of all staff trained in the use of restraint and reasons for those not up to date.
10. At the commencement of the visit the Chief Inspector met with the Manager, before being shown around the Unit. On the day of the visit there were 19 service users in the Unit comprising 15 males and four females.
11. The following areas were examined on this occasion to determine whether there had been torture or inhuman or degrading treatment or punishment, or any other issues impacting adversely on detainees<sup>3</sup>.

#### Treatment

Torture, or cruel, inhuman or degrading treatment

Seclusion

Restraints

Service users' views

#### Protective measures

Complaints process

Records

#### Material conditions

Accommodation

#### Activities and communications

Outdoor exercise

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<sup>3</sup> Our inspection methodology is informed by the Association for the Prevention of Torture's Practical Guide to Monitoring Places of Detention (2004) Geneva, available at [www.apt.ch](http://www.apt.ch).

Leisure activities/programmes/work

Access to visitors/external communications.

## Evidence

12. In addition to the documentary evidence provided prior to the visit, the Chief Inspector spoke with the manager, staff and four service users. None of the service users sought formal interviews.
13. The Chief Inspector also inspected records, was provided additional documents upon request by the staff, and observed the facilities and conditions.

## Treatment

### Torture or cruel, inhuman or degrading treatment

14. There was no evidence that any service users had been subject to anything that could be construed as torture, or cruel, inhuman or degrading treatment in the six months preceding the visit.

## Seclusion

### Seclusion facilities

15. There are two seclusion rooms of which one (with a hospital bed) can be used as a bedroom, if necessary. A separate toilet/shower area is located adjacent to the seclusion rooms. Both rooms have natural light, privacy blinds (working) and a means of calling for attention.



Figure 1: Seclusion area



Figure 2: Seclusion room

### **Seclusion policies and incidents**

16. There have been no seclusion incidents for the period 1 September 2014 – 28 February 2015. Staff could not recall the last time the seclusion rooms were used.
17. The Chief Inspector had no concerns with the use of seclusion in the Unit.

### **Restraints**

18. There were no incidents of restraint for the period 1 September 2014 – 28 February 2015.
19. Of the 34 staff in the Unit, 15 required calming and restraint training.

### **Service users' views on treatment**

20. Generally, service users were complimentary about the staff and felt they were treated with respect. Service users had a reasonable understanding why they were in the Unit, the medication they were taking and the name of their key worker. They all said they felt they could approach a member of staff if they needed to.
21. Everyone said they could access showers, clean bedding and fresh air. There were no complaints about the quality or quantity of food, contacting family and friends and receiving visitors.
22. The staff/patient interactions observed were appropriate and positive.

### **Recommendations - treatment**

- a. All staff should be up to date with their calming and restraint training.

## **Protective measures**

### **Complaints process**

23. The complaints process was not readily available throughout the Unit (via posters and leaflets) although contact details for District Inspectors, Consumer Advisors and the Health and Disability Commissioner were on display outside the office.
24. There was one complaint in the last six months which had been responded to within DHB timeframes.
25. The Unit do not supply service users with an admission pack.

## Records

26. There were 19 service users in the Unit on the day of the visit and the Chief Inspector checked 15 files.
27. All service users were being detained either under the Mental Health (Compulsory Assessment and Treatment) Act or the Criminal Proceedings (Mentally Impaired Persons) Act.
28. All files contained the necessary paperwork to detain [and treat] the service users in the Unit.
29. The average length of stay in the Unit is between five and seven years with most admissions coming from Totara and Rata Units.

## Recommendations – protective measures

- b. The DHB's complaint process should be readily available (advertised) within the Unit.

## Material conditions

### Accommodation

30. The Unit, which is spacious, was clean and tidy although looking a little tired and dated in places. Male bedrooms, a mixture of single and doubles are small but contain adequate storage space for personal possessions, curtains for privacy and a means of calling for assistance. None of the rooms have en-suite facilities.
31. A small discrete female facility consisting of four bedrooms, a T.V lounge and bathroom facilities is located next to the office. Service users have their own key to access their bedroom and are not subjected to night seclusion.
32. Although dated, there were sufficient bathroom facilities to accommodate the number of service users in the Unit. The Unit had its own laundry facility.
33. The Mason Clinic has a number of buildings that have deteriorated significantly over several years as a result of water damage. Kahukatea Unit is one of those buildings. A works programme has been established to progressively address repairs to the affected buildings<sup>4</sup>.
34. Construction of a new 15 bed unit will commence in early 2016. Upon its completion, affected units (and service users) will be progressively decanted into the new unit while remedial work is carried out in the affected units. Kahikatea will be decanted mid 2018.

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<sup>4</sup> Mason Clinic Remedial Work – Status Report, February 2015.

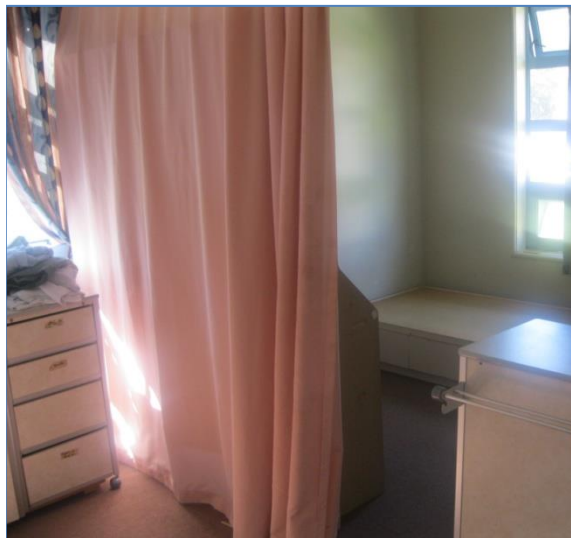


Figure 3: Double room



Figure 4: Single room

35. Staff were unsure if the remedial work being carried out in 2018 would include upgrading/revamping the Unit. We would strongly encourage this.

## Food

36. Breakfast is from 8am, lunch at 12.30 and dinner at 5.45pm. Lunch is a choice of both hot and cold meals transported from the main kitchen at North Shore Hospital.
37. Service users eat their meals in the dining room which was a good size with plenty of natural light.
38. Service users described the meals as adequate and confirmed that they did get a choice of meals. The meals observed by the Chief Inspector appeared satisfactory.

## Recommendations – material conditions

- c. As part of the remedial work being carried out in 2018, the Unit needs to be upgraded/refreshed.

## Activities and communications

### Outdoor exercise

39. There is a large outdoor area with seating and shade which service users can access throughout the day. Sporting activities such as basketball and badminton are also available.



Figure 5: External yard



Figure 6: External yard

### **Leisure activities/programmes/work**

40. A wide selection of programmes and activities are available to service users throughout the day. As well as the cross service timetable, which is open to service users from across the site, the Unit has its own activities and programmes for both individuals and groups; parenting, art and craft, walking group, creative expression, anger management.
41. Several service users have local employment as part of their reintegration back into the community. Others are able to attend programmes in the community such as drug and alcohol groups. Four service users were out at work on the day of the inspection.
42. Eight service users make up the healthy living group who plan, prepare and cook their own meals (independently from the main Unit) as part of their reintegration process. This process also includes weekly shopping trips and budgeting.
43. Service users are able to have Unit leave ranging from full unescorted, to escorted leave.
44. The Unit has a small selection of gym equipment although service users can access the site pool and gymnasium in Rata Unit (at specific times).
45. The Chief Inspector had no concerns with service users' access to leisure activities, programmes and work opportunities.

### **Access to visitors/external communication**

46. Service users are able to receive visitors and send and receive mail, daily.
47. The Unit telephone is situated outside the main office (in the lounge area) and offers no privacy for those using it.

## Recommendations – activities and communications

- d. The Unit telephone needs to be relocated to ensure privacy for those using it.

## Acknowledgement

48. I appreciate the full co-operation extended by the manager and staff to the Chief Inspector during her visit to the Unit. I also acknowledge the work involved in collating the information sought by the Chief Inspector.

Dame Beverley Wakem DNZM, CBE  
Chief Ombudsman  
National Preventive Mechanism



## Appendix 1. Photographs



Male corridor



Female hub





Small selection of gym equipment in the Unit



Main lounge area



Female bathroom

KAHIKATEA UNIT MENU 2012							
Monday:	Tuesday	Wednesday	Thursday:	Friday:	Saturday:	Sunday	
Lunch Box	Lunch Box	Lunch Box	Lunch Box	Lunch Box	Lunch Box	Lunch Box	
Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	
Bread selection, margarine/ butter 1) Macaroni Cheese, Tossed green salad	Bread selection, margarine/ butter Quiche Lorraine Coleslaw	Bread selection, margarine/ butter Pasta & Bolognaise with Tossed Green Salad	Bread selection, margarine/ butter Oakhill Potato, Coleslaw	Bread selection, margarine/ butter Sausage Hotpot & Tossed Green Salad	Bread selection, margarine/ butter Baked Fish with Cheese Crumb Topping with Coleslaw	Bread selection, margarine/ butter Beef Curry & Steamed Rice with Tossed Salad	
Or	Or	Or	Or	Or	Or	Or	
2) Beef & Salad Wrap with Sweet Chili Sauce And Blueberry Muffin	Or Tuna Salad Wholegrain Roll	Or Egg & Salad Grains Bread Sandwich And Choc Chip & Banana Muffin	Or Beef & Salad Sandwich on Rye Bread	Or Club Sandwiches (Chicken, Relish, Lettuce & Mayo)	Wholemeal Ham & Coleslaw Roll And Anzac Biscuit	Dagwood Sandwich (Cheese & Salad)	
Or	Or	Or	Or	Or	Or	Or	
	Or Vegetarian Savoury Omelette And Hokey Pokey Biscuit		Or Spicy Lentils with tossed green salad And Apple Cake	Or Cauliflower & Broccoli Pasta with Tossed Green Salad And Peach Muffin		And Lemon Muffin	
Or	Or	Or	Or	Or	Or	Or	
Fresh fruit	Fresh fruit	Fresh fruit	Fresh fruit	Fresh fruit	Fresh fruit	Fresh fruit	
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	
BBQ Beef		Corned Beef & Mustard Sauce	Savoury Minced Beef	Beef Stroganoff		Roast Beef & Gravy	
Or	Or	Or	Or	Or	Or	Or	
Or Apricot Chicken		Or Chicken Pie	Smoked Fish in Parsley Sauce	Chicken in Mustard & Coriander Sauce		Chicken Caccitore	
Or	Or	Or	Or	Or	Or	Or	
Or Veg & Tofu Stir Fry with Sweet & Sour Sauce		Or Chickpea Casserole	Hearty Bean & Cheese Pie	Potato, Spinach & Chickpea Curry		Asparagus, Egg & Cheese Casserole	
						Mashed Potato Or Roast Potato	
with	with	with	with	with	with	with	
Vegetables of the Day x 2	Vegetables of the Day x 2	Potato Roasties Vegetables of the Day x 2	Mashed Potato Vegetables of the Day x 2	Steamed Rice Vegetables of the Day x 2	Vegetables of the Day x 2	Vegetables of the Day x 2	
And	And	And	And	And	And	And	
Fresh Fruit Or Peach Fruit Cream with Passionfruit Topping Or Fruit Yoghurt		Fresh Fruit Or Custard Trifle Or Fruit Yoghurt	Fresh Fruit Or Apricot & Apple Sponge with Custard Or Fruit Yoghurt	Fresh Fruit Or Pear Custard & Cream Or Fruit Yoghurt		Fresh Fruit Or Baked Orange Pudding & Vanilla Sauce Or Fruit Yoghurt	
Name:	Date:	Signature:					

Menu

## Appendix 2. Overview of OPCAT – Health and Disability places of detention

1. In 2007 the New Zealand Government ratified the United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The objective of OPCAT is to establish a system of regular visits undertaken by an independent national body to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.
2. The Crimes of Torture Act 1989 (COTA) was amended by the Crimes of Torture Amendment Act 2006 to enable New Zealand to meet its international obligations under OPCAT. Section 16 of COTA defines a “place of detention” as:

*“...any place in New Zealand where persons are or may be deprived of liberty, including, for example, detention or custody in...*

  - (d) *a hospital*
  - (e) *a secure facility as defined in section 9(2) of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003...*”
3. Pursuant to section 26 of COTA, an Ombudsman holding office under the Ombudsmen Act 1975 was designated a National Preventive Mechanism (NPM) for certain places of detention, including hospitals and the secure facilities identified above.
4. Under section 27 of COTA, an NPM’s functions, in respect of places of detention, include:
  - a. to examine the conditions of detention applying to detainees and the treatment of detainees; and
  - b. to make any recommendations it considers appropriate to the person in charge of a place of detention:
    - i. for improving the conditions of detention applying to detainees;
    - ii. for improving the treatment of detainees;
    - iii. for preventing torture and other cruel, inhuman or degrading treatment or punishment in places of detention.
5. To facilitate the exercise of their NPM functions, the Ombudsmen have delegated their powers to inspect places of detention to Inspector’s (COTA). This is to ensure that there is a clear distinction between the Ombudsmen’s preventive monitoring function under OPCAT and the Ombudsmen’s investigation function under the Ombudsmen Act.


.....  
**COTA Report**

**Report on an unannounced visit to  
Rata Unit (Mason Clinic) Under the  
Crimes of Torture Act 1989**

25 March 2015  
.....

**Dame Beverley Wakem, DNZM, CBE**  
Chief Ombudsman  
National Preventive Mechanism

.....  
Office of the Ombudsman  
Tari o te Kaitiaki Mana Tangata





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## Executive Summary

### Background

1. In 2007, the Ombudsmen were designated one of the National Preventive Mechanisms (NPMs) under the Crimes of Torture Act (COTA), with responsibility for examining and monitoring the general conditions and treatment of service users in New Zealand secure hospitals.
2. On 25 March 2015, Chief Inspector Jacki Jones (to whom I have delegated authority to carry out visits of places of detention under COTA<sup>1</sup>) visited Rata Unit (Mason Clinic) .

### Summary of findings

3. The Chief Inspector's findings may be summarised as follows:
  - There was no evidence that any service users had been subject to anything that could be construed as torture, or cruel, inhuman or degrading treatment in the six months preceding the visit.
  - There was only one complaint in the six months preceding the visit.
  - All files contained the necessary paperwork to detain (and treat) the service users in the Unit.
  - Service users have access to daily showers, clean clothing and bedding.
  - The quality and quantity of the meals was adequate.
  - There were no concerns about service users' access to fresh air, programmes and leisure activities.
  - Service users can receive visitors, send and receive mail and access the telephone.
4. The issues that needed addressing were as follows:
  - There is still a blanket policy with regards to service users being locked in their room over night.
  - The Seclusion and Restraint policy is out of date.
  - Not all privacy blinds were working in the seclusion rooms.
  - Not all staff were up to date with their calming and restraint training.
  - The Mason Clinic Information Pack (including the "Introducing Rata Unit" booklet) is out of date.

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<sup>1</sup> Acting under delegation of the NPM Chief Ombudsman Dame Beverley Wakem and Ombudsman Professor Ron Paterson.

- Accommodation is looking tired and drab.

## Recommendations

5. I recommend that:
  - a. Night safety plans should be reviewed on a regular basis to prevent the blanket policy of locking service users in their rooms overnight.
  - b. The Seclusion and Restraint policy (2010), as it relates to outdated "night safety procedures" needs to be reviewed.
  - c. Privacy blinds should be in working order.
  - d. All staff should be up to date with their calming and restraint training.
  - e. The Mason Clinic Information Pack (including the "Introducing Rata Unit" booklet) needs to be updated.
  - f. As part of the remedial work being carried out in 2017, the Unit needs to be upgraded/revamped.
6. A follow up visit will be made at future dates as necessary to monitor implementation of the recommendations.

## Consultation

7. A draft copy of this report was forwarded to Rata Unit (Mason Clinic) for comment as to fact, finding or omission prior to finalisation and distribution.

## Rata Unit comments

Happy with the comments.



## Facility Facts

### **Rata Unit (Mason Clinic)**

Auckland Regional Forensic Services – The Mason Clinic is a regional secure unit, located in Point Chevalier, providing forensic psychiatric care to people in the wider Auckland region and beyond. The clinic provides integrated forensic mental health services to the northern region's courts, prisons and general mental health services.

Rata Unit (the Unit) is a long term, medium secure facility that provides assessment, care and treatment for men with serious and enduring problems related to their mental health and or behaviours.<sup>2</sup>

### **Region**

The Clinic has a catchment area from the Bombay Hills in the south to the top of the North Island for general mental illness.

### **District Health Board (DHB)**

Waitemata

### **Operating capacity**

15 (males)

### **Unit Manager**

Stuart Dysart

### **DAMHs**

Jeremy Skipworth

### **Last inspection**

Announced inspection – February 2009

Unannounced visit – September 2008

---

<sup>2</sup> Waitemata DHB website

## The Visit

8. The visit of Rata Unit (Mason Clinic) took place on 25 March 2015 and was conducted by Chief Inspector Jacki Jones.

### Visit methodology

9. The Acting Service Manager, Operations provided the following information prior and following the visit:
  - A list of service users and the legislative reference under which they were being detained (at the time of the visit).
  - The seclusion and restraint data for the previous six months and the seclusion and restraint policy.
  - The number of complaints for the previous six months and the complaints policy.
  - Activities programme.
  - A list of all staff trained in the use of restraint and reasons for those not up to date.
10. At the commencement of the visit the Chief Inspector met with the Manager, before being shown around the Unit. On the day of the visit there were 15 service users in the Unit – all male.
11. The following areas were examined on this occasion to determine whether there had been torture or inhuman or degrading treatment or punishment, or any other issues impacting adversely on detainees<sup>3</sup>.

#### Treatment

Torture, or cruel, inhuman or degrading treatment  
Seclusion (High Care)  
Restraints  
Service users' views

#### Protective measures

Complaints process  
Records

#### Material conditions

---

<sup>3</sup> Our inspection methodology is informed by the Association for the Prevention of Torture's Practical Guide to Monitoring Places of Detention (2004) Geneva, available at [www.apt.ch](http://www.apt.ch).

Accommodation

Food

### **Activities and communications**

Leisure activities/programmes/work

Outdoor exercise

Access to visitors/external communications

### **Personnel**

Staff.

## **Evidence**

12. In addition to the documentary evidence provided prior, during and after the visit, the Chief Inspector spoke with the manager, staff and three service users. None of the service users sought formal interviews themselves.
13. The Chief Inspector also inspected records, was provided additional documents upon request by the staff, and observed the facilities and conditions.

## **Treatment**

### **Torture or cruel, inhuman or degrading treatment**

14. There was no evidence that any service users had been subject to anything that could be construed as torture, or cruel, inhuman or degrading treatment in the six months preceding the visit.

## **High Care**

### **Seclusion policies and incidents**

15. There have been six seclusion incidents involving two service users and a total seclusion time of just under 397 hours for the period 1 September 2014 – 28 February 2015. The longest period in seclusion was just over 159 hours; the shortest was 70 minutes and the average was just over 66 hours. The number of seclusion incidents and the hours spent in seclusion was slightly more than in our 2009 report, five incidents and a total seclusion time of just over 278 hours.
16. The Unit Manager informed the Chief Inspector that all patients are locked in their rooms at night pursuant to "a night safety authorisation plan" (the practice of locking the service users' bedroom door overnight for security/safety reasons). This practice is based on the Services' out of date Restraint and Seclusion policy (November 2010) which states "*all bedrooms in the Mason Clinic have been designated by the Clinical Director, Regional*

*Forensic Psychiatry Services (in his capacity of DAMHS), as appropriate for Night Safety Procedures”.*

17. The leaflet “Introducing Rata Unit” dated April 2004 (which is given to all service users upon their admission) also states *“All rooms are locked at night; (following Standard Operating procedures and MOH guidelines) this is in the overall interest of safety for you and others. You will be checked in your room at ten minute intervals through the night until your door is opened in the morning”.*
18. A letter from the Director Mental Health: *Guidance on the reporting of seclusion and ‘night safety procedures’* was issued to all Directors of Area Mental Health Services (DAMHS) in October 2012. It states that *“some services are relying on an obsolete guidance document with regard the use and reporting of “night safety procedures”.* It makes it clear that night safety procedures for formal patients are seclusion events, and should be recorded as such.
19. All service users had a night safety authorisation plan (see appendix two) although there was no evidence that they were reviewed on a weekly basis at the multi-disciplinary team meeting (MDT). The oldest plan was dated September 2011.
20. We consider that the practice of locking patients overnight should be reviewed in light of the October 2012 directive. We made the same recommendation in February 2013 following an inspection of the Mason Clinics’ Totara Unit.

### High Care facilities

21. There are three high care rooms, one with en-suite facilities (and bed base) which can be used as a bedroom (when required) located in a small low stimulus area.

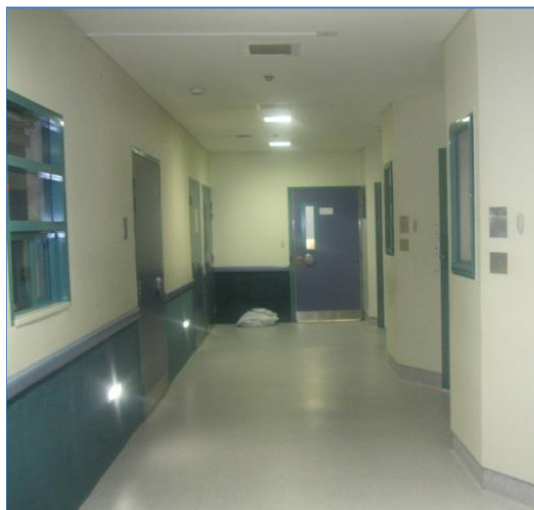


Figure 1: High care



Figure 2: Seclusion room

22. Two further high care rooms (one with soft matting on the floor) contain a mattress and have a door which opens into a small courtyard. There is a large toilet/shower facility adjacent to the rooms.

23. All three rooms had adequate lighting, heating and ventilation and a means of calling for attention; however, privacy blinds on windows and doors did not work.
24. The high care facility, situated next to the main unit, is looking tired and in need of an upgrade/refresh.
25. There was one service user in high care on the day of the visit.

## **Restraints**

26. There were five restraint incidents involving three service users for the period 1 September 2014 – 28 February 2015, less than one a month. Restraint paperwork was completed for each incident.
27. Of the thirty eight staff in the Unit, two required calming and restraint training and six were over-due for their refresher training; all were booked on future courses.
28. The DHB's Restraint and Seclusion policy (classification: 56-003-05-15) was out of date (issued November 2010).
29. The DHB's Restraint Minimisation policy – Adult Mental Health & RFPS (classification: 052215-18-016) was current (issued March 2015).
30. The Unit has limited sensory modulation facilities.

## **Service users' views on treatment**

31. Service users were complimentary about Unit staff, felt they were treated with respect and could approach a member of staff if they had any concerns.
32. They stated that they could access the shower and clean clothing and bedding; receive visitors and make telephone calls. Food was described as average.
33. Service users said they met with the psychiatrist on a regular basis and had a reasonable understanding of why they were being detained and the medication they were taking. They also confirmed they were invited to attend their six monthly clinical reviews.
34. They stated that there were programmes and activities available in the Unit and that they could access fresh air daily.
35. There were no formal complaints raised with the Chief Inspector at the time of the visit.

## **Recommendations – treatment**

- a. Night safety plans should be reviewed on a regular basis to prevent the blanket policy of locking service users in their rooms overnight.
- b. The Seclusion and Restraint policy (2010), as it relates to outdated "night safety procedures" needs to be reviewed.

- c. Privacy blinds should be in working order.
- d. All staff should be up to date with their calming and restraint training.

## Protective measures

### Complaints process

- 36. The complaints process is available throughout the Unit and the admission pack contains comprehensive details on how to make a complaint. Contact details for District Inspectors, Consumer Advisors and the Health and Disability Commissioner were on display. Some of the information in the Information Pack is out of date (April 2004).
- 37. The number of complaints in the last six months was one. The complaint was responded to appropriately and in a timely manner.
- 38. A copy of the DHB's Complaints Management policy (September 2012) was provided.

### Records

- 39. There were 15 service users in the Unit on the day of the visit and the Chief Inspector checked all of their files.
- 40. All service users were being detained either under the Mental Health (Compulsory Assessment and Treatment) Act or the Criminal Proceedings (Mentally Impaired Persons) Act.
- 41. All files contained the necessary paperwork to detain [and treat] the service users in the Unit.
- 42. In the previous six months there has been one admission and two discharges from the Unit. The average length of stay is two years.

### Recommendations – protective measures

- e. The Mason Clinic Information Pack (including the "Introducing Rata Unit" booklet) needs to be updated.

## Material conditions

### Accommodation

- 43. There are three accommodation areas in the Unit (pods) containing four bedrooms, a shower and separate toilet. One bedroom has en-suite facilities. Rooms are relatively

basic with a bed, storage space, bench and means of calling for assistance. All windows and doors have privacy blinds. The blinds tested were working.



Figure 3: Pod



Figure 4: Typical bedroom

44. There are several, small communal and recreational lounges which service users can access throughout the day. All areas, including bedrooms were looking tired and drab and in need of an upgrade.

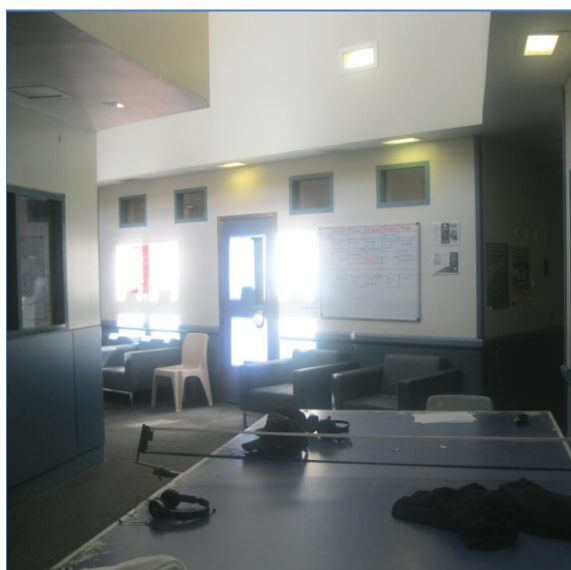


Figure 5: Rata Unit



Figure 6: T.V/recreational room

45. The Mason Clinic has a number of buildings that have deteriorated significantly over several years as a result of water damage. Rata Unit is one of those buildings. A works programme has been established to progressively address repairs to the affected buildings<sup>4</sup>.

<sup>4</sup> Mason Clinic Remedial Work – Status Report, February 2015.

46. Construction of a new 15 bed unit will commence in early 2016. Upon its completion, affected units (and service users) will be progressively decanted into the new unit while remedial work is carried out in the affected units. Rata will be decanted mid 2017.
47. Staff were unsure if the remedial work being carried out in 2017 would include upgrading/revamping the Unit. We would strongly encourage this.

## **Food**

48. Breakfast is at 8am, lunch at 12.45 and dinner at 5.45pm. Lunch and dinner is a choice of either hot or cold meals. Meals are transported from the main kitchen at North Shore Hospital.
49. Service users are required to eat their meals in the Unit dining room which was a good size with plenty of natural light.
50. The quality and quantity of the food observed by the Chief Inspector was adequate. There was one complaint about food services for the six months prior to the inspection.

## **Recommendations – material conditions**

- f. As part of the remedial work being carried out in 2017, the Unit needs to be upgraded/revamped.

## **Activities and communications**

### **Leisure activities/programmes/work**

51. The Unit (and service users) are unlocked from 7.30am until 11pm.
52. One full-time and one part-time occupational therapist (OT) provide a variety of individual and group activities both on and off the Unit (for those with approved leave). While service users are encouraged to participate, activities are not compulsory.
53. A daily programme is run consisting of groups, activities and meetings, plus unstructured time for rest, relaxation and leisure. There is a small activities room and kitchen area which service users can utilise to undertake group work, art and craft, cooking and other leisure activities.
54. Service users with approved leave (escorted or unescorted) are able to take walks and/or visit the local shops; while others attend workshops both on and off the grounds.
55. Programmes to address offending behaviour, such as anger management, alcohol and other drugs and healthy living, are provided both on and off the Unit.



56. The Unit is fortunate enough to have a small external pool and reasonable size gymnasium. There is a larger swimming pool within the grounds of the Mason Clinic which all units can access.



Figure 7: Unit pool



Figure 8: Gymnasium

57. The Chief Inspector had no concerns with service users' access to leisure activities and programmes.

### Outdoor exercise

58. There is a large outdoor area (see photograph below) with seating and shade and a small pool which service users can access throughout the day. On the day of the visit service users were outside playing volleyball.



59. The Chief Inspector had no concerns with service users' access to fresh air.

## Access to visitors/external communications

60. Arranged visits take place during the afternoon in the visitors lounge. Visits are normally 30 minutes duration although there is some flexibility depending where visitors are travelling from. Visits are generally supervised.
61. Service users can send and receive mail which may be opened and checked as per s.123 and 124 of the Mental Health Act.
62. Telephone calls are limited to two daily, after 4.30pm. On weekends, calls can be made between 9am and 9pm. Calls are transferred to a mobile telephone via the office phone.
63. Information on all of the above can be found in the 'Introducing Rata Unit' booklet although some of the information is conflicting.

## Recommendations – activities and communications

- I have no recommendations to make.

## Personnel

### Staffing

64. Of the 20 registered and 18 unregistered staff working in the Unit, nine are female and 29 are male.
65. Basic staffing levels are four registered nurses from 7am – 4pm, four from 2pm – midnight and two from 11.30pm – 8.30am.
66. Staffing levels and skill sets were appropriate for service user group.

## Recommendations – personnel

- I have no recommendations to make.

## Acknowledgement

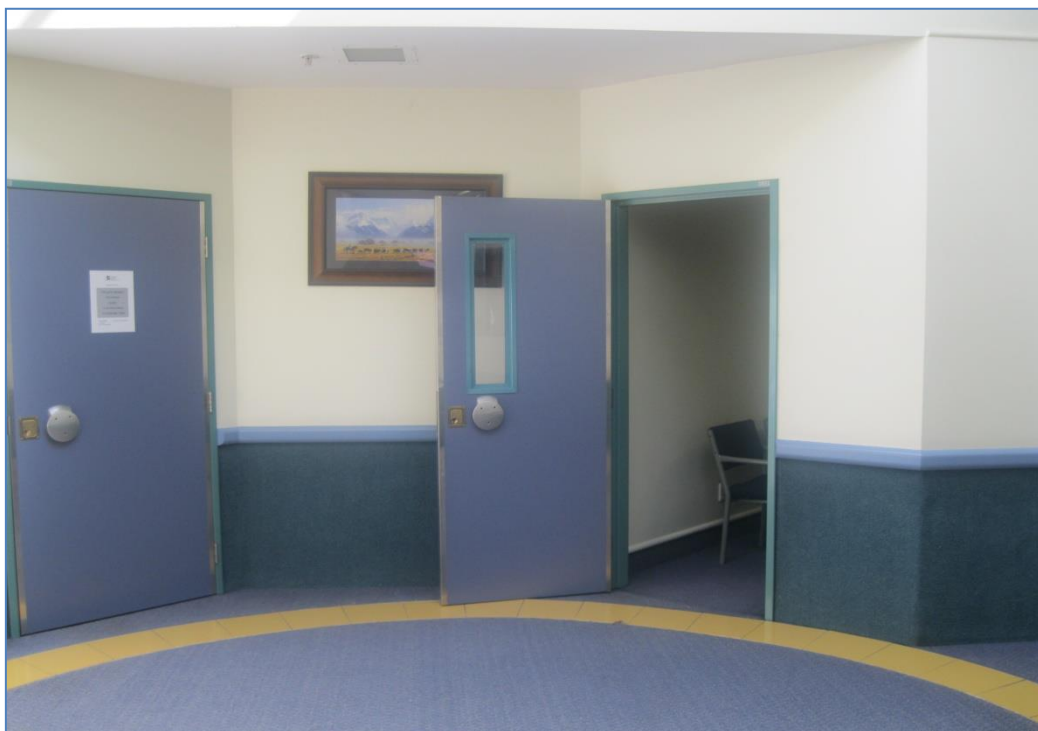
67. I appreciate the full co-operation extended by the manager and staff to the Chief Inspector during her visit to the Unit. I also acknowledge the work involved in collating the information sought by the Chief Inspector.

Dame Beverley Wakem DNZM, CBE  
Chief Ombudsman  
National Preventive Mechanism

## Appendix 1. Photographs



Programmes/activities room



Unit entrance – visitors' room on the right

## NIGHT SAFETY AUTHORISATION PLAN

An individualised Night Safety Plan must be authorised for all patients resident in the Mason Clinic secure units (Kauri, Totara, Rata, Pohutukawa). The purpose of these plans is to ensure the environmental safety for all Forensic Service users and staff. They must be reviewed at the weekly MDT meetings.

A Night Safety Plan may include securely placing a service user in their bedroom between the hours of 2100 and 0730. This differs from seclusion in that:

- (a) the service user is entitled to exit their room at any time unless this would immediately jeopardise the safety and/or security of the unit, any other service user or staff, and
- (b) this procedure is not a clinical intervention intended to address clinical concerns about the service user.

Staff must immediately respond to all service users' requests to exit their rooms at night. This will require reference to this Night Safety Plan and an assessment of ward, service user and staff safety. The outcome of all such requests must be documented in HCC.

### Identifying details

Name: (or use hospital label)

Hospital no: (NMPI)

Status:

### Details of Night Safety Plan

1. Is it safe for this service user to be able to freely exit their bedroom at night without staff assistance?  
Yes  No
2. If this service user will not be able to freely exit their room at night, please specify below any staffing issues that need to be considered when responding to them at night (eg. special risk issues for this service user, staff or other service users, staff ratios needed etc).

### Duration of night safety plan

- To be reviewed weekly at clinicals
- As risk assessment/profile requires

Night safety plan details:

Initiating clinician / Registrar:

Name:

Signature:

Date:

Responsible clinician

Name:

Signature:

Date:

## Appendix 2. Overview of OPCAT – Health and Disability places of detention

1. In 2007 the New Zealand Government ratified the United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The objective of OPCAT is to establish a system of regular visits undertaken by an independent national body to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.
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*“...any place in New Zealand where persons are or may be deprived of liberty, including, for example, detention or custody in...*

  - (d) *a hospital*
  - (e) *a secure facility as defined in section 9(2) of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003...*”
3. Pursuant to section 26 of COTA, an Ombudsman holding office under the Ombudsmen Act 1975 was designated a National Preventive Mechanism (NPM) for certain places of detention, including hospitals and the secure facilities identified above.
4. Under section 27 of COTA, an NPM’s functions, in respect of places of detention, include:
  - a. to examine the conditions of detention applying to detainees and the treatment of detainees; and
  - b. to make any recommendations it considers appropriate to the person in charge of a place of detention:
    - i. for improving the conditions of detention applying to detainees;
    - ii. for improving the treatment of detainees;
    - iii. for preventing torture and other cruel, inhuman or degrading treatment or punishment in places of detention.
5. To facilitate the exercise of their NPM functions, the Ombudsmen have delegated their powers to inspect places of detention to Inspector’s (COTA). This is to ensure that there is a clear distinction between the Ombudsmen’s preventive monitoring function under OPCAT and the Ombudsmen’s investigation function under the Ombudsmen Act.




.....  
COTA Report

Report on an unannounced visit to  
Tane Whakapiripiri Unit (Mason Clinic)  
Under the Crimes of Torture Act 1989

26 March 2015  
.....

**Dame Beverley Wakem, DNZM, CBE**  
Chief Ombudsman  
National Preventive Mechanism

.....  
Office of the Ombudsman  
Tari o te Kaitiaki Mana Tangata



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## Appendix 2. Overview of OPCAT – Health and Disability places of detention \_\_\_\_\_ 16

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## Executive Summary

### Background

1. In 2007, the Ombudsmen were designated one of the National Preventive Mechanisms (NPMs) under the Crimes of Torture Act (COTA<sup>1</sup>), with responsibility for examining and monitoring the general conditions and treatment of service users in New Zealand secure hospitals.
2. On 26 March 2015, Chief Inspector Jacki Jones (to whom I have delegated authority to carry out visits of places of detention under COTA) visited Tane Whakapiripiri Unit (Mason Clinic).

### Summary of findings

3. The Chief Inspector's findings may be summarised as follows:
  - There was no evidence that any service users had been subject to any action which could be construed as torture, or cruel, inhuman or degrading treatment in the six months preceding the visit.
  - There were no complaints for the six months prior to the visit.
  - All files contained the necessary paperwork to detain (and treat) the service users in the Unit.
  - Service users have access to daily showers, clean clothing and bedding.
  - There were no concerns with service users' access to fresh air and leisure activities.
  - Service users can receive visitors, send and receive mail and access the telephone.
4. The issue that needed to be addressed was:
  - Not all staff were up to date with their calming and restraint training.

### Recommendations

5. I recommend that:
  - a. All staff should be up to date with their calming and restraint training.
6. A follow up visit will be made at future dates as necessary to monitor implementation of the recommendations.

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<sup>1</sup> Acting under delegation of the NPM Chief Ombudsman Dame Beverley Wakem and Ombudsman Professor Ron Paterson.

## **Consultation**

7. A draft copy of this report was forwarded to Tane Whakapiripiri Unit (Mason Clinic) for comment as to fact, finding or omission prior to finalisation and distribution.

## **Tane Whakapiripiri Unit comments**

Happy with the report.

## Facility Facts

### Tane Whakapiripiri Unit (Mason Clinic)

Auckland Regional Forensic Services – The Mason Clinic is a regional secure unit, located in Point Chevalier, providing forensic psychiatric care to people in the wider Auckland region and beyond. The clinic provides integrated forensic mental health services to the northern region's courts, prisons and general mental health services.

Tane Whakapiripiri Unit is one of seven forensic mental health inpatient units that assesses, treats and assists in the recovery of people with mental illness or intellectual disability.

Tane Whakapiripiri Unit is a Kaupapa Maori Service<sup>2</sup>. The model of care practised is built around Te Whare Tapa Wha (the four cornerstones of Maori health) incorporating Maori concepts and values and western approaches to psychiatric treatment.

### Region

The clinic has a catchment area from the Bombay Hills in the south to the top of the North Island for general mental illness, and for offenders with an intellectual disability, from Taupo to the top of the North Island.

### District Health Board (DHB)

Waitemata

### Operating capacity

10 (seven male and three female)

### Unit Manager

Nick Wiki

### DAMHs

Jeremy Skipworth

### Last inspection

Unannounced visit – May 2012

Announced inspection - September 2008

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<sup>2</sup> DHB website

## The Visit

8. The visit of Tane Whakapiripiri Unit (Mason Clinic) took place on 26 March 2015 and was conducted by Chief Inspector Jacki Jones.

### Visit methodology

9. The Acting Service Manager, Operations provided the following information prior and after the visit:
  - A list of service users and the legislative reference under which they were being detained (at the time of the visit).
  - The seclusion and restraint data for the previous six months.
  - The number of complaints for the previous six months.
  - Information for service users on admission.
  - Activities programme.
  - A list of all staff trained in the use of restraint and reasons for those not up to date.
10. At the commencement of the visit the Chief Inspector met with the Manager before being shown around the Unit. On the day of the visit there were 11 service users in the Unit comprising eight males and three females.
11. The following areas were examined on this occasion to determine whether there had been torture or inhuman or degrading treatment or punishment, or any other issues impacting adversely on detainees<sup>3</sup>.

#### Treatment

Torture, or cruel, inhuman or degrading treatment

Seclusion

Restraints

#### Protective measures

Complaints process

Records

#### Material conditions

Accommodation

---

<sup>3</sup> Our inspection methodology is informed by the Association for the Prevention of Torture's Practical Guide to Monitoring Places of Detention (2004) Geneva, available at [www.apt.ch](http://www.apt.ch).

### **Activities and communications**

Outdoor exercise

Leisure activities/programmes/work

Access to visitors/external communications.

### **Evidence**

12. In addition to the documentary evidence provided prior to and during the visit, the Chief Inspector also spoke with the manager and staff.
13. The Chief Inspector also inspected records, was provided additional documents upon request by the staff, and observed the facilities and conditions.

### **Treatment**

#### **Torture or cruel, inhuman or degrading treatment**

14. There was no evidence that any service users had been subject to any action which could be construed as torture, or cruel, inhuman or degrading treatment in the six months preceding the visit.

### **Seclusion**

#### **Seclusion policies and incidents**

15. There have been three seclusion incidents involving two service users and a total seclusion time of 60 hours for the period 1 September 2014 – 28 February 2015. The longest period in seclusion was 21 hours; the shortest was 19 hours and the average was 20 hours. The number of seclusion incidents was higher than in our 2009 report, nil incidents.

#### **High care facilities**

16. There are two seclusion rooms, one contains a mattress and bed base and can be used as a bedroom (like the day of the visit); and the other contains a mattress on the floor. Bathroom facilities are located adjacent to the seclusion rooms. There is a small lounge/de-escalation area with seating and a table.
17. There was one female in the de-escalation area (with staff) at the time of the visit. She was in the process of transferring to the women's area. When spoken with, she had no issues or concerns.



Figure 1: Seclusion room



Figure 2: Seclusion/bedroom

## Restraints

18. There were five restraint incidents involving two service users for the period 1 September 2014 – 28 February 2015. The number of restraint incidents for this reporting period was higher than that reported in our September 2008 report, nil restraints.
19. Of the 25 staff in the Unit, five staff required calming and restraint training and 13 were over-due for their refresher training; all were booked on upcoming courses.

## Recommendations - treatment

- a. All staff should be up to date with their calming and restraint training.

## Protective measures

### Complaints process

20. The complaints process is available throughout the Unit via posters and leaflets. Contact details for District Inspectors were displayed outside the main office - adjacent to the service users' telephone booth.
21. The number of complaints in the previous six months was nil.

### Records

22. There were eleven service users in the Unit on the day of the visit and the Chief Inspector checked all of their files.

23. All service users were being detained either under the Mental Health (Compulsory Assessment and Treatment) Act or the Criminal Proceedings (Mentally Impaired Persons) Act.
24. All files contained the necessary paperwork to detain [and treat] the service users in the Unit.

## Recommendations – protective measures

- I have no recommendations to make.

## Material conditions

### Accommodation

25. The Unit is clean and bright with plenty of space both inside and out. There are separate male/female bedrooms and lounge areas as well as communal space.



Figure 3: Standard bedroom



Figure 4: Lounge area

26. Rooms are not en-suite but there are sufficient bathrooms in the Unit for the number of service users.
27. Service users are not subject to night safety orders and can exit their rooms any time during the day and night.
28. The Mason Clinic has a number of buildings that have deteriorated significantly over several years as a result of water damage. Tane Whakapiripiri Unit is one of those



buildings. A works programme has been established to progressively address repairs to the affected buildings<sup>4</sup>.

29. Construction of a new 15 bed unit will commence in early 2016. Upon its completion, affected units (and service users) will be progressively decanted into the new unit while remedial work is carried out in the affected units. Tane Whakapiripiri will move in to the new unit (and remain there) on completion of the work programme (late 2018).

## Recommendations – material conditions

- I have no recommendations to make.

## Activities and communications

### Outdoor exercise

30. There is a large outdoor space which service users can access throughout the day.



31. The Chief Inspector had no concerns with service users' access to fresh air.

### Leisure activities/programmes/work

32. A wide selection of programmes and activities are available to service users throughout the day. As well as the cross service timetable, which is open to service users from across the site, the Unit has its own activities and programmes for both individuals and groups; Pathways to Safety, Kurawaka, Te Reo, Kapa Haka and 'boot camp' (vigorous exercise session) each morning.

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<sup>4</sup> Mason Clinic Remedial Work – Status Report, February 2015.

33. Several service users have local employment as part of their reintegration back into the community. Others are able to attend programmes in the community such as drug and alcohol groups. The majority of service users were off the Unit at the time of the inspection.
34. Service users are able to have Unit leave ranging from full unescorted, to escorted leave.
35. The Unit has a small selection of gym equipment although service users can also access the site pool and gymnasium in Rata Unit (at specific times).

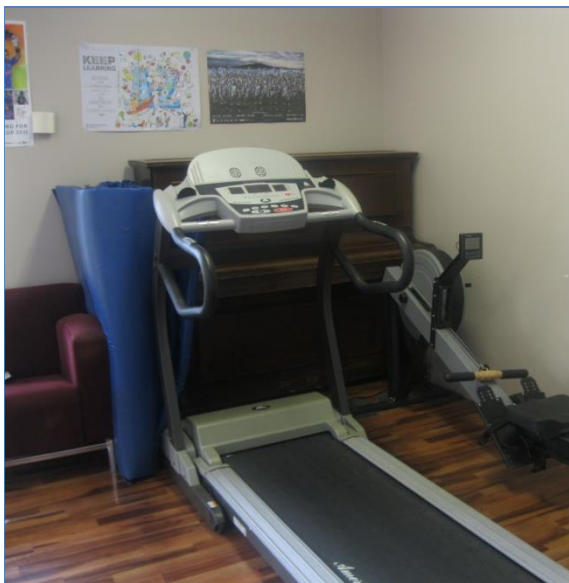


Figure 5: Exercise area



Figure 6: T.V/music area

36. The Whare Hui provides the cultural and spiritual focus for clinical assessments and interventions, Wananga (programmes), family meetings (Hui Whanau) and healing and restorative (hohou rongo) sessions.
37. The Chief Inspector had no concerns with service user's access to leisure activities, programmes and work opportunities.

### **Access to visitors/external communication**

38. Service users are able to receive visitors, send and receive mail and access the telephone.

### **Recommendations – activities and communications**

- I have no recommendations to make.

## Acknowledgement

39. I appreciate the full co-operation extended by the manager and staff to the Chief Inspector during her visit to the Unit. I also acknowledge the work involved in collating the information sought by the Inspector.

Dame Beverley Wakem DNZM, CBE  
Chief Ombudsman  
National Preventive Mechanism

## Appendix 1. Photographs



Telephone booth



Information for service users

## Appendix 2. Overview of OPCAT – Health and Disability places of detention

1. In 2007 the New Zealand Government ratified the United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The objective of OPCAT is to establish a system of regular visits undertaken by an independent national body to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.
2. The Crimes of Torture Act 1989 (COTA) was amended by the Crimes of Torture Amendment Act 2006 to enable New Zealand to meet its international obligations under OPCAT. Section 16 of COTA defines a “place of detention” as:

*“...any place in New Zealand where persons are or may be deprived of liberty, including, for example, detention or custody in...*

  - (d) *a hospital*
  - (e) *a secure facility as defined in section 9(2) of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003...*”
3. Pursuant to section 26 of COTA, an Ombudsman holding office under the Ombudsmen Act 1975 was designated a National Preventive Mechanism (NPM) for certain places of detention, including hospitals and the secure facilities identified above.
4. Under section 27 of COTA, an NPM’s functions, in respect of places of detention, include:
  - a. to examine the conditions of detention applying to detainees and the treatment of detainees; and
  - b. to make any recommendations it considers appropriate to the person in charge of a place of detention:
    - i. for improving the conditions of detention applying to detainees;
    - ii. for improving the treatment of detainees;
    - iii. for preventing torture and other cruel, inhuman or degrading treatment or punishment in places of detention.
5. To facilitate the exercise of their NPM functions, the Ombudsmen have delegated their powers to inspect places of detention to Inspector’s (COTA). This is to ensure that there is a clear distinction between the Ombudsmen’s preventive monitoring function under OPCAT and the Ombudsmen’s investigation function under the Ombudsmen Act.




