



Notice is hereby given that a meeting of the Regulatory and Consents Committee will be held on:

Date: Wednesday, 13 April 2022  
Time: 9am  
Meeting room: Virtual meeting via Zoom

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## Regulatory and Consents Committee Agenda OPEN

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### MEMBERSHIP

Chairperson	Paul Duffy
Councillors	Mayor Gary Tong
	Darren Frazer
	Julie Keast
	Christine Menzies
	Margie Ruddenklau

### IN ATTENDANCE

Group manager infrastructure and environmental services - Matt Russell  
Committee advisor - Alyson Hamilton

Contact telephone: 0800 732 732  
Postal address: PO Box 903, Invercargill 9840  
Email: [emailsdc@southlanddc.govt.nz](mailto:emailsdc@southlanddc.govt.nz)  
Website: [www.southlanddc.govt.nz](http://www.southlanddc.govt.nz)  
Online: [Southland District Council YouTube](#)

Full agendas are **available on Council's website**  
[www.southlanddc.govt.nz](http://www.southlanddc.govt.nz)



## Health and safety – emergency procedures

Toilets – The toilets are located outside of the chamber, directly down the hall on the right.

Evacuation – Should there be an evacuation for any reason please exit down the stairwell to the assembly point, which is the entrance to the carpark on Spey Street. Please do not use the lift.

Earthquake – Drop, cover and hold applies in this situation and, if necessary, once the shaking has stopped we will evacuate down the stairwell without using the lift, meeting again in the carpark on Spey Street.

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## Terms of Reference – Regulatory and Consents Committee

TYPE OF COMMITTEE	Council committee
RESPONSIBLE TO	Council
SUBCOMMITTEES	None
LEGISLATIVE BASIS	Committee constituted by Council as per schedule 7, clause 30 (1)(a), LGA 2002.  Committee delegated powers by Council as per schedule 7, clause 32, LGA 2002.
MEMBERSHIP	The Regulatory and Consents Committee will comprise of six members.
FREQUENCY OF MEETINGS	Six weekly or as required
QUORUM	Three
SCOPE OF ACTIVITIES	<p>The Regulatory and Consents Committee is responsible for overseeing the delivery of regulatory services and statutory functions that fall with the scope of, but limited to, the following legislation:</p> <ul style="list-style-type: none"> <li>• Resource Management Act 1991</li> <li>• Health Act 1956</li> <li>• Food Act 2014</li> <li>• Dog Control Act 1996</li> <li>• Sale and Supply of Alcohol Act 2012</li> <li>• Heritage New Zealand Act Pouhere Taonga Act 2014</li> <li>• Building Act 2004</li> <li>• Freedom Camping Act 2011</li> <li>• Psychoactive Substances Act 2013</li> <li>• Impounding Act 1955</li> <li>• Southland Land Drainage Act 1935</li> <li>• Southland Land Drainage Amendment Act 1938.</li> </ul> <p>The committee is responsible for hearing and determining regulatory matters including but not limited to:</p> <ul style="list-style-type: none"> <li>• resource consents</li> <li>• public work requirements</li> <li>• objections against the construction of public works on private land</li> <li>• objections to decisions made by the committee and/or delegated staff</li> <li>• administration of Council bylaws</li> <li>• proposed variations to the District Plan.</li> </ul>
DELEGATIONS	Council delegates to the Regulatory and Consents Committee the following functions:

	<p><b>Power to Act</b></p> <ul style="list-style-type: none"> <li>a) maintain an oversight of the delivery of regulatory services</li> <li>b) conduct statutory hearings on regulatory matters and undertake and make decisions on those hearings (excluding matters it is legally unable to make decisions on ie - pursuant to the RMA)</li> <li>c) appoint panels for regulatory hearings</li> <li>d) hear appeals on officer's decisions to decline permission for an activity that would breach the Southland District Council Control of Alcohol Bylaw 2015</li> <li>e) approve Council's list of resource management hearing commissioners (from whom a commissioner can be selected) at regular intervals and the chief executive be authorised to appoint individual commissioners for a particular hearing</li> <li>f) make decisions on applications required under Southland District Council's Development and Financial Contribution Policy for remissions, postponements, reconsiderations and objections</li> <li>i) receive and approve Council's Annual Reports on dog control and alcohol licensing</li> <li>j) hear and determine objections to officer decisions under the Dog Control Act 1996</li> <li>k) hear objections and decide on matters under the Southland Land Drainage Act 1935 and Southland Land Drainage Amendment Act 1938.</li> </ul> <p>The Regulatory and Consents Committee shall be accountable to Council for the exercising of these powers (Local Government Act 2002, Schedule 7, Clause 32).</p> <p><b>Power to Recommend</b></p> <p>The Regulatory and Consents Committee is responsible for considering and making recommendations to Council regarding:</p> <ul style="list-style-type: none"> <li>a) regulatory policies and bylaws for consultation</li> <li>b) regulatory delegations</li> <li>c) regulatory fees and charges (in accordance with the Revenue and Financial Policy)</li> <li>d) assisting with the review and monitoring of the District Plan.</li> </ul>
FINANCIAL DELEGATIONS	<p>Council authorises the following delegated authority of financial powers to Council committees in regard to matters within each committee's jurisdiction.</p> <p><b>Contract Acceptance:</b></p> <ul style="list-style-type: none"> <li>• accept or decline any contract for the purchase of goods, services, capital works or other assets where the total value of the lump sum contract does not exceed the sum allocated in the Long Term Plan/Annual Plan and the contract relates to an activity that is within the scope of activities relating to the work of the Finance and Assurance Committee</li> </ul>

	<ul style="list-style-type: none"> <li>accept or decline any contract for the disposal of goods, plant or other assets other than property or land as provided for in the Long Term Plan</li> </ul> <p><b>Budget Reallocation.</b></p> <p>The committee is authorised to reallocate funds from one existing budget item to another. Reallocation of this kind must not impact on current or future levels of service and must be:</p> <ul style="list-style-type: none"> <li>funded by way of savings on existing budget items</li> <li>within the jurisdiction of the committee</li> <li>consistent with the Revenue and Financing Policy.</li> </ul>
LIMITS TO DELEGATIONS	<p>Matters that must be processed by way of recommendation to Council include:</p> <ul style="list-style-type: none"> <li>making operative District Plan changes</li> <li>decision to notify the reviewed District Plan and make operative amendments to fees and charges relating to all activities.</li> </ul> <p>Powers that cannot be delegated to committees as per the Local Government Act 2002 and sections 2.4 and 2.5 of this manual.</p> <p>Delegated authority is within the financial limits in section 9 of this manual.</p>
STAKEHOLDER RELATIONSHIPS	<p>This committee shall maintain relationships including, but not limited to the following organisations:</p> <ul style="list-style-type: none"> <li>Each of the nine community boards</li> <li>Southland Museum and Art Gallery</li> <li>Southland Heritage Building Preservation Trust</li> <li>Emergency Management Southland</li> <li>Southland Regional Heritage Committee</li> <li>Public Health South</li> <li>New Zealand Police</li> <li>Ministry of Business, Innovation and Employment</li> <li>Alcohol Regulatory and Licensing Authority.</li> </ul> <p>The committee will also hear and receive updates to Council from these organisations, as required.</p>
CONTACT WITH MEDIA	<p>The committee chairperson is the authorised spokesperson for the committee in all matters where the committee has authority or a particular interest.</p> <p>Committee members, including the chairperson, do not have delegated authority to speak to the media and/or outside agencies on behalf of Council on matters outside of the committee's delegations.</p> <p>The group manager, environmental services will manage the formal communications between the committee and its constituents and for the committee in the exercise of its business. Correspondence with central government, other local government agencies or other official agencies will only take place through Council staff and will be undertaken under the name of Southland District Council.</p>

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1 Apologies

At the close of the agenda no apologies had been received.

2 Leave of absence

At the close of the agenda no requests for leave of absence had been received.

3 Conflict of interest

Committee members are reminded of the need to be vigilant to stand aside from decision-making when a conflict arises between their role as a member and any private or other external interest they might have.

4 Public forum

Notification to speak is required by 12noon at least one clear day before the meeting. Further information is available at [www.southlanddc.govt.nz](http://www.southlanddc.govt.nz) or by phoning 0800 732 732.

5 Extraordinary/urgent items

To consider, and if thought fit, to pass a resolution to permit the committee to consider any further items which do not appear on the agenda of this meeting and/or the meeting to be held with the public excluded.

Such resolution is required to be made pursuant to Section 46A(7) of the Local Government Official Information and Meetings Act 1987, and the chairperson must advise:

- (i) the reason why the item was not on the agenda, and
- (ii) the reason why the discussion of this item cannot be delayed until a subsequent meeting.