.....  
**COTA Report**

**Report on an unannounced visit to  
He Puna Waiora Acute Adult Inpatient  
Mental Health Unit Under the Crimes of  
Torture Act 1989**

18 February 2016  
.....

**Judge Peter Boshier**  
Chief Ombudsman  
National Preventive Mechanism

.....  
Office of the Ombudsman  
Tari o te Kaitiaki Mana Tangata



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## Executive Summary

### Background

1. In 2007, the Ombudsmen were designated one of the National Preventive Mechanisms (NPMs) under the Crimes of Torture Act (COTA), with responsibility for examining and monitoring the general conditions and treatment of service users in New Zealand secure hospitals.
2. On 16 to 18 February 2016, Chief Inspector Jacki Jones, Inspector Thomas Hunecke and Inspector Emma Roebuck (to whom I have delegated authority to carry out visits of places of detention under COTA<sup>1</sup>) visited He Puna Waiora Acute Adult Inpatient Mental Health Unit which is part of North Shore Hospital.

### Summary of findings

3. The Inspectors' findings may be summarised as follows:
  - There was no evidence that any service users had been subjected to anything that could be construed as torture, or cruel, inhuman or degrading treatment or punishment in the six months preceding the visit.
  - Inspectors observed good service user-staff relationships with respectful interactions taking place. Teamwork was noticeable.
  - There were no complaints about the food, access to the telephone or access to family and friends.
  - Files contained the necessary paperwork to detain and treat the service users in the Unit.
  - The Multi-Disciplinary Team (MDT) meetings were comprehensive.
  - The Unit was clean, tidy and well maintained.
  - Service users have access to showers, clean clothing and bedding on request and have laundry facilities at their disposal.
  - The cultural advisor and customer service advisor were committed to improving the well-being of service users.
4. The issues that need addressing were as follows:
  - The seclusion register and some seclusion records were incomplete.
  - The restraint register(s) and some documentation were incomplete.

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<sup>1</sup> Acting under delegation of the NPM Chief Ombudsman Judge Peter Boshier and Ombudsman Professor Ron Paterson.

- Not all staff were up-to-date with mandatory training requirements.
- The Unit is a locked facility and has the potential to arbitrarily detain informal (voluntary) service users.
- The DHB's complaints process, including contact details for District Inspectors, is not well advertised.
- Service users are not invited to attend their MDT review meeting and do not routinely receive written feedback from the meetings.
- The DHB's guidelines for requesting Police assistance in adult acute mental health units lacks detail.
- Not all service users have access to daily fresh air.
- There is no privacy for service users when accessing the telephone.

## Recommendations

5. I recommend that:

- a. The seclusion register should be fully maintained and a quality assurance framework applied to the completion of all seclusion documentation (including electronic records).
- b. The restraint register should be fully maintained and a quality assurance framework applied to the completion of all restraint documentation (including electronic records).
- c. All staff should be up-to-date with mandatory training requirements.
- d. Notices detailing the process for entry and exit into the Unit for informal (voluntary) service users (and visitors) should be displayed in prominent areas, including the Unit entrance.
- e. Information on the DHB's complaints process should be easily accessible to all service users. The contact details of District Inspectors should be verified and updated on a regular basis.
- f. Service users should be invited to attend their MDT meeting and routinely provided with a copy of the minutes of their review.
- g. The DHB should consider adopting a zero-tolerance approach on violence (to service users, staff and visitors) by automatically referring assaults and other serious incidents to the Police. This could be incorporated into the current serious and sentinel events policy.
- h. In order to protect service users' dignity staff need to be more vigilant with regard to ensuring service users are appropriately clothed.

- i. Service users need to be offered at least one hour fresh air daily.
  - j. Service users should be offered privacy when accessing the telephone(s).
6. Follow up visits will be made at future dates, as necessary to monitor implementation of the recommendations.

## **Consultation**

8. A draft copy of this report was forwarded to He Puna Waiora Acute Adult Inpatient Mental Health Unit for comment as to fact, finding or omission prior to finalisation and distribution.
9. Under sections 27 and 36 of the Crimes of Torture Act, it is the intention of the Chief Ombudsman to report to Parliament on his analyses of inspections carried out. Of course such reports will be published. It seems fair and proper to advise you that this will occur as of March this year and after that, annually.

## Facility Facts

### **He Puna Waiora Acute Adult Inpatient Mental Health Unit**

The construction of He Puna Waiora was completed in May 2015. It was designed using modern principles and clinical best practice; with dedicated therapeutic space, sensory and comfort rooms, communal lounges and programme areas.

The Unit is a 35 bed acute adult mental health facility consisting of two wards, Rongoa and Rerewai; each with 13 beds. Each wing includes a High Care Unit (HCU) (male and female).

HCU beds (nine in total) offer secured accommodation for those service users under the Mental Health (Compulsory Assessment and Treatment (MHA)) Act.

### **Region**

The catchment area encompasses North Shore, Rodney and West Auckland. It has the largest population amongst the 20 New Zealand DHBs.

### **District Health Board (DHB)**

Waitemata DHB

### **Operating capacity**

Funded for 35 (including nine HCU beds). The seclusion room (otherwise known as the isolation room) can be used in an emergency (total 36 beds).

### **Acting Charge Nurse Manager**

Kirsten Norris

### **Director Area Mental Health Service (DAMHS)**

Dr Murray Patton

### **Last inspection**

N/A – new facility

### **Taharoto Road inspections**

Announced inspection - September 2008

Unannounced visit - February 2015

## The Visit

10. The visit of He Puna Waiora Acute Adult Inpatient Mental Health Unit took place on 16 to 18 February 2016 and was conducted by Chief Inspector Jacki Jones, Inspector Thomas Hunecke and Inspector Emma Roebuck.

### Visit methodology

11. The manager of the Unit and other senior staff provided the following information during and after the visit:
  - A list of service users and the legislative reference under which they were being detained (at the time of the visit).
  - The seclusion and restraint data for the previous six months and the seclusion and restraint policy.
  - The number of complaints for the previous six months and the complaints policy.
  - Information for service users on admission.
  - Visits policy.
  - Activities programme.
  - A list of all staff trained in use of restraint and reasons for those not up to date.
  - Community meeting minutes for the past three months.
12. At the commencement of the visit the Inspectors met with the team leader, before being shown around the Unit. On the day of the visit there were 35 service users in the Unit comprising 24 males and 11 females.
13. From 1 July – 31 December 2015, the Unit admitted 262 service users (152 female and 110 male service users). Ninety nine service users were admitted to the HCU, 79 to Rerewai, and 84 to Rongoa. Seven patients (two male and five female) were admitted on more than one occasion. Over the same period, 264 service users (140 female and 124 male) were discharged from the Unit. The average length of stay for service users during this period was 20 days.
14. The Unit was well organised and staff/service user relationships appeared positive and respectful. Inspectors also received feedback on good teamwork.
15. The following areas were examined on this occasion to determine whether there had been anything that could be construed as torture, or other cruel, inhuman or degrading treatment or punishment, or any other issues impacting adversely on detainees.<sup>2</sup>

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<sup>2</sup> Our inspection methodology is informed by the Association for the Prevention of Torture's Practical Guide to Monitoring Places of Detention (2004) Geneva, available at [www.ap.t.ch](http://www.ap.t.ch).

- **Treatment**
  - Torture, or cruel, inhuman or degrading treatment
  - Seclusion (isolation)
  - Restraint
  - Environmental restraint
  - ECT
  - Service Users' views
  - Next of kin views on treatment
- **Protective measures**
  - Complaints process
  - Records
- **Material conditions**
  - Accommodation
  - Sanitary conditions
  - Food
- **Activities and communications**
  - Outdoor exercise
  - Programme and leisure activities
  - Access to visitors
- **Staff**
  - Personnel

## Evidence

16. In addition to the documentary evidence provided during the visit, Inspectors spoke to the acting charge nurse manager, clinical nurse specialist, psychiatrists, the house officer, nursing staff, receptionist, occupational therapists, consumer advisor, cultural advisor, service users, and relatives/next of kin. A number of service users sought interviews themselves and some were asked to be interviewed by the Inspectors.
17. Inspectors also inspected records, were provided additional documents upon request by the staff, and observed the facilities and conditions.

## Recommendations from previous reports

18. As this was the first inspection of the newly built facility there were no previous recommendations to follow-up.

## Treatment

### Torture or cruel, inhuman or degrading treatment

19. There was no evidence that any service users had been subject to anything that could be construed as torture, or other cruel, inhuman or degrading treatment in the six months preceding the visit.

## Seclusion

### Seclusion facilities

20. De-escalation/seclusion<sup>3</sup> is for those service users considered to be extremely unwell and who would benefit from an environment that is considered low stimulus in order to help aid with the recovery process.
21. The Unit has one seclusion room as well as a small de-escalation area separate from the main unit. Although very basic (a bed base and mattress), the seclusion room does have natural light (with working blinds), heating and ventilation and a means of raising the alarm. However, the high placement of windows means service users would have difficulty looking outside. The room does not have en-suite facilities with service users having to use cardboard receptacles to carry out their ablutions. There is a separate toilet/shower facility within the de-escalation area.

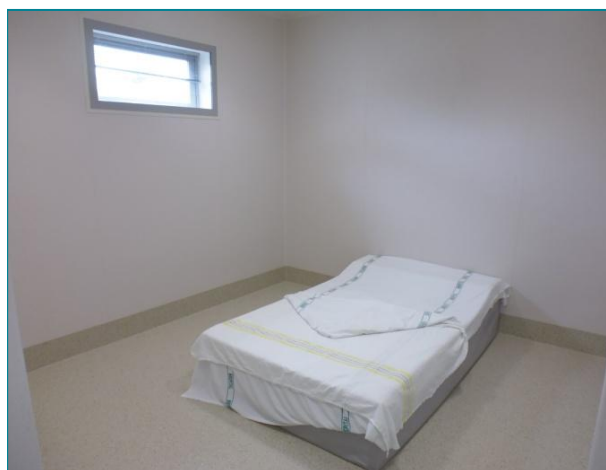


Figure 1: Seclusion room



Figure 2: De-escalation area

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<sup>3</sup> Seclusion also referred to by Unit management as isolation.

22. The de-escalation area and seclusion room are located next to the female HCU. Service users requiring a period of seclusion have to walk through the female area in order to access it. HCU staff are responsible for the supervision of service users in the de-escalation area and seclusion room.
23. There was one male client located in the seclusion room at the time of the visit. He had been the victim of a serious assault while an inpatient at Waiatarau Acute Adult Mental Health Inpatient Unit (He Puna Waiora's sister unit) resulting in his admission to hospital (and later, surgery). Following his discharge from hospital he was transferred, due to his agitated state, to the seclusion room in He Puna Waiora.
24. Inspectors were able to observe and speak to the service user at the time of the visit who had no issues of concern. Interactions between staff and the service user were courteous and respectful despite the challenging circumstances.
25. When questioned, staff confirmed that the assault had not been referred to the Police by staff at Waiatarau (where the incident occurred) or whilst being in He Puna Waiora (10 days later).
26. Following-up with the clinical director, he advised that the decision whether to involve the Police was, *"one that was very carefully considered. There has not been a decision that Police would at no stage be involved, but there was careful consideration of his mental and physical state and his fitness to participate in any interaction with the Police which would inevitably follow laying a complaint, whoever made such a complaint"*.
27. A copy of the DHB's *Guidelines for Requesting Police Assistance – Adult Acute Mental Health Unit* (issued June 2014, review period 36 months) was provided (see appendix 1). The guidelines lack detail on assaults and other serious incidents and appears to focus on police assistance with unit searches and the process for interviewing staff.
28. The DHB's *Serious and Sentinel Events: Mental Health Service Group* (issued November 2013, review period 36 months) and *Reportable Events Management* (issued August 2013, review period 36 months) were also provided. Both policies detail the steps to be taken by staff when reporting serious incidents. Serious incidents (SAC 1 or 2) are reviewed weekly by the Risk Review Group to determine if Police intervention is required (see appendix 2). Inspectors were unable to locate any such paperwork in the service users file (hard copy).
29. Every patient, including those who are unable to consent to treatment, has the right to receive such health care as is appropriate to his or her health needs, and is entitled to care and treatment in accordance with the same standards as other ill persons. Furthermore, every patient shall be protected from harm, including abuse by other patients and staff or other acts causing mental distress or physical discomfort (Health and Disability Service (Core Standards)).
30. While acknowledging that this particular service user may not have been well enough to meaningfully interact with the Police, the severity of his assault should have been sufficient to lay a complaint on his behalf. Ideally, this should have been initiated by



Waiatarau staff. Reporting an offence to the Police, we believe, is not a clinical decision, rather elementary to the protection of a number of human rights.

31. The reporting of an assault to the Police protects the rights of the victim and sends a clear message that violence, of any nature, will not be tolerated; as observed by the Inspectors in other DHBs.

### **Seclusion policies and incidents**

32. An up-to-date copy of the DHB's *Seclusion Procedure – Adult Mental Health Services* was provided (review date October 2016). The policy states that “*Waitemata DHB Adult Mental Health Services have made a decision to work towards eliminating the use of seclusion*”.
33. The seclusion register (in the Unit) was incomplete with missing times and inaccurate seclusion totals. On checking, not all seclusion events (in the seclusion register) had been captured in service users' electronic files. Inspectors sought clarification from the clinical nurse specialist as to the accuracy of the reporting; they were unable to resolve the anomalies. Further clarification was sought from the quality assurance coordinator (after the visit). The information provided did not always correspond with the seclusion register.
34. Based on the information provided, the Inspectors were unable to accurately determine the overall seclusion hours due to missing information and were not confident that the use of seclusion was being accurately captured (and reported on).

### **Restraints**

35. An up-to-date copy of the DHB's *Restraint Minimisation – Adult Mental Health & RFPS* policy was provided (review date March 2018).
36. Two restraint registers were in circulation in the Unit. The last entry in book one was 20 January 2016; the first entry in book two was 25 November 2015. Details were missing in both. On checking, not all restraint incidents (in the restraint registers) had been captured in patients' electronic files. Information provided by the quality assurance coordinator (after the visit) did not always corresponded with the restraint register(s).
37. Based on the information provided, the Inspectors were unable to accurately determine the overall number of restraint incidents due to missing information and were not confident that the use of restraint was being accurately captured (and reported on).
38. According to the information provided not all staff had completed either the mandatory calming or restraint/complete intervention training or complete intervention update training.<sup>4</sup>

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<sup>4</sup> Annual updated are required to ensure competency and training records are to be kept for all staff – *Restraint Minimisation – Adult Mental Health & RFPS*, staff training, p.5.

## Environmental restraint

39. A copy of the DHB's policy *Door Locking: Egress of Adult Inpatient Unit Doors* was provided. The doors leading into/out of the Unit were locked at the time of the visit "for the security of service users and staff"<sup>5</sup>; however, there were no notices indicating the process for informal (voluntary) service users (and visitors) wishing to enter/exit.<sup>6</sup>
40. Unit leave is approved by the appropriate responsible clinician for those service users being detained under the Mental Health (Compulsory Assessment and Treatment) Act. Informal service users are required to ask a member of staff if they wish to leave.

## Electro-convulsive therapy (ECT)

41. There were no clients undergoing a course of ECT treatment (without consent) in the Unit at the time of the inspection.

## Service Users' views on treatment

42. Generally, service users were complimentary about the staff in the Unit and felt there was someone they could turn to if they had any concerns. Inspectors observed good service user/staff relationships with respectful interaction taking place. Service users stated that they had their own bedroom which they could lock, if they chose to and access to clean bedding and showers daily.
43. There were no complaints about the food, access to the telephone or access to family or friends. Service users were very complimentary about the cultural advisor and consumer advisor.
44. Service users were unsure how to make a complaint and didn't really understand the role of the District Inspector. Service users said they had not received an induction pack when they came into the Unit.
45. Service users reported feeling frustrated at the lack of access to fresh air.

## Next of kin views on treatment

46. Inspectors contacted eight next of kin/relatives to ask about their experience when visiting the Unit. Feedback received regarding the treatment of their next of kin/relative was mixed. Some suggested that staff could be more proactive in providing information related to the treatment of their relative while others were unaware of the complaints process.

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<sup>5</sup> DHB's *Door Locking: Egress of Adult Inpatient Unit Doors* Policy, scope, p.1.

<sup>6</sup> The only notice was situated at the main entrance door to/from the Unit which read: "Sorry for inconvenience – doors are temporarily locked".

## Recommendations – treatment

47. I recommend that:
- a. The seclusion register should be fully maintained and a quality assurance framework applied to the completion of all seclusion documentation (including electronic records).
  - b. The restraint register should be fully maintained and a quality assurance framework applied to the completion of all restraint documentation (including electronic records).
  - c. All staff should be up-to-date with mandatory training requirements.
  - d. Notices detailing the process for entry and exit into the Unit for informal (voluntary) service users (and visitors) should be displayed in prominent areas, including the Unit entrance.

## He Puna Waiora comments

*The seclusion register and some seclusion records were incomplete: Agree.*

*The restraint register(s) and some documentation were incomplete: Agree.*

*Not all staff were up to date with mandatory training requirements: Agree, although it would be good to have the details of the mandatory training requirements listed in the recommendation.*

*The Unit is a locked facility and has the potential to arbitrarily detain informal (voluntary) service users: Agree.*

48. **Additional information on mandatory training requirements provided by the Office of the Ombudsman:** Inspectors were provided with a list of staff who have completed the Complete Intervention (four days), Complete Intervention Update (1 day) and Complete Intervention Training – Train the Trainers trainings (timeframe 1 January 2015 – 22 February 2016). By 22 February 2016, 33 staff (15 staff Complete Intervention Update; 13 staff Complete Intervention; and five staff Complete Intervention Training – Train the Trainers) have completed either of the three training sessions – out of 42 registered nurses and 14 health care assistants.

## Protective measures

### Complaints process

49. An up-to-date copy of the DHB's *Complaints Management* was provided (review date September 2015).
50. Information on the DHB complaints process (leaflets and posters) was not readily available to service users in the Unit. Information packs for service users on admission

were not routinely given out. “*The whānau/family information pack*” is available at the main reception on request.

51. Contact details for District Inspectors (DI) were displayed in areas easily accessible to service users; although the details for one DI were inaccurate (number no longer in use).
52. Service users have access to the Consumer Advisor who advocates on their behalf, facilitates the weekly community meetings and is an active member of the seclusion and restraint review panel.
53. There was one recorded complaint in the Unit for the six months preceding the visit. The complaint was dealt with in a timely and satisfactory manner.

## Records

54. There were 36 service users (23 male and 13 female) in the Unit on day one of the visit and the Inspectors checked the legal documentation in 19 files. Twenty six (15 male and 11 female) were being detained under the Mental Health Act and ten (eight male and two female) were informal clients.
55. All files contained the necessary paperwork to detain (and treat) the service users in the Unit. Record-keeping by the MHA administrator was well organised.
56. The Inspectors attended several MDT meetings and considered them to be reasonably comprehensive. Inspectors suggested extending an invitation to service users to attend their MDT meeting and issue them routinely with a copy of the meeting minutes.
57. The publication of information, including use of force and seclusion data in the main entrance demonstrates the Unit’s commitment to operating an open and transparent facility. However, the importance of accurate recording is essential.
58. Court sittings are regularly scheduled and take place in the Unit. The Chief Inspector attended several hearings and had no concerns with service users’ access to legal representation.

## Recommendations – protective measures

59. I recommend that:
  - d. Information on the DHB’s complaints process should be easily accessible to all service users. The contact details of District Inspectors should be updated on a regular basis.
  - e. Service users should be invited to attend their MDT meeting and routinely provided with a copy of the minutes of their review.
  - f. The DHB should consider adopting a zero-tolerance approach on violence (to service users, staff and visitors) by automatically referring assaults and other

serious incidents to the Police. This could be incorporated into the current serious and sentinel events policy.

## He Puna Waiora comments

***The DHB's complaints process, including contact details for District Inspectors, is not well advertised: Agree.***

***Service users are not invited to attend their MDT review meeting and do not routinely receive written feedback from the meetings:*** We accept the principle that service users should as much as possible be involved in the planning and review of their care. Practically however the logistics of running such meetings with every service user participating directly would make the running of the ward unmanageable. Input to planning and review of treatment does happen in other ways, including with family, in accord with other standards and guidelines. MDT meeting discussions are recorded in the clinical record, which can be accessed by service users at any time should they wish to do so.

***The DHB's guidelines for requesting Police assistance in adult acute mental health lacks detail:*** Our usual position is that we encourage and support police involvement. However, a simplistic 'zero-tolerance' approach is naïve and fails to recognise the clinical complexity of acute care. Clearly if the person affected by a violent act wants police involvement we will support that, and our usual approach is to encourage and support police involvement for serious violence. However, we must be able to use our discretion on this, taking a range of factors into consideration, including views of victims and their carers.

## Material conditions

### Accommodation/sanitary conditions

60. The Unit, which opened in May 2015, was clean, tidy and free from graffiti.
61. There are twenty six funded beds (in four wings) in the main unit (all with en-suite facilities). Rooms are reasonably spacious with adequate storage, natural light and heating and ventilation. Bedroom doors can be locked from the inside and windows have curtains for privacy. Service users can access their room anytime by using their swipe bracelets. Each of the four wings contains one bedroom equipped with a high-low bed for service users with disability needs. There are two male and two female wings (one each in Rongoa and Rerewai wards).
62. All service users have access to clean bedding on request and have laundry facilities at their disposal.
63. The Unit has several communal areas including dining areas and TV lounges. The communal dining areas have sufficient seating available for the number of service users.



Figure 3: Bedroom with high-low bed



Figure 4: Standard bedroom

64. The Unit has numerous sensory modulation/comfort rooms which can be utilised by service users exhibiting signs of agitation and stress, with a view to calming and relaxing them; however, most rooms were locked at the time of the visit.
65. Inspectors noticed some male HCU service users observing female HCU service users (through the interconnecting door). At times, some female service users were inappropriately clothed (wearing only underwear) which was disappointing given the importance the Unit gives to separating male and female HCU service users.



Figure 5: TV lounge



Figure 6: Communal dining area

## Food

66. Breakfast is served from 8am (open); lunch at 12pm; and dinner at 5pm. Inspectors verified the accuracy of meal times during the visit. All meals are delivered from the main hospital kitchen and served in the two respective communal dining rooms.
67. The quantity and quality of the food served was satisfactory. Dietary requirements are taken into account and service users have several daily menu options to choose from.

68. A vending machine located in the occupational therapy area is available to service users.

## Recommendations – material conditions

I recommend that:

- g. Service users should be able to access sensory modulation/comfort rooms at all times.
- h. In order to protect service users' dignity staff need to be more vigilant with regard to ensuring service users are appropriately clothed.

## He Puna Waiora comments

*In order to protect service user's dignity, staff need to be more vigilant with regard to ensuring service users are appropriately clothed: Agree. Staff discuss this issue with service users as required and encourage them to dress appropriately, while supporting individual choices. For those who are very disorganised then staff will ensure their dignity is maintained and support them to dress appropriately.*

## Activities and communications

### Outdoor exercise

69. For service users in the main units (Rongoa and Rerewai) there are two large garden areas which offer adequate privacy, seating and shade; however, the door into the gardens was locked at the time of the visit. For service users in the HCU, smaller (secure) yards are available although only the male yard was open during the course of the visit.



Figure 7: Non-accessible courtyard



Figure 8: Non-accessible courtyard





Figure 9: Secure courtyard - male HCU



Figure 10: Internal courtyard

70. When questioned, staff informed the Inspectors that the doors were temporarily locked due to several high profile service users absconding from the Unit. However, planned activities under staff supervision (internal courtyard only – and contingent on staffing numbers) do take place. There is no record of when the courtyard is open, what activities are offered and who accesses them.
71. We were informed that the fence around the main courtyard needed to be raised to prevent absconding and that this planned work would take place before the end of March 2016. Unless service users have approved unit leave (and not everyone did) not all service users can access fresh air.
72. The Inspectors were concerned that not all service users have access to fresh air daily.

### Programmes and leisure activities

73. A team of three staff provide a wide range of programmes and leisure activities to those service users well enough to access them, including: yoga, art and craft, recovery group, gardening and the addictions group.
74. The activities area opens into the internal courtyard and is reasonably spacious. However, outside activities were cancelled due to the temporary lock down of the Unit.
75. Service users have access to a selection of gym equipment until 9pm daily. Additional gym/sensory modulation equipment is locked away and available to service users upon request or in the presence of staff only.





Figure 11: Gym area



Figure 12: Activities room

## Access to visitors/external communication

76. Generally, visiting hours are from 10 – 11.30am and 4 - 7pm on weekdays, and from 10am – 7pm on weekends and public holidays. Visits outside of visiting hours can be arranged with Unit staff. Children must be supervised by an adult at all times. Visitors are not permitted in bedrooms and special rules are in place for visitors to the HCU.
77. Both escorted and unescorted leave is available for service users under the MHA. Service users are informed of the conditions of their leave. Informal service users should have the ability to freely leave the Unit. Since the main door to the Unit has been locked, informal service users have become subject to coercive measures as they can no longer leave at their own will. Service users' leave status is regularly reviewed as part of the ongoing MDT assessment.
78. Service users can send and receive mail.<sup>7</sup>
79. Telephone booths in the Unit were not working at the time of the visit and service users had to request to use the office telephone (local calls free). Conversations were easily overheard by other individuals and did not provide the user with adequate privacy. Service users at the HCU can request the use of a cordless phone for use in their room.
80. The computer booths in Rongoa and Rerewai wards were not in operation at the time of the visit<sup>8</sup>.
81. The Maori Cultural Advisor offers both cultural and spiritual support to service users. His services appeared to be well utilised.

---

<sup>7</sup> Vetting of incoming and outgoing mail according to ss 123/124 Mental Health (Compulsory Assessment and Treatment) Act applies.

<sup>8</sup> The minutes of the He Puna Waiora Community Meeting of 11 February 2016 indicate that computers provided by the Unit might be available for the use of service users.

## Recommendations – activities and communications

82. I recommend that:

- h. Service users need to be offered at least one hour fresh air daily.
- i. Service users should be offered privacy when accessing the telephone.

### He Puna Waiora comments

**Not all service users have access to daily fresh air:** *The aim is to enable access to outdoor areas as fully as possible. We have also continued access to the OT courtyard daily as part of the ward programme. Therefore service users have always had access to 'fresh air' on a daily basis.*

*The High Care Areas have enclosed courtyards which are open for lengthy periods of the day. In addition, the main ward courtyard is open the daily for 1-11/2 hrs. Building of the new external barriers is due to commence within the next 2 months.*

**There is no privacy for service users when accessing the telephone:** *Agree. There are two phone boxes available on the main wards and service users in the High Care Areas are able to take the phone into the interview room or if using their own the bedroom.*

## Staff

### Personnel

83. The staffing levels in the Unit were as follows:

- Morning shift (7am – 4.05pm): eight/nine registered nurses and two health care assistants
- Afternoon shift (3pm – 11.35pm): eight/nine registered nurses, two health care assistants and one shift coordinator
- Night shift (11pm – 7.35am): five registered nurses and four health care assistants

84. At the time of the inspection, the Unit had three senior nurses (two female and one male), 42 registered nurses (32 female and eight male) and 14 health care assistants (four female and 10 male). There were five vacancies including the clinical nurse manager.

85. The ethnic breakdown of staff was 34 NZ European, 13 Asian/Indian, nine Maori, one Pacific Islander and two other staff.

86. While the Unit has been smoke free since its opening in 2015, the Inspectors observed a steady flow of service users exiting the Unit and smoking next to the entrance. Staff were concerned that the enforcement of the no-smoking policy often exposes them to increased levels of aggression from service users.

87. Talking with staff, morale appeared low. Partly because of staff shortages (double shifts) but also the lack of consultation with regards to the move to the new unit.

### **Recommendations – staff**

88. I have no recommendation to make.

### **Acknowledgement**

89. I appreciate the full co-operation extended by the manager and staff to the Inspectors during their visit to the Unit. I also acknowledge the work involved in collating the information sought by the Inspectors.



Judge Peter Boshier  
Chief Ombudsman  
National Preventive Mechanism

## Appendix 1. Request for Police assistance



Mental Health Services Group  
Adult Mental Health / Inpatient Units

### Guidelines for Requesting Police Assistance – Adult Acute Mental Health Units

#### 1. Overview

##### Purpose

To provide guidance for staff when requesting Police assistance.

##### Scope

All Adult Acute Mental Health Inpatient staff.

#### 2. DHB request for Police Investigation/Search

Any request for a police investigation or police assistance with a unit search **MUST** be authorised by the following people:

##### Business Hours:

Charge Nurse Manager (CNM) or delegate Clinical Charge Nurse (CCN), Clinical Coordinator (CC) Senior Nurse in Charge (SNIC) **MUST** contact & discuss the situation with the Operations Manager – AMHS prior to making any contact with the police.

##### After Hours:

CC/NIC **MUST** contact & discuss the situation with the On-Call Coordinator (via operator) prior to making any contact with the police.

Once approval given the CNM or delegate (CCN/CC/SNIC) making the call will give the Police as much information as possible including:

Step	Action
1	The site where assistance is required (name, address, building).
2	The name of and the precise location to meet with the WDHB staff member.
3	A brief description of why police assistance is being requested.

The CNM or delegate (CCN/CC/SNIC) **MUST** complete an electronic RISK PRO incident form for any request for police assistance with a full description of the situation.

##### 2.1 Information for Clients

Clients should be informed at the earliest opportunity if the police are going to be in the unit for general purposes i.e. drug search. Clients should be provided with the opportunity to be supported through this process and offered the opportunity for a de-briefing.

Any requested interviews with clients should follow the processes outlined in the document called: **Visits to Adult Mental Health Inpatient Units – Police & Other Agencies**

#### 3. Police Interviews with Staff

Police may need to conduct interviews with and/or take statements from relevant WDHB staff members in order to progress their enquiries. Where this is the case, Police will:

Issued by	Clinical Specialist – Adult Acute MHS	Issued Date	June 2014	Classification	052215-07-002
Authorised by	Clinical Director - MHS	Review Period	36 months	Page	1 of 2

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.



Mental Health Services Group  
Adult Mental Health / Inpatient Units

## Guidelines for Requesting Police Assistance – Adult Acute Mental Health Units

- Contact the Quality & Risk Facilitator, who will contact the manager of the staff member Police wish to interview or take a statement from. Police generally, will not approach the staff member directly.
- If the staff member agrees to an interview, or to make a statement, then a suitable time and place will be mutually agreed to by the staff member and Police. The interview will be arranged by the Quality & Risk Facilitator or the Legal Advisor.
- Staff should speak to their Manager to ensure they receive legal support and advice prior to speaking to the police.
- If staff provide a written statement to the police they MUST keep a copy of the statement.

Contact the Legal Advisor for significant incidents if the Quality & Risk Facilitator is not available.

### 4. Unarranged Admissions

There may be occasions when the police arrive directly at the inpatient unit requesting an admission for someone they have uplifted and have in the car. Police should be advised of the correct process in relation to assessment and admission for individuals. Police will be provided with the contact details for the appropriate acute team and advised to make contact in order to arrange an assessment for the individual concerned.

### 5. References

#### Reference Table

1	Corporate Policy: Police Relationships: Memorandum of Understanding WDHB & WPD
2	Visits to Adult Mental Health Inpatient Units – Police & Other Agencies
3	Security Service Protocol for North Shore and Waitakere Hospitals

<b>Issued by</b>	Clinical Specialist – Adult Acute MHS	<b>Issued Date</b>	June 2014	<b>Classification</b>	052215-07-002
<b>Authorised by</b>	Clinical Director - MHS	<b>Review Period</b>	36 months	<b>Page</b>	2 of 2

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## Appendix 2. Serious and sentinel events (SAC 1 or 2)



Mental Health Services Group  
MHSG

### Serious and Sentinel Events: Mental Health Services Group

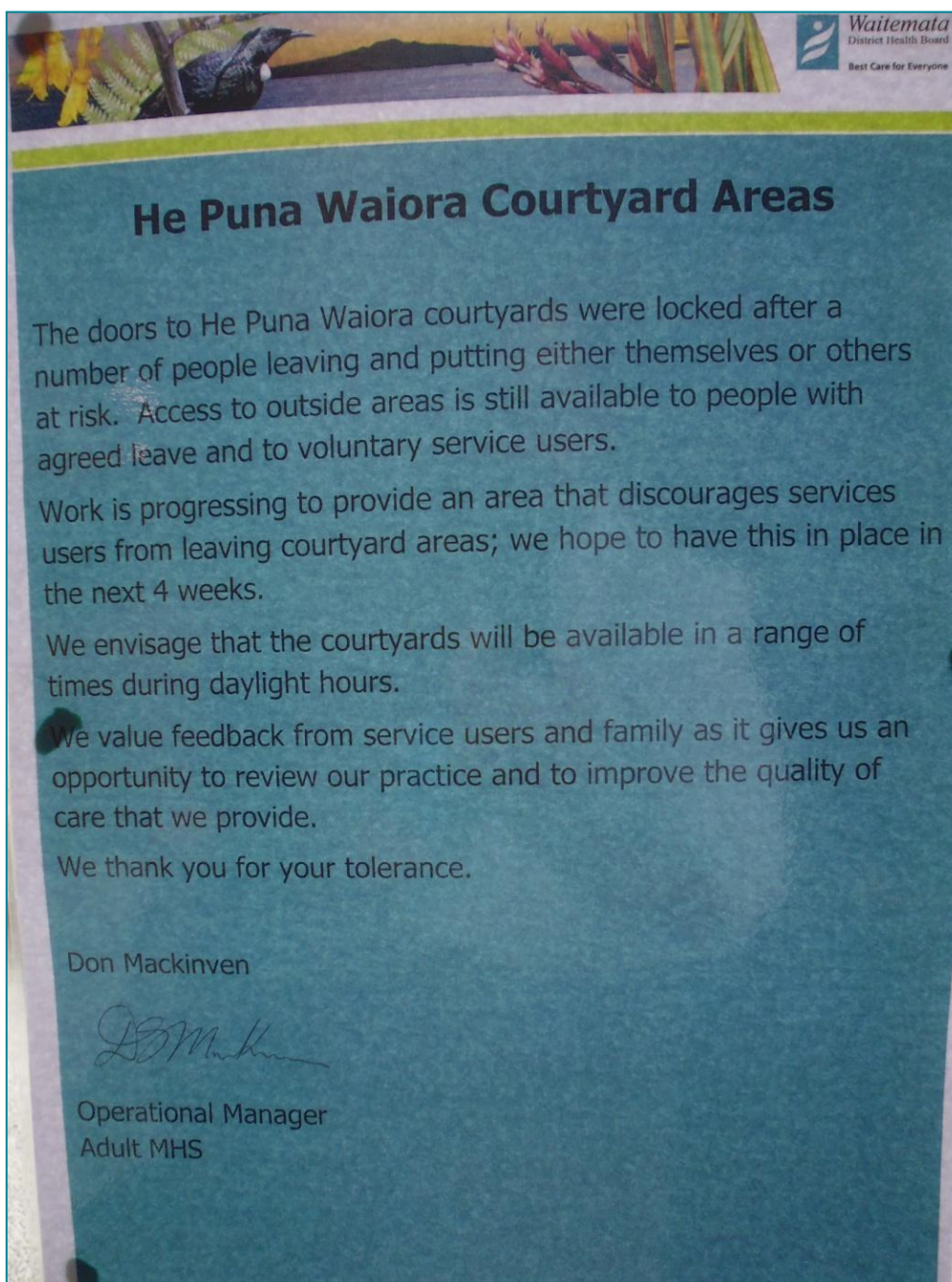
#### Appendix 3: Definitions

<b>DAMHS</b>	Director of Area Mental Health Services
<b>Lead Investigator</b>	The staff member who is leading the team involved with reviewing the incident.
<b>Serious and Sentinel Event</b>	A 'serious incident' encompasses any untoward situation or event in relation to the treatment and management of an individual using Waitemata DHB Mental Health Service. This includes: unexpected death, completed suicide or a serious suicide attempt, violence to others, an event which has the potential for media interest, serious harm suffered by employees, visitors or contractors, as defined in the Health and Safety in Employment Act 1992 (these events are referred to Occupational Health & Safety), any other event identified as a significant incident in negotiation with the Sentinel Risk Review Group.
<b>Serious incident</b>	An event/circumstance that resulted in unintended or unnecessary harm to a person (consumers, visitors and employees).
<b>Serious Incident Review Panel (SIRP)</b>	Formal team brought to gather to review an incident and associated processes with a quality improvement aim.
<b>Serious incident review- triage SIRT</b>	Initial review to identify concerns and plan appropriate response
<b>Serious Incident (SAC 1 or 2)</b>	Inpatient suicide or Suicide of a person using community mental health services who has had contact with the service within the last 7 days, or AWOL of a consumer who is high risk , unauthorised leave of a special patient, threat or actual assault of a consumer or staff requiring police intervention . Use The N.Z Incident Management System SAC to determine SAC level
<b>SIR-Triage</b>	SIR-Triage Form is filled out following a SAC 1 or SAC 2 incident. This is then presented to the risk review group.
<b>SIRP Report</b>	A SIRP (Serious Incident Review Panel) report that is completed following a review of the incident and a panel meeting
<b>Review Types</b>	Serious Incident Review Process (SIRP). All SAC 1 & 2 require a review process. The review process may include a SIRP, File Review (with interviews), a File Review or no review as recommended by the risk review group.
<b>Risk Review Group</b>	The risk review group acts as a decision making group in relation to serious and sentinel events and reviews. It comprises of senior management, professional, consumer and clinical leads who meet weekly to review sentinel events and recommend the type of review process and lead facilitator for SIRPS/ SIRP Lite's/ file reviews. The group is facilitated by the Clinical Effectiveness Lead.

<b>Issued by</b>	Clinical Effectiveness Lead (Mental Health Services)	<b>Issued Date</b>	November 2013	<b>Classification</b>	052-003-01-014
<b>Authorised by</b>	GM Mental Health Services Group	<b>Review Period</b>	36 months	<b>Page</b>	6 of 7

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

## Appendix 3. Notice to service users – courtyard access





## Appendix 4. Unit photographs



Figure 13: Telephone booth – not working



Figure 14: Sensory/comfort room

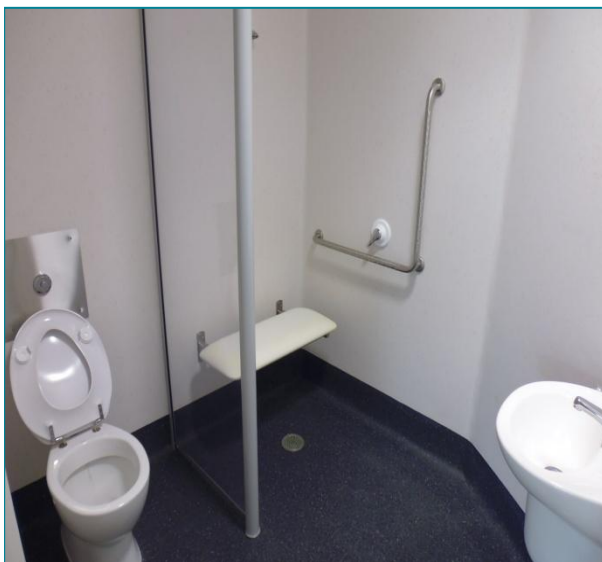


Figure 15: Bathroom accessible to service users with disabilities



Figure 16: Bathroom - de-escalation/seclusion area



## Appendix 4: Overview of OPCAT – Health and Disability places of detention

In 2007 the New Zealand Government ratified the United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The objective of OPCAT is to establish a system of regular visits undertaken by an independent national body to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.

The Crimes of Torture Act 1989 (COTA) was amended by the Crimes of Torture Amendment Act 2006 to enable New Zealand to meet its international obligations under OPCAT. Section 16 of COTA defines a “place of detention” as:

*“...any place in New Zealand where persons are or may be deprived of liberty, including, for example, detention or custody in...*

*(d) a hospital*

*(e) a secure facility as defined in section 9(2) of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003...”*

Pursuant to section 26 of COTA, an Ombudsman holding office under the Ombudsmen Act 1975 was designated a National Preventive Mechanism (NPM) for certain places of detention, including hospitals and the secure facilities identified above.

Under section 27 of COTA, an NPM’s functions, in respect of places of detention, include:

1. to examine the conditions of detention applying to detainees and the treatment of detainees; and
2. to make any recommendations it considers appropriate to the person in charge of a place of detention:
  - a. for improving the conditions of detention applying to detainees;
  - b. for improving the treatment of detainees;
  - c. for preventing torture and other cruel, inhuman or degrading treatment or punishment in places of detention.

To facilitate the exercise of their NPM functions, the Ombudsmen have delegated their powers to inspect places of detention to Inspector’s (COTA). This is to ensure that there is a clear distinction between the Ombudsmen’s preventive monitoring function under OPCAT and the Ombudsmen’s investigation function under the Ombudsmen.

Under COTA, NPMs are entitled to:

1. access all information regarding the number of detainees, the treatment of detainees and the conditions of detention;

2. unrestricted access to any place of detention for which they are designated, and unrestricted access to any person in that place;
3. interview any person, without witnesses, either personally or through an interpreter; and
4. choose the places they want to visit and the persons they want to interview.


.....  
**COTA Report**

**Report on an unannounced visit to  
Waiatarau Mental Health Inpatient Unit  
Under the Crimes of Torture Act 1989**

16 February 2016  
.....

**Judge Peter Boshier**  
Chief Ombudsman  
National Preventive Mechanism

.....  
Office of the Ombudsman  
Tari o te Kaitiaki Mana Tangata



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## Executive Summary

### Background

1. In 2007, the Ombudsmen were designated one of the National Preventive Mechanisms (NPMs) under the Crimes of Torture Act (COTA), with responsibility for examining and monitoring the general conditions and treatment of clients in New Zealand secure hospitals.
2. On 16 to 18 February 2016, Inspector Tessa Harbutt and Inspector Emma Roebuck (to whom I have delegated authority to carry out visits of places of detention under COTA<sup>1</sup>) visited Waiaatarau Mental Health Inpatient Unit (the Unit) at Waitakere Hospital which is part of Waitemata District Health Board.

### Summary of findings

3. The Inspectors' findings may be summarised as follows:
  - There was no evidence that any clients had been subject to torture in the twelve months preceding the visit.
  - Generally, clients were complimentary about the staff in the Unit and felt there was someone they could turn to if they had any concerns.
  - Inspectors observed good client/staff relationships with respectful interaction taking place.
  - Clients appeared to have a good understanding of the complaints process.
  - Clients stated that they had their own bedroom which they could lock, if they chose to and access to clean bedding and showers daily.
  - There were no complaints about the food, access to the telephone or access to family or friends.
  - Although next of kin expressed concerns about the lack of open space in the Unit and the current restrictions on access to fresh air, they all reported good relationships with the treating team.
4. The issues that needed addressing were as follows:
  - There was no evidence that any patients had been subjected to anything that could be construed as torture; however there was evidence of an informal client being arbitrarily detained; which could be seen as cruel, inhuman or degrading treatment or punishment of patients for the purpose of the Convention Against Torture.

---

<sup>1</sup> Acting under delegation of the NPM Chief Ombudsman Judge Peter Boshier and Ombudsman Professor Ron Paterson.

- There were anomalies in both the seclusion register and restraint register.
- Informal clients are being arbitrarily detained.
- Not all family/whānau are consulted as part of the sectioning process.
- Contact details for the District Inspectors were not displayed in a place easily accessible to clients.
- Some soft furnishings and carpet were damaged and worn.
- Not all clients have access to at least one hour fresh air daily.

## Recommendations

5. I recommend that:
  - a. The practice of arbitrarily detaining clients should cease immediately.
  - b. The seclusion register and restraint register should be fully maintained and accurately reported on. A quality assurance framework should be applied to the completion of all paperwork.
  - c. As part of the sectioning process, the Unit records and reports on the family/whānau consultation process.
  - d. Contact details for District Inspectors should be available next to the client telephone(s).
  - e. Damaged furniture and worn carpets should be replaced.
  - f. All clients should have access to at least one hour in the fresh air daily. This should be recorded accordingly.
6. A following up visit will be made at future dates as necessary to monitor implementation of the recommendations.

## Consultation

7. A draft copy of this report was forwarded to Waiatarau Mental Health Inpatient Unit for comment as to fact, finding or omission prior to finalisation and distribution. Their comments have been included in the body of the report.
8. Under sections 27 and 36 of the Crimes of Torture Act, it is the intention of the Chief Ombudsman to report to Parliament on his analyses of inspections carried out. Of course such reports will be published. It seems fair and proper to advise you that this will occur as of this year and after that, annually.

## Facility Facts

### **Waiatarau Mental Health Inpatient Unit**

Waiatarau is a 32 bed unit with eight intensive care beds in the Intensive Care Unit – (ICU). They have flexibility with regards to beds and can increase the number of clients in the acute unit but the total number of clients never exceeds 32. It is a locked unit.

They have gender separation and are able to provide support for vulnerable women.

### **Region**

West Auckland

### **District Health Board (DHB)**

Waitemata DHB

### **Operating capacity**

Maximum of 32 beds (plus one seclusion room)

Kereru - Intensive Care Unit (ICU) – 8 beds

Pukeho - 12 beds

Takahe – 12 beds

### **Acting Unit Manager**

Morgan Timms

### **DAMHs**

Dr Murray Patton

### **Last inspection**

Unannounced inspection – September 2012

Unannounced informal visit- February 2011

Announced informal visit 2009



## The Visit

9. The visit of Waiaatarau Mental Health Inpatient Unit (the Unit) took place on 16 to 18 February 2016 and was conducted by Inspector Tessa Harbutt and Inspector Emma Roebuck.

### Visit methodology

10. The manager of Waiaatarau Mental Health Inpatient Unit provided the following information during and after the visit:
  - A list of clients and the legislative reference under which they were being detained (at the time of the visit).
  - The seclusion and restraint data for the previous twelve months and the seclusion and restraint policy.
  - The number of complaints for the previous twelve months and the complaints policy.
  - Information for clients on admission.
  - Visits policy.
  - Activities programme.
  - A list of all staff trained in use of restraint and reasons for those not up to date.
  - Community meeting minutes for the past three months.
11. At the commencement of the visit the Inspectors met with the manager, before being shown around the Unit. On the day of the visit there were 29 clients in the Unit comprising eight males and 21 females.
12. The following areas were examined on this occasion to determine whether there had been torture, or cruel, inhuman or degrading treatment or punishment, or any other issues impacting adversely on detainees.<sup>2</sup>
  - **Treatment**
    - Torture, or cruel, inhuman or degrading treatment
    - Environmental restraint/restraint
    - Seclusion
    - Clients' views

---

<sup>2</sup> Our inspection methodology is informed by the Association for the Prevention of Torture's Practical Guide to Monitoring Places of Detention (2004) Geneva, available at [www.apt.ch](http://www.apt.ch).

- **Protective measures**
  - Complaints process
  - Records
- **Material conditions**
  - Accommodation
  - Sanitary conditions
  - Food
- **Activities and communications**
  - Outdoor exercise
  - Leisure activities/programmes
  - Access to visitors/external communications

## Evidence

13. In addition to the documentary evidence provided at the time of the visit, Inspectors spoke to the manager of the Unit, staff, clients and next of kin. Staff included registered nurses, health care assistances, the administrator of the Mental Health (Compulsory Assessment and Treatment) Act (MHA), receptionist, psychiatrists and the occupational therapist and external service user support worker.
14. Inspectors also inspected health records, were provided additional documents upon request by the staff, and observed the facilities and conditions.

## Treatment

### Torture or cruel, inhuman or degrading treatment

15. There was no evidence that any patients had been subjected to anything that could be construed as torture; however, there was evidence of an informal client being arbitrarily detained; which could be seen as cruel, inhuman or degrading treatment or punishment of patients for the purpose of the Convention Against Torture.

### Environmental restraint

16. An up-to-date copy of the DHB's Door Locking; Egress of Adult Inpatient Unit policy was provided (dated August 2015).
17. At the time of our last inspection (2012), Kereru (IPC) was a locked facility and Pukeho and Takahe were both open. As a result of several clients going AWOL (absent without

leave), the Unit is now locked. This is disappointing and not in keeping with the basic values of a recovery centred service.

18. There was one informal client (not under the MHA) being arbitrarily detained in the Unit (he had no approved leave and was unable to exit the Unit) at the time of the inspection. This is not acceptable.

## Restraints

19. An up-to-date copy of the DHB's Restraint Minimisation policy was provided (dated March 2015).
20. According to the electronic register, there were 113 incidents of restraint for the period 1 January – 31 December 2015; an average of 9.4 incidents a month. The Unit restraint register (held in the nursing office) highlighted 133 restraint incidents relating to 43 clients over the same period. These can be broken down as follows:

**Table 1: Paper records for restraint**

Paper based	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	total
Incidents	1	14	23	12	6	13	20	22	7	4	3	8	133
Clients	1	4	7	6	5	5	4	8	5	4	3	6	-

**Table 2: Electronic records for restraint**

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Incidents	4	12	19	7	8	11	15	18	6	5	4	4	113
Paper records missing	1	4	7	6	0	6	9	8	1	1	0	6	49

21. Due to the significant difference between the Unit and electronic registers, the Inspectors were not confident that the use of restraints was being accurately captured (and reported on).

## Seclusion

### Seclusion facilities

22. The low stimulus area (LSA) has two seclusion rooms (although one has been converted into a sensory modulation/comfort room). Both have natural light, and heating and ventilation; however, the high placement of windows means clients would have difficulty

looking outside. The rooms were clean and tidy and contained a mattress and bedding. Seclusion rooms do not have en-suite facilities with clients having to use cardboard receptacles to carry out their ablutions. There is a separate toilet/shower facility just outside the seclusion room and a reasonably spacious lounge area.

- 23. Clients could freely leave the LSA without staff facilitation. It provides adequate facilities for those clients commencing the reintegration process back into the main ward and can be accessed by clients requesting quiet time/time out from the ICU.



Figure 1: Seclusion room



Figure 2: Sensory room

- 24. Clients in the LSA can access a small covered courtyard throughout the day which has adequate seating and shade.



Figure 3: Courtyard - LSA



Figure 4: Courtyard - ICU

## Seclusion policies and incidents

25. An up-to-date copy of the DHB's Seclusion policy was provided (review date October 2016); and minutes from the seclusion restraint minimisation meetings.
26. There have been 28 incidents of seclusion involving 13 clients for the period January 2015 - January 2016; higher than reported in our 2011 report, two seclusion incidents (over a six month period). The total number of seclusion hours was unavailable despite several requests.
27. The seclusion register (in the Unit) was incomplete with missing dates and seclusion end times. The Inspectors also found inconsistencies in the electronic seclusion register (being trialled) with incorrect coding (some seclusion incidents are coded 'security/ conduct event' not 'restraint/seclusion events') and therefore not captured as seclusion events. Senior management are exploring staff training needs and other aspects that could improve the accuracy of reporting/ recording seclusion events.
28. Due to the lack of information provided, the Inspectors were not confident that the use of seclusion was being accurately captured (and reported on) in the Unit.

## Clients' views on treatment

29. Generally, clients were complimentary about the staff in the Unit and felt there was someone they could turn to if they had any concerns. Clients stated that they had their own bedroom which they could lock, if they chose to and access to clean bedding and showers daily.
30. There were no complaints about the food, access to the telephone or access to family or friends; however, clients reported their frustration at not being able to access fresh air throughout the day. Clients appeared to have a good understanding of the complaints process.
31. Several next of kin expressed concerns about the lack of open space in the Unit and the current restrictions on access to fresh air. However, they all reported good relationships with the treating team.
32. The Ministry of Health requires DHBs to report on the family/whānau consultation process, across five different assessment/treatment events, under the Mental Health Act. In the Office of Director of Mental Health 2014 annual report it notes '*Waitemata DHB does not record section 7A family/whānau consultation data*<sup>3</sup>.' Family members spoken to confirmed that they did not recall being contacted or being involved in the sectioning process.

---

<sup>3</sup> Office of the Director of Mental Health Annual Report 2014- Family/whānau consultation and the Mental Health Act (page 38).

## Recommendations – treatment

33. I recommend that:

- a. The practice of arbitrarily detaining clients should cease immediately.
- b. The seclusion register and restraint register should be fully maintained and accurately reported on. A quality assurance framework should be applied to the completion of all paperwork.
- c. As part of the sectioning process, the Unit records and reports on family/whānau consultation process.

## Protective measures

### Complaints process

34. The DHB's complaints process is readily available via leaflets and posters in the Unit.
35. Contact details for District Inspectors were available in the client information pack and in leaflet stands in reception; however, they were not displayed in the telephone booths within the Unit.
36. The number of complaints in the last twelve months was four. One complaint had exceeded the DHB's timeframe of 14 calendar days; however, after reviewing the complaint the response and investigation this was appropriate. The client received the response by day 35.

### Records

37. There were 29 clients in the Unit on the day of the visit and the Inspectors checked all their files.
38. With the exception of one informal service user, all clients were being detained under the Mental Health (Compulsory Assessment and Treatment) Act.
39. All files contained the necessary paperwork to detain [and treat] the clients in the Unit.
40. Health records and care plan/risk assessment updates were in good order.

## Recommendations – protective measures

I recommend that:

- d. Contact details for District Inspectors should be available next to the client telephone(s).

## Material conditions

### Accommodation

41. Set in the grounds of Waitakere Hospital, the Unit, both inside and out, was clean and tidy and had a spacious feel about it.
42. Client bedrooms in Pukeho and Takahe (two with en-suite facilities) are reasonably spacious, with adequate storage and natural light. Bedroom doors can be locked from the inside and windows have curtains for privacy. Bedrooms in the ICU were a little more austere than those in the main unit but were clean and tidy and offered adequate privacy. Some graffiti was noted in bedrooms.



Figure 5: Typical bedroom in main ward



Figure 6: Bedroom in the ICU

43. Clients have access to clean bedding on request and have laundry facilities at their disposal.
44. There were adequate communal areas throughout the Unit; however, some soft furnishings in the ICU were in a poor state of repair and carpets were badly stained in some areas.
45. The male and female lounges were bright and spacious with a variety of activities on offer.
46. A reasonable size dining room also doubles as an activities area and could be easily accessed by all clients in the Unit.



Figure 7: Female lounge



Figure 8: Mixed dining room/ activities area

## Sanitary conditions

47. There are sufficient bathrooms and toilet facilities in both the ICU/seclusion area and the main unit for the number of clients. Clients can lock the bathroom doors from the inside affording privacy. Although bathroom facilities were clean they were starting to look shabby in places.

## Food

48. Meals are prepared in the main hospital and transported to the Unit in a trolley. Clients have a choice of meals from a daily menu. The quantity and quality of the food on the day of the visit was satisfactory. There were no complaints about food.

## Recommendations – material conditions

49. I recommend that:
  - e. Damaged furniture and worn carpets should be replaced.

## Activities and communications

### Outdoor exercise

50. For clients in the main unit, there is a large garden area at the rear of the Unit which offers adequate privacy, seating and shade; however, the door into the garden was locked at the time of the visit.



51. When questioned, staff informed the Inspectors that the door is only opened for planned activities and under staff supervision (an average of one hour a day - contingent on staffing numbers). There is no record of when the courtyard is open and who accesses it.
52. Due to the secure nature of the ICU courtyard, clients can access the courtyard throughout the day.
53. We were informed that the wall around the main courtyard needed to be raised to prevent absconding and that this work has gone out for tender. Currently clients cannot access the courtyard without staff being present and the Inspectors were not confident that clients had access to fresh air daily.



Figure 9: Unit courtyard

## Leisure activities/programmes

54. There is a small occupational therapy room and kitchen area where a wide selection of programmes and leisure activities to those clients well enough to access them. Activities include art and drawing, exercise, cooking, psycho education, recovery group, hearing voices group, peer support and relaxation classes.
55. The sensory modulation room was well used and the Inspectors saw a number of clients utilising it, either of their own accord or under the guidance of the occupational therapist.
56. All clients have a sensory assessment where preferences are established and recorded for staff to use when supporting clients in distress.

57. Clients can attend a weekly community meeting facilitated by the occupational therapist. Issues raised are fed back to the management team for consideration/action.



Figure 10: Occupational therapy kitchen



Figure 11: Occupational therapy activities room

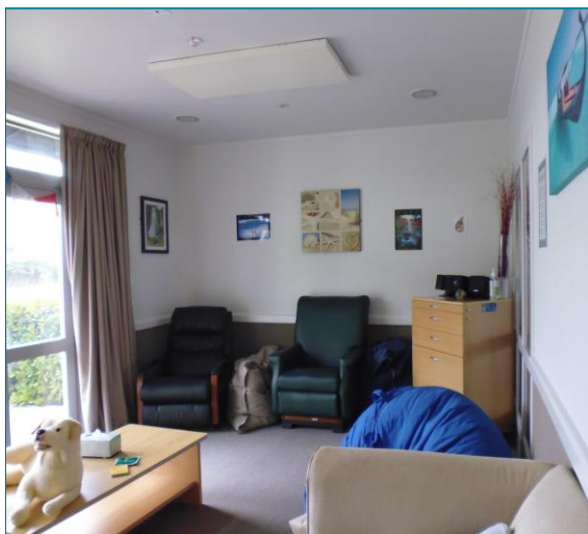


Figure 12: Sensory modulation room

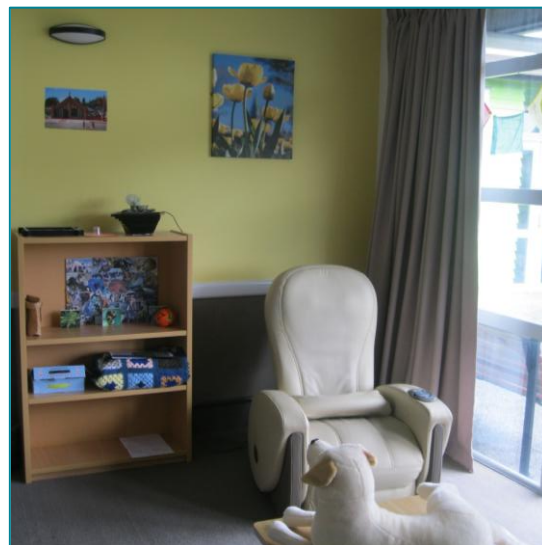


Figure 13: Sensory modulation room

58. The Inspectors had no concerns with client's access to leisure activities/programmes.

### **Access to visitors/external communication**

59. Clients have access to telephones in the Unit and can send and receive mail. Mobile phones are permitted with some restrictions.
60. Family/ next of kin are routinely invited to meetings regarding the care and treatment of their relative/friend.

61. Visits take place seven days a week. Visiting times are in keeping with the general hospital visit times but family can be accommodated if they needed to visit at alternative times.
62. The Inspectors had no concerns with clients' access to family and friends.

### **Recommendations – activities and communications**

63. I recommend that:
  - f. All clients should have access to at least one hour in the fresh air daily. This should be recorded accordingly.

### **Acknowledgement**

64. I appreciate the full co-operation extended by the manager and staff to the Inspectors during their visit to the Unit. I also acknowledge the work involved in collating the information sought by the Inspectors.



Judge Peter Boshier  
Chief Ombudsman  
National Preventive Mechanism



## Appendix 1. Waatarau Mental Health Inpatient Unit



Figure 14: Damaged furniture - ICU



Figure 15: Damaged furniture - ICU



Figure 16: Damaged furniture - ICU



Figure 17: Carpet – main unit

## Appendix 2. Overview of OPCAT – Health and Disability places of detention

In 2007 the New Zealand Government ratified the United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The objective of OPCAT is to establish a system of regular visits undertaken by an independent national body to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.

The Crimes of Torture Act 1989 (COTA) was amended by the Crimes of Torture Amendment Act 2006 to enable New Zealand to meet its international obligations under OPCAT. Section 16 of COTA defines a “place of detention” as:

*“...any place in New Zealand where persons are or may be deprived of liberty, including, for example, detention or custody in...*

- (d) a hospital*
- (e) a secure facility as defined in section 9(2) of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003...”*

Pursuant to section 26 of COTA, an Ombudsman holding office under the Ombudsmen Act 1975 was designated a National Preventive Mechanism (NPM) for certain places of detention, including hospitals and the secure facilities identified above.

Under section 27 of COTA, an NPM’s functions, in respect of places of detention, include:

1. to examine the conditions of detention applying to detainees and the treatment of detainees; and
2. to make any recommendations it considers appropriate to the person in charge of a place of detention:
  - a. for improving the conditions of detention applying to detainees;
  - b. for improving the treatment of detainees;
  - c. for preventing torture and other cruel, inhuman or degrading treatment or punishment in places of detention.

To facilitate the exercise of their NPM functions, the Ombudsmen have delegated their powers to inspect places of detention to Inspectors’s (COTA). This is to ensure that there is a clear distinction between the Ombudsmen’s preventive monitoring function under OPCAT and the Ombudsmen’s investigation function under the Ombudsmen.

Under COTA, NPMs are entitled to:

1. access all information regarding the number of detainees, the treatment of detainees and the conditions of detention;

2. unrestricted access to any place of detention for which they are designated, and unrestricted access to any person in that place;
3. interview any person, without witnesses, either personally or through an interpreter; and
4. choose the places they want to visit and the persons they want to interview.

Our Ref: 4/1/08

19 June 2017

Ms Janine Steenhuis  
Pohutukawa Unit  
Mason Clinic  
UNITEC Gate 2, Carrington Road  
Pt Chevalier  
Auckland

Dear Ms Steenhuis

**Optional Protocol Convention Against Torture (COTA) Visit Report**

I attach a copy of my Report of the National Preventive Mechanism (NPM) for United Nations Reporting on the Optional Protocol to the Convention Against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment (COTA) visit to Waitemata District Health Board's Regional Forensic Psychiatry Services Pohutukawa Unit (Intellectual Disability Secure Unit) from 15- 16 March 2017.

The visit was conducted under my delegation by Chief Inspector Jacki Jones and Inspector Tessa Harbutt and were assisted by Jak Wild. A draft copy of the report was provided to the relevant managers at Pohutukawa Unit as to fact; finding or omission and their comments have been included in the final version of the report.

I would like to record my appreciation for the full co-operation extended to my Inspectors by everyone concerned.

Yours sincerely



Peter Boshier  
Chief Ombudsman  
National Preventive Mechanism

**Attach:** Report on Waitemata District Health Board's Regional Forensic Psychiatry Services Pohutukawa Unit under the Crimes of Torture Act 1989





# Ombudsman

Fairness for all

.....  
OPCAT Report

## Report on an unannounced visit to Pohutukawa Unit – Mason Clinic

Auckland's Regional Forensic Psychiatry Service

## Under the Crimes of Torture Act 1989

16 March 2017  
.....

Peter Boshier  
Chief Ombudsman  
National Preventive Mechanism

.....  
Office of the Ombudsman  
Tari o te Kaitiaki Mana Tangata

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## Executive Summary

### Background

1. In 2007, the Ombudsmen were designated one of the National Preventive Mechanisms (NPMs) under the Crimes of Torture Act (COTA), with responsibility for examining and monitoring the general conditions and treatment of clients in New Zealand secure hospitals.
2. On 15 to 16 March 2017, Inspector Tessa Harbutt and Chief Inspector Jacki Jones (to whom I have delegated authority to carry out visits of places of detention under COTA<sup>1</sup>) visited Pohutukawa Unit (the Unit) which is part of Waitemata District Health Board. They were assisted by Jak Wild.
3. Pohutukawa Unit is part of Auckland Regional Forensic Psychiatry Service at the Mason Clinic and provides assessment and rehabilitation for care recipients and clients with an intellectual disability. For the purpose of this report the term 'client' will be used to describe the residents.

### Summary of findings

4. The Inspectors' findings can be summarised as follows:
  - There was no evidence that any clients had been subject to anything that could be construed as torture, or cruel, inhuman or degrading treatment in the six months preceding the visit.
  - Generally, clients were complimentary about staff in the Unit and felt there was someone they could turn to if they had any concerns.
  - All clients reported opportunities to meet and discuss issues with the District Inspector.
  - Inspectors observed positive client/staff relationships with respectful interactions taking place.
  - The Unit was clean, tidy and well presented.
  - The sensory room was well resourced and clients had access to their own personal sensory toolkit.
  - Clients could access showers and clean clothing and bedding.
  - Leadership was visible, supportive and positive.
  - Access to fresh air was available throughout the day.

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<sup>1</sup> Acting under delegation of the NPM Chief Ombudsman Peter Boshier.

5. The issues that need addressing were as follows:

- Most clients in the Unit were subject to a night safety order.
- The DHB's own complaints process was not well advertised. There were no easy read versions available.

## Recommendations

6. I recommend that:

- a. Where patients are locked in their room, this should be recorded as a use of force event on the restraint register in accordance with the December 2016 draft MOH guidelines, and the reasons comprehensively documented.
- b. The DHB's internal complaint process be displayed in all areas of the Unit.

7. Follow up visits will be made at future dates as necessary to monitor implementation of the recommendations.

## Consultation

8. A draft copy of this report was forwarded to Pohutukawa Unit for comment as to fact, finding or omission prior to finalisation and distribution. Their comments can be found throughout the report.

## Facility Facts

### **Pohutukawa Unit**

Pohutukawa opened in 2006 and is part of the Mason Clinic. It is one of seven secure forensic inpatient facilities based in Auckland. It provides secure inpatient forensic care to individuals specialising in the assessment, care and rehabilitation of individuals with an Intellectual Disability (ID). It is one of two national secure facilities that provide services for people with an ID who have offended and who display behaviour which poses a serious risk to themselves or others. The service provides inpatient care for up to 12 men.

### **Region**

Auckland

### **District Health Board (DHB)**

Waitemata DHB

### **Operating capacity**

12 (with two seclusion rooms in a separate high care area)

### **Unit Manager**

Janine Steenhuis

### **DAMHs**

Dr Jeremy Skipworth

### **Last inspection**

Unannounced inspection – April 2012

Announced informal visit – May 2008



## The Visit

9. The visit of Pohutukawa Unit took place on 15 to 16 March 2017 and was conducted by Inspector Tessa Harbutt and Chief Inspector Jacki Jones. They were assisted by Jak Wild.

### Visit methodology

10. The Manager of Pohutukawa Unit provided the following information during and after the visit:
- A list of clients and the legislative reference under which they were being detained (at the time of the visit);
  - The seclusion and restraint data for the previous twelve months and the seclusion and restraint policy;
  - The number of complaints for the previous twelve months, a sample of responses and the complaints policy;
  - Information for clients/whānau on admission;
  - The visits policy;
  - The activities programme;
  - A list of all staff trained in use of restraint and reasons for those not up to date; and
  - Community meeting minutes for the past three months.
11. At the commencement of the visit Inspectors met with the Manager, before being shown around the Unit. On the day of the visit there were eleven clients in the Unit.
12. The following areas were examined on this occasion to determine whether there had been torture, or cruel, inhuman or degrading treatment or punishment, or any other issues impacting adversely on detainees.<sup>2</sup>
- **Treatment**
    - Torture, or cruel, inhuman or degrading treatment
    - Seclusion
    - Restraint
    - Quality assurance process
    - Clients' views

<sup>2</sup> Our inspection methodology is informed by the Association for the Prevention of Torture's Practical Guide to Monitoring Places of Detention (2004) Geneva, available at [www.apt.ch](http://www.apt.ch).



- **Protective measures**
  - Complaints process
  - Records
- **Material conditions**
  - Accommodation
  - Sanitary conditions
- **Activities and communications**
  - Outdoor exercise & leisure activities
  - Access to visitors & external communications

## Evidence

13. In addition to the documentary evidence provided during and after the visit, Inspectors spoke to the Manager, staff and all clients. Staff spoke with members of the multi-disciplinary team (MDT) and one of the District Inspectors.
14. Inspectors also reviewed electronic health records and observed the facilities and conditions. Additional documents were provided upon request.

## Treatment

### Torture or cruel, inhuman or degrading treatment

15. There was no evidence that any clients had been subject to anything that could be construed as torture, or cruel, inhuman or degrading treatment in the six months preceding the visit.

## Seclusion

### Seclusion facilities

16. On the day of inspection there were no clients in high care/seclusion.
17. The high care area had two seclusion rooms and a lounge area with a small enclosed courtyard. Some seating in the lounge area was in need of repair or replacement.
18. One of the two seclusion rooms had a soft padded covering around the walls and floor which needed some repairs. Both rooms, although very basic, had natural light, heating, ventilation and working blinds. Both rooms contained a mattress and bedding and were clean and tidy.
19. Opposite the seclusion rooms were the toilet and shower facilities; both well maintained and clean.

20. The vehicle entrance was adjacent to the high care area and all new admissions arrived through this entrance. The medical examination room could also be accessed through the high care corridor.



Figure 1: Courtyard

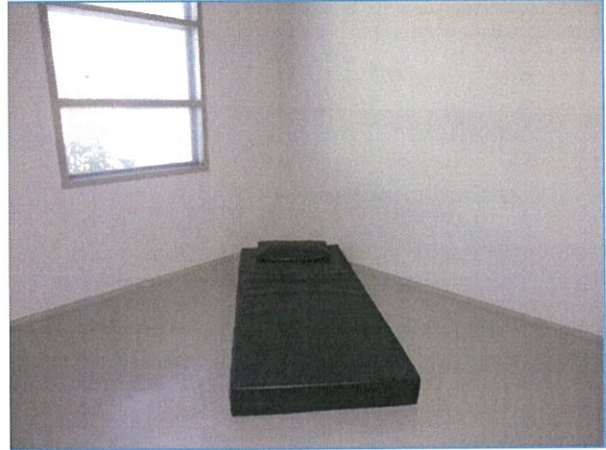


Figure 2: Seclusion room

### Seclusion policies and incidents

21. There were 20 episodes of seclusion involving seven clients in the previous twelve months; a total of 398:40 seclusion hours. The longest episode of seclusion was 71:55 hours and the shortest was 1:35 hours. The average number of hours in seclusion was 19:55 hours.

Table 1: Seclusion use

	Mar 2016	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Episodes	0	0	3	0	0	2	4	0	1	1	6	3
Clients			3			1	3		1	1	3	1
Total Hours			49:10			82:30	43:50		21:00	20:40	51:40	47:20

### Night safety orders

22. Eight clients in the Unit were subject to a 'night safety order' - the practice of locking the client's bedroom door overnight for security/safety reasons. This practice was based on local policy which states:

*'A Night Safety Plan may include securely placing a service user in their bedroom between the hours of 21:00 and 07:30. This differs from seclusion in that;*

- a) *The service user is entitled to exit their room at any time unless this would immediately jeopardise the safety and/or security of the unit, any other service user or staff and*



- b) *This procedure is not a clinical intervention intended to address clinical concerns about the service user.*

*Staff must immediately respond to all service users' requests to exit their rooms at night. This will require reference to this Night Safety Plan and an assessment of ward, service user and staff safety. The outcome of all such requests must be documented in HCC'.*

23. Two clients subject to night safety orders could not exit their room during the night due to minimum staffing levels<sup>3</sup> and two clients were required to use disposable toilet receptacles.
24. Although there was evidence of weekly reviews for clients on night safety orders they appeared to be somewhat perfunctory. At the time of the inspection eight of the 11 clients were on night safety orders; the orders were dated 2006, 2008 and 2011. Two orders were dated 2014 and four, 2016.

### **Regional Forensic Services Waitemata response**

*We accept that the documentation of the reviews of the night safety order may appear perfunctory as you state in paragraph 27, we would like to reassure you and the inspectors that these reviews are taken seriously, individualised, and regularly result in changes to care plans. About one third of patients on Pohutukawa unit are not subject to night safety orders. This represents a significant shift in practice in recent years.*

*Paragraphs 26-27 are inaccurate and create a misleading impression of the unit. There is only one not two clients who cannot exit their rooms due to staffing numbers and only two people have disposable toilet receptacles. One being due to ongoing continence and toileting difficulties.*

### **OPCAT further response**

25. From discussions with staff and clients, at the time of the inspection, and from reviewing the night safety orders (copies provided) we identified two clients that could not exit their rooms on request until appropriate staffing was put in place. One night safety order specifically stated that two male staff were required to unlock one client. The other client required three staff to unlock him. Taking into account the staff gender mix requirements and staff comfort/meal breaks during the night shift it appears unlikely that night staff would always be available to facilitate access to the toilet for those unable to freely exit their room.
26. The active night safety orders ranged in duration with only three clients not subject to an order. All orders commenced on admission and remained in situ until clients were close to discharge; resulting in orders running for many years. While it was reassuring to see that reviews had taken place, the effectiveness of any intervention and care planning to

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<sup>3</sup> Staffing levels in the Unit on nights was three.

address the clients risk were somewhat restricted by factors not within the clients control, such as appropriate staffing levels.

## Restraints

27. From March 2016 to February 2017 there were nine incidents of restraint.
28. Inspectors were informed of one event where mechanical restraints were applied to reduce the risk of assault towards an external health provider due to historical risk factors. The client was compliant with the procedure and no incident occurred.
29. The majority of staff were in date with restraint training and those not up-to-date were scheduled to attend training.

## Quality assurance

30. The Unit held bi-weekly practice development sessions for staff. The topics covered various issues such as legal, ethical and best practice. Unit staff routinely de-briefed clients following seclusion and restraint events.
31. The service held regular meetings regarding seclusion and restraint minimisation which were well represented by key stakeholders. Consumer Advisors were also present at Unit meetings.

## Clients' views on treatment

32. Inspectors were able to meet and talk with all clients; the majority reported positive experiences and good relationships with the staff and care managers.
33. Inspectors asked clients if they knew how to raise concerns or complaints and if they felt happy to do this. All clients reported to know how to raise concerns and felt supported by their Care Manager in doing so.
34. Clients had access to gaming consoles in their bedrooms. There were restrictions on their use and one resident complained that the daily restriction of 90 minutes was too short.
35. A few clients raised issues about the food and said they were often cold and that they could not get them re-heated. Others complained that the dining room was often noisy and uncomfortable at times. One client felt an easy read menu would be beneficial as he found it difficult to see the words and read the menu when ordering.



## Recommendations – treatment

36. I recommend that:

- a. Where patients are locked in their room, this should be recorded as a use of force event on the restraint register in accordance with the December 2016 draft MOH guidelines, and the reasons comprehensively documented.<sup>4</sup>

## Protective measures

### Complaints process

37. An up-to-date copy of the DHB's 'Complaint Management Policy' was provided although this was not well advertised in the Unit.
38. Contact details for District Inspectors were displayed in an area easily accessible to clients. District inspectors were also present at community meetings and clients could easily access them to raise any concerns.
39. A high management presence in the Unit ensured issues were dealt with informally and as they occur.
40. Posters and leaflets for the Health and Disability Commission's (HDC) 'Code of Rights' and the contact details for the Health and Disability Advocacy service were available.
41. There was one complaint in the previous twelve months which was received from a family member. It was responded to in a timely manner and did not raise concerns with the Inspectors regarding its nature.

### Records

42. There were eleven clients in the Unit on the day of the visit and the Inspectors checked a sample of their files.
43. All clients were being detained either under the Mental Health (Compulsory Assessment and Treatment) Act, the Criminal Proceedings (Mentally Impaired Persons) Act or the Intellectually Disability (Compulsory Care and Rehabilitation) Act 2003.

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<sup>4</sup> In its response to my draft report that made a recommendation relating to recording of night safety orders, Regional Forensic Services Waitemata noted:

In December 2016 the Director of Mental Health, Dr Crawshaw, tabled an undated draft document 'Night Safety Procedures Guideline' in which an intent "to phase out the use of these orders" is signalled.

The guidelines stated, *inter alia*, that night safety orders must be recorded as a use of force on restraint registers. Waitemata DHB also provided correspondence it had written to the MOH in which endorsed the categorisation of restricting the movement of a patient at night (or otherwise) as a 'use of force'.

44. All files contained the necessary paperwork to detain [and treat] the clients in the Unit.

## Recommendations – protective measures

45. I recommend that:

- b. The DHB's internal complaint process be displayed in the Unit.

## Regional Forensic Services Waitemata response:

46. No comments made.

## Material conditions

### Accommodation

47. Pohutukawa is one of seven units that make up the Mason Clinic. The Unit, both inside and out, was clean and tidy and had an open, spacious feel about it. There were some areas that required minor maintenance and it was reported that the service had an external contactor for this purpose.
48. There were four pods with either two or four bedrooms to a pod. The two bedroom pods had a lounge and kitchenette and could be used for the more vulnerable clients, for example, females and younger persons. One four bedroom pod had en-suite facilities. The remaining pods were not en-suite.

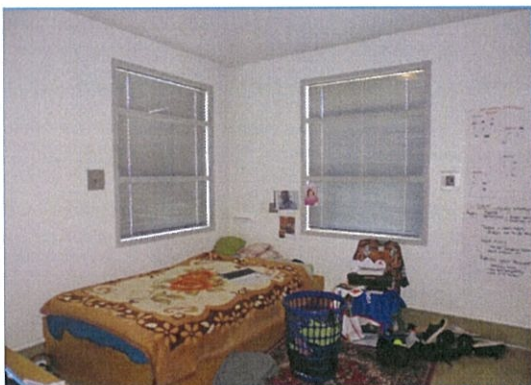


Figure 3: Typical bedroom



Figure 4: Pod corridor

49. All rooms had working blinds that provided privacy. Clients had access to clean bedding on request and had laundry facilities at their disposal. All pods had a seating area. The layout of the unit provides staff with reasonable observation of most areas with few blind spots.
50. Communal areas were spacious and in good order. There were a number of activities available for clients such as chess, games, music and TV. All rooms were clean, tidy and free from graffiti. There were several T.V lounges/quiet areas which clients could access if they choose.





Figure 5: Lounge area

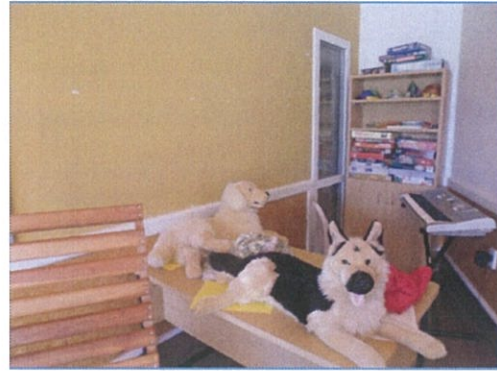


Figure 6: Activities room/ OT area

## Sanitary conditions

51. There were sufficient bathrooms and toilet facilities in both the main unit and in the high care area. All facilities were cleaned to a very high standard. Bathroom doors lock from the inside affording clients privacy.

## Recommendations – material conditions

52. I have no recommendations.

## Activities and communications

### Activities

53. There is a variety of programmes that address a number of clinical needs that relate to the clients risk profile such as violent and sexual offending, anger management, assertiveness training and substance abuse. These have been adapted for use with clients with an intellectual disability.
54. The service also delivers life skills sessions: cooking, sensory modulation, news/current affairs and creative groups or 1:1 sessions as required. The sensory modulation room is well resourced and accessed for planned sessions and as required.
55. A number of clients were particularly positive about the educational/literacy sessions available. One client did request more 1:1 sessions due to concentration issues.

### Outdoor exercise and leisure activities

56. The garden area was secure and spacious; clients had unrestricted access.
57. There were a number of activities available for clients in the garden, including table tennis and basketball. There was plenty of space and a sheltered seating area.





*Figure 7: Garden area*



*Figure 8: Visitors area*

58. Onsite activities included an excellent gym, a dedicated assessment kitchen and an outdoor pool. Community outings were also facilitated.
59. The Inspectors were pleased to see such a wide range of activities taking place within the Unit.

### **Access to visitors/external communication**

60. Visits were facilitated and supervised at weekends and there were a number of 30 minute slots available for families to book.
61. Family could arrange for visits outside of the 'normal times' if they had travelled some distance or if there was a special occasion. There was some flexibility in the length of the visit if required.
62. The visits were held in the education room which also had a secure outside area.
63. There were no areas available for visitors to make a drink so they were asked to bring their own refreshments, if required.
64. Clients had access to a private phone booth on the Unit that calls could be put through to. They could also call District Inspectors on the phone. Clients could send and receive mail throughout the week.
65. The Inspectors had no concerns with clients access to family and friends.

### **Recommendations – activities and communications**

66. I have no recommendations to make.

## Acknowledgement

67. I appreciate the full co-operation extended by the manager and staff to the Inspectors during their visit to the Unit. I also acknowledge the work involved in collating the information sought by the Inspectors.



Peter Boshier  
Chief Ombudsman  
National Preventive Mechanism

## Appendix 1. Pohutukawa Unit Night safety orders

September 2013

### NIGHT SAFETY AUTHORISATION PLAN

An individualised Night Safety Plan must be authorised for all patients resident in the Mason Clinic secure units (Kauri, Totara, Rata, Pohutukawa). The purpose of these plans is to ensure the environmental safety for all Forensic Service users and staff. They must be reviewed at the weekly MDT meetings.

A Night Safety Plan may include securely placing a service user in their bedroom between the hours of 2100 and 0730. This differs from seclusion in that:

- the service user is entitled to exit their room at any time unless this would immediately jeopardise the safety and/or security of the unit, any other service user or staff, and
- this procedure is not a clinical intervention intended to address clinical concerns about the service user.

Staff must immediately respond to all service users' requests to exit their rooms at night. This will require reference to this Night Safety Plan and an assessment of ward, service user and staff safety. The outcome of all such requests must be documented in HCC.

**Identifying details** \_\_\_\_\_  
 Name: (or use hospit: \_\_\_\_\_

Status: \_\_\_\_\_ Date: \_\_\_\_\_

**Details of Night Safety Plan** \_\_\_\_\_

- Is it safe for this service user to be able to freely exit their bedroom at night without staff assistance?  
 Yes  No
- If this service user will not be able to freely exit their room at night, please specify below any staffing issues that need to be considered when responding to them at night (eg. special risk issues for this service user, staff or other service users, staff ratios needed etc).

**Duration of night safety plan** \_\_\_\_\_

To be reviewed weekly at clinicals  
 As risk assessment/profile requires

Night safety plan details:

Initiating clinician: \_\_\_\_\_ Responsible clinician/Registrar: \_\_\_\_\_  
 Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Figure 9: Current Night Safety Authorisation Plan

NIGHT SECLUSION AUTHORISATION FORM

Night Seclusion is the placing of a person alone in their bedroom with the door shut so that he/she cannot freely exit from the room between the hours of 2100 and 0730 hours (Refer Policy – Night Seclusion)

Identifying Details

Date

Reasons for requiring Seclusion

- \* As per approved Service policy for night seclusion
- \* As per management plan

Details of management plan

Duration of night seclusion plan

- \* Unit Date
- \* for duration of stay in unit

Initiating clinician signature

Signature:

Name:

Designation:

Date:

Outline of specific care requirements during night seclusion

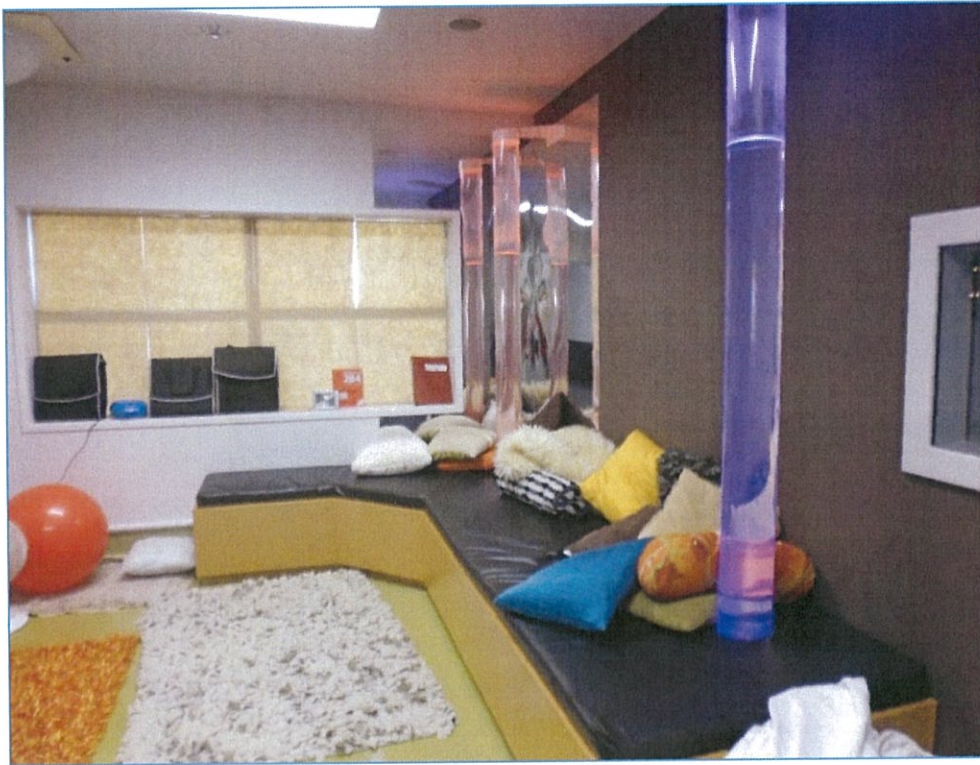
Intended outcome for use of seclusion:

- \* security and safety of the Unit
- \* and/or
- \* Delete item not applicable

Figure 10: Older Night Seclusion Authorisation Form



## Appendix 2. Photographs



Sensory modulation room



Gymnasium

## Appendix 3: Overview of OPCAT – Health and Disability places of detention

In 2007 the New Zealand Government ratified the United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The objective of OPCAT is to establish a system of regular visits undertaken by an independent national body to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.

The Crimes of Torture Act 1989 (COTA) was amended by the Crimes of Torture Amendment Act 2006 to enable New Zealand to meet its international obligations under OPCAT. Section 16 of COTA defines a “place of detention” as:

*“...any place in New Zealand where persons are or may be deprived of liberty, including, for example, detention or custody in...*

(d) *a hospital*

(e) *a secure facility as defined in section 9(2) of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003...*”

Pursuant to section 26 of COTA, an Ombudsman holding office under the Ombudsmen Act 1975 was designated a National Preventive Mechanism (NPM) for certain places of detention, including hospitals and the secure facilities identified above.

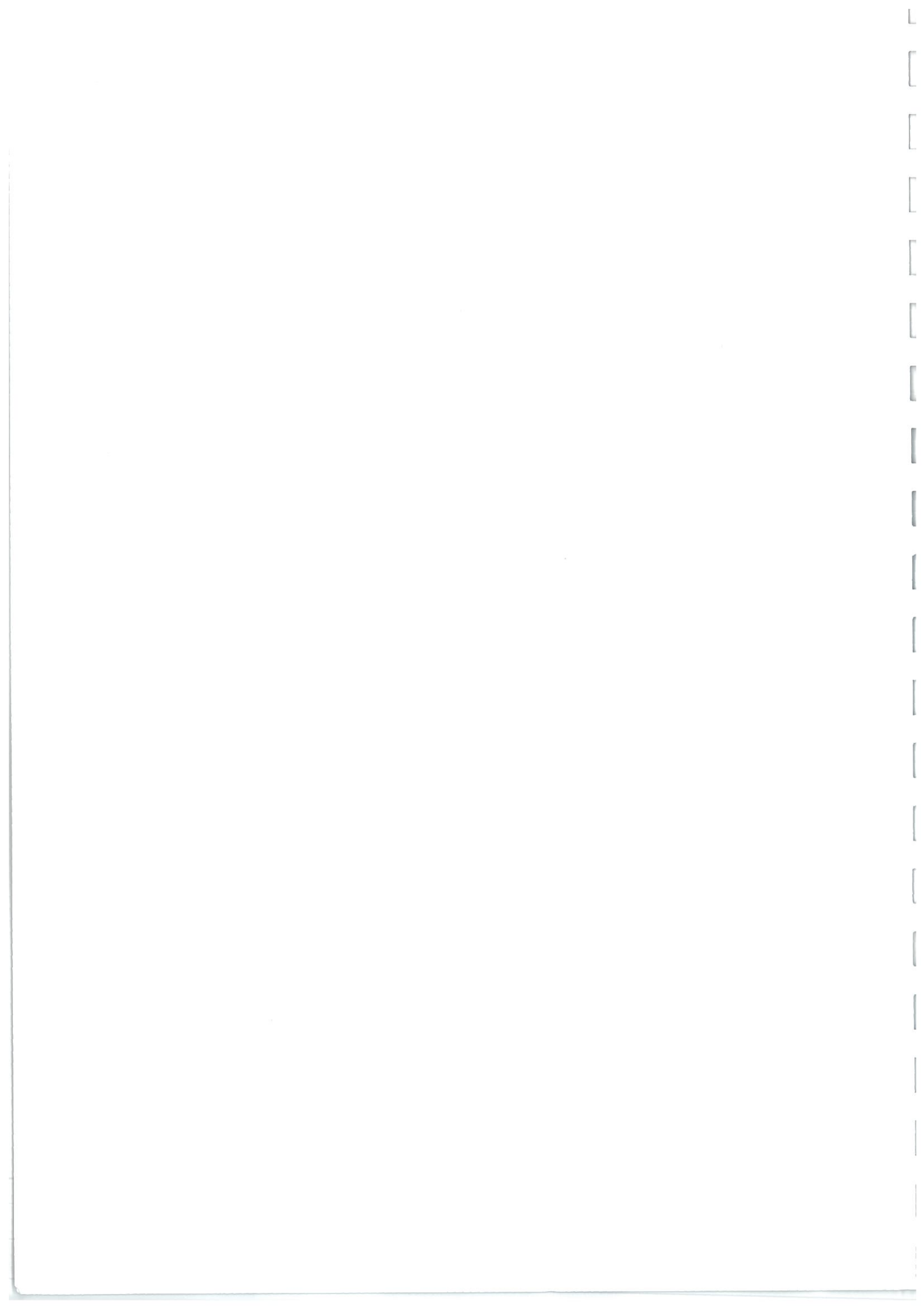
Under section 27 of COTA, an NPM’s functions, in respect of places of detention, include:

1. to examine the conditions of detention applying to detainees and the treatment of detainees; and
2. to make any recommendations it considers appropriate to the person in charge of a place of detention:
  - a. for improving the conditions of detention applying to detainees;
  - b. for improving the treatment of detainees;
  - c. for preventing torture and other cruel, inhuman or degrading treatment or punishment in places of detention.

To facilitate the exercise of their NPM functions, the Ombudsmen have delegated their powers to inspect places of detention to Inspector’s (OPCAT). Under COTA, NPMs are entitled to:

1. access all information regarding the number of detainees, the treatment of detainees and the conditions of detention;
2. unrestricted access to any place of detention for which they are designated, and unrestricted access to any person in that place;
3. interview any person, without witnesses, either personally or through an interpreter; and
4. choose the places they want to visit and the persons they want to interview.