Section 46A(7A) of the Local Government Official Information and Meetings Act 1987 (as amended) states:

**"Where an item is not on the agenda for a meeting,-**

- (a) that item may be discussed at that meeting if-
  - (i) that item is a minor matter relating to the general business of the local authority; and
  - (ii) the presiding member explains at the beginning of the meeting, at a time when it is open to the public, that the item will be discussed at the meeting; but
- (b) no resolution, decision or recommendation may be made in respect of that item except to refer that item to a subsequent meeting of the local authority for further **discussion."**

6 Confirmation of minutes

6.1 Meeting minutes of Regulatory and Consents Committee, 24 November 2021



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## Regulatory and Consents Committee

### OPEN MINUTES

UNCONFIRMED

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Minutes of a meeting of Regulatory and Consents Committee held in the Council Chamber, Level 2, 20 Don Street, Invercargill on Wednesday, 24 November 2021 at 9am.

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#### PRESENT

Chairperson	Paul Duffy
Councillors	Darren Frazer
	Julie Keast
	Christine Menzies
	Margie Ruddenklau

#### APOLOGIES

Mayor Gary Tong

#### IN ATTENDANCE

Group manager infrastructure and services	Matt Russell
Committee advisor	Alyson Hamilton

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1 Apologies

There was an apology from Mayor Gary Tong.

Moved Cr Frazer, seconded Cr Keast and resolved:

That the Regulatory and Consents Committee accept the apology.

2 Leave of absence

There were no requests for leave of absence.

3 Conflict of interest

There were no conflicts of interest declared.

4 Public forum

There was no public forum.

5 Extraordinary/urgent items

There were no extraordinary/urgent items.

6 Confirmation of minutes

Resolution

Moved Cr Ruddenklau, seconded Cr Menzies and resolved:

That the minutes of Regulatory and Consents Committee meeting held on 26 August 2021 be confirmed as a true and correct record of that meeting.

Reports

- 7.1 Resource Management Act 1991 - Section 357B - objection to the additional charges associated with resource consent RMA/2021/53219 - 43-45 Newburn Street, Waikaia.  
Record No: R/21/10/57244  
Planner Resource Management, Planner – Tracy Excell was attendance for this item.

Resolution

Moved Cr Keast, seconded Cr Frazer and resolved:

That the Regulatory and Consents Committee:

- a) **Receives the report titled “Resource Management Act 1991 - Section 357B - objection to the additional charges associated with resource consent RMA/2021/53219 - 43-45 Newburn Street, Waikaia.” dated 15 November 2021.**
- b) Determines that this matter or decision be recognised as not significant in terms of Section 76 of the Local Government Act 2002.
- c) Determines that it has complied with the decision-making provisions of the Local Government Act 2002 to the extent necessary in relation to this decision; and in accordance with Section 79 of the act determines that it does not require further information, further assessment of options or further analysis of costs and benefits or advantages and disadvantages prior to making a decision on this matter.
- d) Declines the request for a deduction of costs associated with resource consent RMA/2021/53219 - 43-45 Newburn Street, Waikaia.

The meeting concluded at 9.27am.

CONFIRMED AS A TRUE AND CORRECT RECORD AT A  
MEETING OF THE REGULATORY AND CONSENTS  
COMMITTEE HELD ON WEDNESDAY, 24 NOVEMBER  
2021.

DATE:.....

CHAIRPERSON:.....

## Building re-accreditation interim audit February 2022 outcome

Record no: R/22/3/11592

Author: Julie Conradi, Manager building solutions

Approved by: Matt Russell, Group manager infrastructure and environmental services

☐ Decision

☐ Recommendation

☒ Information

### Purpose

- 1 The purpose of this report is to inform the committee of the outcome from the recent audit of Council's building solutions team by International Accreditation New Zealand (IANZ).

### Executive summary

- 2 This report summarises the recent IANZ interim assessment audit process, the outcome from this, and the additional post-audit work completed to address matters highlighted through the audit process.

### Recommendation

That the Regulatory and Consents Committee:

- a) **receives the report titled "Building re-accreditation interim audit February 2022 outcome" dated 25 March 2022.**
- b) determines that this matter or decision be recognised as not significant in terms of Section 76 of the Local Government Act 2002.
- c) determines that it has complied with the decision-making provisions of the Local Government Act 2002 to the extent necessary in relation to this decision; and in accordance with Section 79 of the act determines that it does not require further information, further assessment of options or further analysis of costs and benefits or advantages and disadvantages prior to making a decision on this matter.
- d) notes the report and associated clearance action plan as information.