## Condition Definition Schedule (NAMS basis)

Condition Grade	1	2	3	4	5
	Excellent Condition	Good Condition	Average Condition	Poor Condition	Very Poor Condition
Estimated life consumed	Up to 45%	Between 45% to 90%			Up to 90%
Structure	Sound structure.	Functionally sound structure.	Adequate structure, some evidence of foundation movement, minor cracking.	Structure functioning but with problems due foundation movement, Some significant cracking.	Structure has serious problems and concern is held for the integrity of the structure.
External	Fabric constructed with sound materials, true to line and level. No evidence of deterioration or discolouration.	Showing minor wear and tear and minor deterioration of surfaces.	Appearance affected by minor cracking, staining, or minor leakage. Indications of breaches of weatherproofing. Minor damage to coatings.	Fabric damaged, weakened or displaced. Appearance affected by cracking, staining, overflows, or breakages. Breaches of weatherproofing evident. Coatings in need of heavy maintenance or renewal.	Fabric is badly damaged or weakened. Appearance affected by cracking, staining, overflows, leakage, or wilful damage. Breaches of waterproofing. Coatings badly damaged or non-existent.
Internal			Appearance affected by minor cracking, staining, or minor leakage, some dampness or mildew. Minor damage to wall/ceiling finishes	Fabric damaged, weakened or displaced. Appearance affected by cracking, staining, dampness, leakage, or breakages. Breaches of waterproofing evident. Finishes of poor quality and in need of replacement.	Fabric badly damaged or weakened. Appearance affected by cracking, staining, leakage, or wilful damage. Breaches of waterproofing. Finishes badly damaged, marked and in need of replacement.
Services	All components operable and well maintained.	All components operable	Occasional outages, breakdowns or blockages. Increased maintenance required	Failures of plumbing electrical and mechanical components common place.	Plumbing electrical and mechanical components are unsafe or inoperable
Fittings	Well secured and operational, sound of function and appearance	Operational and functional, minor wear and tear	Generally operational. Minor breakage	Fittings of poor quality and appearance, often inoperable and damaged.	Most are inoperable or damaged
Maintenance	Well maintained and clean	Increased maintenance inspection required	Regular and programmed maintenance inspections essential	Frequent maintenance inspections essential. Short term element replacement/rehabilitation.	Minimum life expectancy, requiring urgent rehabilitation or replacement
Customers	No customer concerns	Deterioration causes minimal influence on occupational uses. Occasional customer concerns	Some deterioration beginning to be reflected in minor restrictions on operational uses. Customer concerns.	Regular customer complaints.	Generally, not suitable for use by customers



# Summary Asset Management Plan

## He Puna Waiora Building 30 Ground

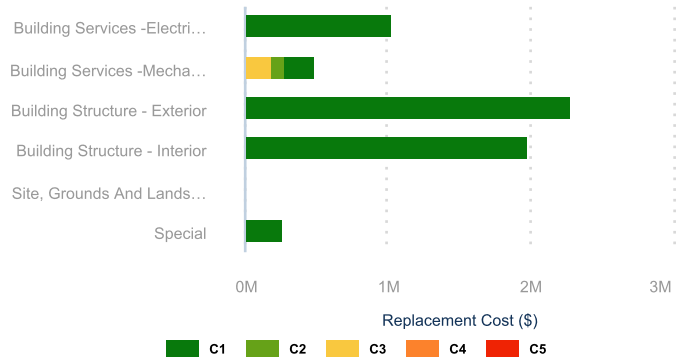
### B30N-HPWAI



<b>Address</b>	132 Shakespeare Road, Takapuna
<b>Construction Year</b>	2015
<b>Floor Area (m<sup>2</sup>)</b>	4300
<b>Survey Date</b>	07 June 2017
<b>Capital Replacement Value (\$)</b>	21,500,000
<b>Depreciated Replacement Cost (\$)</b>	20,719,417
<b>Residual Structural Cost (\$)</b>	15,230,682
<b>Standard Components (\$)</b>	5,815,274
<b>Special Components (\$)</b>	259,038
<b>Condition Grade Index</b>	1.08

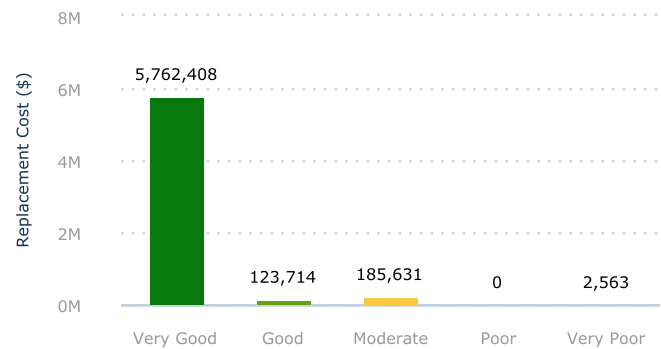
### Description

Building B30N at North Shore Hospital is a purpose built, contemporary mental health facility which was opened in 2015. The building is a detached and primarily a single level construction incorporating a reception, various offices, lounges, dining rooms, bedrooms and ablution facilities. The smaller area of the first floor houses the main administration offices and meeting rooms. The external construction materials of the building include a standard pitched metal roof, PVC and metal spouting, brick and concrete external walls with aluminium joinery and paint finishes. Interior construction materials include painted plasterboard ceilings and walls with a mix of carpeted and vinyl floor coverings, dependent on the primary function of the room space. Three plant rooms serve the building with aircon and hot and cold water services.



### Condition

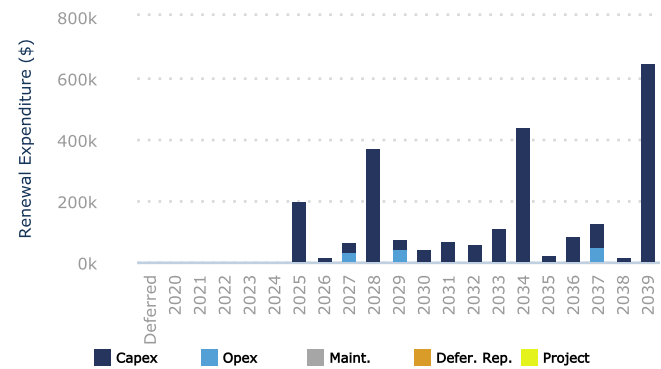
The condition profile for the building is shown on the right. A very low proportion of components by number and value were assessed to be in very poor condition, everything else being in good or very good condition.



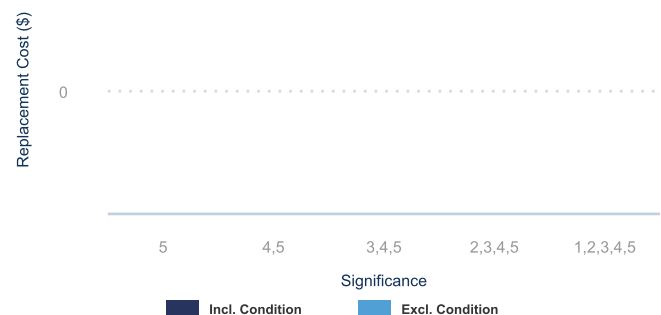
### Expenditure

The 20 year renewals expenditure forecast for this building is displayed opposite. As would be expected from a near new building there is negligible forecast expenditure on renewals in the next seven years based on the survey assessment. The first significant item of expenditure over the next 10 years is forecast to occur in 2025 which is primarily associated with replacement of smoke detectors. In 2026 the expenditure is forecast to spike to well above the 20 year average which is primarily associated with forecast need to replace flatscreen TVs, paint finishes and

10 Year Avg Lifecycle Expenditure (\$):	77,021
20 Year Avg Lifecycle Expenditure (\$):	121,257
20 Year Avg Annual Planned Maintenance (\$):	0
Deferred Replacement (\$):	8,840



### Level of Service



**Summary Asset Management Plan**  
**He Puna Waiora Building 30 Ground**  
**B30N-HPWAI**

**Components in Poor or Very Poor Condition**

Group		Type	Component	Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)
<b>He Puna Waiora Building 30 Plant Room 1</b>						
BSE	FIRE	Fire Extinguishers		Global		
				100%/1	2018	297
Comment: Dry powder, chkd 3/2015. Not recently chkd						
INT	FLO	Floor - Paint Finish		Global		
80%				20%/1	2018	8,360
Comment: Water seepage damaging paint						
<b>He Puna Waiora Building 30 Plant Room 2</b>						
BSE	FIRE	Fire Extinguishers		Global		
				100%/1	2018	297
Comment: Dry powder, chkd 3/2015. Not recently chkd						
<b>He Puna Waiora Building 30 Plant Room 3</b>						
BSE	FIRE	Fire Extinguishers		Global		
				100%/1	2018	297
Comment: Co2, chkd 3/2015. Not recently chkd						
<b>Total (\$)</b>						<b>9,251</b>

 **Poor to Very Poor Components by Group and Type**

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
He Puna Waiora Building 30 Plant Room 1	Building Services - Electrical	Fire Equipment	297	297
He Puna Waiora Building 30 Plant Room 1	Building Structure - Interior	Floors	1,672	8,360
He Puna Waiora Building 30 Plant Room 2	Building Services - Electrical	Fire Equipment	297	297
He Puna Waiora Building 30 Plant Room 3	Building Services - Electrical	Fire Equipment	297	297
<b>Total (\$)</b>			<b>2,563</b>	<b>9,251</b>



## Glossary

<b>Component</b>	The specific asset at the lowest level of detail, i.e. solid door, aluminum window, roofing iron, paling fence etc.
<b>Component Group</b>	High level categorisation of a component, i.e. external fabric, internal finishes, services, residual structural and external works & sundries.
<b>Component Type</b>	Mid-level categorisation of components that fit under Component Group, i.e. roof, windows & doors, electrical, etc.
<b>Component Criticality</b>	This is the measure of the relative importance of a building component by identifying which components are more critical to the building. Criticality factors include; Likelihood of failure, risk to service delivery, appearance, health and safety impacts.
<b>Condition</b>	Assets for which the financial, business or service level consequences of failure are sufficiently severe to justify proactive inspection and rehabilitation. Critical assets have a lower threshold for action than non-critical.
<b>Condition Grade</b>	C1 or CG 1 - Components assessed to be in Very Good condition using the NAMS condition bands. C2 or CG 2 - Components assessed to be in Good condition using the NAMS condition bands. C3 or CG 3 - Components assessed to be in Moderate condition using the NAMS condition bands. C4 or CG 4 - Components assessed to be in Poor condition using the NAMS condition bands. C5 or CG 5 - Components assessed to be in Very Poor condition using the NAMS condition bands.
<b>Condition Grade Index (CGI)</b>	The overall condition of selected components, typically within a property space or hierarchy of property spaces, weighted by replacement cost. CGI should be reported alongside the value of components in Poor and Very Poor condition to provide a more complete view.
<b>Capital Replacement Value (CRV)</b>	The cost of reconstructing a building using modern equivalent assets.
<b>Depreciated Replacement Cost (DRC)</b>	The replacement cost of an existing asset, less an allowance for wear and consumption having regard for the remaining economic life of the existing asset. It is calculated as the Gross Replacement Cost x (Remaining Life/Base Life).
<b>Gross Replacement Cost (GRC)</b>	The sum of component replacement costs within a selection. Typically used in conjunction with Capital Replacement Value and Residual Value to reflect the total replacement cost of replaceable components or surveyed components within a building or structure. $CRV = GRC + RS$ .
<b>Residual Structural (RS)</b>	The difference between the CRV and the replacement cost sum of assessment components. Used as a balancing item for determining DRC values.
<b>Risk Score</b>	Calculated score at component level reflecting where the component sits relation to its expected life (likelihood of failure) and the consequence of failure determined by component criticality and property space importance.
<b>Property Quality Standards (PQS)</b>	A desired level of performance, measured by pre-defined factors, relating to an overall characteristic of a property or portfolio.
<b>Star Rating</b>	Calculated score reflecting the current level of service (LoS) against targets weighted by service level significance.

# Summary Asset Management Plan

## WTK Waatarau Mental Health Unit Building 23 Externals

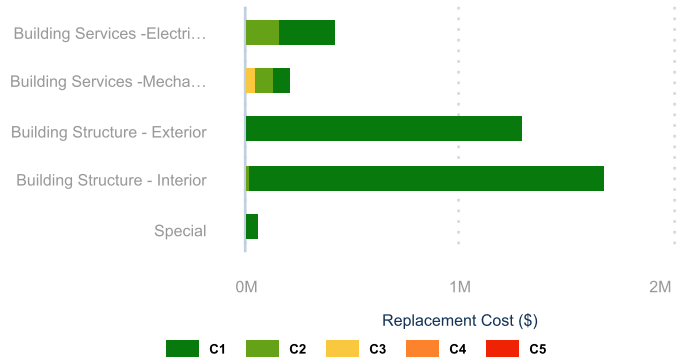
### B23W-AMHIU-EXT



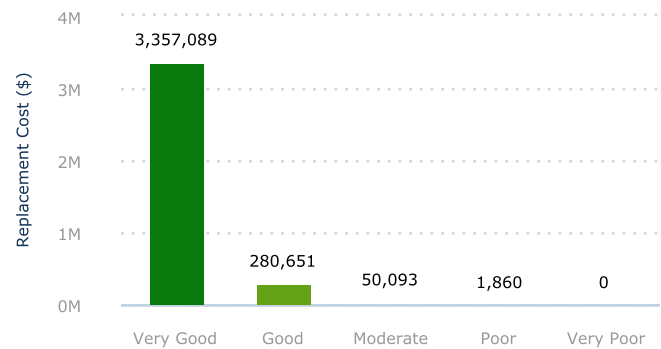
<b>Address</b>	
<b>Construction Year</b>	2007
<b>Floor Area (m<sup>2</sup>)</b>	3842
<b>Survey Date</b>	06 August 2012
<b>Capital Replacement Value (\$)</b>	5,818,300
<b>Depreciated Replacement Cost (\$)</b>	3,470,087
<b>Residual Structural Cost (\$)</b>	2,128,607
<b>Standard Components (\$)</b>	3,621,239
<b>Special Components (\$)</b>	68,454
<b>Condition Grade Index</b>	1.1

### Description

Generally single level slab on Ground with timber frame but a 446m<sup>2</sup> area of 2 levels with concrete frame. Roof is mainly coloursteel with a small area of butynol around plant and at balcony. Mixture of Roskill stone, blocks, weatherboard and fibrolite wall cladding along with aluminium exterior joinery. Internal fit out is modern and is adjusted to suit the different levels of security required and commensurate with the type of facility involved.



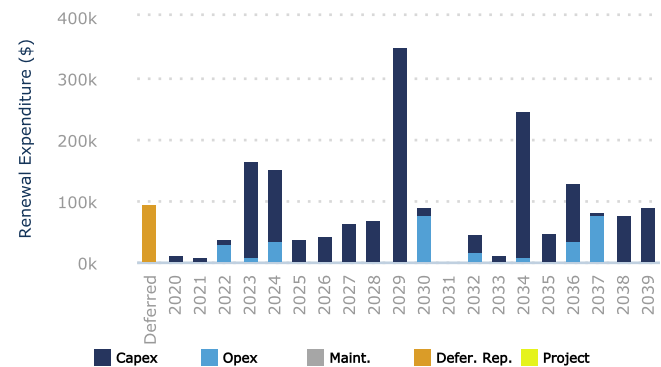
### Condition



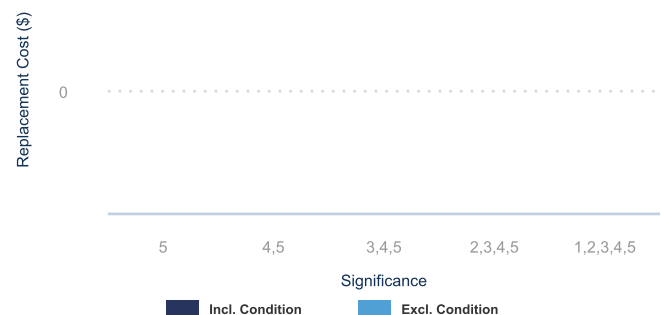
### Expenditure

- please enter a expenditure -

10 Year Avg Lifecycle Expenditure (\$):	95,634
20 Year Avg Lifecycle Expenditure (\$):	89,322
20 Year Avg Annual Planned Maintenance (\$):	0
Deferred Replacement (\$):	94,235



### Level of Service



# Summary Asset Management Plan

**WTK Waatarau Mental Health Unit Building 23 Externals**  
**B23W-AMHIU-EXT**

## Components in Poor or Very Poor Condition

Group		Type		Component		Location	
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
<b>WTK Waatarau Mental Health Unit Building 23 GF- 1.532. Quiet Lounge</b>							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014	1,860	
Comment: Graffiti Damage							
<b>Total (\$)</b>							<b>1,860</b>

# Summary Asset Management Plan

## WTK Waiaatarau Mental Health Unit Building 23 Externals B23W-AMHIU-EXT

### Poor to Very Poor Components by Group and Type

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
WTK Waiaatarau Mental Health Unit Building 23 GF- 1.532. Quiet Lounge	Building Structure - Interior	Walls	1,860	1,860
<b>Total (\$)</b>			<b>1,860</b>	<b>1,860</b>

## Glossary

<b>Component</b>	The specific asset at the lowest level of detail, i.e. solid door, aluminum window, roofing iron, paling fence etc.
<b>Component Group</b>	High level categorisation of a component, i.e. external fabric, internal finishes, services, residual structural and external works & sundries.
<b>Component Type</b>	Mid-level categorisation of components that fit under Component Group, i.e. roof, windows & doors, electrical, etc.
<b>Component Criticality</b>	This is the measure of the relative importance of a building component by identifying which components are more critical to the building. Criticality factors include; Likelihood of failure, risk to service delivery, appearance, health and safety impacts.
<b>Condition</b>	Assets for which the financial, business or service level consequences of failure are sufficiently severe to justify proactive inspection and rehabilitation. Critical assets have a lower threshold for action than non-critical.
<b>Condition Grade</b>	C1 or CG 1 - Components assessed to be in Very Good condition using the NAMS condition bands. C2 or CG 2 - Components assessed to be in Good condition using the NAMS condition bands. C3 or CG 3 - Components assessed to be in Moderate condition using the NAMS condition bands. C4 or CG 4 - Components assessed to be in Poor condition using the NAMS condition bands. C5 or CG 5 - Components assessed to be in Very Poor condition using the NAMS condition bands.
<b>Condition Grade Index (CGI)</b>	The overall condition of selected components, typically within a property space or hierarchy of property spaces, weighted by replacement cost. CGI should be reported alongside the value of components in Poor and Very Poor condition to provide a more complete view.
<b>Capital Replacement Value (CRV)</b>	The cost of reconstructing a building using modern equivalent assets.
<b>Depreciated Replacement Cost (DRC)</b>	The replacement cost of an existing asset, less an allowance for wear and consumption having regard for the remaining economic life of the existing asset. It is calculated as the Gross Replacement Cost x (Remaining Life/Base Life).
<b>Gross Replacement Cost (GRC)</b>	The sum of component replacement costs within a selection. Typically used in conjunction with Capital Replacement Value and Residual Value to reflect the total replacement cost of replaceable components or surveyed components within a building or structure. $CRV = GRC + RS$ .
<b>Residual Structural (RS)</b>	The difference between the CRV and the replacement cost sum of assessment components. Used as a balancing item for determining DRC values.
<b>Risk Score</b>	Calculated score at component level reflecting where the component sits relation to its expected life (likelihood of failure) and the consequence of failure determined by component criticality and property space importance.
<b>Property Quality Standards (PQS)</b>	A desired level of performance, measured by pre-defined factors, relating to an overall characteristic of a property or portfolio.
<b>Star Rating</b>	Calculated score reflecting the current level of service (LoS) against targets weighted by service level significance.

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

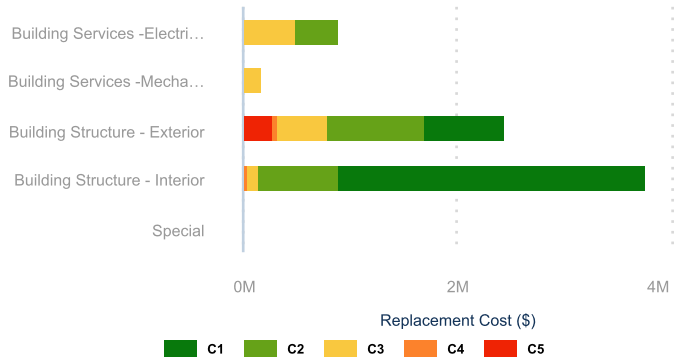


<b>Address</b>	130 Shakespeare Road
<b>Construction Year</b>	1972
<b>Floor Area (m<sup>2</sup>)</b>	9500
<b>Survey Date</b>	10 October 2012
<b>Capital Replacement Value (\$)</b>	0
<b>Depreciated Replacement Cost (\$)</b>	5,140,925
<b>Residual Structural Cost (\$)</b>	0
<b>Standard Components (\$)</b>	7,290,233
<b>Special Components (\$)</b>	3,628
<b>Condition Grade Index</b>	1.82

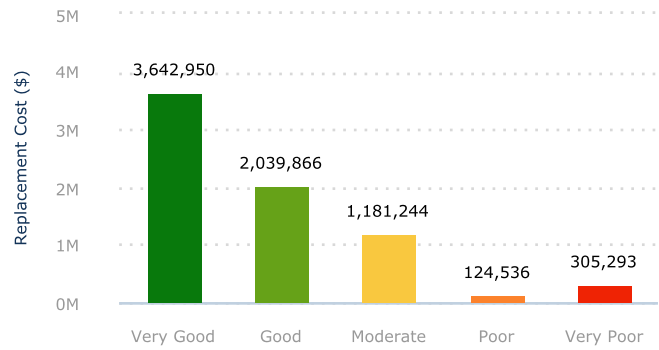


### Description

The building (which is semi-detached from the main tower block), consists of several wings at ground floor level connected by a central corridor which contains wards, clinics and physiotherapy rooms for treatment of geriatric inpatients and outpatients. The lower ground floor is used for meetings, training, administration and a library.



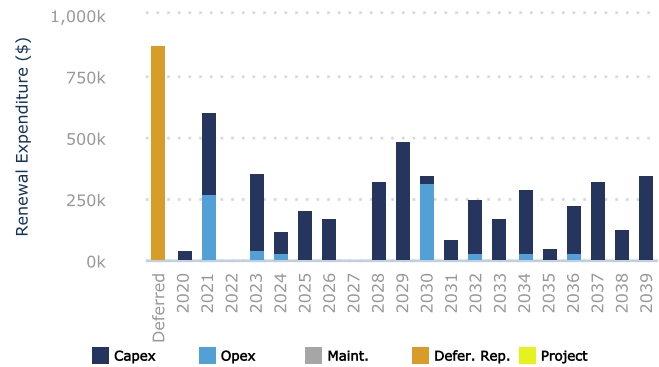
### Condition



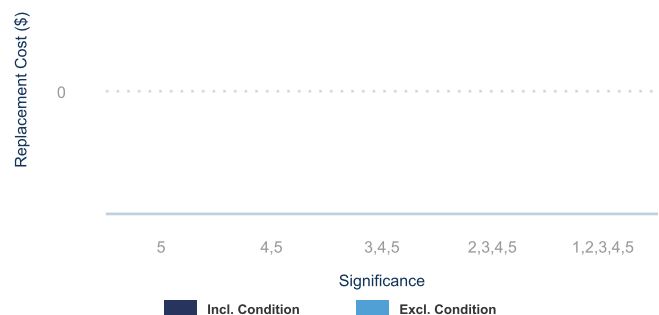
### Expenditure

- please enter a expenditure -

10 Year Avg Lifecycle Expenditure (\$):	234,067
20 Year Avg Lifecycle Expenditure (\$):	228,939
20 Year Avg Annual Planned Maintenance (\$):	0
Deferred Replacement (\$):	882,172



### Level of Service





### Components in Poor or Very Poor Condition

Group		Type		Component		Location		Repl. Yr.	Total GRC (\$)
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5					
<b>Geriatric Block Bldg 6 Zone 2 (Ward 12) &amp; External</b>									
EXT	DRE	Doors - External Timber			Global				
				100%/1		2013		873	
Comment: Peeling and delaminating									
EXT	ROF	Roof - Butynol			Global				
				100%/2		2014		267,344	
Comment: Multiple patches, seams lifting, delaminating on parapets									
EXT	ROF	Roof - Soffits			Global				
	95%/35		5%/5			2020		11,780	
Comment: Mostly fibrolite in good condition 15 sq m section plaster over wire mesh in poor condition									
EXT	WND	Windows - Paint Finish			Global				
			100%/2			2014		90	
Comment: Faded and peeling									
<b>Geriatric Block Bldg 6 Zone 3 (Ward 11) &amp; External</b>									
EXT	WND	Windows - Paint Finish			Global				
			100%/2			2014		90	
Comment: Faded and peeling									
<b>Geriatric Block Bldg 6 Zone 4/5/6 (Ward 14/Clinics) &amp; External</b>									
EXT	ROF	Roof - Butynol			Global				
	30%/9	65%/6	5%/2			2014		446,369	
Comment: Patched and worn									
EXT	ROF	Roof - Paint Finish			Global				
			100%			2015		41,689	
Comment:									
<b>Geriatric Block Bldg LG Area 1 Female Toilet (Rm L030)</b>									
INT	FLO	Floor - Vinyl			Global				
			100%/3			2015		558	
Comment: coving broken several places									
<b>Geriatric Block Bldg LG Area 1 Male Toilet (Rm L31)</b>									
INT	FLO	Floor - Vinyl			Global				
			100%/3			2015		496	
Comment: coving broken adj door									
<b>Geriatric Block Bldg LG Area 1 Nursing Dvlpmt Passageway</b>									

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group		Type	Component			Location	
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	FLO	Floor - Carpet			Global		
98%/12				2%/1	2013	8,827	
Comment: Ragged edge join with kitchenette vinyl							
<b>Geriatric Block Bldg LG Area 2 Conference 3 (Rm L525)</b>							
INT	WLF	Walls - Paint Finish			Global		
	90%/5			10%/1	2013	2,760	
Comment: Scuffed and some peel							
INT	WLF	Walls - Plasterboard(Gib)			Global		
95%/40				5%/1	2013	4,680	
Comment: some damage, gouged, holes lower sections							
<b>Geriatric Block Bldg LG Area 2 Seminar 2 (L524)</b>							
INT	WLF	Walls - Paint Finish			Global		
	90%/5			10%/1	2013	1,590	
Comment:							
<b>Geriatric Block Bldg LG Area 2 Shower (L517)</b>							
INT	FLO	Floor - Vinyl			Global		
90%/20				10%/1	2013	62	
Comment: Coving unstuck along edge of shower							
<b>Geriatric Block Bldg LG Area 2 Training Room (Rm L527)</b>							
INT	IND	Doors - Paint/Polyurethane Finish			Global		
				100%/1	2013	78	
Comment: Scratched and scuffed							
<b>Geriatric Block Bldg Zone1 Female Public Toilet (355)</b>							
INT	WLF	Walls - Toilet Partitions			Global		
95%/10				5%/1	2013	1,920	
Comment: 3mL. Lining seam parting							
<b>Geriatric Block Bldg Zone5 Receptionist (G 1184)</b>							
INT	FLO	Floor - Carpet			Global		
	80%/7			20%/1	2015	1,455	
Comment: Worn, torn, stretched beneath chair and desk							
INT	WLF	Walls - Plasterboard(Gib)			Global		
			100%		2025	1,768	
Comment:							
<b>Geriatric Block Building 6 - GF Main Corridor</b>							

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	IND	Doors - Alum/Glass		Global			
				100%/1	2013	3,052	
Comment: Double with automatic closer badly damaged,locks missing							
INT	WLF	Walls - Paint Finish		Global			
		90%/3		10%/1	2013	2,190	
Comment: Holes and peeling by physiotherapy passageway loose and damaged edge trim on doorway							
<b>Geriatric Block Building 6 - Mechanical &amp; Electrical Services 2020</b>							
BSE	PWDS	Distribution Boards		LV SwitchRoom B15N next to Nursing Development B15N			
				100%/2	2020	4,965	
Comment:							
BSE	PWDS	Distribution Boards		LV SwitchRoom B15N next to Nursing Development B15N			
			100%/0		2029	4,965	
Comment: Fuse							
BSE	PWDS	Distribution Boards		LV SwitchRoom B15N next to Nursing Development B15N			
			100%/2		2020	4,965	
Comment:							
<b>Geriatric Block Building LG Area 1 Mezzanine</b>							
INT	FLO	Floor - Particle Board		Global			
				100%	2021	2,403	
Comment:							
<b>Geriatric Block Building LG Area 1 Office (L047)</b>							
INT	FLO	Floor - Carpet		Global			
			100%/3		2015	776	
Comment: well worn							
<b>Geriatric Block Building LG Area 1 Psycho Liaison (L045)</b>							
INT	FLO	Floor - Carpet		Global			
			80%/3	20%/1	2013	3,686	
Comment: worn out adj reception desk							
<b>Geriatric Block Building LG Area 2 Corridor</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
				100%/1	2013	156	
Comment: scratched and worn							
<b>Geriatric Block Building Zone1 Charge Nurse Manager (345)</b>							

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group	Type	Component	Location			
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)
INT	WLF	Walls - Wallpaper Finish			Global	
				100%/1	2013	1,968
Comment: Edges lifting						
<b>Geriatric Block Building Zone1 Cleaners Room (341)</b>						
INT	IND	Doors - Paint/Polyurethane Finish			Global	
	75%/5			25%/1	2013	160
Comment: Chipped peeling						
INT	WLF	Walls - Paint Finish			Global	
	90%/5			10%/1	2013	1,410
Comment: Unfinished repsirs						
<b>Geriatric Block Building Zone1 Corridor 1 (307/308)</b>						
INT	WLF	Walls - Wallpaper Finish			Global	
			100%/2		2014	5,335
Comment: edges lifting, torn, scuffed						
<b>Geriatric Block Building Zone1 Corridor 2 (350)</b>						
INT	WLF	Walls - Wallpaper Finish			Global	
			100%/2		2014	2,970
Comment: edges lifting, torn, scuffed						
<b>Geriatric Block Building Zone1 Doctors Room</b>						
INT	WLF	Walls - Wallpaper Finish			Global	
			100%/2		2014	1,430
Comment: Edges lifting						
<b>Geriatric Block Building Zone1 Kitchen (310)</b>						
INT	FNF	Kitchen Bench Formica			Global	
			100%/5		2017	5,004
Comment: cupboards under. Formica top chipped and worn						
<b>Geriatric Block Building Zone1 Male Public Toilet (353)</b>						
INT	WLF	Walls - Toilet Partitions			Global	
95%/10				5%/1	2013	1,920
Comment: 3mL. Lining seam parting						
<b>Geriatric Block Building Zone1 Nurse Station/Receptionist (344)</b>						
INT	IND	Doors - Paint/Polyurethane Finish			Global	
	50%/4			50%/1	2013	160
Comment: chipped and peeling						

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group	Type	Component	Location			
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)
INT	WLF	Walls - Paint Finish			Global	
	90%/4			10%/1	2013	1,020
Comment: some scratching, scuffing						
<b>Geriatric Block Building Zone1 Patient Lounge (313)</b>						
INT	IND	Doors - Paint/Polyurethane Finish			Global	
				100%/1	2013	156
Comment: chipped and peeling						
INT	WLF	Walls - Wallpaper Finish			Global	
			100%/2		2014	540
Comment: edges lifting						
<b>Geriatric Block Building Zone1 PYXIS Room (342)</b>						
INT	IND	Doors - Paint/Polyurethane Finish			Global	
		50%/3		50%/1	2013	80
Comment: Peeling						
<b>Geriatric Block Building Zone1 Shower Room (337)</b>						
INT	IND	Doors - Paint/Polyurethane Finish			Global	
	50%/5		50%/2		2014	87
Comment: peel						
<b>Geriatric Block Building Zone1 Shower Room (349)</b>						
INT	IND	Doors - Paint/Polyurethane Finish			Global	
				100%/1	2013	80
Comment: scuffed and scraped						
<b>Geriatric Block Building Zone1 Storeroom (310a)</b>						
INT	FNF	Kitchen Bench Formica			Global	
			100%/5		2017	5,004
Comment: Cupboards under. Formica top chipped and worn						
INT	WLF	Walls - Paint Finish			Global	
	70%/6			30%/1	2013	1,020
Comment: unfinished repairs						
<b>Geriatric Block Building Zone1 Toilet (302)</b>						
INT	IND	Doors - Paint/Polyurethane Finish			Global	
	50%/5			50%/1	2013	87
Comment: scuffed and scraped						
<b>Geriatric Block Building Zone1 Toilet (305)</b>						

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	IND	Doors - Paint/Polyurethane Finish		Global			
	50%/5			50%/1	2013	87	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Toilet (316)</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
	50%/5			50%/1	2013	80	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Toilet (319)</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
	50%/5			50%/1	2013	87	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Toilet (324)</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
	50%/5			50%/1	2013	87	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Toilet (327)</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
	50%/5		50%/2		2014	174	
Comment: peel							
<b>Geriatric Block Building Zone1 Toilet (333)</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
	50%/5		50%/2		2014	174	
Comment: peel							
<b>Geriatric Block Building Zone1 Visitors (358)</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
	50%/5			50%/1	2013	87	
Comment: chipped and peeling							
INT	WLF	Walls - Wallpaper Finish		Global			
			100%/2		2014	1,870	
Comment: Edges lifting							
<b>Geriatric Block Building Zone1 Wardroom 1 (303)</b>							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014	1,230	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Wardroom 2 (306)</b>							



# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group	Type	Component			Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	WLF	Walls - Paint Finish			Global		
	50%/5			50%/1	2013	1,230	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Wardroom 7 (323)</b>							
INT	WLF	Walls - Paint Finish			Global		
	70%/5			30%/1	2013	1,230	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Ward Room 8 (320)</b>							
INT	WLF	Walls - Paint Finish			Global		
	70%/5			30%/1	2013	1,230	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Ward Room 9 (317)</b>							
INT	WLF	Walls - Paint Finish			Global		
	70%/5			30%/1	2013	1,230	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Washroom (304)</b>							
INT	IND	Doors - Paint/Polyurethane Finish			Global		
	50%/5			50%/1	2013	87	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Washroom (307)</b>							
INT	IND	Doors - Paint/Polyurethane Finish			Global		
	50%/5			50%/1	2013	87	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Washroom (318)</b>							
INT	IND	Doors - Paint/Polyurethane Finish			Global		
	50%/5			50%/1	2013	87	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Washroom (321)</b>							
INT	IND	Doors - Paint/Polyurethane Finish			Global		
	50%/5			50%/1	2013	87	
Comment: scuffed and scraped							
<b>Geriatric Block Building Zone1 Washroom (322)</b>							
INT	IND	Doors - Paint/Polyurethane Finish			Global		
	50%/5			50%/1	2013	87	
Comment: scuffed and scraped							

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
<b>Geriatric Block Building Zone2 Corridor (201)</b>							
INT	IND	Doors - Solid		Global			
	95%/25			5%/5	2017	1,360	
Comment: Edges chipped on double door							
<b>Geriatric Block Building Zone2 R 10 Ward (246)</b>							
INT	WLF	Walls - Plasterboard(Gib)		Global			
	95%/25			5%/3	2015	2,548	
Comment: Hole and damage by light switch							
<b>Geriatric Block Building Zone2 R13 Laundry (243)</b>							
INT	CEI	Ceilings - Plasterboard		Global			
	95%/35			5%/1	2013	315	
Comment: Unfinished repair of hole							
<b>Geriatric Block Building Zone2 R25 Store Room</b>							
INT	IND	Doors - Sliding		Global			
			100%/10		2023	1,517	
Comment: Vinyl panel delaminating							
<b>Geriatric Block Building Zone2 R36 Store</b>							
INT	WLF	Walls - Plasterboard(Gib)		Global			
	95%/40			5%/3	2015	884	
Comment: Hole where flush box removed							
<b>Geriatric Block Building Zone2 R38 Unisex Toilet</b>							
INT	WLF	Walls - Interior Melteca		Global			
				100%	2018	2,870	
Comment: Some nail holes							
<b>Geriatric Block Building Zone2 R39 Patients Lounge (218)</b>							
INT	WLF	Walls - Paint Finish		Global			
	90%/5		10%/2		2014	1,410	
Comment: Scuffing gouges and small holes							
<b>Geriatric Block Building Zone2 R 57 Store (209)</b>							
INT	WLF	Walls - Plasterboard(Gib)		Global			
	95%/40			5%/3	2015	884	
Comment: Hole where flush box removed							
<b>Geriatric Block Building Zone2 R9 Washroom</b>							

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	IND	Doors - Sliding		Global			
			100%/10		2023		1,623
Comment: Vinyl panel delaminating							
<b>Geriatric Block Building Zone2 Supplies Room (255)</b>							
INT	WLF	Walls - Paint Finish		Global			
	60%/5			40%/1	2013		1,170
Comment: 2 part walls unstopped and unpainted unfinished repair							
INT	WLF	Walls - Plasterboard(Gib)		Global			
	90%/35			10%/1	2013		2,028
Comment: Stopping required of repairs							
<b>Geriatric Block Building Zone3 Bed 10</b>							
INT	WLF	Walls - Paint Finish		Global			
	90%/7			10%/1	2013		1,080
Comment: Some peel							
INT	WLF	Walls - Plasterboard(Gib)		Global			
	98%/40			2%/1	2013		1,872
Comment: Some unrepaired damage on corners							
<b>Geriatric Block Building Zone3 Bed 11-12</b>							
INT	WLF	Walls - Paint Finish		Global			
	98%/7			2%/1	2013		1,380
Comment: Some peel							
<b>Geriatric Block Building Zone3 Bed 13</b>							
INT	WLF	Walls - Paint Finish		Global			
	90%/7			10%/1	2013		840
Comment: some peel							
<b>Geriatric Block Building Zone3 Bed 15</b>							
INT	WLF	Walls - Paint Finish		Global			
	90%/7			10%/1	2013		840
Comment: some peel							
<b>Geriatric Block Building Zone3 Bed 21</b>							
INT	WLF	Walls - Paint Finish		Global			
	90%/7			10%/1	2013		1,200
Comment: Some peel							
<b>Geriatric Block Building Zone3 Bed 22</b>							

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group	Type	Component	Location			
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)
INT	WLF	Walls - Paint Finish		Global		
90%/7				10%/1	2013	1,200
Comment: Some peel						
<b>Geriatric Block Building Zone3 Bed23</b>						
INT	WLF	Walls - Paint Finish		Global		
90%/7				10%/1	2013	1,200
Comment: Some peel						
<b>Geriatric Block Building Zone3 Bed 9</b>						
INT	WLF	Walls - Paint Finish		Global		
90%/7				10%/1	2013	1,080
Comment: Some peel						
INT	WLF	Walls - Plasterboard(Gib)		Global		
98%/40				2%/1	2013	1,872
Comment: Some unrepaired damage corners						
<b>Geriatric Block Building Zone3 Beds 1-4</b>						
INT	WLF	Walls - Paint Finish		Global		
95%/7				5%/1	2013	1,770
Comment: Some peel						
<b>Geriatric Block Building Zone3 Beds 17-20</b>						
INT	WLF	Walls - Paint Finish		Global		
95%/7				5%/1	2013	1,770
Comment: Some peel						
<b>Geriatric Block Building Zone3 Beds 25-28</b>						
INT	WLF	Walls - Paint Finish		Global		
80%/7				20%/1	2013	1,770
Comment: Some peel						
<b>Geriatric Block Building Zone3 Beds 29-32</b>						
INT	WLF	Walls - Paint Finish		Global		
80%/7				20%/1	2013	1,770
Comment: Some peel						
<b>Geriatric Block Building Zone3 Beds 5-8</b>						
INT	WLF	Walls - Paint Finish		Global		
95%/7				5%/1	2013	1,770
Comment: Some peel						
<b>Geriatric Block Building Zone3 Corridor</b>						

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group	Type	Component	Location			
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)
INT	IND	Doors - Smoke Stop		Global		
98%/40				2%/1	2013	6,298
Comment: Double, automatic close. Damage to back edge RH door. Some scratches						
INT	WLF	Walls - Paint Finish		Global		
50%/7				50%/1	2013	690
Comment: Back side scratched						
<b>Geriatric Block Building Zone 3 Corridor (Staff Base/Utility)</b>						
INT	IND	Doors - Paint/Polyurethane Finish		Global		
	80%/5			20%/1	2013	156
Comment: Scuffed and marked on edges, vinyl section edge lifting						
<b>Geriatric Block Building Zone3 Nurses station</b>						
INT	IND	Doors - Timber/Glass		Global		
98%/40				2%/1	2013	1,383
Comment: Door handle loose, requires repair						
INT	WLF	Walls - Paint Finish		Global		
95%/7				5%/1	2013	1,020
Comment: Unfinished repair adj door, scuffing lower areas						
<b>Geriatric Block Building Zone4 Bathroom (448)</b>						
INT	IND	Doors - Paint/Polyurethane Finish		Global		
			100%/2		2014	78
Comment: Scuffing and peeling						
<b>Geriatric Block Building Zone4 Corridor</b>						
INT	WLF	Walls - Wallpaper Finish		Global		
				100%/1	2013	1,035
Comment: edges lifting, peeling, torn						
<b>Geriatric Block Building Zone4 Patient Shower 1</b>						
INT	WLF	Walls - Paint Finish		Global		
		70%/3		30%/1	2013	390
Comment: peeling lower wall						
<b>Geriatric Block Building Zone4 Patient Toilet Ward 2</b>						
INT	IND	Doors - Paint/Polyurethane Finish		Global		
				100%/1	2013	80
Comment: Scuffed and peeling						
<b>Geriatric Block Building Zone4 Patient Toilet (Ward 3/4 (433))</b>						

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	IND	Doors - Paint/Polyurethane Finish		Global			
				100%/1	2013	78	
Comment: scratched and scraped							
<b>Geriatric Block Building Zone4 Patient Toilet (Ward 5/6 (427))</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
				100%/1	2013	156	
Comment: scratched and scraped							
<b>Geriatric Block Building Zone4 R Visitors Interview (439)</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
			100%/2		2014	78	
Comment: Major scratches, gouges, and peeling							
INT	WLF	Walls - Wallpaper Finish		Global			
			100%/2		2014	1,350	
Comment: Tears, joins lifting, peeling, staining							
<b>Geriatric Block Building Zone4 Shower Room 2</b>							
INT	WLF	Walls - Paint Finish		Global			
	30%/4			70%/1	2013	300	
Comment: peeling on 2 walls							
<b>Geriatric Block Building Zone4 Shower Room 3</b>							
INT	WLF	Walls - Paint Finish		Global			
	60%/5			40%/1	2013	300	
Comment: Peeling one wall							
<b>Geriatric Block Building Zone4 Ward Room 3</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
	25%/4			75%/1	2013	156	
Comment: Scuffed and scraped, peel							
INT	WLF	Walls - Wallpaper Finish		Global			
		50%/3		50%/1	2013	1,215	
Comment: scratched and torn							
<b>Geriatric Block Building Zone4 Ward Room 4</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
	25%/4			75%/1	2013	156	
Comment: Scuffed and scraped, peel							



# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group		Type	Component			Location	
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	WLF	Walls - Wallpaper Finish			Global		
		50%/3		50%/1	2013	1,215	
Comment: scratched and torn							
<b>Geriatric Block Building Zone4 Ward Room 5</b>							
INT	IND	Doors - Paint/Polyurethane Finish			Global		
	25%/4			75%/1	2013	78	
Comment: Scuffed and scraped, peel							
INT	WLF	Walls - Wallpaper Finish			Global		
		50%/3		50%/1	2013	1,215	
Comment: scratched and torn							
<b>Geriatric Block Building Zone4 Ward Room 6</b>							
INT	IND	Doors - Paint/Polyurethane Finish			Global		
	25%/4			75%/1	2013	78	
Comment: Scuffed and scraped, peel							
INT	WLF	Walls - Wallpaper Finish			Global		
		50%/3		50%/1	2013	1,215	
Comment: scratched and torn							
<b>Geriatric Block Building Zone5 Corridor</b>							
INT	IND	Doors - Timber/Glass			Global?		
	50%/40			50%/3	2015	5,532	
Comment: Door #???? Damage to frame around glass							
<b>Geriatric Block Building Zone5 OT &amp; SLT Staff Office (G 1180)</b>							
INT	WLF	Walls - Paint Finish			Global		
	90%/8			10%/1	2013	2,430	
Comment: Minor peel, one patch not repainted							
<b>Geriatric Block Building Zone5 Stroller Storeroom</b>							
INT	WLF	Walls - Paint Finish			Global		
	95%/8			5%/1	2013	720	
Comment: wall lining torn							
INT	WLF	Walls - Plasterboard(Gib)			Global		
	95%/40			5%/1	2013	1,248	
Comment: unrepaired damage patch							
<b>Geriatric Block Building Zone6 Consult 1</b>							

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Group		Type	Component			Location	
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	CEI	Ceilings -Suspended			Global		
95%/40				5%/1	2013	840	
Comment: Panel missing							
<b>Geriatric Block Building Zone6 Consult 3 (G 1073)</b>							
INT	CEI	Ceilings -Suspended			Global		
95%/40				5%/1	2015	1,596	
Comment: Panel missing							
<b>Total (\$)</b>						<b>926,358</b>	

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

### Poor to Very Poor Components by Group and Type

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Geriatric Block Bldg 6 Zone 2 (Ward 12) & External	Building Structure - Exterior	Doors - External	873	873
Geriatric Block Bldg 6 Zone 2 (Ward 12) & External	Building Structure - Exterior	Roof	267,933	279,124
Geriatric Block Bldg 6 Zone 2 (Ward 12) & External	Building Structure - Exterior	Windows	90	90
Geriatric Block Bldg 6 Zone 3 (Ward 11) & External	Building Structure - Exterior	Windows	90	90
Geriatric Block Bldg 6 Zone 4/5/6 (Ward 14/Clinics) & External	Building Structure - Exterior	Roof	64,007	488,058
Geriatric Block Bldg LG Area 1 Female Toilet (Rm L030)	Building Structure - Interior	Floors	558	558
Geriatric Block Bldg LG Area 1 Male Toilet (Rm L31)	Building Structure - Interior	Floors	496	496
Geriatric Block Bldg LG Area 1 Nursing Dvlpmt Passageway	Building Structure - Interior	Floors	177	8,827
Geriatric Block Bldg LG Area 2 Conference 3 (Rm L525)	Building Structure - Interior	Walls	510	7,440
Geriatric Block Bldg LG Area 2 Seminar 2 (L524)	Building Structure - Interior	Walls	159	1,590
Geriatric Block Bldg LG Area 2 Shower (L517)	Building Structure - Interior	Floors	6	62
Geriatric Block Bldg LG Area 2 Training Room (Rm L527)	Building Structure - Interior	Doors - Internal	78	78
Geriatric Block Bldg Zone1 Female Public Toilet (355)	Building Structure - Interior	Walls	96	1,920
Geriatric Block Bldg Zone5 Receptionist (G 1184)	Building Structure - Interior	Floors	291	1,455
Geriatric Block Bldg Zone5 Receptionist (G 1184)	Building Structure - Interior	Walls	1,768	1,768
Geriatric Block Building 6 - GF Main Corridor	Building Structure - Interior	Doors - Internal	3,052	3,052
Geriatric Block Building 6 - GF Main Corridor	Building Structure - Interior	Walls	219	2,190
Geriatric Block Building 6 - Mechanical & Electrical Services 2020	Building Services - Electrical	Power & Distribution	34,755	34,755
Geriatric Block Building LG Area 1 Mezzanine	Building Structure - Interior	Floors	2,403	2,403
Geriatric Block Building LG Area 1 Office (L047)	Building Structure - Interior	Floors	776	776
Geriatric Block Building LG Area 1 Psycho Liaison (L045)	Building Structure - Interior	Floors	3,686	3,686
Geriatric Block Building LG Area 2 Corridor	Building Structure - Interior	Doors - Internal	156	156
Geriatric Block Building Zone1 Charge Nurse Manager (345)	Building Structure - Interior	Walls	1,968	1,968
Geriatric Block Building Zone1 Cleaners Room (341)	Building Structure - Interior	Doors - Internal	40	160
Geriatric Block Building Zone1 Cleaners Room (341)	Building Structure - Interior	Walls	141	1,410
Geriatric Block Building Zone1 Corridor 1 (307/308)	Building Structure - Interior	Walls	5,335	5,335
Geriatric Block Building Zone1 Corridor 2 (350)	Building Structure - Interior	Walls	2,970	2,970
Geriatric Block Building Zone1 Doctors Room	Building Structure - Interior	Walls	1,430	1,430
Geriatric Block Building Zone1 Kitchen (310)	Building Structure - Interior	Fixtures & Fittings	5,004	5,004
Geriatric Block Building Zone1 Male Public Toilet (353)	Building Structure - Interior	Walls	96	1,920

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Geriatric Block Building Zone1 Nurse Station/Receptionist (344)	Building Structure - Interior	Doors - Internal	80	160
Geriatric Block Building Zone1 Nurse Station/Receptionist (344)	Building Structure - Interior	Walls	102	1,020
Geriatric Block Building Zone1 Patient Lounge (313)	Building Structure - Interior	Doors - Internal	156	156
Geriatric Block Building Zone1 Patient Lounge (313)	Building Structure - Interior	Walls	540	540
Geriatric Block Building Zone1 PYXIS Room (342)	Building Structure - Interior	Doors - Internal	40	80
Geriatric Block Building Zone1 Shower Room (337)	Building Structure - Interior	Doors - Internal	44	87
Geriatric Block Building Zone1 Shower Room (349)	Building Structure - Interior	Doors - Internal	80	80
Geriatric Block Building Zone1 Storeroom (310a)	Building Structure - Interior	Fixtures & Fittings	5,004	5,004
Geriatric Block Building Zone1 Storeroom (310a)	Building Structure - Interior	Walls	306	1,020
Geriatric Block Building Zone1 Toilet (302)	Building Structure - Interior	Doors - Internal	44	87
Geriatric Block Building Zone1 Toilet (305)	Building Structure - Interior	Doors - Internal	44	87
Geriatric Block Building Zone1 Toilet (316)	Building Structure - Interior	Doors - Internal	40	80
Geriatric Block Building Zone1 Toilet (319)	Building Structure - Interior	Doors - Internal	44	87
Geriatric Block Building Zone1 Toilet (324)	Building Structure - Interior	Doors - Internal	44	87
Geriatric Block Building Zone1 Toilet (327)	Building Structure - Interior	Doors - Internal	87	174
Geriatric Block Building Zone1 Toilet (333)	Building Structure - Interior	Doors - Internal	87	174
Geriatric Block Building Zone1 Visitors (358)	Building Structure - Interior	Doors - Internal	44	87
Geriatric Block Building Zone1 Visitors (358)	Building Structure - Interior	Walls	1,870	1,870
Geriatric Block Building Zone1 Wardroom 1 (303)	Building Structure - Interior	Walls	1,230	1,230
Geriatric Block Building Zone1 Wardroom 2 (306)	Building Structure - Interior	Walls	615	1,230
Geriatric Block Building Zone1 Wardroom 7 (323)	Building Structure - Interior	Walls	369	1,230
Geriatric Block Building Zone1 Ward Room 8 (320)	Building Structure - Interior	Walls	369	1,230
Geriatric Block Building Zone1 Ward Room 9 (317)	Building Structure - Interior	Walls	369	1,230
Geriatric Block Building Zone1 Washroom (304)	Building Structure - Interior	Doors - Internal	44	87
Geriatric Block Building Zone1 Washroom (307)	Building Structure - Interior	Doors - Internal	44	87
Geriatric Block Building Zone1 Washroom (318)	Building Structure - Interior	Doors - Internal	44	87
Geriatric Block Building Zone1 Washroom (321)	Building Structure - Interior	Doors - Internal	44	87
Geriatric Block Building Zone1 Washroom (322)	Building Structure - Interior	Doors - Internal	44	87
Geriatric Block Building Zone2 Corridor (201)	Building Structure - Interior	Doors - Internal	68	1,360
Geriatric Block Building Zone2 R 10 Ward (246)	Building Structure - Interior	Walls	127	2,548
Geriatric Block Building Zone2 R13 Laundry (243)	Building Structure - Interior	Ceilings	16	315

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Geriatric Block Building Zone2 R25 Store Room	Building Structure - Interior	Doors - Internal	1,517	1,517
Geriatric Block Building Zone2 R36 Store	Building Structure - Interior	Walls	44	884
Geriatric Block Building Zone2 R38 Unisex Toilet	Building Structure - Interior	Walls	2,870	2,870
Geriatric Block Building Zone2 R39 Patients Lounge (218)	Building Structure - Interior	Walls	141	1,410
Geriatric Block Building Zone2 R 57 Store (209)	Building Structure - Interior	Walls	44	884
Geriatric Block Building Zone2 R9 Washroom	Building Structure - Interior	Doors - Internal	1,623	1,623
Geriatric Block Building Zone2 Supplies Room (255)	Building Structure - Interior	Walls	671	3,198
Geriatric Block Building Zone3 Bed 10	Building Structure - Interior	Walls	145	2,952
Geriatric Block Building Zone3 Bed 11-12	Building Structure - Interior	Walls	28	1,380
Geriatric Block Building Zone3 Bed 13	Building Structure - Interior	Walls	84	840
Geriatric Block Building Zone3 Bed 15	Building Structure - Interior	Walls	84	840
Geriatric Block Building Zone3 Bed 21	Building Structure - Interior	Walls	120	1,200
Geriatric Block Building Zone3 Bed 22	Building Structure - Interior	Walls	120	1,200
Geriatric Block Building Zone3 Bed23	Building Structure - Interior	Walls	120	1,200
Geriatric Block Building Zone3 Bed 9	Building Structure - Interior	Walls	145	2,952
Geriatric Block Building Zone3 Beds 1-4	Building Structure - Interior	Walls	88	1,770
Geriatric Block Building Zone3 Beds 17-20	Building Structure - Interior	Walls	88	1,770
Geriatric Block Building Zone3 Beds 25-28	Building Structure - Interior	Walls	354	1,770
Geriatric Block Building Zone3 Beds 29-32	Building Structure - Interior	Walls	354	1,770
Geriatric Block Building Zone3 Beds 5-8	Building Structure - Interior	Walls	88	1,770
Geriatric Block Building Zone3 Corridor	Building Structure - Interior	Doors - Internal	126	6,298
Geriatric Block Building Zone3 Corridor	Building Structure - Interior	Walls	345	690
Geriatric Block Building Zone 3 Corridor (Staff Base/Utility)	Building Structure - Interior	Doors - Internal	31	156
Geriatric Block Building Zone3 Nurses station	Building Structure - Interior	Doors - Internal	28	1,383
Geriatric Block Building Zone3 Nurses station	Building Structure - Interior	Walls	51	1,020
Geriatric Block Building Zone4 Bathroom (448)	Building Structure - Interior	Doors - Internal	78	78
Geriatric Block Building Zone4 Corridor	Building Structure - Interior	Walls	1,035	1,035
Geriatric Block Building Zone4 Patient Shower 1	Building Structure - Interior	Walls	117	390
Geriatric Block Building Zone4 Patient Toilet Ward 2	Building Structure - Interior	Doors - Internal	80	80
Geriatric Block Building Zone4 Patient Toilet (Ward 3/4 (433))	Building Structure - Interior	Doors - Internal	78	78
Geriatric Block Building Zone4 Patient Toilet (Ward 5/6 (427))	Building Structure - Interior	Doors - Internal	156	156

# Summary Asset Management Plan

## Geriatric Block Building 6

### B6N-GERBL

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Geriatric Block Interview (439)	Building Zone4 R Visitors	Building Structure - Interior Doors - Internal	78	78
Geriatric Block Interview (439)	Building Zone4 R Visitors	Building Structure - Interior Walls	1,350	1,350
Geriatric Block	Building Zone4 Shower Room 2	Building Structure - Interior Walls	210	300
Geriatric Block	Building Zone4 Shower Room 3	Building Structure - Interior Walls	120	300
Geriatric Block	Building Zone4 Ward Room 3	Building Structure - Interior Doors - Internal	117	156
Geriatric Block	Building Zone4 Ward Room 3	Building Structure - Interior Walls	608	1,215
Geriatric Block	Building Zone4 Ward Room 4	Building Structure - Interior Doors - Internal	117	156
Geriatric Block	Building Zone4 Ward Room 4	Building Structure - Interior Walls	608	1,215
Geriatric Block	Building Zone4 Ward Room 5	Building Structure - Interior Doors - Internal	58	78
Geriatric Block	Building Zone4 Ward Room 5	Building Structure - Interior Walls	608	1,215
Geriatric Block	Building Zone4 Ward Room 6	Building Structure - Interior Doors - Internal	58	78
Geriatric Block	Building Zone4 Ward Room 6	Building Structure - Interior Walls	608	1,215
Geriatric Block	Building Zone5 Corridor	Building Structure - Interior Doors - Internal	2,766	5,532
Geriatric Block Office (G 1180)	Building Zone5 OT & SLT Staff	Building Structure - Interior Walls	243	2,430
Geriatric Block Storerroom	Building Zone5 Stroller	Building Structure - Interior Walls	98	1,968
Geriatric Block	Building Zone6 Consult 1	Building Structure - Interior Ceilings	42	840
Geriatric Block (G 1073)	Building Zone6 Consult 3 (G 1073)	Building Structure - Interior Ceilings	80	1,596
<b>Total (\$)</b>			<b>429,824</b>	<b>946,218</b>



## Glossary

<b>Component</b>	The specific asset at the lowest level of detail, i.e. solid door, aluminum window, roofing iron, paling fence etc.
<b>Component Group</b>	High level categorisation of a component, i.e. external fabric, internal finishes, services, residual structural and external works & sundries.
<b>Component Type</b>	Mid-level categorisation of components that fit under Component Group, i.e. roof, windows & doors, electrical, etc.
<b>Component Criticality</b>	This is the measure of the relative importance of a building component by identifying which components are more critical to the building. Criticality factors include; Likelihood of failure, risk to service delivery, appearance, health and safety impacts.
<b>Condition</b>	Assets for which the financial, business or service level consequences of failure are sufficiently severe to justify proactive inspection and rehabilitation. Critical assets have a lower threshold for action than non-critical.
<b>Condition Grade</b>	C1 or CG 1 - Components assessed to be in Very Good condition using the NAMS condition bands. C2 or CG 2 - Components assessed to be in Good condition using the NAMS condition bands. C3 or CG 3 - Components assessed to be in Moderate condition using the NAMS condition bands. C4 or CG 4 - Components assessed to be in Poor condition using the NAMS condition bands. C5 or CG 5 - Components assessed to be in Very Poor condition using the NAMS condition bands.
<b>Condition Grade Index (CGI)</b>	The overall condition of selected components, typically within a property space or hierarchy of property spaces, weighted by replacement cost. CGI should be reported alongside the value of components in Poor and Very Poor condition to provide a more complete view.
<b>Capital Replacement Value (CRV)</b>	The cost of reconstructing a building using modern equivalent assets.
<b>Depreciated Replacement Cost (DRC)</b>	The replacement cost of an existing asset, less an allowance for wear and consumption having regard for the remaining economic life of the existing asset. It is calculated as the Gross Replacement Cost x (Remaining Life/Base Life).
<b>Gross Replacement Cost (GRC)</b>	The sum of component replacement costs within a selection. Typically used in conjunction with Capital Replacement Value and Residual Value to reflect the total replacement cost of replaceable components or surveyed components within a building or structure. $CRV = GRC + RS$ .
<b>Residual Structural (RS)</b>	The difference between the CRV and the replacement cost sum of assessment components. Used as a balancing item for determining DRC values.
<b>Risk Score</b>	Calculated score at component level reflecting where the component sits relation to its expected life (likelihood of failure) and the consequence of failure determined by component criticality and property space importance.
<b>Property Quality Standards (PQS)</b>	A desired level of performance, measured by pre-defined factors, relating to an overall characteristic of a property or portfolio.
<b>Star Rating</b>	Calculated score reflecting the current level of service (LoS) against targets weighted by service level significance.

# Summary Asset Management Plan

## Mason Kauri Totara ( Mason Clinic ) Building 1

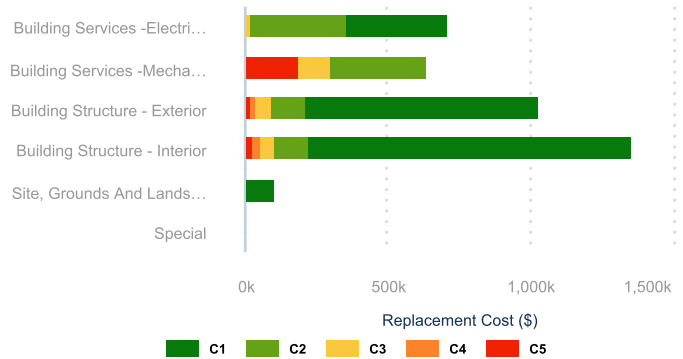
### B01C-KATO



<b>Address</b>	81 A Carrington Road, Mt Albert
<b>Construction Year</b>	1991
<b>Floor Area (m<sup>2</sup>)</b>	0
<b>Survey Date</b>	13 November 2012
<b>Capital Replacement Value (\$)</b>	2,821,000
<b>Depreciated Replacement Cost (\$)</b>	2,987,464
<b>Residual Structural Cost (\$)</b>	1,217,885
<b>Standard Components (\$)</b>	3,851,423
<b>Special Components (\$)</b>	3,460
<b>Condition Grade Index</b>	1.64

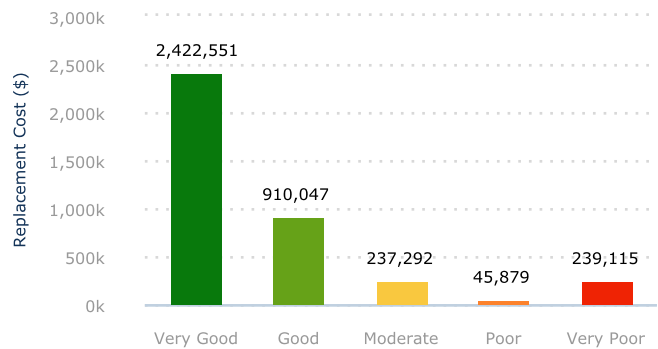
### Description

This large building is basically 2 separate wings (Kauri and Totara) totally adjoined and under the same roof but operated as separate facilities. Generally slab on ground with concrete walls and some fibrolite. Mixture of tile and metal roofing and aluminium windows. Internal fit is typical in both wings and has been finished commensurate with the type of facility operated with the emphasis on security. External components are measured as separate wings as are the internals.



### Condition

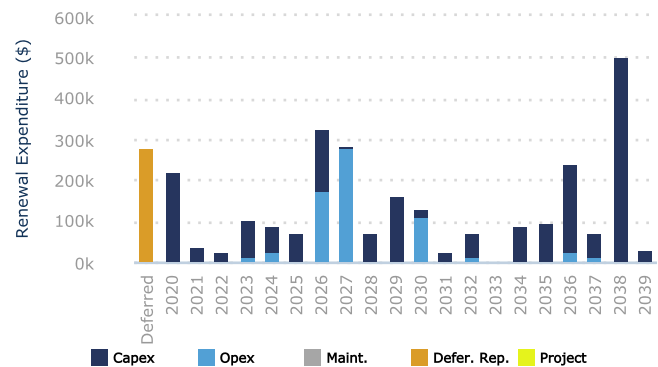
Asset condition has been updated on 15th November 2013, in accordance with a number of projects completed between November 2012 and August 2013. The adjacent condition profile reflects these changes.



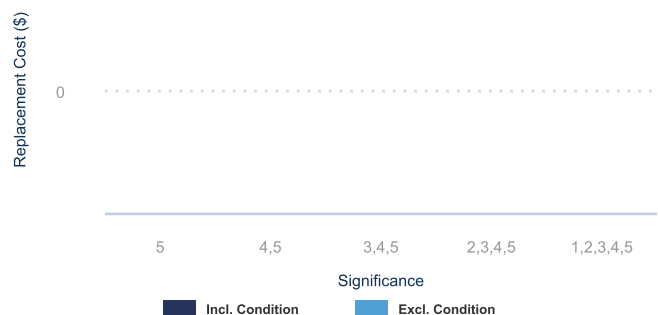
### Expenditure

This comment field is designed for the asset manager to summarise the planned expenditure for the property, reflecting the organisation's property strategy, building importance and available budgets.

10 Year Avg Lifecycle Expenditure (\$):	141,060
20 Year Avg Lifecycle Expenditure (\$):	134,275
20 Year Avg Annual Planned Maintenance (\$):	0
Deferred Replacement (\$):	283,399



### Level of Service



**Summary Asset Management Plan**  
**Mason Kauri Totara ( Mason Clinic ) Building 1**  
**B01C-KATO**

**Components in Poor or Very Poor Condition**

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
<b>Kauri Wing (Ground Floor): Bedroom 10</b>							
INT	WLF	Walls - Paint Finish		Global			
				100%/1	2013	960	
Comment: Chipped and Marked							
<b>Kauri Wing (Ground Floor): Bedroom 13</b>							
INT	WLF	Walls - Paint Finish		Global			
	80%/5			20%/1	2013	1,170	
Comment: Some bare areas							
<b>Kauri Wing (Ground Floor): Bedroom 15</b>							
INT	FLO	Floor - Paint Finish		Global			
			100%/2		2014	550	
Comment: Bare areas where cracked and filled near ext wall							
INT	WLF	Walls - Paint Finish		Global			
				100%/1	2013	900	
Comment: Flaking, bare areas.							
<b>Kauri Wing (Ground Floor): Bedroom 5</b>							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014	900	
Comment: Some chips and peeling							
<b>Kauri Wing (Ground Floor): Bedroom 6</b>							
INT	WLF	Walls - Paint Finish		Global			
	70%/6			30%/1	2013	900	
Comment: Bare plaster at headboard							
<b>Kauri Wing (Ground Floor): Bedroom 7</b>							
INT	WLF	Walls - Paint Finish		Global			
				100%/1	2013	900	
Comment: Scratched, bare and patchy							
<b>Kauri Wing (Ground Floor): Bedroom 8</b>							
INT	WLF	Walls - Paint Finish		Global			
				100%/1	2013	900	
Comment: Scratched, bare and patchy							
<b>Kauri Wing (Ground Floor): Bedroom 9</b>							

**Summary Asset Management Plan**  
**Mason Kauri Totara ( Mason Clinic ) Building 1**  
**B01C-KATO**

Group	Type	Component	Location			
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)
INT	WLF	Walls - Paint Finish		Global		
				100%/1	2013	900
Comment: Scratched, bare and patchy						
<b>Kauri Wing (Ground Floor): Kitchen</b>						
INT	FNF	Kitchen Bench Formica		Global		
			100%/3		2015	3,753
Comment: Laminate top badly worn						
INT	FNF	Work Benches		Global		
			100%/3		2015	2,188
Comment: Laminate Top, cupboards and drawers under and over. Servery bench! Top badly worn and discoloured						
<b>Kauri Wing (Ground Floor): Lounge</b>						
INT	FLO	Floor - Carpet		Global		
	70%/10		30%/3		2015	1,746
Comment: Holes						
<b>Kauri Wing (Ground Floor): Quiet Room</b>						
INT	FLO	Floor - Carpet		Global		
	70%/10		30%/3		2015	2,910
Comment: Holes						
<b>Kauri Wing (Level 1): Staff Room</b>						
INT	FLO	Floor - Carpet		Global		
			100%/3		2015	1,552
Comment: Holes trip hazard						
<b>Mason Kauri Totara ( Mason Clinic ) Kauri Wing External</b>						
EXT	DRE	Doors - Paint Finish		Global		
	25%/5			75%/1	2013	1,584
Comment: Faded and worn						
EXT	DRE	Metal Clad Doors		Global		
	50%/20		50%/7		2020	6,188
Comment: Exercise yard, corroding X1, higher care yard, glazed x2, loading bay metal framed door, corroding x1						
EXT	ROF	Roof - Paint Finish		Global?		
				100%	2013	68
Comment: 20g5						
EXT	ROF	Roof - Soffits		Fibreglass		
	90%/20			10%/1	2013	1,240
Comment: Main entrance, delaminating along outer edge						

**Summary Asset Management Plan**  
**Mason Kauri Totara ( Mason Clinic ) Building 1**  
**B01C-KATO**

Group		Type	Component			Location	
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
EXT	WAL	Walls - Paint Finish			Global		
		70%/3	20%/2	10%/1	2013	52,250	
Comment: Faded peeling							
SPC1	SPC2	Tiles			Entrance		
90%/30				10%/1	2013	3,460	
Comment: Main entrance. 5 x broken							
<b>Mason Kauri Totara ( Mason Clinic ) Totara Wing External</b>							
EXT	ROF	Roof - Spouting(Metal)			Global		
		90%/8		10%/1	2013	16,770	
Comment: Square section Rusted through NE section. Debris N side.							
EXT	WAL	Walls - Paint Finish			Global		
		30%/3		70%/1	2013	21,250	
Comment: Reasonably sound but faded and peeling along bottom edges.							
<b>Mason Kauri Totara - Services 2020</b>							
BSM	ACON	A/C Fan Coil Units/Chilled Beams			Ceiling plant		
			100%/0		2023	1,746	
Comment:							
BSM	ACON	Centralised Chiller Plant			Global		
				100%/0	2020	184,343	
Comment:							
<b>Totara Wing (Ground Level): 5.02. Servery</b>							
INT	CEI	Ceilings - Paint Finish			Global		
90%/6				10%/1	2013	270	
Comment: Minor damage from roof leak, probably associated with leak in next door room.							
<b>Totara Wing (Ground Level): 5.03 Corridor</b>							
INT	WLF	Walls - Plasterboard(Gib)			Global		
90%/28				10%/1	2013	7,540	
Comment:							
<b>Totara Wing (Ground Level): 5.03. Corridor</b>							
INT	FLO	Floor - Carpet			Global		
30%/9		35%/4		35%/1	2013	5,820	
Comment:							
<b>Totara Wing (Ground Level): 5.04. Dining Room</b>							

**Summary Asset Management Plan**  
**Mason Kauri Totara ( Mason Clinic ) Building 1**  
**B01C-KATO**

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	FLO	Floor - Vinyl		Global			
			100%/3		2015	2,294	
Comment: Split at seams, many dings							
INT	WLF	Walls - Paint Finish		Global			
				100%/1	2013	1,950	
Comment: Many scrapes, scratches and are spots							
<b>Totara Wing (Ground Level): 5.05. Pantry/ Store</b>							
INT	CEI	Ceilings - Paint Finish		Global			
				100%/1	2013	243	
Comment: Water damage from existing leak							
INT	CEI	Ceilings - Plasterboard		Global			
	80%/30			20%/1	2013	567	
Comment: Water damage from existing roof leak, this remains a bucket job every time it rains.							
<b>Totara Wing (Ground Level): 5.10 Mens Lounge</b>							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014	870	
Comment: Many scrapes							
<b>Totara Wing (Ground Level): 5.11 Unit Manager Office</b>							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014	870	
Comment: Many scrapes							
<b>Totara Wing (Ground Level): 5.12. Interview Room</b>							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014	840	
Comment: Many scrapes							
<b>Totara Wing (Ground Level): 5.13. Corridor</b>							
INT	FLO	Floor - Carpet		Global			
				100%/1	2013	2,910	
Comment: Rotting, stained and worn							
INT	WLF	Walls - Paint Finish		Global			
	90%/5			10%/1	2013	2,460	
Comment: Scrapes and water damage							
INT	WLF	Walls - Plasterboard(Gib)		Global			
	90%/28			10%/1	2013	4,264	
Comment: Area of damage from water ingress, patched over							



**Summary Asset Management Plan**  
**Mason Kauri Totara ( Mason Clinic ) Building 1**  
**B01C-KATO**

Group		Type	Component		Location			
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)		
<b>Totara Wing (Ground Level): 5.15 Bedroom 29</b>								
INT	WLF	Walls - Paint Finish		Global				
			100%/2		2014	840		
Comment: More bare spots and scrapes								
<b>Totara Wing (Ground Level): 5.16. Bedroom 28</b>								
INT	WLF	Walls - Paint Finish		Global				
			100%/2		2014	840		
Comment: More bare spots and scrapes								
<b>Totara Wing (Ground Level): 5.17. Bedroom 27</b>								
INT	WLF	Walls - Paint Finish		Global				
				100%/1	2013	840		
Comment: Serious gouges and scrapes								
<b>Totara Wing (Ground Level): 5.19 Bedroom 21</b>								
INT	WLF	Walls - Paint Finish		Global				
				100%/1	2013	1,200		
Comment: Serious gouges and scrapes								
<b>Totara Wing (Ground Level): Main Lounge</b>								
INT	FLO	Floor - Carpet		Global				
	50%/10			50%/1	2013	5,917		
Comment: Threadbare and some holes, trip hazard?								
INT	WLF	Walls - Paint Finish		Global				
			100%/2		2014	2,160		
Comment: Many scrapes								
<b>Totara Wing (Level 1): 4.05. Judges Room</b>								
INT	WLF	Walls - Paint Finish		Global				
			100%/2		2014	1,740		
Comment: Mainly chair damage, gouges.								
<b>Totara Wing (Level 1):5.29. Corridor</b>								
INT	FLO	Floor - Carpet		Global				
	40%/8			60%/1	2013	2,522		
Comment: Threadbare and stained								
<b>Totara Wing (Level 1): 5.33 Bedroom 25</b>								
INT	WLF	Walls - Paint Finish		Global				
			100%/4		2014	840		
Comment: Some gouges and scrapes								

**Summary Asset Management Plan**  
**Mason Kauri Totara ( Mason Clinic ) Building 1**  
**B01C-KATO**

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
<b>Totara Wing (Level 1): 5.36. Bedroom 22</b>							
INT	WLF	Walls - Paint Finish		Global			
				100%	2013		840
Comment: Bad gouges and scrapes							
<b>Totara Wing (Level 1): 5.37. Bedroom 21</b>							
INT	FLO	Floor - Carpet		Global			
			100%/3		2015		873
Comment: Worn, stained.							
<b>Totara Wing (Level 1): 5.38 Bedroom 20</b>							
INT	WLF	Walls - Paint Finish		Global			
	90%/4			10%/1	2013		840
Comment: Some gouges and scrapes							
<b>Totara Wing (Level 1): 5.39 Corridor</b>							
INT	FLO	Floor - Carpet		Global			
			100%/3		2015		2,134
Comment: Worn, stained and loose joins, trip hazard?							
INT	WLF	Walls - Paint Finish		Global			
	90%/5			10%/1	2013		2,280
Comment: Some gouges and scrapes and water damage							
INT	WLF	Walls - Plasterboard(Gib)		Global			
	90%/30			10%/1	2013		3,952
Comment: Water damage partly repaired							
<b>Totara Wing (Level 1): 5.44. Bedroom 17</b>							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014		840
Comment: Some gouges and scrapes							
<b>Totara Wing (Level 1): 5.45. Bedroom 16</b>							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014		840
Comment: Some gouges and scrapes							
<b>Totara Wing (Level 1): 5.47. Nurses Station</b>							
INT	FLO	Floor - Carpet		Global			
			100%/3		2015		1,649
Comment: Worn and badly stained							
<b>Totara Wing (Level 1): 5.61. Staff Quiet Room</b>							

**Summary Asset Management Plan**  
**Mason Kauri Totara ( Mason Clinic ) Building 1**  
**B01C-KATO**

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	FLO	Floor - Carpet		Global			
			100%/3		2015	873	
Comment: Threadbare							
<b>Totara Wing (Level 1): 5.68. Staff Lunchroom</b>							
INT	WLF	Walls - Paint Finish		Global			
	50%/4			50%/1	2013	1,740	
Comment: Flaking and gouges							
<b>Totara Wing (Level 1): Bathroom</b>							
INT	CEI	Ceilings - Other		Melteca, Seratone			
				100%/1	2013	1,602	
Comment: Closed from water damage,under construction							
INT	FLO	Floor - Vinyl		Global			
				100%/1	2013	372	
Comment: Under construction							
INT	WLF	Walls - Paint Finish		Global			
				100%/1	2013	60	
Comment: Under construction							
INT	WLF	Walls - Plasterboard(Gib)		Global			
				100%/1	2013	1,040	
Comment: Under construction							
INT	WLF	Walls - Toilet Partitions		Global			
				100%/1	2013	3,840	
Comment: Under construction							
INT	WLF	Walls - Vinyl		Global			
				100%/1	2013	1,656	
Comment: Under construction							
<b>Total (\$)</b>						<b>382,356</b>	

**Summary Asset Management Plan**  
**Mason Kauri Totara ( Mason Clinic ) Building 1**  
**B01C-KATO**

**✚ Poor to Very Poor Components by Group and Type**

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Kauri Wing (Ground Floor): Bedroom 10	Building Structure - Interior	Walls	960	960
Kauri Wing (Ground Floor): Bedroom 13	Building Structure - Interior	Walls	234	1,170
Kauri Wing (Ground Floor): Bedroom 15	Building Structure - Interior	Floors	550	550
Kauri Wing (Ground Floor): Bedroom 15	Building Structure - Interior	Walls	900	900
Kauri Wing (Ground Floor): Bedroom 5	Building Structure - Interior	Walls	900	900
Kauri Wing (Ground Floor): Bedroom 6	Building Structure - Interior	Walls	270	900
Kauri Wing (Ground Floor): Bedroom 7	Building Structure - Interior	Walls	900	900
Kauri Wing (Ground Floor): Bedroom 8	Building Structure - Interior	Walls	900	900
Kauri Wing (Ground Floor): Bedroom 9	Building Structure - Interior	Walls	900	900
Kauri Wing (Ground Floor): Kitchen	Building Structure - Interior	Fixtures & Fittings	5,941	5,941
Kauri Wing (Ground Floor): Lounge	Building Structure - Interior	Floors	524	1,746
Kauri Wing (Ground Floor): Quiet Room	Building Structure - Interior	Floors	873	2,910
Kauri Wing (Level 1): Staff Room	Building Structure - Interior	Floors	1,552	1,552
Mason Kauri Totara ( Mason Clinic ) Kauri Wing External	Building Structure - Exterior	Doors - External	4,282	7,772
Mason Kauri Totara ( Mason Clinic ) Kauri Wing External	Building Structure - Exterior	Roof	192	1,308
Mason Kauri Totara ( Mason Clinic ) Kauri Wing External	Building Structure - Exterior	Walls	15,675	52,250
Mason Kauri Totara ( Mason Clinic ) Kauri Wing External	Special	Special	346	3,460
Mason Kauri Totara ( Mason Clinic ) Totara Wing External	Building Structure - Exterior	Roof	1,677	16,770
Mason Kauri Totara ( Mason Clinic ) Totara Wing External	Building Structure - Exterior	Walls	14,875	21,250
Mason Kauri Totara - Services 2020	Building Services - Mechanical	Air Conditioning	187,835	187,835
Totara Wing (Ground Level): 5.02. Servery	Building Structure - Interior	Ceilings	27	270
Totara Wing (Ground Level): 5.03 Corridor	Building Structure - Interior	Walls	754	7,540
Totara Wing (Ground Level): 5.03. Corridor	Building Structure - Interior	Floors	2,037	5,820
Totara Wing (Ground Level): 5.04. Dining Room	Building Structure - Interior	Floors	2,294	2,294
Totara Wing (Ground Level): 5.04. Dining Room	Building Structure - Interior	Walls	1,950	1,950
Totara Wing (Ground Level): 5.05. Pantry/Store	Building Structure - Interior	Ceilings	356	810
Totara Wing (Ground Level): 5.10 Mens Lounge	Building Structure - Interior	Walls	870	870
Totara Wing (Ground Level): 5.11 Unit Manager Office	Building Structure - Interior	Walls	870	870
Totara Wing (Ground Level): 5.12. Interview Room	Building Structure - Interior	Walls	840	840
Totara Wing (Ground Level): 5.13. Corridor	Building Structure - Interior	Floors	2,910	2,910

**Summary Asset Management Plan**  
**Mason Kauri Totara ( Mason Clinic ) Building 1**  
**B01C-KATO**

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Totara Wing (Ground Level): 5.13. Corridor	Building Structure - Interior	Walls	672	6,724
Totara Wing (Ground Level): 5.15 Bedroom 29	Building Structure - Interior	Walls	840	840
Totara Wing (Ground Level): 5.16. Bedroom 28	Building Structure - Interior	Walls	840	840
Totara Wing (Ground Level): 5.17. Bedroom 27	Building Structure - Interior	Walls	840	840
Totara Wing (Ground Level): 5.19 Bedroom 21	Building Structure - Interior	Walls	1,200	1,200
Totara Wing (Ground Level): Main Lounge	Building Structure - Interior	Floors	2,958	5,917
Totara Wing (Ground Level): Main Lounge	Building Structure - Interior	Walls	2,160	2,160
Totara Wing (Level 1): 4.05. Judges Room	Building Structure - Interior	Walls	1,740	1,740
Totara Wing (Level 1):5.29. Corridor	Building Structure - Interior	Floors	1,513	2,522
Totara Wing (Level 1): 5.33 Bedroom 25	Building Structure - Interior	Walls	840	840
Totara Wing (Level 1): 5.36. Bedroom 22	Building Structure - Interior	Walls	840	840
Totara Wing (Level 1): 5.37. Bedroom 21	Building Structure - Interior	Floors	873	873
Totara Wing (Level 1): 5.38 Bedroom 20	Building Structure - Interior	Walls	84	840
Totara Wing (Level 1): 5.39 Corridor	Building Structure - Interior	Floors	2,134	2,134
Totara Wing (Level 1): 5.39 Corridor	Building Structure - Interior	Walls	623	6,232
Totara Wing (Level 1): 5.44. Bedroom 17	Building Structure - Interior	Walls	840	840
Totara Wing (Level 1): 5.45. Bedroom 16	Building Structure - Interior	Walls	840	840
Totara Wing (Level 1): 5.47. Nurses Station	Building Structure - Interior	Floors	1,649	1,649
Totara Wing (Level 1): 5.61. Staff Quiet Room	Building Structure - Interior	Floors	873	873
Totara Wing (Level 1): 5.68. Staff Lunchroom	Building Structure - Interior	Walls	870	1,740
Totara Wing (Level 1): Bathroom	Building Structure - Interior	Ceilings	1,602	1,602
Totara Wing (Level 1): Bathroom	Building Structure - Interior	Floors	372	372
Totara Wing (Level 1): Bathroom	Building Structure - Interior	Walls	6,596	6,596
<b>Total (\$)</b>			<b>284,993</b>	<b>384,102</b>

## Glossary

<b>Component</b>	The specific asset at the lowest level of detail, i.e. solid door, aluminum window, roofing iron, paling fence etc.
<b>Component Group</b>	High level categorisation of a component, i.e. external fabric, internal finishes, services, residual structural and external works & sundries.
<b>Component Type</b>	Mid-level categorisation of components that fit under Component Group, i.e. roof, windows & doors, electrical, etc.
<b>Component Criticality</b>	This is the measure of the relative importance of a building component by identifying which components are more critical to the building. Criticality factors include; Likelihood of failure, risk to service delivery, appearance, health and safety impacts.
<b>Condition</b>	Assets for which the financial, business or service level consequences of failure are sufficiently severe to justify proactive inspection and rehabilitation. Critical assets have a lower threshold for action than non-critical.
<b>Condition Grade</b>	C1 or CG 1 - Components assessed to be in Very Good condition using the NAMS condition bands. C2 or CG 2 - Components assessed to be in Good condition using the NAMS condition bands. C3 or CG 3 - Components assessed to be in Moderate condition using the NAMS condition bands. C4 or CG 4 - Components assessed to be in Poor condition using the NAMS condition bands. C5 or CG 5 - Components assessed to be in Very Poor condition using the NAMS condition bands.
<b>Condition Grade Index (CGI)</b>	The overall condition of selected components, typically within a property space or hierarchy of property spaces, weighted by replacement cost. CGI should be reported alongside the value of components in Poor and Very Poor condition to provide a more complete view.
<b>Capital Replacement Value (CRV)</b>	The cost of reconstructing a building using modern equivalent assets.
<b>Depreciated Replacement Cost (DRC)</b>	The replacement cost of an existing asset, less an allowance for wear and consumption having regard for the remaining economic life of the existing asset. It is calculated as the Gross Replacement Cost x (Remaining Life/Base Life).
<b>Gross Replacement Cost (GRC)</b>	The sum of component replacement costs within a selection. Typically used in conjunction with Capital Replacement Value and Residual Value to reflect the total replacement cost of replaceable components or surveyed components within a building or structure. $CRV = GRC + RS$ .
<b>Residual Structural (RS)</b>	The difference between the CRV and the replacement cost sum of assessment components. Used as a balancing item for determining DRC values.
<b>Risk Score</b>	Calculated score at component level reflecting where the component sits relation to its expected life (likelihood of failure) and the consequence of failure determined by component criticality and property space importance.
<b>Property Quality Standards (PQS)</b>	A desired level of performance, measured by pre-defined factors, relating to an overall characteristic of a property or portfolio.
<b>Star Rating</b>	Calculated score reflecting the current level of service (LoS) against targets weighted by service level significance.



# Summary Asset Management Plan

## Mason Rata Unit Building 8

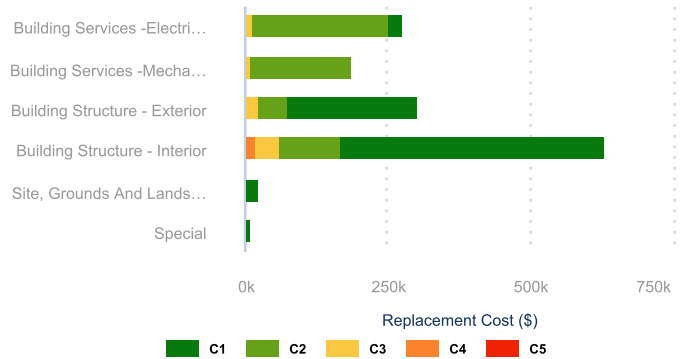
### B08C-RATA



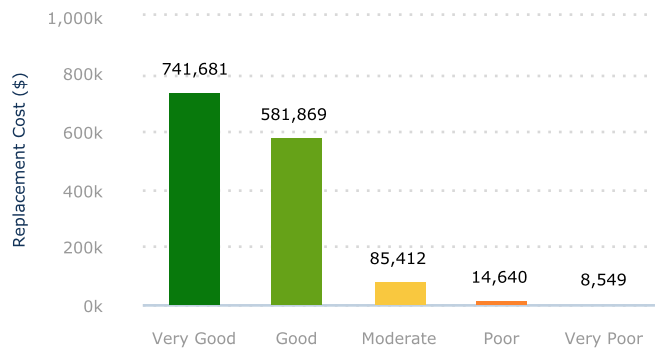
<b>Address</b>	81 A Carrington Road, Mt Albert
<b>Construction Year</b>	1999
<b>Floor Area (m<sup>2</sup>)</b>	1465
<b>Survey Date</b>	15 October 2012
<b>Capital Replacement Value (\$)</b>	6,141,098
<b>Depreciated Replacement Cost (\$)</b>	1,075,219
<b>Residual Structural Cost (\$)</b>	4,457,361
<b>Standard Components (\$)</b>	1,424,819
<b>Special Components (\$)</b>	7,332
<b>Condition Grade Index</b>	1.58

### Description

An irregular shape building, slab on ground with tilt slabs forming both the structure and internal and external wall finishes. Roof is predominantly tile with smaller areas of coloursteel and membrane. External painted on the tilt slabs in some areas. Windows and doors are mostly aluminium. Internal fit out is typical of the secure institution that the building is operated as.



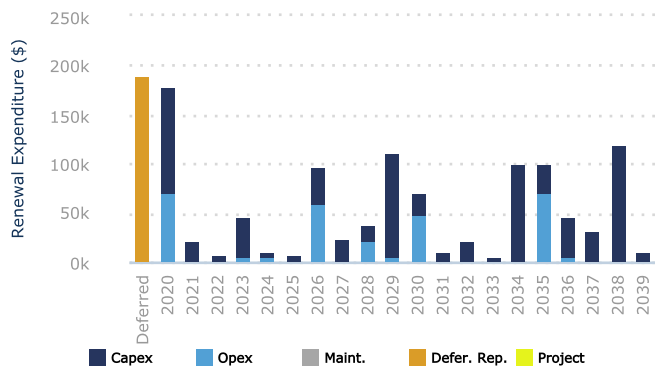
### Condition



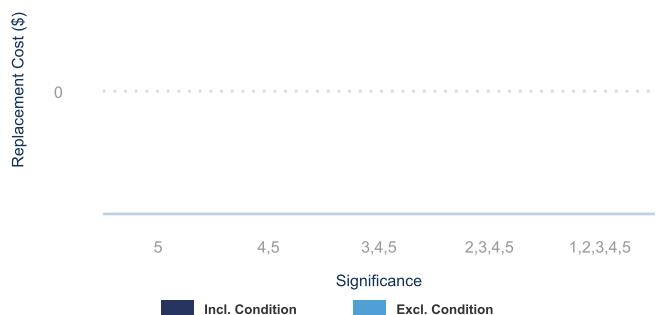
### Expenditure

- please enter a expenditure -

10 Year Avg Lifecycle Expenditure (\$):	54,770
20 Year Avg Lifecycle Expenditure (\$):	53,270
20 Year Avg Annual Planned Maintenance (\$):	0
Deferred Replacement (\$):	191,265



### Level of Service



# Summary Asset Management Plan

## Mason Rata Unit Building 8

### B08C-RATA

## Components in Poor or Very Poor Condition

Group	Type	Component	Location				Total GRC (\$)
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.		
<b>Mason Rata Unit - Services 2020</b>							
BSE	PWDS	Distribution Boards			Upper Ground - Sachintha		
				100%/0	2022	4,965	
Comment:							
<b>Rata Unit External</b>							
EXT	WAL	Walls - Plaster			Global		
	90%/25			10%/1	2013	4,040	
Comment: Some peeled off? N external exercise yard perimeter.							
<b>Rata Unit (Ground Floor): 1.16. Main Reception</b>							
INT	FLO	Floor - Carpet			Global		
				100%/1	2013	1,164	
Comment: Worn Through							
<b>Rata Unit (Ground Floor): 1.2. Storeroom</b>							
INT	CEI	Ceilings - Paint Finish			Global		
				100%/1	2013	297	
Comment: Unfinished repairs, bare plaster board							
<b>Rata Unit (Ground Floor): 1.30. Activity Room</b>							
INT	FLO	Floor - Vinyl			Global		
			100%/3		2015	1,240	
Comment: Chair damage, many marks and patches							
<b>Rata Unit (Ground Floor): 1.32. Dining Room</b>							
INT	WLF	Walls - Paint Finish			Global		
	50%/4		50%/2		2014	2,580	
Comment: Gouges and scrapes							
<b>Rata Unit (Ground Floor): 1.33. Lounge</b>							
INT	WLF	Walls - Paint Finish			Global		
	60%/6		40%/2		2014	1,290	
Comment: Some bare areas, incomplete repaired area							
<b>Rata Unit (Ground Floor): 1.34. Bedroom 1</b>							
INT	CEI	Ceilings - Paint Finish			Global		
				100%/1	2013	297	
Comment: Cracked and patchy							
<b>Rata Unit (Ground Floor): 1.35. Corridor</b>							

# Summary Asset Management Plan

## Mason Rata Unit Building 8

### B08C-RATA

Group		Type	Component		Location	
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)
INT	CEI	Ceilings - Paint Finish		Global		
	60%/5		40%/2		2014	2,295
Comment: Some patchy areas						
<b>Rata Unit (Ground Floor): 1.41. Bedroom 3</b>						
INT	WLF	Walls - Paint Finish		Global		
			100%/2		2014	960
Comment: Marked and dirty						
<b>Rata Unit (Ground Floor): 1.42. Bedroom 4</b>						
INT	WLF	Walls - Paint Finish		Global		
			100%/2		2014	960
Comment: Worn,dirty, graffiti.						
<b>Rata Unit (Ground Floor): 1.50 Bedroom 5</b>						
INT	WLF	Walls - Paint Finish		Global		
			100%/2		2014	960
Comment: Chipped, gouges and dirty						
<b>Rata Unit (Ground Floor): 1.52 bedroom 7</b>						
INT	WLF	Walls - Paint Finish		Global		
			100%/2		2014	1,080
Comment: Dirty, cracked.						
<b>Rata Unit (Ground Floor): 1.55 Shower</b>						
INT	WLF	Walls - Paint Finish		Global		
			100%/2		2014	450
Comment: Flaking off						
<b>Rata Unit (Ground Floor): 1.58. Shower</b>						
INT	WLF	Walls - Paint Finish		Global		
			100%/2		2014	450
Comment: Flaking off						
<b>Rata Unit (Ground Floor): 1.60. WC</b>						
INT	WLF	Walls - Paint Finish		Global		
			100%/2		2014	450
Comment: Cracks, worn, dirty						
<b>Rata Unit (Ground Floor): 1.61 Bedroom 9</b>						
INT	WLF	Walls - Paint Finish		Global		
			100%/2		2014	1,080
Comment: Worn, scratches						

# Summary Asset Management Plan

## Mason Rata Unit Building 8

### B08C-RATA

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
<b>Rata Unit (Ground Floor): 1.62. Bedroom 10</b>							
INT	WLF	Walls - Paint Finish		Global			
				100%/1	2013	1,080	
Comment: Worn, scratches and dirty							
<b>Rata Unit (Ground Floor): 1.70. Bathroom</b>							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014	600	
Comment: Peeling off behind shower							
<b>Rata Unit (Ground Floor): 1.79. Upper Level Office/Store</b>							
INT	CEI	Ceilings - Paint Finish		Global			
	90%/5			10%/1	2013	1,026	
Comment: Big crack centre of room							
INT	CEI	Ceilings - Plasterboard		Global			
	90%/30			10%/1	2013	2,394	
Comment: Bad crack at centre of ceiling							
INT	FLO	Floor - Carpet		Global			
			100%/3		2015	3,686	
Comment: Badly wrinkled, trip hazard							
<b>Total (\$)</b>							<b>33,344</b>

### Poor to Very Poor Components by Group and Type

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Mason Rata Unit - Services 2020	Building Services - Electrical	Power & Distribution	4,965	4,965
Rata Unit External	Building Structure - Exterior	Walls	404	4,040
Rata Unit (Ground Floor): 1.16. Main Reception	Building Structure - Interior	Floors	1,164	1,164
Rata Unit (Ground Floor): 1.2. Storeroom	Building Structure - Interior	Ceilings	297	297
Rata Unit (Ground Floor): 1.30. Activity Room	Building Structure - Interior	Floors	1,240	1,240
Rata Unit (Ground Floor): 1.32. Dining Room	Building Structure - Interior	Walls	1,290	2,580
Rata Unit (Ground Floor): 1.33. Lounge	Building Structure - Interior	Walls	516	1,290
Rata Unit (Ground Floor): 1.34. Bedroom 1	Building Structure - Interior	Ceilings	297	297
Rata Unit (Ground Floor): 1.35. Corridor	Building Structure - Interior	Ceilings	918	2,295
Rata Unit (Ground Floor): 1.41. Bedroom 3	Building Structure - Interior	Walls	960	960
Rata Unit (Ground Floor): 1.42. Bedroom 4	Building Structure - Interior	Walls	960	960
Rata Unit (Ground Floor): 1.50 Bedroom 5	Building Structure - Interior	Walls	960	960
Rata Unit (Ground Floor): 1.52 bedroom 7	Building Structure - Interior	Walls	1,080	1,080
Rata Unit (Ground Floor): 1.55 Shower	Building Structure - Interior	Walls	450	450
Rata Unit (Ground Floor): 1.58. Shower	Building Structure - Interior	Walls	450	450
Rata Unit (Ground Floor): 1.60. WC	Building Structure - Interior	Walls	450	450
Rata Unit (Ground Floor): 1.61 Bedroom 9	Building Structure - Interior	Walls	1,080	1,080
Rata Unit (Ground Floor): 1.62. Bedroom 10	Building Structure - Interior	Walls	1,080	1,080
Rata Unit (Ground Floor): 1.70. Bathroom	Building Structure - Interior	Walls	600	600
Rata Unit (Ground Floor): 1.79. Upper Level Office/Store	Building Structure - Interior	Ceilings	342	3,420
Rata Unit (Ground Floor): 1.79. Upper Level Office/Store	Building Structure - Interior	Floors	3,686	3,686
<b>Total (\$)</b>			<b>23,189</b>	<b>33,344</b>

## Glossary

<b>Component</b>	The specific asset at the lowest level of detail, i.e. solid door, aluminum window, roofing iron, paling fence etc.
<b>Component Group</b>	High level categorisation of a component, i.e. external fabric, internal finishes, services, residual structural and external works & sundries.
<b>Component Type</b>	Mid-level categorisation of components that fit under Component Group, i.e. roof, windows & doors, electrical, etc.
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<b>Condition Grade</b>	C1 or CG 1 - Components assessed to be in Very Good condition using the NAMS condition bands. C2 or CG 2 - Components assessed to be in Good condition using the NAMS condition bands. C3 or CG 3 - Components assessed to be in Moderate condition using the NAMS condition bands. C4 or CG 4 - Components assessed to be in Poor condition using the NAMS condition bands. C5 or CG 5 - Components assessed to be in Very Poor condition using the NAMS condition bands.
<b>Condition Grade Index (CGI)</b>	The overall condition of selected components, typically within a property space or hierarchy of property spaces, weighted by replacement cost. CGI should be reported alongside the value of components in Poor and Very Poor condition to provide a more complete view.
<b>Capital Replacement Value (CRV)</b>	The cost of reconstructing a building using modern equivalent assets.
<b>Depreciated Replacement Cost (DRC)</b>	The replacement cost of an existing asset, less an allowance for wear and consumption having regard for the remaining economic life of the existing asset. It is calculated as the Gross Replacement Cost x (Remaining Life/Base Life).
<b>Gross Replacement Cost (GRC)</b>	The sum of component replacement costs within a selection. Typically used in conjunction with Capital Replacement Value and Residual Value to reflect the total replacement cost of replaceable components or surveyed components within a building or structure. $CRV = GRC + RS$ .
<b>Residual Structural (RS)</b>	The difference between the CRV and the replacement cost sum of assessment components. Used as a balancing item for determining DRC values.
<b>Risk Score</b>	Calculated score at component level reflecting where the component sits relation to its expected life (likelihood of failure) and the consequence of failure determined by component criticality and property space importance.
<b>Property Quality Standards (PQS)</b>	A desired level of performance, measured by pre-defined factors, relating to an overall characteristic of a property or portfolio.
<b>Star Rating</b>	Calculated score reflecting the current level of service (LoS) against targets weighted by service level significance.