### Background

- 3 Under the Building Act 2004 and the Building (Accreditation of Building Consent Authorities) Regulations 2006, for councils to be legally able to continue to process and issue building consents as a Building Consent Authority (BCA) as defined in the act, they must have successfully completed a regular external audit process. This process is undertaken by International Accreditation New Zealand (IANZ).
- 4 To date, Southland District Council have undergone the standard, bi-annual IANZ accreditation audits which reflect a history of 'low risk' outcomes. The one exception to this was the 2021 audit.
- 5 In the February 2021 audit, one serious non-conformance (SNC) and 20 general non-conformances (GNC's) were identified with a number of recommendations also made.

While all of these findings were actioned within the specified three-month timeframe, the volume and nature of these non-conformances resulted in Council receiving a 'medium risk' rating.

- 6 Councils with a medium risk rating are required to undergo an 'interim assessment' at 12 months. This interim assessment is required by the regulations to assure the accreditation authority that continued compliance has been achieved.

- 7 A biennial BCA accreditation report is issued by MBIE at the completion of every two-year cycle of audits to share the findings. The most recent report, issued June 2021 showed that:

- 11% of BCAs were assessed as having demonstrated one or more serious non-compliance
- the average number of total non-compliances per BCA was 16
- 11 special (monitoring) assessments/ interim assessments were carried out
- two BCAs were issued with an initial 'notice of revocation' in regards to their accreditation during the 2019-2021 period. Both are working to address this and prevent loss of accreditation.

- 8 Southland District Council's results for the 2021 audit therefore shows that GNCs issued during the 2021 audit were above average.

The audit report

- 9 The February 2022 interim assessment report from IANZ lead auditor is attached as Appendix A.

- 10 No serious non-compliances and seven general non-compliances (GNCs) were identified along with two recommendations and three advisory notes. One of the GNCs was resolved while IANZ were on-site, leaving six GNCs remaining to be rectified.

- 11 While the results of this assessment are a significant improvement it is noted that an interim assessment is a 'reduced scope' assessment which focuses on the non-conformances of the previous audit. These results are therefore not able to be compared with the biennial BCA accreditation trends directly.

- 12 The auditor's comments at the exit meeting were complimentary and the final report reflected these comments, advising that "the assessment identified that the BCA had put considerable focus on addressing the issues raised during the last assessment. The assessment mostly identified full compliance, with a small number of findings raised."

- 13 Further, the report found that "The BCA also demonstrated a number of examples of particular note as good practice and/or performance".

- 14 In conclusion, the BCA was considered by IANZ to pose a 'low risk' for the following reasons:

- only a small number of non-compliances were identified during this special monitoring assessment, with no serious non-compliances raised
- the assessment team had no serious concerns regarding the technical output from the BCA
- although the majority of the non-compliances identified during this assessment were implementation related, the BCA appeared to have robust plans in place, to address the findings within the required timeframe
- the BCA had not required additional clearance time for their February 2021 assessment.

- 15 Unless the BCA undergoes a significant change, requiring some form of interim assessment, or the BCA is unable to clear the identified non-compliances within the agreed timeframe, the next assessment of the BCA is planned as a 'routine reassessment' for February 2023.

## Issues

16 Key issues raised in the audit report can be summarised as follows:

- the competency assessment and classification framework were found to be unnecessarily complex, creating some scenarios where work was completed without the required competency or supervisory oversight
- examples were observed where performance standards were not sufficiently detailed by the applicant yet were accepted by the processor, with no further information requested. Performance standards were therefore not sufficiently accurate on the issued consents
- in a small number of cases the compliance schedules issued were not fully compliant
- one example was found where an incorrect decision regarding s112 of the act was made
- Occasionally the BCA listed acceptable solutions as being part of the building code, however they are not.

## Factors to consider

### Legal and statutory requirements

17 As referred to above, the IANZ audit process is very important to enable Council to continue to issue building consents under the Building Act 2004.

18 At a broader level it is also an important part of seeking to ensure that buildings constructed in the Southland district are robust for current and future owners, and liability for Council's ratepayers is mitigated.

### Community views

19 While community views are not part of the IANZ audit process, reaccreditation is an important part of the community having confidence that Council's building consent processes are robust and thorough and meet legislative requirements.

### Costs and funding

20 The costs of an annual audit process and internal resources involved have been budgeted for and managed within existing budgets.

21 A regular assessment has been planned for in the forecast FY 2022/2023 budget as the building manager was aware that no matter the outcome of the interim assessment, an assessment would be required for this financial year.