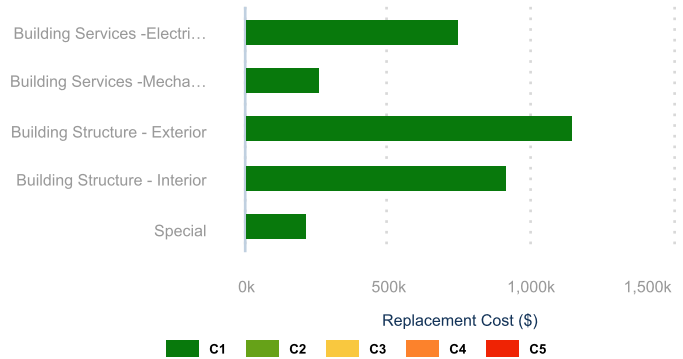


<b>Address</b>	81A Carrington Road
<b>Construction Year</b>	2017
<b>Floor Area (m<sup>2</sup>)</b>	2000
<b>Survey Date</b>	03 December 2019
<b>Capital Replacement Value (\$)</b>	7,400,000
<b>Depreciated Replacement Cost (\$)</b>	3,236,846
<b>Residual Structural Cost (\$)</b>	1,863,310
<b>Standard Components (\$)</b>	3,088,309
<b>Special Components (\$)</b>	212,653
<b>Condition Grade Index</b>	1



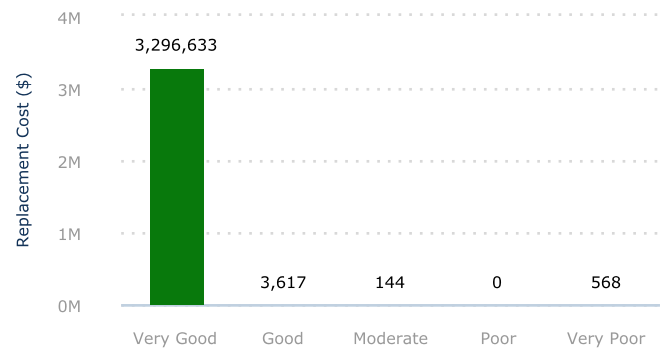
### Description

This is a single level building constructed in 2017. Externally the building has a coloursteel roof with metal rainwater system. There is a mix of concrete block and plasterd walls and aluminium joinery. Internally the ceilings are mostly painted plasterboard as are the walls.



### Condition

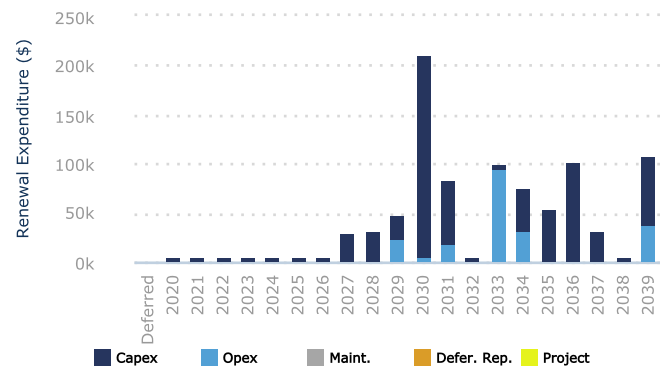
The adjacent graph shows that 99.6% (\$4,916,000) of assessed components by value have been assessed in a very good or good condition, and 0.4% (\$21,000) in a poor or very poor condition. Refer to the table below for further details on components in a poor or very poor condition.



### Expenditure

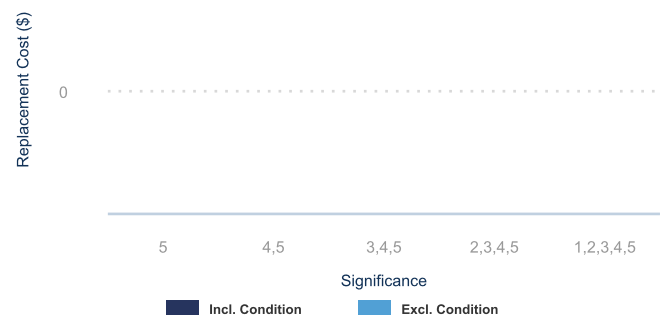
The forecast renewal expenditure profile for the building is displayed in the adjacent graph. The drivers for any immediate expenditure or where it exceeds the 20 year average over the next ten years are explained as follows: 2029: Smoke Detectors; 2030: Lift Electrical Controls.

10 Year Avg Lifecycle Expenditure (\$):	14,906
20 Year Avg Lifecycle Expenditure (\$):	46,323
20 Year Avg Annual Planned Maintenance (\$):	0
Deferred Replacement (\$):	276



### Level of Service

Levels of service were not captured as a part of this survey



### Components in Poor or Very Poor Condition

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
<b>Te Aka - Rm16 - 40.1 - Plant Room</b>							
BSE	FIRE	Fire Extinguishers		Global			
				100%/1	2020	309	
Comment: Checked October 2018							
<b>Te Aka - Rm81 - G.81 Corridor</b>							
INT	WLF	Walls - Other		Global			
	90%			10%/1	2020	2,592	
Comment: 1 area lifting							
<b>Total (\$)</b>						<b>2,901</b>	

#### Poor to Very Poor Components by Group and Type

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Te Aka - Rm16 - 40.1 - Plant Room	Building Services - Electrical	Fire Equipment	309	309
Te Aka - Rm81 - G.81 Corridor	Building Structure - Interior	Walls	259	2,592
<b>Total (\$)</b>			<b>568</b>	<b>2,901</b>

## Glossary

<b>Component</b>	The specific asset at the lowest level of detail, i.e. solid door, aluminum window, roofing iron, paling fence etc.
<b>Component Group</b>	High level categorisation of a component, i.e. external fabric, internal finishes, services, residual structural and external works & sundries.
<b>Component Type</b>	Mid-level categorisation of components that fit under Component Group, i.e. roof, windows & doors, electrical, etc.
<b>Component Criticality</b>	This is the measure of the relative importance of a building component by identifying which components are more critical to the building. Criticality factors include; Likelihood of failure, risk to service delivery, appearance, health and safety impacts.
<b>Condition</b>	Assets for which the financial, business or service level consequences of failure are sufficiently severe to justify proactive inspection and rehabilitation. Critical assets have a lower threshold for action than non-critical.
<b>Condition Grade</b>	C1 or CG 1 - Components assessed to be in Very Good condition using the NAMS condition bands. C2 or CG 2 - Components assessed to be in Good condition using the NAMS condition bands. C3 or CG 3 - Components assessed to be in Moderate condition using the NAMS condition bands. C4 or CG 4 - Components assessed to be in Poor condition using the NAMS condition bands. C5 or CG 5 - Components assessed to be in Very Poor condition using the NAMS condition bands.
<b>Condition Grade Index (CGI)</b>	The overall condition of selected components, typically within a property space or hierarchy of property spaces, weighted by replacement cost. CGI should be reported alongside the value of components in Poor and Very Poor condition to provide a more complete view.
<b>Capital Replacement Value (CRV)</b>	The cost of reconstructing a building using modern equivalent assets.
<b>Depreciated Replacement Cost (DRC)</b>	The replacement cost of an existing asset, less an allowance for wear and consumption having regard for the remaining economic life of the existing asset. It is calculated as the Gross Replacement Cost x (Remaining Life/Base Life).
<b>Gross Replacement Cost (GRC)</b>	The sum of component replacement costs within a selection. Typically used in conjunction with Capital Replacement Value and Residual Value to reflect the total replacement cost of replaceable components or surveyed components within a building or structure. $CRV = GRC + RS$ .
<b>Residual Structural (RS)</b>	The difference between the CRV and the replacement cost sum of assessment components. Used as a balancing item for determining DRC values.
<b>Risk Score</b>	Calculated score at component level reflecting where the component sits relation to its expected life (likelihood of failure) and the consequence of failure determined by component criticality and property space importance.
<b>Property Quality Standards (PQS)</b>	A desired level of performance, measured by pre-defined factors, relating to an overall characteristic of a property or portfolio.
<b>Star Rating</b>	Calculated score reflecting the current level of service (LoS) against targets weighted by service level significance.

# Summary Asset Management Plan

## Mason Tane Whakapiripiri (Kaupapa) Building 12

### B12C-TAWH

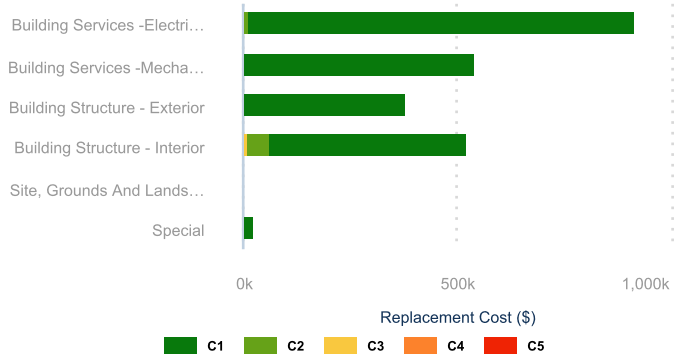


<b>Address</b>	81 A Carrington Road, Mt Albert
<b>Construction Year</b>	2007
<b>Floor Area (m<sup>2</sup>)</b>	1020
<b>Survey Date</b>	04 December 2019
<b>Capital Replacement Value (\$)</b>	4,711,881
<b>Depreciated Replacement Cost (\$)</b>	2,305,103
<b>Residual Structural Cost (\$)</b>	2,330,880
<b>Standard Components (\$)</b>	2,375,710
<b>Special Components (\$)</b>	21,958
<b>Condition Grade Index</b>	1.04



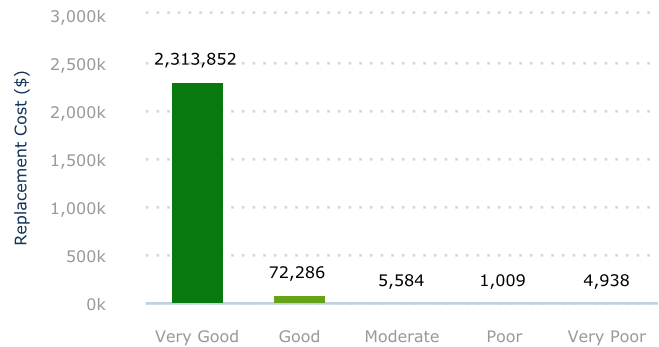
### Description

Generally single level building with an area of first floor that houses offices and staff facilities. Construction is slab on ground with timber frame with coloursteel roof and plywood exterior cladding along with aluminium windows and doors. The facility is complete with its own Marae at the North Western end of the building. This facility is lower security level and houses patients that are generally on the road to recovery. Nice building with modern features that is only 5 years old.



### Condition

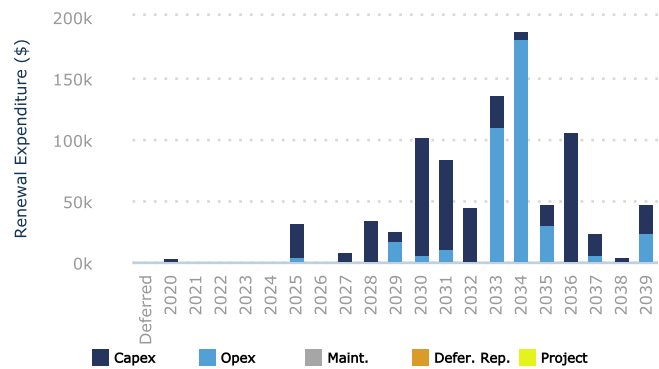
The adjacent graph shows that 97.8% (\$2,271,000) of assessed components by value have been assessed in a very good or good condition, 1.9% (\$45,000) assessed as moderate, and 0.3% (\$6,000) in a poor or very poor condition. Refer to the table below for further details on components in a poor or very poor condition.



### Expenditure

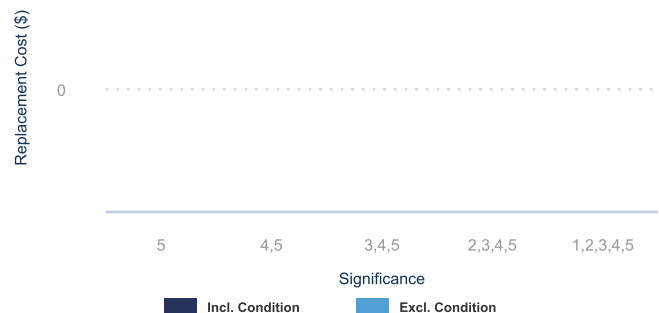
The forecast renewal expenditure profile for the building is displayed in the adjacent graph. The drivers for any immediate expenditure or where it exceeds the 20 year average over the next ten years are explained as follows: 2030: Smoke Detectors. There is a noticeable spike as shown in the expenditure graph in 2034 for Personal Alarm Sensors.

10 Year Avg Lifecycle Expenditure (\$):	11,427
20 Year Avg Lifecycle Expenditure (\$):	45,157
20 Year Avg Annual Planned Maintenance (\$):	0



### Level of Service

Levels of service were not captured as a part of this survey



**Components in Poor or Very Poor Condition**

Group		Type	Component		Location			
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)		
<b>Tane Whakapiripiri (First Floor): Stair</b>								
INT	FLO	Floor - Carpet		Global				
			80%/3	20%/1	2020	1,261		
Comment: Wearing and stained								
INT	WLF	Walls - Paint Finish		Global				
	90%/7			10%/1	2020	1,590		
Comment: Lighting changed areas unpainted around new fittings								
<b>Tane Whakapiripiri (Ground Floor): Air Lock</b>								
INT	FLO	Floor - Carpet		Global				
		95%		5%/1	2020	1,111		
Comment: Wearing								
<b>Tane Whakapiripiri (Ground Floor): Bathroom</b>								
INT	FLO	Floor - Vinyl		Global				
				100%/15	2021	248		
Comment: Lifting in areas and splitting								
<b>Tane Whakapiripiri (Ground Floor): BedRoom 10</b>								
INT	WLF	Walls - Paint Finish		Global				
	95%			5%/1	2020	840		
Comment: Some damaged, see plaster for pic								
<b>Tane Whakapiripiri (Ground Floor): Corridor/Exercise</b>								
INT	FLO	Floor - Carpet		Global				
	80%/10			20%/1	2020	4,268		
Comment: Wearing in areas								
INT	WLF	Walls - Paint Finish		Global				
	80%			20%/1	2020	5,880		
Comment: Walls chipped and marked at lower levels								
<b>Tane Whakapiripiri (Ground Floor):Corridor, Lobby</b>								
INT	WLF	Walls - Plaster Finish		Global				
	90%/45			10%/1	2020	4,130		
Comment: Damaged								
<b>Tane Whakapiripiri (Ground Floor): Dining Room</b>								

**Summary Asset Management Plan**  
**Mason Tane Whakapiripiri (Kaupapa) Building 12**  
**B12C-TAWH**

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	WLF	Walls - Paint Finish		Global			
	70%			30%/1	2020	840	
Comment: Badly chipped in front of servery							
<b>Tane Whakapiripiri (Ground Floor): Laundry</b>							
INT	WLF	Walls - Paint Finish		Global			
	90%/5			10%/1	2020	660	
Comment: Some peeling							
<b>Tane Whakapiripiri (Ground Floor): Lounge</b>							
INT	FLO	Floor - Carpet		Global			
		70%/9		30%/1	2020	3,395	
Comment: Worn through							
<b>Tane Whakapiripiri (Ground Floor): Office</b>							
INT	WLF	Walls - Paint Finish		Global			
	70%/7			30%/1	2020	900	
Comment: Peeling from items removed							
<b>Tane Whakapiripiri (Ground Floor): Transition Room</b>							
INT	WLF	Walls - Paint Finish		Global			
	80%/1			20%/1	2020	630	
Comment: Worn through							
<b>Tane Whakapiripiri (Ground Floor): WC</b>							
INT	CEI	Ceilings - Paint Finish		Global			
	95%/6			5%/1	2020	108	
Comment: Peeling around light							
<b>Total (\$)</b>							<b>25,861</b>



**Summary Asset Management Plan**  
**Mason Tane Whakapiripiri (Kaupapa) Building 12**  
**B12C-TAWH**

 **Poor to Very Poor Components by Group and Type**

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Tane Whakapiripiri (First Floor): Stair	Building Structure - Interior	Floors	1,261	1,261
Tane Whakapiripiri (First Floor): Stair	Building Structure - Interior	Walls	159	1,590
Tane Whakapiripiri (Ground Floor): Air Lock	Building Structure - Interior	Floors	56	1,111
Tane Whakapiripiri (Ground Floor): Bathroom	Building Structure - Interior	Floors	248	248
Tane Whakapiripiri (Ground Floor): BedRoom 10	Building Structure - Interior	Walls	42	840
Tane Whakapiripiri (Ground Floor): Corridor/Exercise	Building Structure - Interior	Floors	854	4,268
Tane Whakapiripiri (Ground Floor): Corridor/Exercise	Building Structure - Interior	Walls	1,176	5,880
Tane Whakapiripiri (Ground Floor): Corridor, Lobby	Building Structure - Interior	Walls	413	4,130
Tane Whakapiripiri (Ground Floor): Dining Room	Building Structure - Interior	Walls	252	840
Tane Whakapiripiri (Ground Floor): Laundry	Building Structure - Interior	Walls	66	660
Tane Whakapiripiri (Ground Floor): Lounge	Building Structure - Interior	Floors	1,018	3,395
Tane Whakapiripiri (Ground Floor): Office	Building Structure - Interior	Walls	270	900
Tane Whakapiripiri (Ground Floor): Transition Room	Building Structure - Interior	Walls	126	630
Tane Whakapiripiri (Ground Floor): WC	Building Structure - Interior	Ceilings	5	108
<b>Total (\$)</b>			<b>5,946</b>	<b>25,861</b>

## Glossary

<b>Component</b>	The specific asset at the lowest level of detail, i.e. solid door, aluminum window, roofing iron, paling fence etc.
<b>Component Group</b>	High level categorisation of a component, i.e. external fabric, internal finishes, services, residual structural and external works & sundries.
<b>Component Type</b>	Mid-level categorisation of components that fit under Component Group, i.e. roof, windows & doors, electrical, etc.
<b>Component Criticality</b>	This is the measure of the relative importance of a building component by identifying which components are more critical to the building. Criticality factors include; Likelihood of failure, risk to service delivery, appearance, health and safety impacts.
<b>Condition</b>	Assets for which the financial, business or service level consequences of failure are sufficiently severe to justify proactive inspection and rehabilitation. Critical assets have a lower threshold for action than non-critical.
<b>Condition Grade</b>	C1 or CG 1 - Components assessed to be in Very Good condition using the NAMS condition bands. C2 or CG 2 - Components assessed to be in Good condition using the NAMS condition bands. C3 or CG 3 - Components assessed to be in Moderate condition using the NAMS condition bands. C4 or CG 4 - Components assessed to be in Poor condition using the NAMS condition bands. C5 or CG 5 - Components assessed to be in Very Poor condition using the NAMS condition bands.
<b>Condition Grade Index (CGI)</b>	The overall condition of selected components, typically within a property space or hierarchy of property spaces, weighted by replacement cost. CGI should be reported alongside the value of components in Poor and Very Poor condition to provide a more complete view.
<b>Capital Replacement Value (CRV)</b>	The cost of reconstructing a building using modern equivalent assets.
<b>Depreciated Replacement Cost (DRC)</b>	The replacement cost of an existing asset, less an allowance for wear and consumption having regard for the remaining economic life of the existing asset. It is calculated as the Gross Replacement Cost x (Remaining Life/Base Life).
<b>Gross Replacement Cost (GRC)</b>	The sum of component replacement costs within a selection. Typically used in conjunction with Capital Replacement Value and Residual Value to reflect the total replacement cost of replaceable components or surveyed components within a building or structure. $CRV = GRC + RS$ .
<b>Residual Structural (RS)</b>	The difference between the CRV and the replacement cost sum of assessment components. Used as a balancing item for determining DRC values.
<b>Risk Score</b>	Calculated score at component level reflecting where the component sits relation to its expected life (likelihood of failure) and the consequence of failure determined by component criticality and property space importance.
<b>Property Quality Standards (PQS)</b>	A desired level of performance, measured by pre-defined factors, relating to an overall characteristic of a property or portfolio.
<b>Star Rating</b>	Calculated score reflecting the current level of service (LoS) against targets weighted by service level significance.

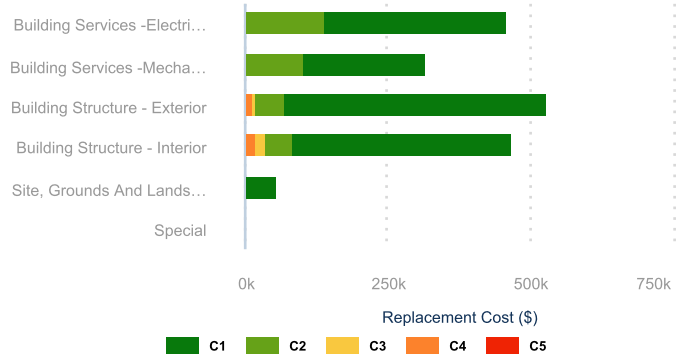
**Summary Asset Management Plan**  
**Mason Kahikatea Building 2**  
**B02C-KAHI**



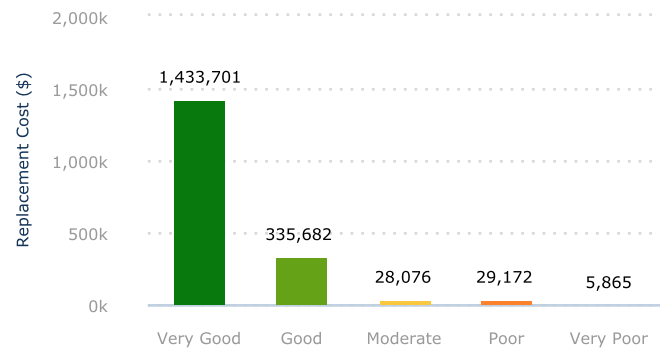
<b>Address</b>	81 A Carrington Road, Mt Albert
<b>Construction Year</b>	1993
<b>Floor Area (m<sup>2</sup>)</b>	981
<b>Survey Date</b>	15 October 2012
<b>Capital Replacement Value (\$)</b>	0
<b>Depreciated Replacement Cost (\$)</b>	1,603,092
<b>Residual Structural Cost (\$)</b>	0
<b>Standard Components (\$)</b>	1,828,916
<b>Special Components (\$)</b>	3,580
<b>Condition Grade Index</b>	1.27

**Description**

1993 building being slab on ground with timber framing and tile roof. External is fibrolite clad with textured paint finish and aluminium windows. Internal fit out is commensurate with the security requirements of this type of facility it is used for.

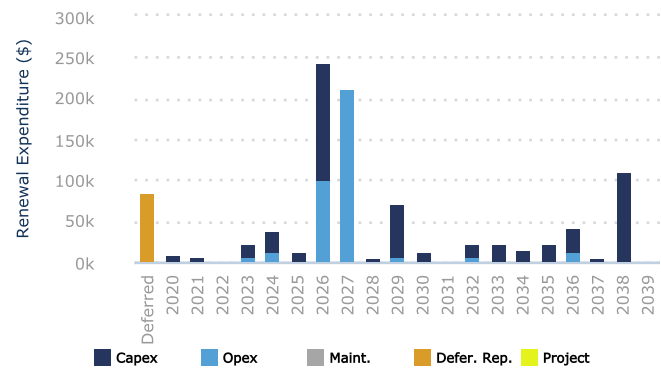


**Condition**

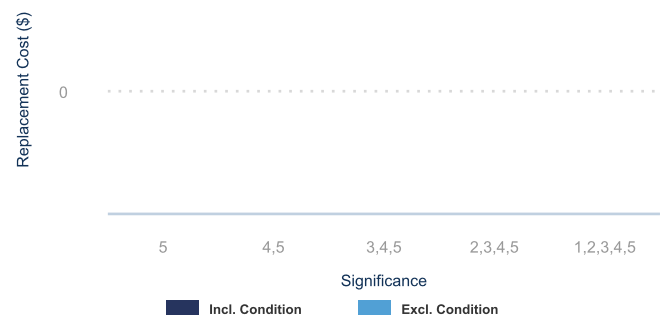


**Expenditure**

10 Year Avg Lifecycle Expenditure (\$):	62,588
20 Year Avg Lifecycle Expenditure (\$):	44,307
20 Year Avg Annual Planned Maintenance (\$):	0
Deferred Replacement (\$):	85,896



**Level of Service**



## Components in Poor or Very Poor Condition

Group		Type	Component		Location		Repl. Yr.	Total GRC (\$)
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5				
<b>Kahikatea External</b>								
EXT	DRE	Doors - External Glazed			Global			
			100%/7			2025	2,114	
Comment: Surface delaminating								
EXT	DRE	Doors - Paint Finish			Global			
				100%/1		2013	264	
Comment: Faded and worn								
EXT	ROF	Roof - Spouting(Metal)			Global			
	98%/20			2%/1		2013	11,223	
Comment: Corroding around middle dropper (E)								
EXT	WAL	Walls - Paint Finish			Global			
	70%/4		30%/2			2014	44,500	
Comment:								
<b>Kahikatea (Ground Floor): 3.04. Visitors Room</b>								
INT	WLF	Walls - Paint Finish			Global			
	90%/6			10%/1		2013	870	
Comment: Unfinished repairs below switchboard								
<b>Kahikatea (Ground Floor): 3.06 Nurses Station</b>								
INT	FLO	Floor - Carpet			Global			
				100%/1		2013	2,134	
Comment: Worn, stained and dirty								
<b>Kahikatea (Ground Floor): 3.14. Female Lounge</b>								
INT	FLO	Floor - Carpet			Global			
			100%/3			2015	2,425	
Comment: Worn and patchy								
<b>Kahikatea (Ground Floor): 3.23. TV Lounge</b>								
INT	FLO	Floor - Carpet			Global			
				100%/1		2013	1,746	
Comment: Threadbare and ripped and trip hazard								
<b>Kahikatea (Ground Floor): 3.30 Bathroom</b>								
INT	CEI	Ceilings - Paint Finish			Global			
				100%/1		2013	135	
Comment: Peeling								

# Summary Asset Management Plan

## Mason Kahikatea Building 2

### B02C-KAHI

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
<b>Kahikatea (Ground Floor): 3.34. Bedroom 4</b>							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014		720
Comment: Scratches and gouges and chair damage							
<b>Kahikatea (Ground Floor): 3.37. Bedroom 5</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
			100%/2		2014		87
Comment: Worn at door edges and face							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014		720
Comment: Scratches and gouges.							
<b>Kahikatea (Ground Floor): 3.42. Storeroom</b>							
INT	CEI	Ceilings - Paint Finish		Global			
			100%/2		2014		81
Comment: Cracked							
<b>Kahikatea (Ground Floor): 3.43. Bedroom 8</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
			100%/2		2014		87
Comment: Peeling and scratched at corners and face							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014		1,080
Comment: Bare areas and gouges and scratches							
<b>Kahikatea (Ground Floor): 3.44. WC</b>							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014		360
Comment: Peeling behind toilet							
<b>Kahikatea (Ground Floor): 3.50 Bedroom 12</b>							
INT	FLO	Floor - Carpet		Global			
	90%/10			10%/1	2013		873
Comment: Worn through and loose at doorway, trip hazard.							
INT	WLF	Walls - Paint Finish		Global			
				100%/1	2013		720
Comment: Bare areas and scratches and cracks							
<b>Kahikatea (Ground Floor): 3.53. Interview Room</b>							

# Summary Asset Management Plan

## Mason Kahikatea Building 2

### B02C-KAHI

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	CEI	Ceilings - Paint Finish		Global			
			100%/2		2014		243
Comment: Crack in plasterboard, water damage ?							
INT	FLO	Floor - Carpet		Global			
			100%/3		2015		873
Comment: Worn and stained							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014		780
Comment: Gouges and scratches							
<b>Kahikatea (Ground Floor): 3.56. Leisure Lounge</b>							
INT	WLF	Walls - Paint Finish		Global			
	60%/6		40%/2		2014		4,050
Comment: Lower levels are chipped and scratched							
<b>Kahikatea (Ground Floor): 3.57. Computer/Conference Room</b>							
INT	FLO	Floor - Carpet		Global			
			100%/3		2015		1,552
Comment: Worn and stained							
INT	WLF	Walls - Paint Finish		Global			
			100%/2		2014		1,140
Comment: Gouges and scratches, chair damage							
<b>Kahikatea (Ground Floor): 3.64. Laundry</b>							
INT	WLF	Walls - Paint Finish		Global			
	90%/6			10%/1	2013		660
Comment: Damaged panel below switchboard, incomplete repairs							
<b>Kahikatea (Ground Floor): 3.67. OT Office</b>							
INT	FLO	Floor - Carpet		Global			
			100%/3		2015		873
Comment:							
<b>Kahikatea (Ground Floor): 3.69 Female Toilet</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
				100%/1	2013		87
Comment: Scratched to bare behind door							
<b>Kahikatea (Ground Floor): 3.70. Male WC</b>							

# Summary Asset Management Plan

## Mason Kahikatea Building 2

### B02C-KAHI

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	IND	Doors - Paint/Polyurethane Finish		Global			
				100%/1	2013	87	
Comment: Badly scratched behind door							
<b>Kahikatea (Ground Floor): 3.71 Toilet</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
				100%/1	2013	87	
Comment: Peeling and worn at hand contact point							
<b>Kahikatea (Ground Floor): 3.74 Consultants Office</b>							
INT	FLO	Floor - Carpet		Global			
			100%/3		2015	1,067	
Comment: Carpet is loose and wrinkled and is a trip hazard							
<b>Kahikatea (Ground Floor): 3.78. Lobby</b>							
INT	IND	Doors - Paint/Polyurethane Finish		Global			
				100%/1	2013	87	
Comment: Badly scratched							
<b>Kahikatea (Ground Floor): 3.80. Storeroom</b>							
INT	CEI	Ceilings - Paint Finish		Global			
				100%/1	2013	54	
Comment: Water Damage							
<b>Total (\$)</b>						<b>81,779</b>	



# Summary Asset Management Plan

## Mason Kahikatea Building 2

### B02C-KAHI

### Poor to Very Poor Components by Group and Type

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Kahikatea External	Building Structure - Exterior	Doors - External	2,378	2,378
Kahikatea External	Building Structure - Exterior	Roof	224	11,223
Kahikatea External	Building Structure - Exterior	Walls	13,350	44,500
Kahikatea (Ground Floor): 3.04. Visitors Room	Building Structure - Interior	Walls	87	870
Kahikatea (Ground Floor): 3.06 Nurses Station	Building Structure - Interior	Floors	2,134	2,134
Kahikatea (Ground Floor): 3.14. Female Lounge	Building Structure - Interior	Floors	2,425	2,425
Kahikatea (Ground Floor): 3.23. TV Lounge	Building Structure - Interior	Floors	1,746	1,746
Kahikatea (Ground Floor): 3.30 Bathroom	Building Structure - Interior	Ceilings	135	135
Kahikatea (Ground Floor): 3.34. Bedroom 4	Building Structure - Interior	Walls	720	720
Kahikatea (Ground Floor): 3.37. Bedroom 5	Building Structure - Interior	Doors - Internal	87	87
Kahikatea (Ground Floor): 3.37. Bedroom 5	Building Structure - Interior	Walls	720	720
Kahikatea (Ground Floor): 3.42. Storeroom	Building Structure - Interior	Ceilings	81	81
Kahikatea (Ground Floor): 3.43. Bedroom 8	Building Structure - Interior	Doors - Internal	87	87
Kahikatea (Ground Floor): 3.43. Bedroom 8	Building Structure - Interior	Walls	1,080	1,080
Kahikatea (Ground Floor): 3.44. WC	Building Structure - Interior	Walls	360	360
Kahikatea (Ground Floor): 3.50 Bedroom 12	Building Structure - Interior	Floors	87	873
Kahikatea (Ground Floor): 3.50 Bedroom 12	Building Structure - Interior	Walls	720	720
Kahikatea (Ground Floor): 3.53. Interview Room	Building Structure - Interior	Ceilings	243	243
Kahikatea (Ground Floor): 3.53. Interview Room	Building Structure - Interior	Floors	873	873
Kahikatea (Ground Floor): 3.53. Interview Room	Building Structure - Interior	Walls	780	780
Kahikatea (Ground Floor): 3.56. Leisure Lounge	Building Structure - Interior	Walls	1,620	4,050
Kahikatea (Ground Floor): 3.57. Computer/Conference Room	Building Structure - Interior	Floors	1,552	1,552
Kahikatea (Ground Floor): 3.57. Computer/Conference Room	Building Structure - Interior	Walls	1,140	1,140
Kahikatea (Ground Floor): 3.64. Laundry	Building Structure - Interior	Walls	66	660
Kahikatea (Ground Floor): 3.67. OT Office	Building Structure - Interior	Floors	873	873
Kahikatea (Ground Floor): 3.69 Female Toilet	Building Structure - Interior	Doors - Internal	87	87
Kahikatea (Ground Floor): 3.70. Male WC	Building Structure - Interior	Doors - Internal	87	87
Kahikatea (Ground Floor): 3.71 Toilet	Building Structure - Interior	Doors - Internal	87	87
Kahikatea (Ground Floor): 3.74 Consultants Office	Building Structure - Interior	Floors	1,067	1,067
Kahikatea (Ground Floor): 3.78. Lobby	Building Structure - Interior	Doors - Internal	87	87

# Summary Asset Management Plan

## Mason Kahikatea Building 2

### B02C-KAHI



Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Kahikatea (Ground Floor): 3.80. Storeroom	Building Structure - Interior	Ceilings	54	54
<b>Total (\$)</b>			<b>35,037</b>	<b>81,779</b>

## Glossary

<b>Component</b>	The specific asset at the lowest level of detail, i.e. solid door, aluminum window, roofing iron, paling fence etc.
<b>Component Group</b>	High level categorisation of a component, i.e. external fabric, internal finishes, services, residual structural and external works & sundries.
<b>Component Type</b>	Mid-level categorisation of components that fit under Component Group, i.e. roof, windows & doors, electrical, etc.
<b>Component Criticality</b>	This is the measure of the relative importance of a building component by identifying which components are more critical to the building. Criticality factors include; Likelihood of failure, risk to service delivery, appearance, health and safety impacts.
<b>Condition</b>	Assets for which the financial, business or service level consequences of failure are sufficiently severe to justify proactive inspection and rehabilitation. Critical assets have a lower threshold for action than non-critical.
<b>Condition Grade</b>	C1 or CG 1 - Components assessed to be in Very Good condition using the NAMS condition bands. C2 or CG 2 - Components assessed to be in Good condition using the NAMS condition bands. C3 or CG 3 - Components assessed to be in Moderate condition using the NAMS condition bands. C4 or CG 4 - Components assessed to be in Poor condition using the NAMS condition bands. C5 or CG 5 - Components assessed to be in Very Poor condition using the NAMS condition bands.
<b>Condition Grade Index (CGI)</b>	The overall condition of selected components, typically within a property space or hierarchy of property spaces, weighted by replacement cost. CGI should be reported alongside the value of components in Poor and Very Poor condition to provide a more complete view.
<b>Capital Replacement Value (CRV)</b>	The cost of reconstructing a building using modern equivalent assets.
<b>Depreciated Replacement Cost (DRC)</b>	The replacement cost of an existing asset, less an allowance for wear and consumption having regard for the remaining economic life of the existing asset. It is calculated as the Gross Replacement Cost x (Remaining Life/Base Life).
<b>Gross Replacement Cost (GRC)</b>	The sum of component replacement costs within a selection. Typically used in conjunction with Capital Replacement Value and Residual Value to reflect the total replacement cost of replaceable components or surveyed components within a building or structure. $CRV = GRC + RS$ .
<b>Residual Structural (RS)</b>	The difference between the CRV and the replacement cost sum of assessment components. Used as a balancing item for determining DRC values.
<b>Risk Score</b>	Calculated score at component level reflecting where the component sits relation to its expected life (likelihood of failure) and the consequence of failure determined by component criticality and property space importance.
<b>Property Quality Standards (PQS)</b>	A desired level of performance, measured by pre-defined factors, relating to an overall characteristic of a property or portfolio.
<b>Star Rating</b>	Calculated score reflecting the current level of service (LoS) against targets weighted by service level significance.

# Summary Asset Management Plan

## Mason Rimu Unit Building 14

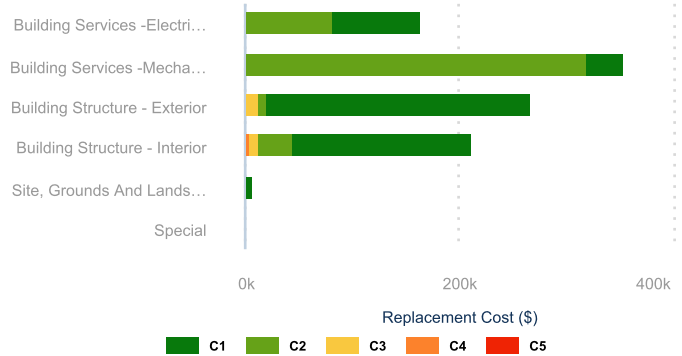
### B14C-RIMU



<b>Address</b>	81 A Carrington Road, Mt Albert
<b>Construction Year</b>	2007
<b>Floor Area (m<sup>2</sup>)</b>	444
<b>Survey Date</b>	05 December 2019
<b>Capital Replacement Value (\$)</b>	2,052,484
<b>Depreciated Replacement Cost (\$)</b>	781,506
<b>Residual Structural Cost (\$)</b>	1,052,692
<b>Standard Components (\$)</b>	1,005,788
<b>Special Components (\$)</b>	2,670
<b>Condition Grade Index</b>	1.49

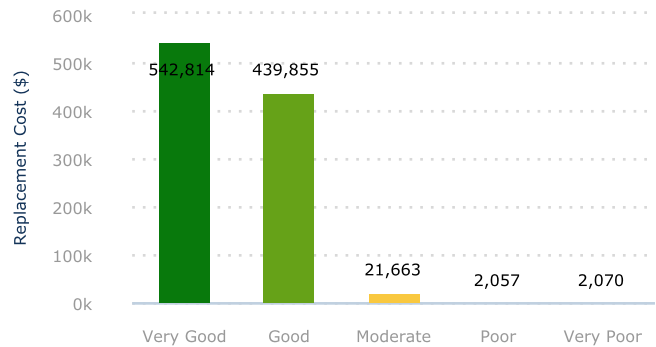
### Description

Timber frame building on high piles. The external fabric consists of coloursteel roof, PVC rain system, hardiplank cladding with aluminium framed windows and doors. Internally ceilings are painted plasterboard, walls painted plaster and melteca.



### Condition

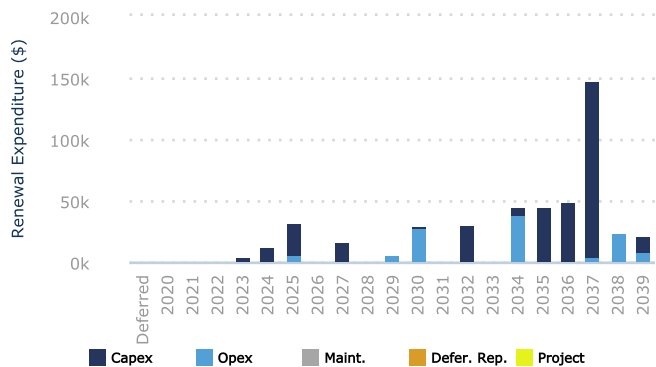
The adjacent graph shows that 97.5% (\$961,000) of assessed components by value have been assessed in a very good or good condition, 2.1% (\$21,000) assessed as moderate, and 0.4% (\$4,000) in a poor or very poor condition. Refer to the table below for further details on components in a poor or very poor condition.



### Expenditure

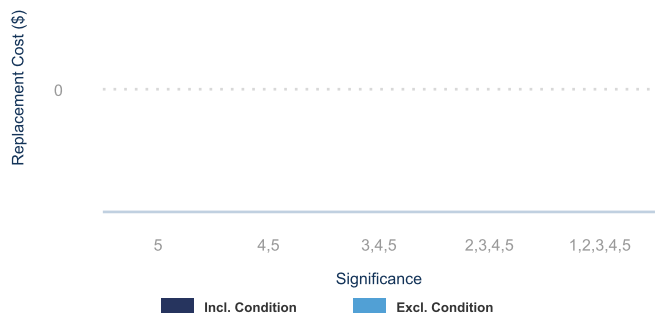
The forecast renewal expenditure profile for the building is displayed in the adjacent graph. The drivers for any immediate expenditure or where it exceeds the 20 year average over the next ten years are explained as follows: 2025: Painted Walls ; 2030: Nurse Call Systems.