### Policy implications

22 There are no specific policy implications in relation to this audit, although IANZ reaccreditation is an important part of Council's broader risk management framework.

## Analysis

## Options considered

## Analysis of options

## Option 1 – Reaccreditation

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> <li>allows Council to legally process and issue consents as a building consent authority</li> <li>gives customers confidence that Council's processes are robust</li> <li>mitigates potential future liability</li> <li>ensures that processes continue to reflect best practice.</li> </ul>	<ul style="list-style-type: none"> <li>none (albeit that the reaccreditation process is resource-hungry).</li> </ul>

## Option 2 – Lose accreditation

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> <li>none seen.</li> </ul>	<ul style="list-style-type: none"> <li>cannot legally process and issue building consents</li> <li>decline in confidence in Council</li> <li>need to make an alternative arrangement for processing and issue of building consents, with likely associated significant costs and possible delays</li> <li>difficulties in attracting and retaining staff.</li> </ul>

## Assessment of significance

- 23 The IANZ reaccreditation process is not considered significant in terms of the relevant criteria of the Local Government Act 2002.

## Recommended option

- 24 Option 1- Re-accreditation following the clearance of the general non-compliance items. As at the time of writing this report IANZ have received the attached clearance plan and the team are on track for clearing all non-compliance items within the specified period.

## Next steps

- 25 The next steps in the process is to obtain written confirmation of all non-compliances being cleared and accreditation maintained, then prepare for the next regular bi-annual IANZ accreditation assessment in February 2022.

## Attachments

- A 2022 IANZ Final assessment report with clearance plan [↓](#)





The NZ mark of competence  
Tohu Matatau Aotearoa

**BUILDING CONSENT AUTHORITY ACCREDITATION**  
**ASSESSMENT REPORT WITH ACTION PLANS ADDED**  
**UPDATED 21/3/2022**

**SOUTHLAND DISTRICT COUNCIL**

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## INTRODUCTION

This report relates to the remote accreditation monitoring assessment of the Southland District Council Building Consent Authority (BCA) which took place during **February 2022** to determine compliance with the requirements of the *Building (Accreditation of Building Consent Authorities) Regulations 2006* (the Regulations).

This report is based on the document review, review of records, and interviews with the BCA's employees undertaken during the accreditation assessment.

A copy of this report, and subsequent information regarding progress towards clearance of non-compliance/s, will be provided to the Ministry of Business, Innovation and Employment (MBIE) in accordance with International Accreditation New Zealand's (IANZ) contractual obligations. This report may also be made publicly available by the BCA as long as this is not done in a way that misrepresents the content within. It may also be released under the Local Government Meetings and Official Information Act 1987 consistent with any ground for withholding that might be applicable.

## BACKGROUND

The BCA has been assessed by IANZ four times in the last three years. During the February 2019 assessment it was identified (among other things) that the BCA had not been compliant with the statutory clock for issuing of CCCs within 20 working days. Although this finding was cleared at the time by the BCA providing ongoing evidence to IANZ of substantial compliance with the CCC timeframe, it appeared that the resolution was not effective in the long term as, during the February 2021 assessment, it was again identified that the BCA was not compliant with the statutory timeframe for issue of CCC within 20 working days. This issue was raised as a serious non-compliance due to its repetitive nature, with 20 other issues raised as general non-compliances. As a result of the serious non-compliance and the number of other non-compliances raised, a Special Focus Assessment was required to be carried out in February 2022 so that IANZ could be assured that the BCA regained and were maintaining compliance with accreditation requirements.

## ASSESSMENT SUMMARY

This assessment was carried out as a Special Focus assessment, with an assessment focus placed on the items of non-compliance identified during the February 2021 assessment.

The assessment identified that the BCA had put considerable focus on addressing the issues raised during the last assessment. The assessment mostly identified full compliance, with a small number of findings raised. A number of recommendations were also discussed during the assessment and all but two were immediately addressed by the BCA.

The BCA also demonstrated a number of examples of particular note as good practice and/or performance. These included the use of a robust calendar system for management of BCA quality functions, a system for detailed and thorough performance review of its contractors against the KPIs determined in their contract, a significant improvement in the standard of Compliance Schedules, and the fact that the BCA allowed one day every second month for staff training and continued development.

There were however, some outstanding issues, especially related to the allocation of work to employees assessed as competent and to the management of applications with specified systems, including the issue of the resultant Compliance Schedules. These are detailed below. The outstanding non-compliances must be addressed in order for accreditation to continue.

## CONTINUING ACCREDITATION

Accreditation is a statement, by IANZ, that your organisation complies with the Regulations and MBIE BCA accreditation scheme guidance documents (as relevant). Where non-compliance with the Regulations has been identified, the Act requires that it must be addressed.

### Addressing non-compliances identified during the assessment

**Action Plan:** Your non-compliances with the Regulations have been summarised and recorded in detail in this report. Please complete the Record of Non-compliance table/s detailing your proposed corrective actions and the evidence that will be provided, and forward a copy to IANZ.

**Evidence of addressing non-compliances:** Evidence, as described in your action plan, must be supplied to IANZ to demonstrate that you have addressed your non-compliances.

To maintain accreditation you must provide evidence of the actions taken to clear non-compliance to IANZ within the required timeframe. Please allow at least 10 working days for IANZ to respond to any submitted material and allow sufficient time after submission of your evidence in case further evidence is required.

If you do not agree with the non-compliances identified, or if you need further time to address non-compliances, please contact the Lead Assessor as soon as possible. Where you are seeking an extension to an agreed timeframe to address a non-compliance, your Chief Executive is required to make a formal request for an extension of the timeframe. These will only be granted for unpredictable and unmanageable reasons.

If you have a complaint about the assessment process, please refer the BCA Accreditation disagreements guidance which can be found [here](#) or contact the IANZ Lead Assessor, IANZ Programme Manager – Building, or IANZ Operations Manager - Inspection and BCA sectors, for further information about the IANZ appeals and complaints process.

## RISK ASSESSMENT

The BCA's risk, both to the Territorial Authority, as a BCA and also as an organisation accredited by IANZ was assessed. The BCA was considered to pose a **Low Risk**. The main reasons for considering this risk category were:



- Only a small number of non-compliances were identified during this Special Monitoring Assessment, with no Serious Non-compliances raised.
- The assessment team had no serious concerns regarding the technical output from the BCA.
- Although the majority of the non-compliances identified during this assessment were implementation related, the BCA appeared to have robust plans in place, to address the findings within the required timeframe.
- The BCA had not required additional clearance time for their February 2021 assessment.

## NEXT ACCREDITATION ASSESSMENT

Unless your BCA undergoes a significant change, requiring some form of interim assessment, or the BCA is unable to clear the identified non-compliances within the agreed timeframe, the next assessment of the BCA is planned as a **Routine Reassessment for February 2023**.

You will be formally notified of your next assessment six weeks prior to its planned date.

**BCA AND ASSESSMENT DETAILS**

<b>ORGANISATION DETAILS</b>							
<b>Organisation:</b>		Southland District Council					
<b>Address for service:</b>		15 Forth Street, Invercargill 9810					
<b>Client Number:</b>	7426	<b>Accreditation Number:</b>	6				
<b>Chief Executive:</b>		Cameron McIntosh					
<b>Chief Executive Contact Details:</b>		cameron.mcintosh@southlanddc.govt.nz					
<b>BCA Responsible Manager:</b>		Julie Conradi					
<b>BCA Responsible Manager Contact Details:</b>		julie.conradi@southlanddc.govt.nz					
<b>BCA Authorised Representative:</b>		Matt Russell					
<b>BCA Authorised Representative Contact Details:</b>		matt.russell@southlanddc.govt.nz					
<b>BCA Quality Manager:</b>		Talita Aitken					
<b>BCA Quality Manager Contact Details:</b>		talita.aitken@southlanddc.govt.nz					
<b>Number of BCA FTEs</b>	<b>Technical</b>	13.5	<b>Admin support</b>	7.65			
<b>Total FTEs should = technical FTEs + admin FTEs + vacancies</b>	<b>Vacancies (Technical)</b>	2	<b>Vacancies (Admin)</b>	1			
<b>BCA Activity during the previous 12 months</b>		<b>Building Consents</b>					
		<b>R1</b>	678	<b>R2</b>	95	<b>R3</b>	25
		<b>C1</b>	119	<b>C2</b>	17	<b>C3</b>	1
		<b>CCCs</b>			506		
		<b>New compliance schedules</b>			13		
		<b>BCA Notices to Fix</b>			2		
<b>ASSESSMENT TEAM</b>							
<b>Assessment Date:</b>		15 February 2022 to 18 February 2022					
<b>Lead Assessor:</b>		Adrienne Woollard					
<b>Lead Assessor Contact Details:</b>		awoollard@ianz.govt.nz					
<b>Technical Expert:</b>		John Hudson					
<b>Observer:</b>		Mike Reedy (MBIE)					
<b>ASSESSMENT FINDINGS</b>							
	<b>This assessment:</b>	<b>Last assessment:</b>					
<b>Total # of "serious" non-compliances:</b>	0	1					
<b>Total # of "general" non-compliances:</b>	7	20					
<b>Total # of non-compliances outstanding:</b>	6	16					
<b>Recommendations:</b>	2	4					
<b>Advisory notes:</b>	3	7					
<b>Date clearance plan required from BCA:</b>	25 March 2022						
<b>Date non-compliances must cleared:</b>	27 May 2022						
<b>NEXT ASSESSMENT</b>							
<b>Recommended next assessment type:</b>	Routine Reassessment						
<b>Recommended next assessment date:</b>	February 2023						
<b>IANZ REPORT PREPARATION</b>							
<b>Prepared by: Adrienne Woollard</b>	<b>Date: 21 February 2022</b>	<b>Signature:</b> 					
<b>Checked by: Peter Wakefield</b>	<b>Date: 22 February 2022</b>	<b>Signature:</b> 					