10 Year Avg Lifecycle Expenditure (\$):	8,218
20 Year Avg Lifecycle Expenditure (\$):	24,226
20 Year Avg Annual Planned Maintenance (\$):	0



### Level of Service

Levels of service were not captured as a part of this survey



# Summary Asset Management Plan

## Mason Rimu Unit Building 14

### B14C-RIMU

#### Components in Poor or Very Poor Condition

Group		Type		Component		Location				
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)				
<b>Rimu Unit (Ground Floor): 104. BedRoom 4</b>										
INT	CEI	Ceilings - Paint Finish			Global					
	80%/7			20%/1	2020	270				
Comment: Mould showing in some areas										
<b>Rimu Unit (Ground Floor): 105. BedRoom 3</b>										
INT	CEI	Ceilings - Paint Finish			Global					
	80%/7			20%/1	2020	270				
Comment: Mould showing										
INT	IND	Doors - Paint/Polyurethane Finish			Global					
	70%/7		30%/3		2022	87				
Comment: Scuffed										
<b>Rimu Unit (Ground Floor): 107. Male Bathroom</b>										
INT	CEI	Ceilings - Paint Finish			Global					
				100%/7	2020	81				
Comment: Mould showing										
INT	WLF	Walls - Paint Finish			Global					
				100%/6	2020	270				
Comment: Pound showing										
<b>Rimu Unit (Ground Floor): 108. BedRoom 2</b>										
INT	CEI	Ceilings - Paint Finish			Global					
	80%/7			20%/1	2020	270				
Comment: Mould showing										
INT	WLF	Walls - Paint Finish			Global					
			100%/5		2021	810				
Comment: Scuff marks										
<b>Rimu Unit (Ground Floor): 109. BedRoom 1</b>										
INT	WLF	Walls - Paint Finish			Global					
			100%/5		2021	600				
Comment: Some scrapes										
<b>Rimu Unit (Ground Floor): 110. Male Lounge</b>										
INT	CEI	Ceilings - Paint Finish			Global					
			100%/7		2022	405				
Comment: Mould showing										

# Summary Asset Management Plan

## Mason Rimu Unit Building 14

### B14C-RIMU

Group	Type	Component	Location			
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)
<b>Rimu Unit (Ground Floor): 114 Kitchen, Dining, Activity</b>						
INT	CEI	Ceilings - Paint Finish			Global	
	90%			10%/1	2020	1,728
Comment: Leak showing						
INT	CEI	Ceilings - Plasterboard			Global	
	90%/40			10%/1	2020	4,032
Comment: Leak showing in one area						
INT	FLO	Floor - Vinyl			Global	
	90%/11			10%/1	2020	3,968
Comment: Seams need welding and loose unglued area of vinyl.						
<b>Rimu Unit (Ground Floor): 1.23. Bathroom</b>						
INT	WLF	Walls - Paint Finish			Global	
			80%/2	20%/1	2020	270
Comment: Mould showing, peeling						
<b>Rimu Unit (Ground Floor):127. Female Lounge</b>						
INT	FLO	Floor - Carpet			Global	
	90%/11			10%/1	2020	1,455
Comment: Fraying on join						
<b>Rimu Unit (Ground Floor): 129. BedRoom 5</b>						
INT	CEI	Ceilings - Paint Finish			Global	
	80%/7			20%/1	2020	270
Comment: Ceiling showing mould						
<b>Rimu Unit (Ground Floor): 130 Dining/Lounge</b>						
INT	FLO	Floor - Carpet			Global	
	80%/11			20%/1	2020	1,649
Comment: Torn at seam,trip hazard.some stains						
<b>Total (\$)</b>						<b>16,435</b>

# Summary Asset Management Plan

## Mason Rimu Unit Building 14

### B14C-RIMU

#### Poor to Very Poor Components by Group and Type

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Rimu Unit (Ground Floor): 104. BedRoom 4	Building Structure - Interior	Ceilings	54	270
Rimu Unit (Ground Floor): 105. BedRoom 3	Building Structure - Interior	Ceilings	54	270
Rimu Unit (Ground Floor): 105. BedRoom 3	Building Structure - Interior	Doors - Internal	26	87
Rimu Unit (Ground Floor): 107. Male Bathroom	Building Structure - Interior	Ceilings	81	81
Rimu Unit (Ground Floor): 107. Male Bathroom	Building Structure - Interior	Walls	270	270
Rimu Unit (Ground Floor): 108. BedRoom 2	Building Structure - Interior	Ceilings	54	270
Rimu Unit (Ground Floor): 108. BedRoom 2	Building Structure - Interior	Walls	810	810
Rimu Unit (Ground Floor): 109. BedRoom 1	Building Structure - Interior	Walls	600	600
Rimu Unit (Ground Floor): 110. Male Lounge	Building Structure - Interior	Ceilings	405	405
Rimu Unit (Ground Floor): 114 Kitchen, Dining, Activity	Building Structure - Interior	Ceilings	576	5,760
Rimu Unit (Ground Floor): 114 Kitchen, Dining, Activity	Building Structure - Interior	Floors	397	3,968
Rimu Unit (Ground Floor): 1.23. Bathroom	Building Structure - Interior	Walls	270	270
Rimu Unit (Ground Floor): 127. Female Lounge	Building Structure - Interior	Floors	146	1,455
Rimu Unit (Ground Floor): 129. BedRoom 5	Building Structure - Interior	Ceilings	54	270
Rimu Unit (Ground Floor): 130 Dining/Lounge	Building Structure - Interior	Floors	330	1,649
<b>Total (\$)</b>			<b>4,127</b>	<b>16,435</b>



## Glossary

<b>Component</b>	The specific asset at the lowest level of detail, i.e. solid door, aluminum window, roofing iron, paling fence etc.
<b>Component Group</b>	High level categorisation of a component, i.e. external fabric, internal finishes, services, residual structural and external works & sundries.
<b>Component Type</b>	Mid-level categorisation of components that fit under Component Group, i.e. roof, windows & doors, electrical, etc.
<b>Component Criticality</b>	This is the measure of the relative importance of a building component by identifying which components are more critical to the building. Criticality factors include; Likelihood of failure, risk to service delivery, appearance, health and safety impacts.
<b>Condition</b>	Assets for which the financial, business or service level consequences of failure are sufficiently severe to justify proactive inspection and rehabilitation. Critical assets have a lower threshold for action than non-critical.
<b>Condition Grade</b>	C1 or CG 1 - Components assessed to be in Very Good condition using the NAMS condition bands. C2 or CG 2 - Components assessed to be in Good condition using the NAMS condition bands. C3 or CG 3 - Components assessed to be in Moderate condition using the NAMS condition bands. C4 or CG 4 - Components assessed to be in Poor condition using the NAMS condition bands. C5 or CG 5 - Components assessed to be in Very Poor condition using the NAMS condition bands.
<b>Condition Grade Index (CGI)</b>	The overall condition of selected components, typically within a property space or hierarchy of property spaces, weighted by replacement cost. CGI should be reported alongside the value of components in Poor and Very Poor condition to provide a more complete view.
<b>Capital Replacement Value (CRV)</b>	The cost of reconstructing a building using modern equivalent assets.
<b>Depreciated Replacement Cost (DRC)</b>	The replacement cost of an existing asset, less an allowance for wear and consumption having regard for the remaining economic life of the existing asset. It is calculated as the Gross Replacement Cost x (Remaining Life/Base Life).
<b>Gross Replacement Cost (GRC)</b>	The sum of component replacement costs within a selection. Typically used in conjunction with Capital Replacement Value and Residual Value to reflect the total replacement cost of replaceable components or surveyed components within a building or structure. $CRV = GRC + RS$ .
<b>Residual Structural (RS)</b>	The difference between the CRV and the replacement cost sum of assessment components. Used as a balancing item for determining DRC values.
<b>Risk Score</b>	Calculated score at component level reflecting where the component sits relation to its expected life (likelihood of failure) and the consequence of failure determined by component criticality and property space importance.
<b>Property Quality Standards (PQS)</b>	A desired level of performance, measured by pre-defined factors, relating to an overall characteristic of a property or portfolio.
<b>Star Rating</b>	Calculated score reflecting the current level of service (LoS) against targets weighted by service level significance.

# Summary Asset Management Plan

## Mason Pohutakawa Unit (ID inpatient) Building 13

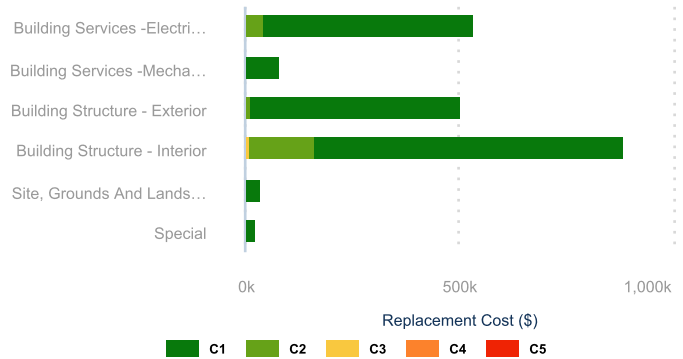
### B13C-POHU-EXT



<b>Address</b>	81 A Carrington Road, Mt Albert
<b>Construction Year</b>	2011
<b>Floor Area (m<sup>2</sup>)</b>	0
<b>Survey Date</b>	02 December 2011
<b>Capital Replacement Value (\$)</b>	4,077,400
<b>Depreciated Replacement Cost (\$)</b>	1,939,712
<b>Residual Structural Cost (\$)</b>	1,879,946
<b>Standard Components (\$)</b>	2,052,635
<b>Special Components (\$)</b>	26,813
<b>Condition Grade Index</b>	1.12

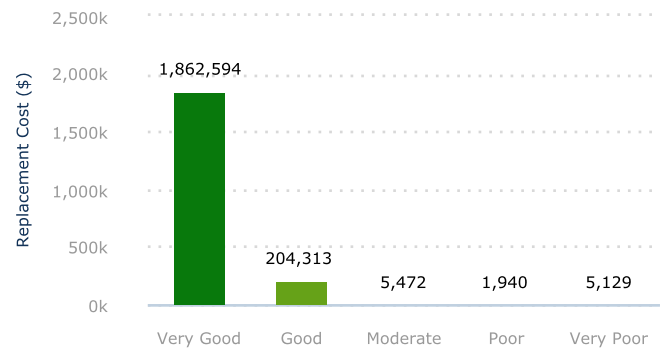
### Description

"Opened in 2006, this secure facility is in 2 levels with meeting rooms, offices, storage and staff facilities at the upper level and patient rooms and services at the lower level. Slab on the ground construction with timber framing and coloursteel roof. External cladding is a mixture of coloursteel and fibrolite with aluminium windows and doors. Internal fit out is modern and is commensurate with the security required at the lower level and more typical at the offices and meeting rooms at the upper level."



### Condition

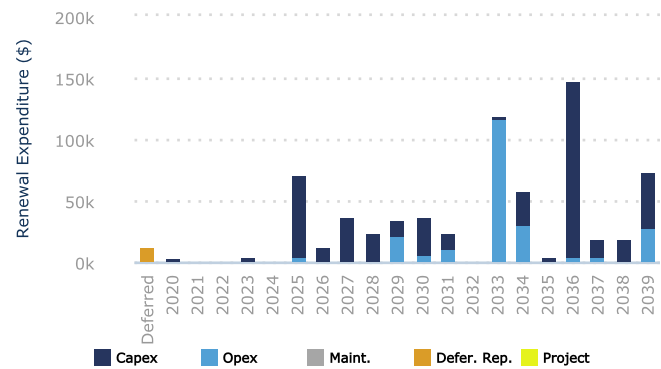
The adjacent graph shows that 100% (\$432,000) of assessed components by value have been assessed in a very good or good condition.



### Expenditure

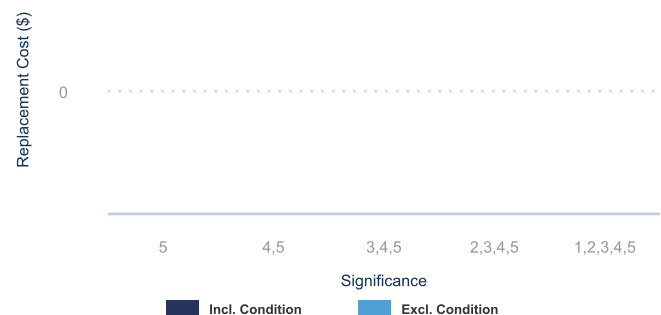
The forecast renewal expenditure profile for the building is displayed in the adjacent graph. The drivers for any immediate expenditure or where it exceeds the 20 year average over the next ten years are explained as follows: 2035 - Painted Internal Walls; 2026 - Smoke Detectors; 2027 - Walls (Other- Finish), Split A/C Units.

10 Year Avg Lifecycle Expenditure (\$):	19,682
20 Year Avg Lifecycle Expenditure (\$):	35,072
20 Year Avg Annual Planned Maintenance (\$):	0
Deferred Replacement (\$):	12,500



### Level of Service

Levels of service were not captured as a part of this survey.



**Summary Asset Management Plan**  
**Mason Pohutakawa Unit (ID inpatient) Building 13**  
**B13C-POHU-EXT**

**Components in Poor or Very Poor Condition**

Group		Type	Component		Location			
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)		
<b>Mason Pohutakawa Unit (ID inpatient) BedRoom 5</b>								
INT	WLF	Walls - Paint Finish		Global				
	70%/7			30%/1	2020	840		
Comment: Items removed, damaged paintwork								
<b>Mason Pohutakawa Unit (ID inpatient) BedRoom 6</b>								
INT	WLF	Walls - Paint Finish		Global				
	70%/7			30%/1	2020	840		
Comment: Items removed, damaged paintwork								
<b>Mason Pohutakawa Unit (ID inpatient) BedRoom 7</b>								
INT	WLF	Walls - Paint Finish		Global				
	70%/7			30%/1	2020	840		
Comment: Items removed, damaged paintwork								
<b>Mason Pohutakawa Unit (ID inpatient) BedRoom 8</b>								
INT	WLF	Walls - Paint Finish		Global				
				100%/1	2020	840		
Comment: Scratched marked								
<b>Mason Pohutakawa Unit (ID inpatient) Corridor</b>								
INT	CEI	Ceilings - Paint Finish		Global				
	90%/7			10%/1	2020	486		
Comment: Peeling								
INT	WLF	Walls - Plasterboard(Gib)		Global				
	90%/40			10%/1	2020	936		
Comment: Lifting in one area								
<b>Mason Pohutakawa Unit (ID inpatient). Corridor</b>								
INT	WLF	Walls - Paint Finish		Global				
	90%/6			10%/1	2020	1,290		
Comment: Peeling in one area								
<b>Mason Pohutakawa Unit (ID inpatient) East Stairs</b>								
INT	FLO	Floor - Carpet		Global				
		90%		10%/1	2020	970		
Comment: Wearing in areas								
<b>Mason Pohutakawa Unit (ID inpatient) Ensuite</b>								

**Summary Asset Management Plan**  
**Mason Pohutakawa Unit (ID inpatient) Building 13**  
**B13C-POHU-EXT**

Group		Type	Component		Location		
C1/R1	C2/R2	C3/R3	C4/R4	C5/R5	Repl. Yr.	Total GRC (\$)	
INT	CEI	Ceilings - Paint Finish		Global			
	90%/7			10%/1	2020	81	
Comment: Area peeling							
<b>Mason Pohutakawa Unit (ID inpatient) Lounge</b>							
INT	FLO	Floor - Carpet		Global			
			100%/2		2021	1,940	
Comment: Rotting							
INT	WLF	Walls - Paint Finish		Global			
	70%/5			30%/1	2020	2,430	
Comment: Marked scuffed							
<b>Mason Pohutakawa Unit (ID inpatient) Nurses Base</b>							
INT	FLO	Floor - Carpet		Global			
	50%			50%/1	2020	3,104	
Comment: Part worn through							
<b>Mason Pohutakawa Unit (ID inpatient) Plant Room</b>							
BSE	FIRE	Fire Extinguishers		Global			
				100%/1	2020	309	
Comment: No test date							
<b>Mason Pohutakawa Unit (ID inpatient) Staff Room</b>							
INT	WLF	Walls - Paint Finish		Global			
	70%/5			30%/1	2020	1,860	
Comment: chair damage and scuffing							
<b>Total (\$)</b>						<b>16,766</b>	

# Summary Asset Management Plan

## Mason Pohutakawa Unit (ID inpatient) Building 13

### B13C-POHU-EXT

#### Poor to Very Poor Components by Group and Type

Name	Group	Type	C4-C5 GRC (\$)	Total GRC (\$)
Mason Pohutakawa Unit (ID inpatient) BedRoom 5	Building Structure - Interior	Walls	252	840
Mason Pohutakawa Unit (ID inpatient) BedRoom 6	Building Structure - Interior	Walls	252	840
Mason Pohutakawa Unit (ID inpatient) BedRoom 7	Building Structure - Interior	Walls	252	840
Mason Pohutakawa Unit (ID inpatient) BedRoom 8	Building Structure - Interior	Walls	840	840
Mason Pohutakawa Unit (ID inpatient) Corridor	Building Structure - Interior	Ceilings	49	486
Mason Pohutakawa Unit (ID inpatient) Corridor	Building Structure - Interior	Walls	94	936
Mason Pohutakawa Unit (ID inpatient). Corridor	Building Structure - Interior	Walls	129	1,290
Mason Pohutakawa Unit (ID inpatient) East Stairs	Building Structure - Interior	Floors	97	970
Mason Pohutakawa Unit (ID inpatient) Ensuite	Building Structure - Interior	Ceilings	16	162
Mason Pohutakawa Unit (ID inpatient) Lounge	Building Structure - Interior	Floors	1,940	1,940
Mason Pohutakawa Unit (ID inpatient) Lounge	Building Structure - Interior	Walls	729	2,430
Mason Pohutakawa Unit (ID inpatient) Nurses Base	Building Structure - Interior	Floors	1,552	3,104
Mason Pohutakawa Unit (ID inpatient) Plant Room	Building Services - Electrical	Fire Equipment	309	309
Mason Pohutakawa Unit (ID inpatient) Staff Room	Building Structure - Interior	Walls	558	1,860
<b>Total (\$)</b>			<b>7,069</b>	<b>16,847</b>

## Glossary

<b>Component</b>	The specific asset at the lowest level of detail, i.e. solid door, aluminum window, roofing iron, paling fence etc.
<b>Component Group</b>	High level categorisation of a component, i.e. external fabric, internal finishes, services, residual structural and external works & sundries.
<b>Component Type</b>	Mid-level categorisation of components that fit under Component Group, i.e. roof, windows & doors, electrical, etc.
<b>Component Criticality</b>	This is the measure of the relative importance of a building component by identifying which components are more critical to the building. Criticality factors include; Likelihood of failure, risk to service delivery, appearance, health and safety impacts.
<b>Condition</b>	Assets for which the financial, business or service level consequences of failure are sufficiently severe to justify proactive inspection and rehabilitation. Critical assets have a lower threshold for action than non-critical.
<b>Condition Grade</b>	C1 or CG 1 - Components assessed to be in Very Good condition using the NAMS condition bands. C2 or CG 2 - Components assessed to be in Good condition using the NAMS condition bands. C3 or CG 3 - Components assessed to be in Moderate condition using the NAMS condition bands. C4 or CG 4 - Components assessed to be in Poor condition using the NAMS condition bands. C5 or CG 5 - Components assessed to be in Very Poor condition using the NAMS condition bands.
<b>Condition Grade Index (CGI)</b>	The overall condition of selected components, typically within a property space or hierarchy of property spaces, weighted by replacement cost. CGI should be reported alongside the value of components in Poor and Very Poor condition to provide a more complete view.
<b>Capital Replacement Value (CRV)</b>	The cost of reconstructing a building using modern equivalent assets.
<b>Depreciated Replacement Cost (DRC)</b>	The replacement cost of an existing asset, less an allowance for wear and consumption having regard for the remaining economic life of the existing asset. It is calculated as the Gross Replacement Cost x (Remaining Life/Base Life).
<b>Gross Replacement Cost (GRC)</b>	The sum of component replacement costs within a selection. Typically used in conjunction with Capital Replacement Value and Residual Value to reflect the total replacement cost of replaceable components or surveyed components within a building or structure. $CRV = GRC + RS$ .
<b>Residual Structural (RS)</b>	The difference between the CRV and the replacement cost sum of assessment components. Used as a balancing item for determining DRC values.
<b>Risk Score</b>	Calculated score at component level reflecting where the component sits relation to its expected life (likelihood of failure) and the consequence of failure determined by component criticality and property space importance.
<b>Property Quality Standards (PQS)</b>	A desired level of performance, measured by pre-defined factors, relating to an overall characteristic of a property or portfolio.
<b>Star Rating</b>	Calculated score reflecting the current level of service (LoS) against targets weighted by service level significance.

4 October 2019

Waitemata District Health Board  
Mason Clinic Project Office  
Unitec Gate 2,  
81A Carrington Road  
Auckland, 1025

Attention: Paul Stanbridge - [Paul.Stanbridge@waitematadhb.govt.nz](mailto:Paul.Stanbridge@waitematadhb.govt.nz)

Dear Paul

**Re: Scope of Works to Kahikatea, Rata, Kauri/Mason and Totara Buildings at Mason Clinic**

As highlighted previously in our Mitigation Works Plan dated July 2019, Maynard Marks highlighted several weathertightness defects throughout all buildings under consideration, namely Kahikatea, Rata, Kauri/Mason and Totara Buildings.

Generally, the building envelope defects consist of the following:

- Deterioration of the torch applied membrane waterproofing to some of the main roof areas as well as deficiencies of rainwater spouting and flashing detailing.
- Cracking and spalling stucco cladding to the elevations of most buildings providing a risk to water ingress and a threat to the timber framing. Additionally, the stucco cladding was terminated close to and even in direct contact with the adjacent hard standing surrounding the buildings, again providing risk of moisture ingress and consequent degradation of the timber structure.
- Visible gaps between joinery units and adjacent building elements to all buildings, likely to be compromising the weathertight performance therein. Many of the render coatings to polystyrene joinery head mouldings were noted as cracked and severely degraded again allowing for moisture ingress.
- Evidence of water ingress through the roof coverings effecting internal linings and timber framing within the roof space particularly around skylights in both Kauri/Mason and Totara Buildings; and
- Additional issues were found in respect of:
  - Structural observations within the Rata Building in respect of cracking to the linings within rooms adjacent to the secure courtyard below the lightwell, upper roof and within the Reception area.
  - Various passive fire deficiencies within the roof space of Rata and Kauri/Mason. These mainly included doors and internal windows located within fire rated walls on the ground floor and the roof space falling short of required performance requirements; lack of fire stopping to service penetrations through fire rated walls.



- Degradation of the existing water storage tank installation including structural supports including undersized pipework.

The Scope of Work overleaf covers the general remedial works required to address the main weathertightness issues to extend the serviceable life of the building envelope for a further three years. This Scope of Work and all photographs referred to below should be read fully in line with Maynard Marks' Mitigation Works Plan (MWP) dated July 2019

## **GENERAL**

### **1. Establishment**

- Allow for temporary site fencing including construction health and safety signage around work locations as well as storage/welfare unit locations to provide physical demarcation between the construction site and associated areas and all hospital staff, patients and the general public.
- Allow for the hire of lockable skips including regular exchanges for the entire duration of the contract as well as disposal to suitable waste management facilities.
- Allow for all general contractor insurances, health and safety provisions and preliminary and general costs associated with undertaking the works in full.

### **2. Handover**

- Allow to clean the site and remove all trade waste and debris following completion of remedial works.

### **3. Site Works**

- Allow for temporary surface water and waste management throughout the life of the contract as deemed necessary.
- Allow for temporary and localised roof rainwater management.
- Allow to alter mechanical and electrical services as deemed necessary.

### **4. Professional Fees**

- Make allowance for design development including for an Architect, as well as Mechanical, Electrical, Fire and Structural Engineers).
- Make allowance for design development.
- Make allowance for a Structural Engineer and site observations.
- Make allowance for a Fire Engineer and site observations.
- Make allowance for a Mechanical & Electrical Engineer and site observations.
- Make allowance for design fees including site observations.
- Make allowance for Building Consent/Territorial Authority fees.
- Make allowance for tendering costs.
- Make allowance for contract works insurance.
- Make allowance for contract and financial administration as well as site observations.

- Make allowance for a weathertightness specialist and construction observations.

## **SCOPE OF WORKS**

### **4.1. KAHIKATEA BUILDING**

#### **1.1. Concrete Tiled Roof**

- Undertake isolated concrete tile replacement of all cracked or damaged units disposing of materials arising. Replacement tiles to be sourced from the removal of tiles from an entire roof area to be confirmed on the Kauri/Mason and/or Rata Building. Exact location to be agreed with the Project Manager.

#### **1.2. Butyl Gutter Membrane**

- To the area as per photographs 6 to 11 incl., remove existing concrete (full and part) tiles either side of valley gutters as required and carefully store on site for re-use.
- Carefully remove existing Butyl gutter membrane valley waterproofing layer in its entirety and dispose of materials arising offsite.
- Carefully remove all decayed plywood valley lay boards and dispose. Supply and install new ply boarding to reform valley lay boards replacing any decayed framing as required. Any deficiencies in the main timber roof structure to be notified to the Project Manager immediately and before covering up. Allow a Prov. Sum for localised timber replacement subject to structural engineer's input if required.
- Supply and install new Butyl rubber membrane (Butyl or similar) and install fully in accordance with manufacturer's instructions and recommendations and all good trade practice.
- Clean and reinstate previously set aside concrete tiles allowing for mortar bedding to either side of valley beneath all concrete tiles.

#### **1.3. Barge Boards and fascia's**

- Prepare all barge boards whilst in situ replacing sections as deemed necessary. Knot and prime all newly inserted sections and overall apply one undercoat and two coats gloss to all exposed faces. Colour to be agreed with the Project Manager before proceeding. See photograph 12.

#### **1.4. Above Ground Rainwater Drainage**

- Allow to retrospectively install new kick out flashing along length of timber fascia boards adjacent to the main courtyard area to encourage water runoff away from the building where no drainage provisions exist to divert rainwater as detailed in section 2.1.6.
- Allow to provide and install new gutter stop end to prevent rainwater escaping on to cover flashing detail as well as cover plate to block existing bottom outlet in the gutter. Include to provide new penetration in the bottom of the guttering directly over rainwater gutter running perpendicular below with new spout. See photographs 13 to 19 incl.
- To all elevations, allow to replace isolated lengths of corroded sections (between existing joints) of rainwater guttering with profile and finish to match existing. Dispose of materials arising. Allow for repair/replacement of a defective downpipe located on the south elevation.

- Carefully remove existing corroded rainwater down pipe to the south and east elevations and dispose. Supply and install new replacement downpipes to match existing including for new brackets, mechanical fixings etc. see photographs 17 to 19 incl.
- Install diverter flashing above where gutter terminates into stucco plaster as detailed in section 1.5 below.

#### **1.5. Soffits**

- Prov Sum. Remove sections of severely deteriorated and water damaged soffit board and timber non-structural framing to the east and west elevations and dispose of materials arising. Allow to supply and mechanically fix new cement board including treated framing timbers to match existing to existing timber structure and framing. Any deficiencies in the main timber roof structure to be notified to the Project Manager immediately and before covering up.

#### **1.6. Metal flashings**

- Allow to supply and install lead flashing diverter as deemed necessary.
- Supply and install lead flashing lapping under existing end row ridge tiles folding down over barge board where wall steps out on the east elevation. See photograph 27.
- To locations of the external perimeter where no rainwater gutters are installed, allow to remove eaves tiling as required, supply and install new plastic gutter flashing and mechanically fix to existing timber rafters. To be installed fully in accordance with NZ Metal Roof and Wall Cladding Code of Practice (Ver 3), section 8.4.4.4 Eaves Flashing.

#### **1.7. Stucco cladding**

- Prepare existing penetrations through external walling and seal with sealant.
- Rake out existing deteriorated sealant repairs, prepare, fill and seal with sealant where all instances of cracking or damage to all elevations. Include for grinding out cracks to accommodate suitably sized sealant joint (circa 10mm).
- Prepare, fill and seal all instances of cracking to the concrete slab using an epoxy resin.
- Prepare all existing stucco surfaces as required, caulk any hairline cracks or use a dry stucco repair product for larger cracks as per manufacturer's instructions. Apply one coat of exterior masonry primer and then apply two coats of exterior masonry paint.

#### **1.8. Joinery**

- Allow for removal of defective sealant to all joinery units and dispose of materials arising. Prepare and seal neatly and fully around all joinery units with low modulus sealant installed fully in accordance with manufacturer's instructions.
- Allow to remove existing Loading Bay door including all hardware and dispose. Supply and install replacement external grade door including for aluminium edge protectors, new 1½ pair hinges sized to suit, new lever handles both sides, dead lock, self-closer, weather bar etc all to match

existing door hardware. Allow apply one coat primer, one undercoat and two coats gloss to all faces. Ensure door is left fully operational.

- Remove existing degraded timber door bar to the secondary courtyard entrance (see photograph 44). Supply and install a weather bar to the door to the loading dock. Prepare existing door surfaces and provide one undercoat and two coats gloss. Ensure door is left fully operational.

### **1.9. Ceiling linings**

Once the recommended external remedial works have been completed:

- Allow to rake out notable cracks in the plasterboard ceilings as per photographs 45 to 47 incl. check adequacy of fixing of plasterboard to timber ceiling joists and include for mechanical fixing as required. Prepare crack and fill flush. To entire ceiling, allow to apply two coats emulsion.
- Allow to rake out notable cracks in the plaster as per photograph 48, prepare crack and fill flush. To entire wall to clearly identified areas i.e. internal external corners, allow to apply two coats emulsion.

### **1.10. Wall linings**

- Allow to hack off plaster locally to area as per photograph 49 and dispose of materials arising. Once substrate is exposed check moisture content and report to project manager for further instructions. Include for intrusive investigations as required to establish causation(s) and remedial works as required. It is believed that this may well be due to water escape from a nearby plumbing installation
- Allow to apply renovating plaster prepare area and a further skim coat to finish flush with adjacent surfaces, fully in accordance with manufacturer's instructions. Allow to apply two coats emulsion to clearly identified areas as described above.

### **1.11. Temporary Weatherproofing**

- PROV SUM: allow to replace existing 'temporary' weatherproof covering over link corridor (see photographs 50 and 51) with a more robust temporary weathertight solution. Design to be proposed to project manager for approval before proceeding.

### **1.12. Fire Safety**

- Following an initial non-intrusive inspection of the Rata Building a number of remedial works have been identified. Reference to pfits Consultancy's site visit inspection report (see appendix A below) carried out on 26 September 2019 should be made to gain an understanding of the works required.

## **4.2. RATA BUILDING**

### **2.1 Flat Membrane Roof (Lightwell)**

- Allow for the careful removal of existing flat roof waterproofing membrane and dispose of materials arising offsite – see photographs 1 to 4 incl.
- Thoroughly check existing substrate and report findings to the project manager.
- Prov. Sum. Allow to replace 25% of the timber decking with plyboard. Deck to be glued and mechanically fixed to existing roof structure. Extent of replacement to be agreed with the project manager before proceeding.
- Using one of the manufacturer's trained and approved installers, prepare and install detailing to all drainage outlets and detailing using underlayer and cap sheet. Prepare all contact surfaces, apply primer/adhesive to roof substrate and vertical faces. Supply and install new waterproof membrane to entire roof area including for welded side and end laps. Include for all detailing around penetrations and the like where applicable as well as all check curbs, drip and upstand detailing. All fully in accordance with manufacturer's instructions and recommendations.

### **2.2. Flat Membrane Roof (Upper Roof)**

- Allow to undertake strategic core sampling of waterproofing build up to the high-level roof area as per photograph 5 and report findings to the project manager for further instructions.
- On the basis that the core samples are 'wet', allow for a Prov. Sum to strip up the existing waterproofing layers and dispose of materials arising. Additionally, allow to replace 25% of the timber decking with plyboard (min 21mm thick). Deck to be glued and mechanically fixed to existing roof structure. Extent of replacement to be agreed with the project manager before proceeding.
- Using one of the manufacturer's trained and approved installers, prepare and install detailing to all drainage outlets and detailing underlayer and cap sheet. Prepare all contact surfaces, apply primer/adhesive to roof substrate and vertical faces. Supply and install new waterproof membrane to entire roof area including for welded side and end laps. Include for all detailing around penetrations and the like where applicable as well as all check curbs, drip and upstand detailing. All fully in accordance with manufacturer's instructions and recommendations.
- On the basis that the core samples are 'dry', allow to prepare existing membrane and install new cap sheet. Prepare all contact surfaces, apply primer/adhesive to roof substrate and vertical faces. Supply and install new waterproof membrane to entire roof area including for welded side and end laps. Include for all detailing around penetrations and the like where applicable as well as all check curbs, drip and upstand detailing. All fully in accordance with manufacturer's instructions and recommendations.
- The above works are to be undertaken in conjunction with removal of cladding to inner face of parapets to ensure sufficient upstand (see 4.2.12).



### **2.3. Flat Membrane Roof (Condenser Unit)**

- Allow to prepare and clean existing membrane roof (including re-sealing laps where necessary).
- Using one of the manufacturer's trained and approved installers, prepare existing surfaces and detailing and supply and install Viking SilCoat, liquid applied waterproof membrane including primer coat or similar approved, over existing membrane, fully in accordance with manufacturer's instructions.

### **2.4. Concrete Roof Tiles**

- Undertake isolated concrete tile replacement of all cracked or damaged units disposing of materials arising. Replacement tiles to be sourced from the removal of tiles from an entire roof plane of the Kauri/Mason and/or Rata Building. Exact location to be agreed with the Project Manager.
- Undertake isolated ridge tile replacement and rebedding where necessary – see photographs 8 and 9.
- Supply and install new code 5 lead flashing to ridge junction with wall and extend down to lap apron flashing. Include for compression seal to upstand back through wall cladding (For location, refer to overmarked plan in Appendix B (dwg. no. 3816012/108 rev A).as attached to the Mitigation Works Plan dated July 2019

### **2.5. Long-Run Metal Sheets**

- Allow to thoroughly clean all main metal roof areas to remove fungal, moss and lichen growth using mild exterior cleaning solution with special care and attention to the sheet coating, all detailing, penetrations and the like. Ensure that all debris arising is carefully removed off site and prevent entry to the existing surface water drainage system.

### **2.6. Membrane Gutters**

- Remove existing end row of concrete tiles (to applicable areas), clean and carefully set aside later for reuse.
- Allow to clean and prepare existing torch-on waterproof membrane lined gutters and all associated detailing.
- Allow for localised repairs to any tears to the existing membrane. Thoroughly clean and prepare surrounding surfaces to the damaged area. Prime area and then weld compatible torch applied roofing membrane patches over the damaged site with at 100mm cover beyond the full extents of the damage site area. Ensure roof remains neat and attractive in appearance. Repairs to be undertaken, fully in accordance with manufacturer's instructions.
- Form divertors to the proprietary metal divertors, torch in place with new membrane.
- Using one of the manufacturer's trained and approved installers, to existing membrane lined gutters, prepare existing surfaces and detailing and supply and install Viking SilCoat, liquid applied waterproof membrane including primer coat or similar approved, over existing membrane, fully in accordance with manufacturer's instructions

- Reinstall previously set aside concrete tiles in accordance with original installation instructions.

## **2.7. Above Ground Rainwater Drainage**

- To all existing rainwater downpipes that discharge on to lower roof levels, allow to supply and install new spreader including for suitable bend if requires, 'T' junction and spreader either side of the later. Installation is not to allow water to discharge near to detailing, roof laps and any penetrations. Ensure a spreader is installed to the downpipe discharging on to the roof over Room 1.75 – see photograph 17.

## **2.8. Lead Flashings**

- Lead flashings to be removed as part of the removal of the tiled roof to the north.
- Allow to undertake isolated repairs to existing lead flashing/detailing. For small holes and severely corroded areas allow to prepare the existing installation using a wire brush/sandpaper to clean the localised area. Affix roofing cement and then cover with an oversized lead patch and weld to the existing lead covering. for spot welding and repairs as necessary to lead flashings. Excessive or large areas of damage to leadwork to be remedied by replacement of the relevant piece of lead on a like for
- Supply and install new lead flashings as detailed in section 2.4 where lead flashings have not been installed behind the texture coated fibre cement cladding - refer to photograph 22.

## **2.9. Metal Flashings**

- Carefully remove metal parapet cap flashings and cover flashings to parapet walls of materials arsing to licensed waste management facility.
- Prepare existing top of parapet walling as required. Supply and install new DPM oversized for width of wall and to drape over both sides. Supply and install new powder coated capping manufactured to suit wall width including coatings with cross fall of 10° and to provide appropriate drip detail. Include for all hold down brackets, butt straps, pre-formed corners at angles, stop ends and 'T' sections as required.
- Metal apron flashings to be extended beyond the metal gutter edge in several locations using materials to match existing.
- Install saddle flashings at junctions with vertical faces and at height transition locations. See photograph 25 as an example.
- Form adequate metal kick out flashing.
- Remove existing parapet cap flashing to lightwell roof and replace with new kickout cap flashing extending past the adjacent lower parapet wall.

## **2.10. Barge Boards**

- Prepare all barge boards whilst in situ replacing sections as deemed necessary. Knot and prime all newly inserted sections and overall apply one undercoat and two coats gloss to all exposed faces. Colour to be agreed with the project manager before proceeding. See photograph 35.

### **2.11. Skylights**

- Allow to clean down glass, frameworks and surrounding roof areas to all roof lights.

### **2.12. Textured Fibre Cement Cladding**

- Carefully clean and prepare textured fibre cement wall ready for localised repairs. Rake out existing defective sealant repairs and dispose of materials arising. Prepare substrate, supply and install new epoxy sealant using backing rods as required.
- Prepare all external walls including for moss and mould, thoroughly wash with suitable paint cleaner, spot prime and bare flaked or cracked areas, fill all cracks with suitable filler to suit crack width, apply to coats of acrylic paint. Colour to be agreed with the Project Manager.
- Allow to carefully breakout concrete hardstanding immediately adjacent to the external wall and install new linear drainage channels to main and flank elevations to courtyard entrance with lockable cover plates and connected to existing surface water drainage system – see photograph 41.

### **2.13. External Tilt Slab Walls**

- Rake out defective sealant from entire length of all movement control joints and dispose of materials arising. Carefully clean, prepare, prime and install new suitable sealant fully in accordance with manufacturer's recommendations and instructions.
- Prepare all external walls including for moss and mould, thoroughly wash with suitable paint cleaner, spot prime all flaked or cracked areas, fill all cracks with suitable filler to suit crack width, apply to coats of acrylic paint. Colour to be agreed with the Project Manager.

### **2.14. Parapet walls (courtyard)**

- Allow to thoroughly clean all existing fibre cement cladding areas to remove fungal, moss and lichen growth using mild exterior cleaning solution with special care and attention to the render coating, all detailing, penetrations and the like. Ensure that all debris arising is carefully removed off site and prevent entry to the existing surface water drainage system.

### **2.15. Parapet walls (Lightwell)**

- Allow to thoroughly clean all existing parapet walls to remove fungal, moss and lichen growth using mild exterior cleaning solution with special care and attention to the render coating, all detailing, penetrations and the like. Ensure that all debris arising is carefully removed off site and prevent entry to the existing surface water drainage system.
- Carefully rake out, clean, prepare and fill all cracks with an epoxy sealant suitable for the application. To be installed fully in accordance with manufacturer's instructions and recommendations.
- Prepare existing top of parapet walling as required. Supply and install new DPM oversized for width of wall and to drape over both sides. Supply and install new powder coated capping manufactured to suit wall width including coatings with cross fall of 10° and to provide appropriate drip detail.

Include for all hold down brackets, butt straps, pre-formed corners at angles, stop ends and 'T' sections as required.

- Metal apron flashings to be extended beyond the metal gutter edge in several locations using materials to match existing.
- Install saddle flashings at junctions with vertical faces and at height transition locations. See photograph 25 as an example.
- Prepare all parapet walls including for moss and mould removal, thoroughly wash with suitable paint cleaner, spot prime all bare flaked or cracked areas, fill all cracks with suitable filler to suit crack width, apply to coats of acrylic paint. Colour to be agreed with the project manager.

#### **2.16. Joinery**

- Allow for removal of defective sealant to all joinery units and dispose of materials arising. Prepare and seal neatly and fully around all joinery units with low modulus sealant installed fully in accordance with manufacturer's instructions.
- Ensure mechanical fixing of external door is adequate to confirm securely fixed to abutting walling. Provide suitable sealant to both sides of frame/wall junction and ensure that the door is fully operational – see photograph 56.

#### **2.17. Damage from Historic Leaks**

- PROV SUM. Allow to undertake moisture readings of water stained ceilings as well as a general inspection to identify beyond repair the application of redecoration. To those areas, allow to remove existing plasterboard to area of damage up to full board(s), de-nail supporting timber structure, supply and install new plasterboard, scrim joints and apply 3mm skim coat feathering in to existing. Prepare for redecoration, apply one mist coat and two coats emulsion to complete ceiling.
- To all other areas, allow to rake out notable cracks in the plasterboard ceilings as per photographs 57 to 63 incl. check adequacy of fixing of plasterboard to timber ceiling joists and include for mechanical fixing as required. Prepare crack and fill flush. To entire ceiling per location, allow to apply two coats emulsion.
- Allow to rake out notable cracks in the plaster as per photographs 57 to 63 incl., prepare crack and fill flush. To entire wall to clearly identified areas i.e. internal external corners, allow to apply two coats emulsion.

#### **2.18. Tilt Slab Walls**

- To rooms 1.42 and gym, rake out defective sealant from entire length of all movement control joints and dispose of materials arising. Carefully clean, prepare, prime and install new suitable sealant fully in accordance with manufacturer's recommendations and instructions.
- Prepare all internal walls, spot prime all flaked or cracked areas, fill all cracks with suitable filler to suit crack width, apply to coats of emulsion paint to clearly identified area i.e. between internal/external corners – floor to ceiling. Colour to be agreed with the Project Manager.

- Allow to remove and replace with matching profile and material any defective lengths of timber coving to the Gymnasium ceiling perimeter. Include for suitable adhesive and mechanical fixings as deemed necessary.

The above should only be completed once recommended mitigation works have been carried out to the tilt slab control joints, roof areas and associated flashings.

#### **2.19. Internal Door**

- Carefully remove existing internal door including all existing hardware and set aside for reuse. to room 1.24.
- Allow to make good junction between door frame and head/jamb as well as vertical junction between tilt slab wall and internal wall to room 1.24.
- Reinstate previously set aside internal door to room 1.24 and leave in full working order.

#### **2.20. Cracking to Internal Linings**

- Remove timber quadrant from top of stair stringer and dispose. Supply and install larger size timber quadrant and place against wall surface and mechanically fix into the top of the stringer. Insert flexible filler to wall/quadrant junction and decorate to match existing timber work.
- Allow to rake out notable cracks in the Mezzanine Office plasterboard ceiling as per photographs 73. Check adequacy of fixing of plasterboard to timber ceiling joists and include for mechanical fixing as required. Prepare crack and fill flush. To entire ceiling, allow to apply two coats emulsion.
- Rake out vertical cracks as per photographs 71 and 74, caulk and to clearly identified areas i.e. internal external corners, allow to apply two coats emulsion.

#### **2.21. Link Corridor (Rata to Kauri/Mason)**

- Prepare, prime and repaint cracked wall linings, allowing to fill and seal any cracking as required. This should only be completed once recommended sealant repairs to the joinery units have been completed.
- Remove corroded metal edge trims to joinery units and dispose. Allow to provide an install new metal edge trims to match existing for profile and colour.
- Allow to carefully remove corner beading to joinery unit as per photograph 76 and dispose of materials arising. Hack off all loose plaster/plasterboard back as required, supply and install new internal grade vinyl corner beads. To match existing either supply an apply one coat backing plaster or plasterboard with one coat of skim plaster to finish flush with adjacent surfaces.
- PROV SUM. Contractor's Design Portion. Contractor to provide safe access on to the link corridor roof and with the design team and project manager establish the defect(s) to the roof waterproofing and associated detailing and determine an economic solution towards necessary remedial works.

## **2.22. Structural Issues**

- The structural damage between the main buildings and the link corridor is apparent differential settlement. In view of the planned serviceable life of the building (i.e. three years), a short to medium solution is only required at this stage. This is to consist of cosmetic internal and waterproofing external works as per 2.21 above.

## **2.23. Fire Safety**

- Following an initial non-intrusive inspection of the Rata Building a number of remedial works have been identified. Reference to Pfits Consultancy's site visit inspection report (see appendix A below) carried out on 26 September 2019 should be made to gain an understanding of the works required.

## **2.24. M&E**

- Repair/ replace flexible ducting.
- Once the source of the leak is fixed allow for the removal and replacement of the plywood base to the overflow tray.
- To existing gas valve train, allow for the following:
  - All valves should be tested for operability and replaced where found to be inoperable;
  - Clean the gas valve train installation to assess any corrosion to pipe underneath and repaint where affected;
  - Perform leakage testing of the installation and provide the client representative an advisory to check every 5 years (if the building exists at that point);
  - Arrange to appoint vector to isolate, disconnect and remove the redundant gas plant within the enclosure. All remain service pipe work and electrical cabling to be stripped back to nearest live branch/connection.

## **2.25. Plumbing**

- Allow to undertake intrusive investigations to establish causation(s) leading to escape of water from the shower room area. Include to undertake suitable remedial works as required.
- Allow to undertake necessary repairs/replacement of adjacent wall linings and floor finishes that have suffered damage.
- Allow to reconnect the previously disconnected drainage pipe to the safety drip tray.
- Replace the water storage tanks' support straps with a rigid support to prevent deformation of the tank and allow the tank lid to fit correctly.
- Provide tank labels for easy identification.
- Replace the sections of the undersized pipework tank overflow pipework with a min. 40mm dia. To prevent surcharging in the event of overflow.

#### **4.3. KAURI / MASON BUILDING**

##### **3.1 Concrete Roof Tiles**

- Due to the shortage of suitable tiles to allow for continued isolated tile replacement elsewhere, it is recommended subject to confirmation of matching profile, size and colour that the concrete tiles to the roof area above the Dining Room and Leisure 2 are removed and replaced with new long-run metal sheeting.
- Carefully remove, existing concrete tiles, clean and set aside for reuse elsewhere as directed. Include to denial timber structure/battens below.
- Supply and install new pre-painted corrugated galvanised sheets and install over newly stripped roof area. Included for all new mechanical fixings sized and specified to suit installation as well as a double bead of sealant to end laps (although to be avoided if possible). Include for adapting or replacing existing abutment flashings as required to provide a weathertight installation.

##### **3.2 Long-Run Metal Sheets (Main Roof Areas)**

- Thoroughly clean all areas including detailing to all long-run metal sheet roofing areas. Prepare surfaces including sanding where necessary and fixing locations and allow to treat localised areas of corrosion. Check adequacy of all fixings and replace/make good where necessary. Prime with zinc rich primer to localised locations.
- PROV SUM. Subject to approval by the project manager, allow to apply two coats of acrylic paint to entire long-run metal roof areas as directed.

##### **3.3 Long-Run Metal Sheets (Canopy Roof Areas)**

- Thoroughly clean all areas including detailing to all long-run metal sheet roofing areas. Prepare surfaces including sanding where necessary and fixing locations and allow to treat localised areas of corrosion. Check adequacy of all fixings and replace/make good where necessary. Prime with zinc rich primer to localised locations.
- PROV SUM. Subject to approval by the project manager, allow to apply two coats of acrylic paint to entire long-run metal roof areas as directed.

##### **3.4 Skylight Penetrations**

- Allow for careful removal and disposal of all existing deteriorated sealant around skylight openings. Clean and prepare junctions and apply suitable sealant as required to provide a weathertight junction.
- Supply and install new cricket over flashing suitable of the existing installation. Include for forming new hem to top edge of the soaker and fit over flashing to be continuous and running beneath the ridge capping. All designed and installed fully in accordance with 9.4.2.5E of the NZ Metal Roof and Wall Cladding CoP v3.0 and manufacturer's instructions and recommendations.
- Allow to clean down glass, frameworks and surrounding roof areas to all roof lights.



### **3.5 Torch Applied Membrane Lined Gutters**

- Allow to carefully remove up to three rows of concrete tiles, clean and set aside for reuse.
- Allow to remove all debris and vegetation, prepare and clean existing torch-on membrane lined gutters.
- Using one of the manufacturer's trained and approved installers, prepare existing surfaces and detailing and supply and install Viking SilCoat, liquid applied waterproof membrane including primer coat or similar approved, over existing membrane, fully in accordance with manufacturer's instructions.
- Reinstall previously removed concrete tiles fixing in accordance with original manufacturer's instructions and recommendations. Include for replacement of like for like replacements as required.

### **3.6 Metal Gutters**

- To all elevations, allow to replace isolated lengths of corroded sections (between existing joints) of rainwater guttering with profile and finish to match existing. Dispose of materials arising. Allow to replace corroded areas of gutter.
- Allow to supply and install leaf guards to mitigate against future blockages as required.

### **3.7 Timber Barge Boards**

- Prepare all barge boards whilst in situ replacing sections as deemed necessary. Knot and prime all newly inserted sections and overall apply one undercoat and two coats gloss to all exposed faces. Colour to be agreed with the Project Manager before proceeding.

### **3.8 Timber soffits**

- No works.

### **3.9 Stucco Cladding**

- Prepare all existing stucco surfaces as required, caulk any hairline cracks or use a dry stucco repair product for larger cracks as per manufacturer's instructions. Apply one coat of exterior masonry primer and then apply two coats of exterior masonry paint.
- Seal round where metal flashings have been fixed directly into the stucco cladding.