**ASSESSMENT OBSERVATIONS****REGULATION 6A NOTIFICATION REQUIREMENTS**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had appropriately documented its procedure for notification requirements in accordance with Regulation 6A.</p> <p>The BCA had notified both IANZ and MBIE of changes to the BCA as required by this Regulation.</p>	

**REGULATION 7 PERFORMING BUILDING CONTROL FUNCTIONS****Regulation 7(2)(b)-(c), and 7(2)(d)(i): receiving, checking and recording applications**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had appropriately documented and effectively implemented its procedure for receiving, checking and recording applications in accordance with Regulation 7(2)(b), (c) and 7(2)(d)(i).</p>	

**Regulations 7(2)(d)(ii): assessing applications**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	<b>-</b>
<b>Opportunities for improvement? Y/N</b>	<b>Yes</b>
<b>Number of recommendations:</b>	<b>0</b>
<b>Recommendation number/s:</b>	<b>-</b>
<b>Number of advisory notes:</b>	<b>1</b>
<b>Advisory note number/s:</b>	<b>A1</b>
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had documented its procedure for assessing (categorising) applications in accordance with Regulation 7(2)(d)(ii).</p> <p>The BCA was categorising work using its interpretation of the NCAS using the header table / classification framework within its DC2 – technical skills matrix. The system was complex and unwieldy. The BCA is advised (<b>A1</b>) to consider simplifying its categorisation system and system for applying limitations to employees competence.</p>	

**Regulations 7(2)(d)(iii): allocating applications**

<b>Non-compliance? Y/N</b>	<b>Yes - See Record of Non-compliance for details</b>
<b>Non-compliance number/s:</b>	<b>GNC 1</b>
<b>Opportunities for improvement? Y/N</b>	<b>No</b>
<b>Number of recommendations:</b>	<b>0</b>
<b>Recommendation number/s:</b>	<b>-</b>
<b>Number of advisory notes:</b>	<b>0</b>
<b>Advisory note number/s:</b>	<b>-</b>
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriately documented procedure for allocating applications in accordance with Regulation 7(2)(d)(iii).</p> <p>The BCA had not always effectively implemented its procedure for allocating applications for processing, where in several examples the processors did not have full competency for the tasks they had been allocated. This issue is similar to the circumstances that gave rise to GNC 2 during the last assessment.</p> <p><b>GNC 1</b> - the BCA acknowledged that one of the examples related to an incorrect competency transcription on the skill matrix that in turn had led to several other misallocations. The BCA updated the skills matrix during the assessment to prevent further occurrences of this type however, that didn't fully address the GNC as other consents not affected by the competence transcription were also affected.</p>	

**Regulation 7(2)(d)(iv): processing building consent applications and Regulation 7(2)(e): planning inspections**

<b>Non-compliance? Y/N</b>	<b>Yes - See Record of Non-compliance for details</b>
<b>Non-compliance number/s:</b>	<b>GNC 2</b>
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had adequately documented its procedure for processing building consent applications in accordance with Regulation 7(2)(d)(iv).</p> <p>Implementation of its procedure was not fully effective, notably:</p> <ol style="list-style-type: none"> <li>1. One example was found where the notes in the processing checklist for alteration to a building recorded reasons and a decision for why s112 was not applicable. Section 112 is always applicable to proposed alteration work. As this was a one off example it might not have been raised as a GNC except that it demonstrated that the previously issued GNC regarding section 112 had not been fully addressed.</li> <li>2. Examples were observed where performance standards were not sufficiently detailed by the applicant yet were accepted by the processor, with no further information requested.</li> <li>3. Some work had been processed by staff without a current competence assessment.</li> </ol> <p><b>GNC 2 – to be resolved</b></p>	