### **3.10 Concrete Walls/Foundations**

- Prepare, fill and seal all instances of cracking to the concrete slab using an epoxy resin.
- Prepare, and apply one coat of exterior masonry primer and then apply two coats of exterior masonry paint.

### **3.11 Parapet Walls**

- Allow to check sealant to metal cap flashing joints and replace as required.
- Allow for patch repairs to damaged areas of torch-on membrane lining – Remove existing metal cap flashings and store for re-use, supply and install Viking SilCoat, or equivalent, over existing torch-on membrane lined parapets, in accordance with manufacturer's guidelines and re-install metal cap flashings.
- Allow for cleaning of the torch-on membrane to remove lichen/moss growth, where patch repairs are not being carried out.
- No immediate recommended mitigation works for the decay damaged timber framing as this is considered to be a permanent solution.

### **3.12 Soffit**

Fill, seal and repair holes in plastered soffit.

### **3.13 Torch-On Membrane Lined Roof**

- Allow for localised repairs to any tears to the existing membrane. Thoroughly clean and prepare surrounding surfaces to the damaged area. Prime area and then weld compatible torch applied roofing membrane patches over the damaged site with at 100mm cover beyond the full extents of the damage site area. Ensure roof remains neat and attractive in appearance. Repairs to be undertaken, fully in accordance with manufacturer's instructions.
- Using one of the manufacturer's trained and approved installers, to existing membrane lined gutters, prepare existing surfaces and detailing and supply and install Viking SilCoat, liquid applied waterproof membrane including primer coat or similar approved, over existing membrane, fully in accordance with manufacturer's instructions

### **3.14 Decorative Polystyrene Mouldings to Joinery Units**

- Allow to fill and seal all instances of cracking.
- Apply sealant to the ends of the mouldings, to reapply texture coating and repaint.
- Allow to carry out localised repairs to the damaged mouldings.

### **3.15 Joinery**

- Remove isolated damaged clay tiles and dispose of materials arising. Prepare, location and supply and install new tiles to match existing where previously removed.
- Rake out existing sealant around joinery surround, prepare and apply new sealant to suit application and leave neat and tidy.

**3.16 Internal linings adjacent to skylights.**

- Prepare, prime and repaint damaged areas, allowing to fill and seal any cracking as required. This should only be completed once recommended works has been carried out to the skylights as mentioned previously.
- It is also recommended that air spore trap testing be undertaken within rooms where visible signs of moisture ingress has occurred to ensure the air quality is acceptable for continued use. Patch repairs to these areas should encapsulate any harmful spore traps from any decayed framing within the roof space.

**3.17 Ceiling linings.**

- Carry out patch repairs to damaged ceiling linings.
- Fill and seal all instances of cracking.
- Prepare, prime and repaint affected areas.
- The above works should only be completed once recommended works have been carried out to remediate the source of leaking. It is also recommended that air spore trap testing be undertaken within rooms where visible signs of moisture ingress has occurred to ensure the air quality is acceptable for continued use. Patch repairs to these areas should encapsulate any harmful spore traps from any decayed framing within the roof space.

**3.18 Fire Safety**

- Following an initial non-intrusive inspection of the Rata Building a number of remedial works have been identified. Reference to pfits Consultancy's site visit inspection report (see Appendix A below) carried out on 26 September 2019 should be made to gain an understanding of the works required.

**3.19 Main Entrance Canopy**

- Allow to remove existing timber boxing and temporary supports. Form 2 no. concrete pad foundations and a steel goal post/portal frame structure to support the canopy. Include to provide timber boxing to both columns and decoration. Make good existing hardstanding.

#### **4.4. TOTARA BUILDING**

##### **4.1 Concrete Roof Tiles**

- Undertake isolated concrete tile replacement of all cracked or damaged units disposing of materials arising. Replacement tiles to be sourced from the removal of tiles from an entire roof plane of the Kauri/Mason and/or Rata Building. Exact location to be agreed with the Project Manager.

##### **4.2 Long-Run Metal Sheets**

- Allow to thoroughly clean all main metal roof areas to remove fungal, moss and lichen growth using mild exterior cleaning solution with special care and attention to the sheet coating, all detailing, penetrations and the like. Ensure that all debris arising is carefully removed off site and prevent entry to the existing surface water drainage system.

##### **4.3 Skylight Penetrations**

- Allow for careful removal and disposal of all existing deteriorated sealant around skylight openings. Clean and prepare junctions and apply suitable sealant as required to provide a weathertight junction.
- Supply and install new cricket over flashing suitable of the existing installation. Include for forming new hem to top edge of the soaker and fit over flashing to be continuous and running beneath the ridge capping. All designed and installed fully in accordance with 9.4.2.5E of the NZ Metal Roof and Wall Cladding CoP v3.0 and manufacturer's instructions and recommendations.
- Allow to clean down glass, frameworks and surrounding roof areas to all roof lights.
- Allow to repair damaged glazing to 1 No. skylight.

##### **4.4 Torch-On Membrane Lined Gutters**

- Note: we have been unable to view this area however it is considered likely that remediation by way of applying a new membrane layer will be necessary.

##### **4.5 Metal Gutters**

- To all elevations, allow to replace isolated lengths of corroded sections (between existing joints) of rainwater guttering with profile and finish to match existing. Dispose of materials arising. Allow to replace corroded areas of gutter.

##### **4.6 Lack of Drainage to Courtyard Elevation**

- Allow to retrospectively install new kick out flashing to roof sheet ends to courtyard area where no drainage provisions exist to divert rainwater from flowing directly onto the cladding.

#### **4.7 Stucco Cladding**

- Allow to rake out, fill and seal all instances of cracking and impact damage.
- Undertake localised remediation to the physical damage, including necessary repairs to provide an adequate substrate prior to re-plastering.
- Prepare, prime and repaint all elevations.
- Allow to overlay existing apron flashing to roof area above washroom 1. New apron flashing to terminate above the area of damaged stucco with the upstand compression sealed back through to solid fixings through stucco. New apron flashing to extend beyond roof edge.
- Allow to supply and install diverter flashings to base of all apron flashings.

#### **4.8 Concrete Walls/Foundations**

- It is noted that these areas of damage are not affecting the safe use of the building.

#### **4.9 Parapet Walls**

- PROV SUM. Contractor to arrange for safe inspection by the Project Manager to determine the extent of degradation and the extent of necessary repairs.
- Estimated scope of works - prepare existing membrane to box gutter and install new cap sheet or similar approved. Prepare all contact surfaces, apply primer/adhesive to roof substrate and vertical faces. All fully in accordance with manufacturer's instructions and recommendations.

#### **4.10 Decorative Polystyrene Mouldings to Joinery Units**

- Allow to fill and seal all instances of cracking.
- Apply sealant to the ends of the mouldings.
- Allow to carry out localised repairs to the stucco and damaged mouldings, prepare and re-paint as necessary.

#### **4.11 Tiled Sills**

- Remove isolated damaged clay tiles and dispose of materials arising. Prepare, location and supply and install new tiles to match existing where previously removed.
- Rake out existing sealant around joinery surround, prepare and apply new sealant to suit application and leave neat and tidy.

#### **4.12 Internal Linings Adjacent to Skylights**

- Prepare, prime and repaint damaged areas, allowing to fill and seal any cracking as required. This should only be completed once recommended works has been carried out to the skylights as mentioned previously at 4.3.

- It is also recommended that air spore trap testing be undertaken within rooms where visible signs of moisture ingress has occurred to ensure the air quality is acceptable for continued use.

#### **4.13 Ceiling Linings**

- Carry out patch repairs to damaged ceiling linings.
- Fill and seal all instances of cracking.
- Prepare, prime and repaint affected areas.
- The above works should only be completed once recommended works have been carried out to remediate the source of leaking. It is also recommended that air spore trap testing be undertaken within rooms where visible signs of moisture ingress has occurred to ensure the air quality is acceptable for continued use.

#### **4.14 Roof Space – Potential Passive Fire Issues**

- Following an initial non-intrusive inspection of the Rata Building a number of remedial works have been identified. Reference to pfits Consultancy's site visit inspection report (see appendix A below) carried out on 26 September 2019 should be made to gain an understanding of the works required.

Yours sincerely



**Mike Bricknell** *DipSurvPract, MRICS, MCIQB*  
Associate  
Building Surveyor  
**For and on behalf of Maynard Marks Ltd**

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**APPENDIX A**

**Pfits Consultancy's Initial Findings Report 26 September 2019**



## SITE VISIT INSPECTION - Mason Clinic

<b>Client:</b> Mike Bicknell Maynard Marks	<b>Site address:</b> Point Chevalier, Auckland
<b>Site contact:</b> Paul Stanbridge	
<b>Site notes:</b> Alan Page and Tony Parkes in attendance <b>Date:</b> 26/09/2019	

### Recommendations

#### Passive Fire Protection - Kahikatea

#### Defects

##### Ground floor

- Fire doors in noted locations between firecells to have intumescent strips to door, certify and fit tags, infill door frame with FR foam.
- Other doors are to be checked if doors are to be fire rated
- Install intumescent strips, install FR glass, certify door and fit tags.
- Polycarbonate window to office to be checked and label provided if certified. Replace otherwise.

Yes

Yes

Yes

##### Roof Space

- Fit door tags, re-connect door closers where missing. Check doors close and latch shut
- Install tested system for pipes, install tested system for cables.
- Install tested system to top of wall, install tested system for pipes, install tested system for cables.
- Install tested system for cables, infill linear gap with tested system, overcoat timber with a tested system.
- Install tested system for timber penetrations,

Yes

Yes

Yes

Yes

Yes

#### Passive Fire Protection - Rata

#### Defects

##### Roof Space

- Re-connect/adjust door closers. Check doors close and latch shut
- Install tested system for pipes, install tested system for cables.
- Install tested system for cables, infill linear gap with tested system, overcoat timber with a tested system.
- Remove FR foam back to face and remediate with a tested system
- Install tested system for timber penetrations

Yes

Yes

Yes

Yes

Yes

## Passive Fire Protection – Totoro/Kauri

## Defects

### Roof Space

- Re-connect/adjust door closers. Check doors close and latch shut **Yes**
- Remediate fibrous plaster gaps **Yes**
- Additional fire limit to be provided to wall to maintain fire separations **Yes**
- Remediate floor gaps in the fibrous plaster with a tested system **Yes**
- Install ANARP (as near as is reasonably practicable/tested system for pipes, install tested system for cables. **Yes**
- Install ANARP (as near as is reasonably practicable/tested system for cables, infill linear gap with tested system, overcoat timber with a tested system. **Yes**
- Install ANARP (as near as is reasonably practicable/tested system for timber penetrations **Yes**

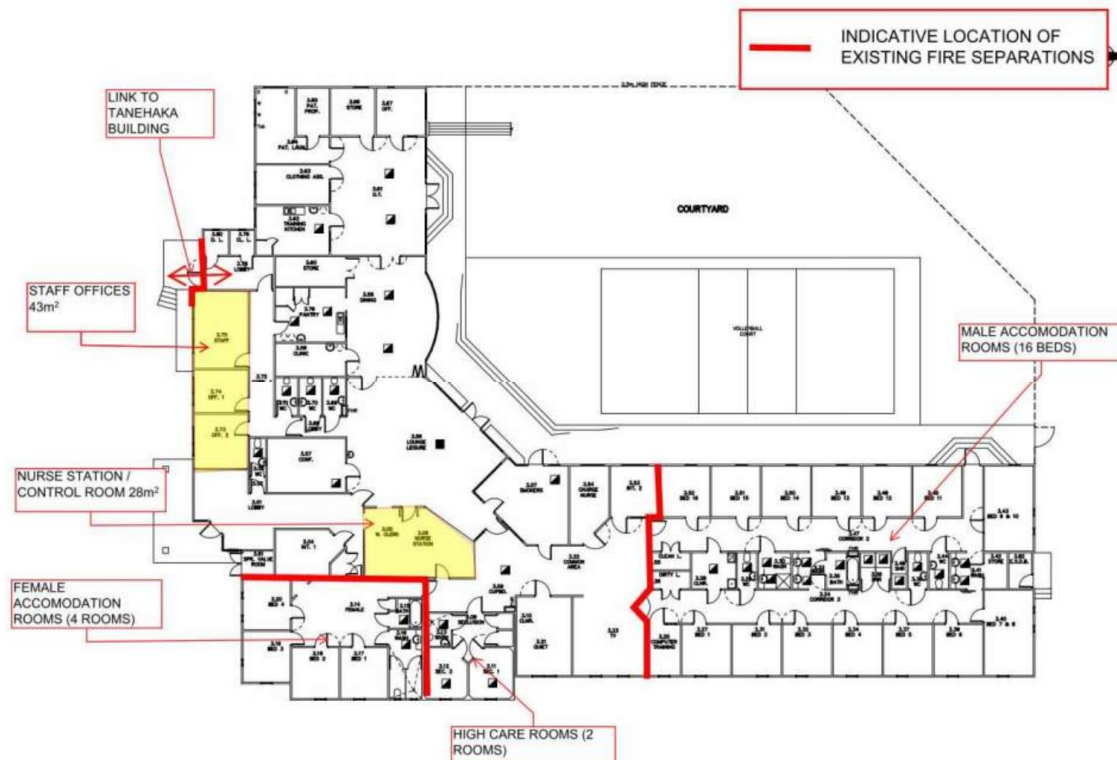
**Location Plans**





## ObsPhotos/Mark-ups & Observations Schedule

Ref	Photo	Notes
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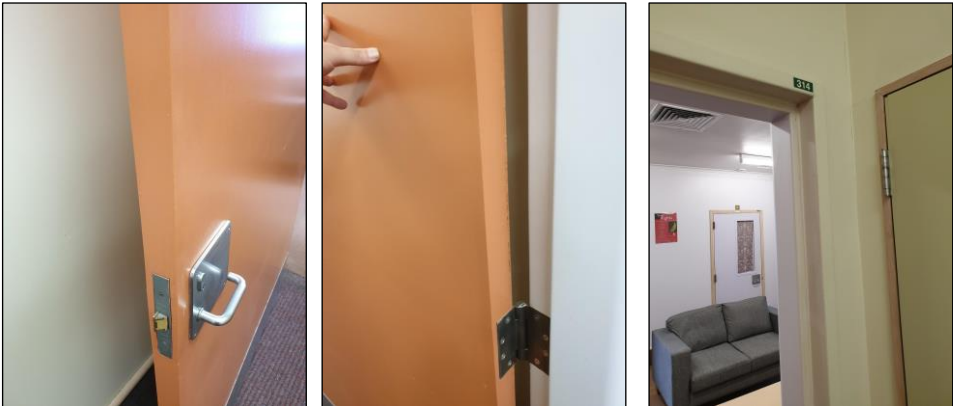

**Item Reference:** Automatic Fire Door **Passive Fire Protection - Kahikatea**  
**Inspection stage:** 5  
**Passive System Type:** Fire doors **Fire rating:** -/30/-  
**Services Carried:**  
**Substrate Orientation and Structure:** Wall - Timber Stud / Gib Over up to 200 mm




**Kahikatea Building is a stand-alone single level medium level security accommodation**

Ref	Photo	Notes
1.		<p>No door tags, no intumescent strips, no solid fill to door frame.</p> <ul style="list-style-type: none"> <li>Install intumescent strips to door, certify doors and fit tags, infill door frame with FR foam.</li> </ul> <p>Defects: Yes</p>
2.		<p>Designated fire door. No door tags, security glass only, no intumescent strips fitted</p> <ul style="list-style-type: none"> <li>Check if door is to be fire rated</li> <li>Install intumescent strips, install FR glass, certify door and fit tags.</li> <li>Check fire rated window to office as it does not appear to be fire rated</li> </ul> <p>Defects: Yes</p>

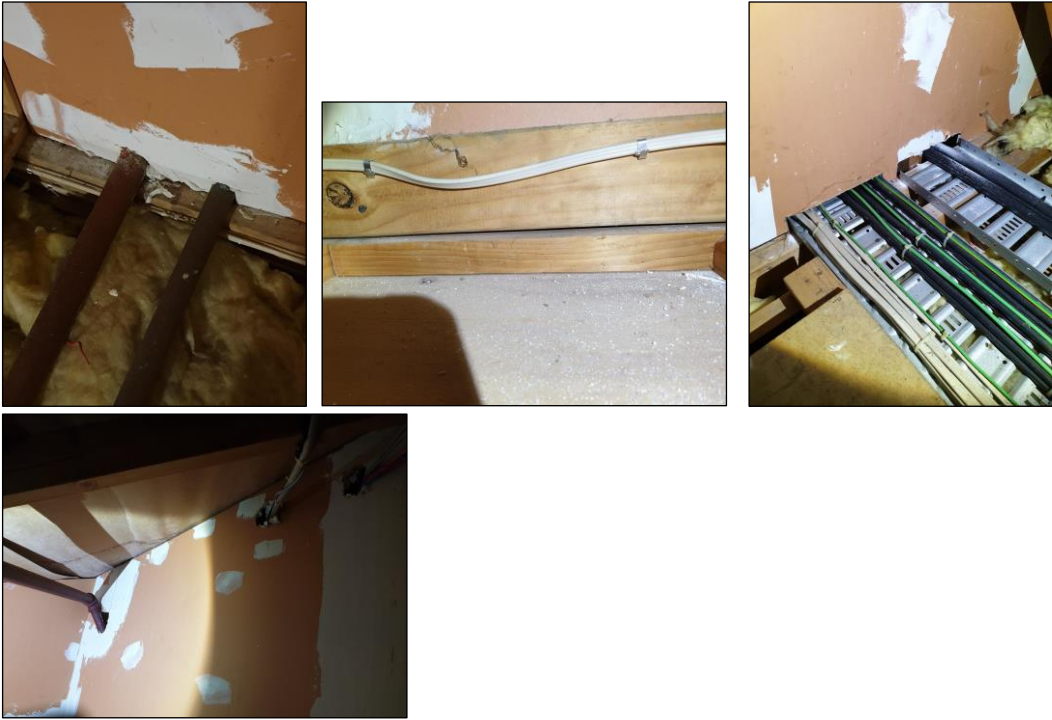


Ref	Photo	Notes
3.		<p>Designated fire door. No door tags fitted, no intumescent strips, no solid fill to door frame.</p> <ul style="list-style-type: none"> <li>Install intumescent strips to door, certify doors and fit tags, infill door frame with FR foam</li> </ul> <p>Defects: Yes</p>
4.		<p>No door tags, no intumescent strips, no solid fill to door frame</p> <ul style="list-style-type: none"> <li>Install intumescent strips to door, certify doors and fit tags, infill door frame with FR foam</li> </ul> <p>Defects: Yes</p>


Ref	Photo	Notes
5.		<p>No door tags, no intumescent strips, no solid fill to door frame, Georgian wired glass installed.</p> <ul style="list-style-type: none"> <li>• Install intumescent strips to door, certify doors and fit tags, infill door frame with FR foam, check fire rating of Georgian wired glass.</li> </ul> <p>Defects: Yes</p>
6.		<p>No door tags.</p> <ul style="list-style-type: none"> <li>• Fit door tags</li> </ul> <p>Defects: Yes</p>






Ref	Photo	Notes
7.		<p>Pipe openings through firewall, electrical openings through firewall.</p> <ul style="list-style-type: none"> <li>• Install tested system for pipes</li> <li>• Install tested system for cables.</li> </ul> <p>Defects: Yes</p>
8.		<p>For wall not sealed to underside of building paper, electrical penetrations through firewall.,</p> <ul style="list-style-type: none"> <li>• Install tested system to top of wall</li> <li>• Install tested system for pipes</li> <li>• Install tested system for cables.</li> </ul> <p>Defects: Yes</p>

Ref	Photo	Notes
9.	 <p>The photo section contains four images: 1. Top-left: Shows exposed wooden studs and insulation in a ceiling area with peeling paint. 2. Top-middle: A close-up of a white cable running along a wooden beam above a concrete floor. 3. Top-right: A view of a server rack with green cables, showing a gap between the rack and the wall. 4. Bottom-left: A view of a ceiling with several circular holes and exposed wiring.</p>	<p>Electrical penetrations through firewall, linear gap and exposed timber.</p> <ul style="list-style-type: none"><li>• Install tested system for cables, infill linear gap with tested system</li><li>• overcoat timber with a tested system.</li></ul> <p>Defects: Yes</p>

Ref	Photo	Notes
10.		<p>Timber penetrations through firewall, door tags fitted, self-closer disconnected.</p> <ul style="list-style-type: none"><li>• Install tested system for timber penetrations</li><li>• re-connect door closes.</li></ul> <p>Defects: Yes</p>

Ref	Photo	Notes
11.		<p>Electrical penetrations through firewall, pipe penetrations through firewall, timber penetrations through firewall.</p> <ul style="list-style-type: none"><li>• Install tested system for pipes</li><li>• Install tested system for cables</li><li>• Install tested system for timber penetrations</li></ul> <p>Defects: Yes</p>

Ref	Photo	Notes
12.		<p>Fire door not closing correctly.</p> <ul style="list-style-type: none"> <li>• Adjust doors closers</li> </ul> <p>Defects: Yes</p>
13.		<p>Pipe penetrations through firewall</p> <ul style="list-style-type: none"> <li>•</li> </ul> <p>Defects: No</p>

Ref	Photo	Notes
14.		<p>Timber penetrations through firewall.</p> <ul style="list-style-type: none"><li>• Install tested system for timber penetrations</li></ul> <p>Defects: Yes</p>



Ref	Photo	Notes
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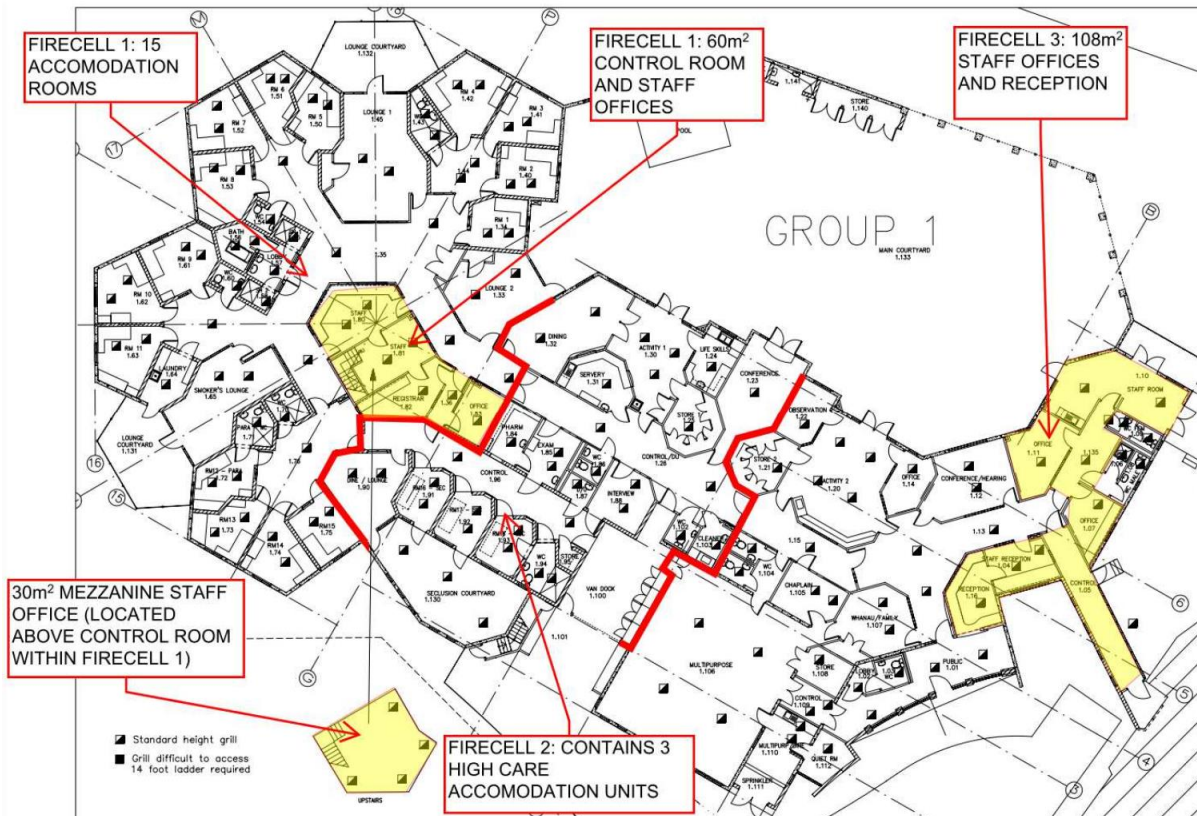
**Item Reference:** Roof Space Passive Fire Protection - Rata Roof Space

**Inspection stage:** 5

**Passive System Type:** Penetration Fire rating: -/30/-


**Services Carried:** Cold Water Pipe, Hot Water Pipe

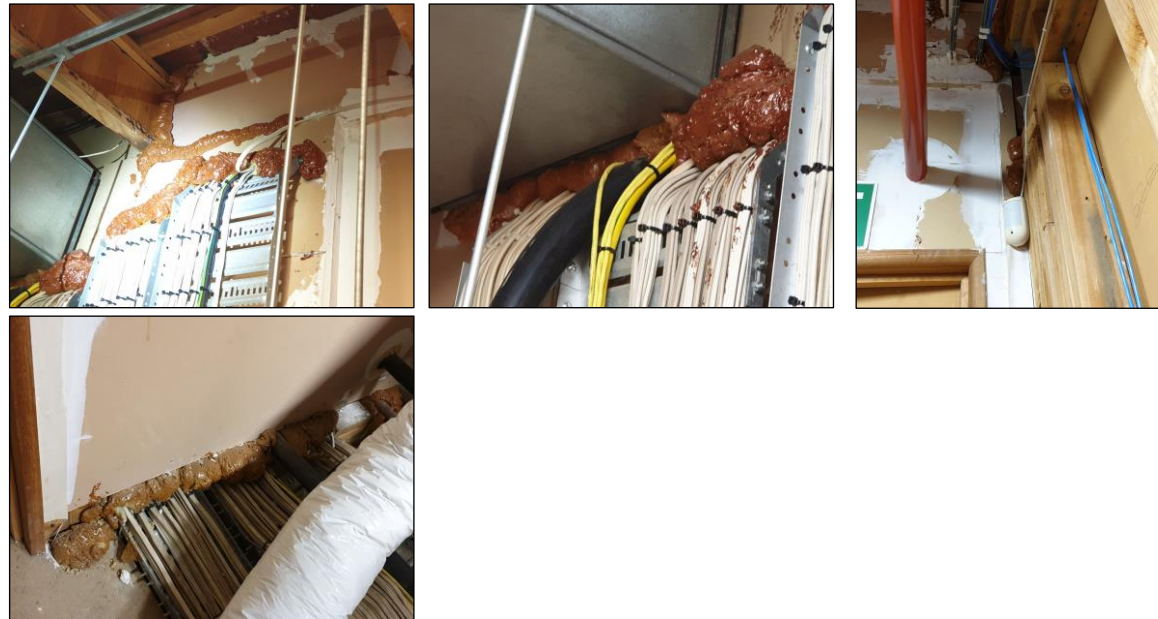
**Substrate Orientation and Structure:** Wall - Timber Stud / Gib Over up to 200 mm



**The Rata Building is a medium/high level security accommodation (build circa 1999)**



Ref	Photo	Notes
15.		<p>Electrical penetrations through firewall, pipe penetrations through firewall</p> <ul style="list-style-type: none"><li>• Install tested system for pipes</li><li>• Install tested system for cables</li></ul> <p>Defects: Yes</p>

Ref	Photo	Notes
16.	 <p>The photographs show a cable tray installation where the tray is completely filled with a thick layer of orange foam insulation. The foam is piled up, preventing the cables from being properly supported and secured. The surrounding area shows wooden framing and other cables, indicating a confined space where this overuse of foam is a significant safety concern.</p>	<p>Overuse of foam</p> <ul style="list-style-type: none"><li>• Potential removal back to face and remediate over</li></ul> <p>Defects: Yes</p>

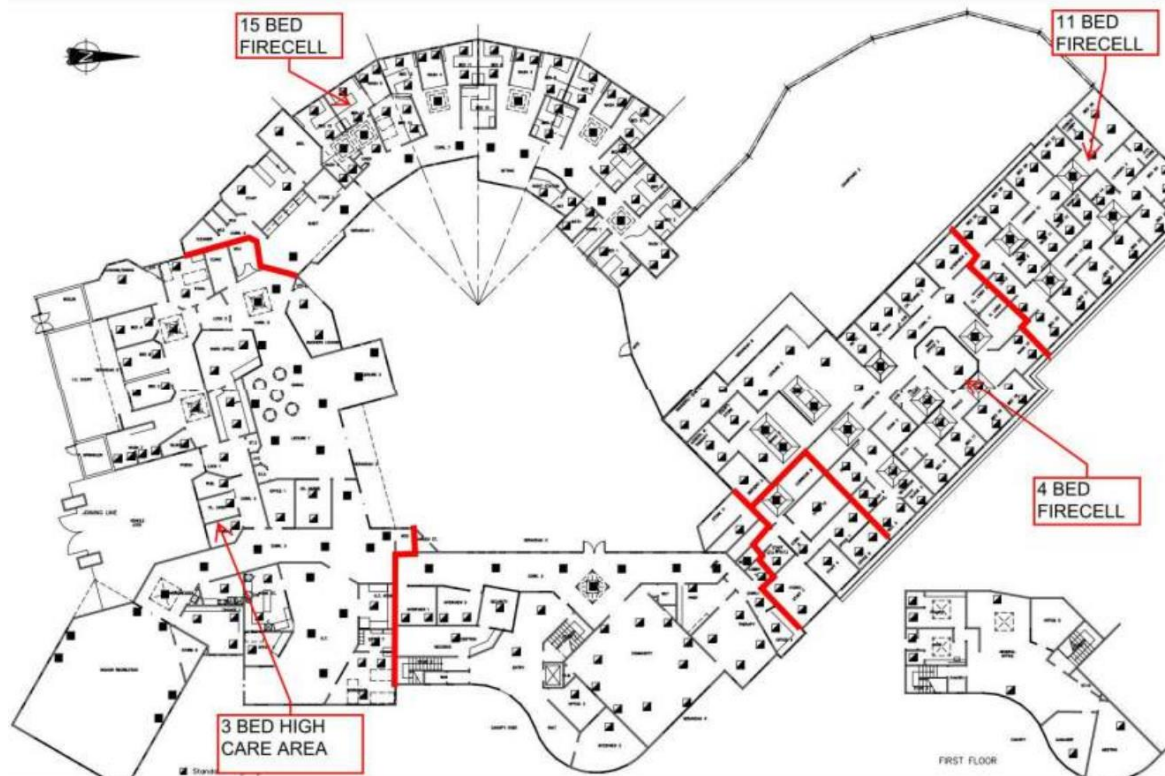
Ref	Photo	Notes
17.		<p>Pipe openings through firewall, electrical openings through firewall.</p> <ul style="list-style-type: none"> <li>• Install tested system for pipes, install tested system for cables.</li> </ul> <p>Defects: Yes</p>
18.		<p>Pipe openings through firewall, electrical openings through firewall.</p> <ul style="list-style-type: none"> <li>• Install tested system for pipes, install tested system for cables.</li> </ul> <p>Defects: Yes</p>

Ref	Photo	Notes
19.	 The photo section contains four images. The top-left image shows two large pipes wrapped in white insulation, passing through a wall. The top-middle image shows a network of blue and black cables and pipes running along a wooden ceiling. The top-right image shows a bundle of white cables and pipes protruding from a wall. The bottom-left image shows a close-up of wooden timber beams protruding from a wall.	<p>Electrical penetrations through firewall, pipe penetrations through firewall, timber penetrations through firewall.</p> <ul style="list-style-type: none"><li>• Install tested system for pipes</li><li>• Install tested system for cables</li><li>• Install tested system for timber penetrations</li></ul> <p>Defects: Yes</p>





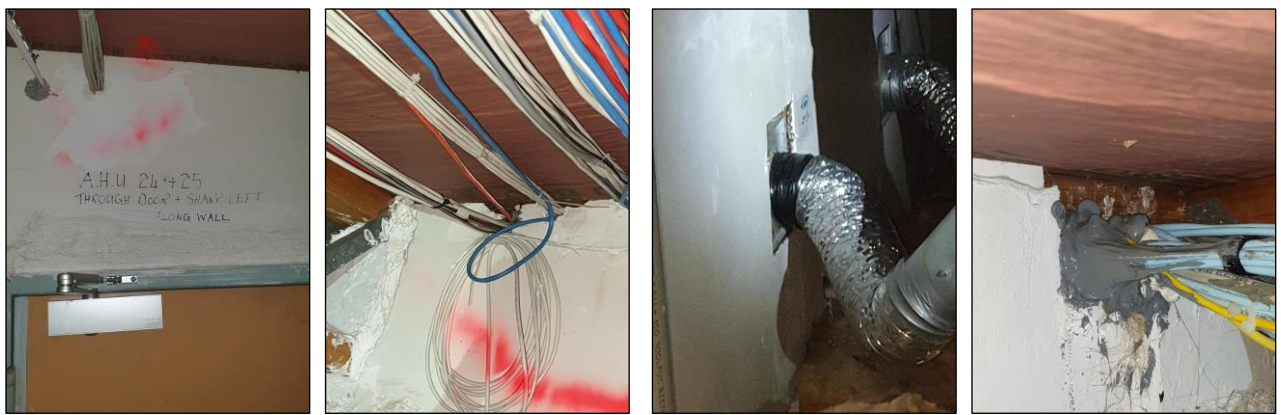

Ref	Photo	Notes
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**Item Reference:** Roof Passive Fire Protection – Totara/Kauri Roof Space  
**Inspection stage:** 5  
**Passive System Type:** Fibrous Plaster/Gib installation **Fire rating:** -/30/-  
**Services Carried:** Multiple  
**Substrate Orientation and Structure:** Wall - Timber Stud / Fibrous Plaster/Gib Over up to 200 mm



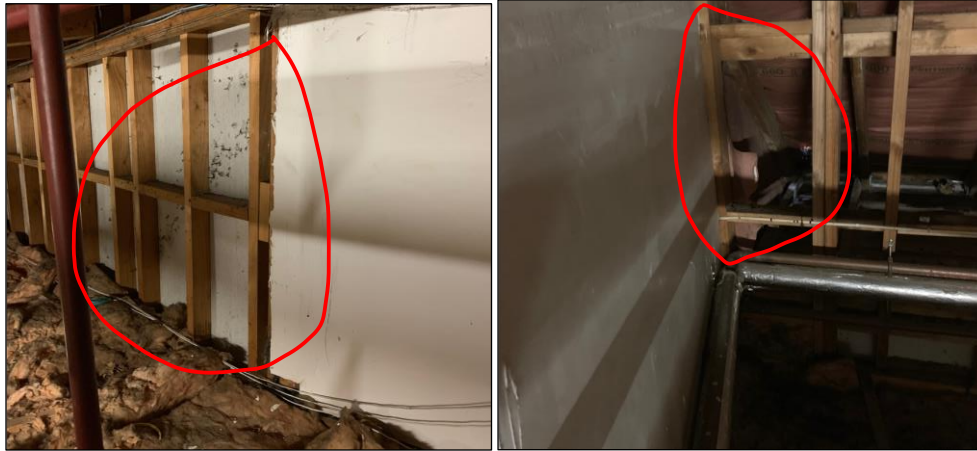
**The Totara/Kauri Building is a single level high security accommodation**

Ref	Photo	Notes
20.		<p>Penetrations incorrectly sealed          Electrical penetrations through firewall,          pipe penetrations through firewall,          timber penetrations through firewall.</p> <ul style="list-style-type: none"> <li>• Remediate fibrous plaster gaps</li> <li>• Install ANARP tested system for pipes</li> <li>• Install ANARP tested system for cables</li> <li>• Install ANARP tested system for timber penetrations</li> </ul> <p>Defects: Yes</p>
21.		<p>Openings through firewall. Fire wall has been cut to fit walkway and does not extend down to the floor</p> <ul style="list-style-type: none"> <li>• Remediate floor gaps in the fibrous plaster</li> <li>• Install ANARP tested system for pipes</li> <li>• Install ANARP tested system for cables</li> </ul> <p>Defects: Yes</p>

Ref	Photo	Notes
22.		<p>Penetrations incorrectly sealed          Electrical penetrations through firewall,          pipe penetrations through firewall,</p> <ul style="list-style-type: none"> <li>• Remediate fibrous plaster gaps</li> <li>• Install ANARP tested system for pipes</li> <li>• Install ANARP tested system for cables</li> </ul> <p>Defects: Yes</p>
23.		<p>Penetrations incorrectly sealed          Electrical penetrations through firewall,          pipe penetrations through firewall,</p> <ul style="list-style-type: none"> <li>• Remediate fibrous plaster gaps</li> <li>• Install ANARP tested system for pipes</li> <li>• Install ANARP tested system for cables</li> </ul> <p>Defects: Yes</p>



24.

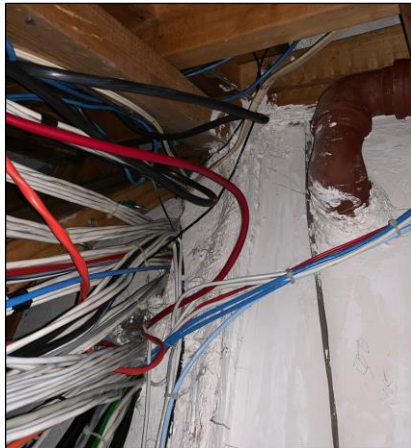


Fire wall not adequately fire separated on each side of the firewall.

- Additional fire limit to be provided to wall to maintain fire separations

Defects: Yes

25.



Electrical penetrations through firewall,

- Remediate fibrous plaster gaps
- Install ANARP tested system for cables

Defects: Yes

26.



Penetrations incorrectly sealed  
Electrical penetrations through firewall,  
pipe penetrations through firewall,

- Remediate fibrous plaster gaps
- Install ANARP tested system for cables

Defects: Yes



**APPENDIX B**

**Agile Engineering Consultant's Initial Findings Report dated 2 October 2019**

# CONSULTANTS ADVICE



## Consultants Advice No. B010268- BS01– WDHB Mason Clinic Services Review

Project:	<b>WDHB Mason Clinic, Point Chevalier, Auckland</b>	Project #:	<b>B010268</b>
For the Attention of:	<b>Mike Bricknell at Maynard Marks Ltd</b>	Date:	<b>2 October 2019</b>
Subject:	<b>Water Storage Tanks &amp; Gas Plant Condition Review</b>	Pages:	<b>5</b>

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### **1) INTRODUCTION:**

Agile Engineering Consultants Limited (“Agile”) was engaged by Maynard Marks Ltd to undertake a review of the existing storage tanks within the Totara building and the existing gas plant.

This Consultant’s Advice (CA) is limited to a review of the existing gas plant and storage tanks based on the findings of a single non-intrusive visual inspection conducted on the 26 September 2019. The scope included:

- a) Site inspection to review the:
  - Existing water storage tanks within the roof space of Totara building;
  - Existing natural gas plant to the rear of Rata building;
- b) Executive summary report to summarise the results of site review and recommendations including comments on the operation, condition and capacity of the existing plant.

### **2) INVESTIGATION METHODOLOGY AND LIMITATIONS:**

Information contained within this report has been prepared within the following terms of reference and limitations:

- a) The information presented in this report was based on a visual inspection and no measurements were carried out on 26 September 2019.
- b) This report should not be read as a detailed engineering report. This investigation did not include:
  - Our inspections were visual only and no destructive or intrusive inspections were undertaken;
  - This report does not provide a detailed assessment of occupational health and safety issues associated with the services installation;
  - Review of Mechanical, Electrical, Fire Protection and Thermal Compliance Services;
  - CCTV Inspections;
  - Materials testing;

#### Extent of Instruction

This document is for the sole use for the Instructing Party (Maynard Marks Ltd and Waitemata District Health Board) for its present review of the subject. This document and its content are not to be re-supplied to any other party whatsoever. Use by or reliance upon this document or any part of its content by any other party (including any successor in title or contractor or consultant to the Instructing Party) is not authorised by Agile, and Agile is not liable for any loss from such unauthorised use or reliance.

The content of this document has been derived in part, from information provided to Agile from other sources, including the building owner. In passing this information on Agile does not warrant that such information or assumptions are accurate or correct, To the extent that this document includes any statement by Agile as to a future matter, that statement is provided as an estimate and/or professional opinion based on information known to or provided to Agile at the date of preparing this document, and Agile does not warrant that such statements are, or will be, accurate or correct.

# CONSULTANTS ADVICE



This report does not include any review or comment about the following:

- c) The structure or seismic assessment of the building;
- d) Geotechnical issues;
- e) The presence of asbestos, or any ACM, or any Asbestos Management Plan;
- f) The value of the land or building;
- g) The presence or absence of materials hazardous to health of persons.

Additionally, in completing this document, no search has been made of:

- h) Council records, including LIM or PIM reports;
- i) Government valuation;
- j) Any previous condition assessment records

## Methodology

A visual inspection of the property was undertaken on the 26<sup>th</sup> of September 2019. Photographs were taken throughout the course of the survey, with a selection presented in Appendix A of this report.

Discussions were held with the Building Manager to establish a general understanding of the Building Services systems.

## Budget Estimates

Costs where provided throughout this report are for guidance and budget purposes only and relate to the completion of the required remedial works using present day values. No allowance has been made for inflation. The budgets do not include allowances for routine maintenance works as part of a planned maintenance programme unless stated.

The costs are exclusive of any professional fees, statutory consent(s) charges and GST.

We recommend that competitive quotations or tenders are invited for the carrying out of the required works. It is likely that such quotations and tenders will vary from the budget guidance to reflect market conditions and the demand for works. We can advise further on the preparation of an appropriate design and specification, and the procurement of competitive tender submissions and evaluations.

## Reporting Conditions

This report has been prepared under the following conditions of engagement:

- k) This is a report of a visual only, non-invasive inspection of the areas of the building which were readily visible at the time of inspection. Whether the building is vacant or occupied, access to certain areas may have been restricted. The inspection did not include any areas or components which were concealed or closed in behind finished surfaces other than readily removable ceiling tiles, or which required the moving of anything which impeded access or limited visibility (such as floor coverings, furniture, appliances, personal property, vehicles, vegetation, debris or soil).
- l) We have not been appointed to report on hazardous or deleterious materials. However, any relevant comments or observations are reported herein
- m) As the purpose of the inspection was to assess the general condition of the existing gas plant and existing storage tank based on the limited visual inspection described above, this report may not identify all past, present or future defects. Descriptions in this report of systems or appliances relate to existence only and not adequacy or life expectancy. Any area or any item of systems not specifically identified in this report as having been inspected was excluded from the scope of the inspection.

## 3) SUMMARY OF SITE REVIEW:

### A. Existing water storage tanks

There are four water storage tanks in the Totara building ceiling space. The tanks are used as flushing water supply and are presumed to serve soil fixtures below. The tanks, tank lids and safety drip trays are manufactured from polythene plastic. The tanks are restrained with a steel strap. Water is supplied to the tanks via brazed copper cold water plumbing with 20mm connections. Control of water flow is via a float switch valve. The tanks have high level overflow and safety drip tray drainage. The drainage is PVC, approximately 32mm diameter and, runs on grade to connect into the building drainage system.

#### Observations:

- i. The tanks, associated pipe connections and valves were typically in good condition. There was no evidence of corrosion or leakage occurring from material failure. The pipes and tanks are considered suitable for continued use.
- ii. The drain on one of the storage tanks' safety drip tray has disconnected. This will result in water leakage damage if the tank overflows.
- iii. The lid on the storage tank located at the furthest end of the ceiling space in the Totara building is not fitting correctly to the tank due to deformation. Steel strapping is used to restrain the tank, however both the tank material and the strap are flexible which has resulted in the strap putting pressure on and deforming the tank. A reported cause of the flooding was the lid falling onto the tank float switch and in turn forcing open the water supply control valve.
- iv. Water storage tanks are not labelled. AS3500 requires all storage tanks to be labeled indicating the tank's purpose.
- v. AS3500 requires all storage tank overflow pipes to be not less than 40mmØ. It has been observed that the overflow drains serving the storage tanks are smaller than 40mmØ.

### B. Existing Gas Valve Train

The existing incoming gas valve train is located within a locked chain-wire fence enclosure. Access into the enclosure was not available at the time of inspection. The installation provides gas supplies to the WDHM Mason Clinic, Unitec, Manawanui, and Taylor's Laundry. The original installation is believed to be circa 1987. Pipework is painted steel with channel support frames. There is evidence of modifications occurring since the original installation. Gas odours in the vicinity of the gas enclosure have been reported.

#### Observations:

- i. Certain valves serving the gas meters have corroded and seized as evidenced by levers having snapped off / dislodged.
- ii. Corrosion of varying degree from light to heavy was observed. Corrosion was typically concentrated at flange connections, fixings and valves.
- iii. Gas odours were noted at the time of inspection however these may be from pressure relief rather than leakage.
- iv. A build-up of algae/lichen was observed on the gas pipe. This can be seen abundantly throughout the exposed system and there is potential for this to lead to microbial corrosion.



- v. In general, we believe the existing installation will be suitable for continued operation in the short term provided any inoperable valves are replaced and regular leakage testing is performed, with particular attention paid to the flange connections.
- vi. Old equipment (such as gas valves and pipework) has been left on the ground within the enclosure. This is a tripping hazard for the maintenance contractor.

#### **4) RECOMENDATIONS:**

We recommend the following scope to rectify the issues that have been reported:

##### **A. Existing Water Storage Tanks**

- i. Reconnect the disconnected drainage pipe to the safety drip tray.
- ii. Replace the tanks' support straps with a rigid support to prevent deformation of the tank and allow the tank lid to fit correctly.
- iii. Provide tank labels for easy identification.
- iv. Replace the sections of undersized pipework tank overflow pipework with minimum 40 mm diameter to prevent surcharging in the event of overflow.
- v. Budget estimate: \$6,000 to \$8,000;

##### **B. Existing Gas Valve Train**

- i. All valves should be tested for operability and replaced where found to be inoperable.
- ii. Clean the gas valve train installation to assess any corrosion to pipe underneath and repaint where affected.
- iii. Perform regular leakage testing of the installation for continued usage over the short term (up to 5 years).
- iv. Allow for replacement of the installation where usage is expected to exceed 5 years (not included in budget estimate).
- v. Vector to remove the redundant gas plant within the enclosure.
- vi. Budget estimate: \$4,000 to \$6,000;

We believe that the above complies with your requests but would be pleased to provide further information or clarification of any content should it be required. In this instance please contact the undersigned on 027 7045 616.

Yours faithfully

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# CONSULTANTS ADVICE



## APPENDIX A: SITE PHOTOS

Below are images taken on site during the inspection highlighting the statements mentioned above.