**Regulation 7(2)(d)(v): granting and issuing consents**

<b>Non-compliance? Y/N</b>	<b>Yes - See Record of Non-compliance for details</b>
<b>Non-compliance number/s:</b>	<b>GNC 3</b>
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p><b>Compliance with Form 5</b></p> <p>The BCA had adequately documented its procedure for granting and issuing consents, in accordance with Regulation 7(2)(d)(v).</p> <p>Implementation of the procedure was generally effective however, the following was observed:</p> <ul style="list-style-type: none"> <li>• Examples were observed where performance standards on issued consents were not sufficiently accurate/did not provide sufficient detail.</li> <li>• One example was noted where the statement that "A compliance schedule is required for the building" and, the list of specified systems and their performance standards was missing from the building consent (Form 5).</li> </ul> <p>Missing and inappropriate performance standards were raised as part of a GNC in the last assessment where the findings recorded that "The BCA had missed some Performance Standards and recorded</p>	



inappropriate Performance Standards on issued Building Consents.". As this issue is ongoing this is again raised as a non-compliance.

**GNC 3 – to be resolved**

One example was found with an RMA requirement listed in the consent conditions field on the building consent (Form 5). The BCA stated that they had previously become aware of the issue through their auditing and they had made changes to the computer system which now prevented the TA adding conditions to building consents. The change occurred after the example reviewed and as such no finding is made.

**Compliance with statutory timeframes**

Statistics provided by the BCA indicated substantial compliance with the statutory clock for issue of building consents. The BCA was not able to fully demonstrate the working of the clock starting and stopping as part of RFI requests due to the remote nature of the assessment so the assessment team was unable to fully understand how the 20 day clock was operated in relation to processing RFIs. It is suggested that the BCA further investigates the operation of the clock to ensure that it is working appropriately. This issue will be addressed on-site during the next assessment.

**Regulation 7(2)(e): planning, performing and managing inspections**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>Inspections were planned as part of processing.</p> <p>The BCA had appropriately documented its procedure for planning, performing and managing inspections in accordance with Regulation 7(2)(e).</p> <p>As this was a remote assessment implementation of the procedure could not be fully reviewed however, those records observed during the assessment demonstrated compliance with the requirements.</p>	

**Regulation 7(2)(f): code compliance certificates, compliance schedules and notices to fix**

<b>Non-compliance? Y/N</b>	<b>Yes - See Record of Non-compliance for details</b>
<b>Non-compliance number/s:</b>	<b>GNC 4</b>
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p><b>Application for a code compliance certificate</b></p> <p>The BCA had appropriately documented and effectively implemented its procedure for receiving and considering applications for a Code Compliance Certificate.</p>	

**Code compliance certificates**

The BCA had appropriately documented its procedure for preparation and issue Code Compliance Certificates.

Implementation of its procedure was seen to be adequate and effective.

**Compliance with statutory timeframes**

The BCA was seen to be substantially compliant with the statutory timeframe for issuing Code Compliance Certificates within 20 working days during the last 6 months.

**Compliance schedules**

The BCA had appropriately documented its procedure for preparation and issue of Compliance Schedules.

Implementation of its procedure was mostly appropriate where recently issued compliance schedules were very well detailed and the BCA was working hard to add sufficient information to describe the systems including adding relevant photos, listing locations or appending layout drawings, and adding the type and make of specified systems where relevant. The BCA had reviewed the exemplar compliance schedule issued by MBIE and had taken steps to more closely align their process and compliance schedule template with that example. It was reported that considerable attention had been paid to ensuring that the right people were completing this work and that they had received appropriate training.

In a small number of cases the Compliance Schedules were not fully compliant. The following observations of non-compliance are provided to guide the BCA forward when developing their new Compliance Schedule process. Examples were noted where:

- Multiple performance standards were listed for some specified systems with no indication of which parts of the systems each of the performance standards applied to.
- Systems described in compliance schedules were different to those set out in Form 5 (or the attached Draft CS).
- Occasionally the BCA listed acceptable solutions as being part of the building code (e.g., NZBC F6/AS1, date/version, relevant part, etc.). The acceptable solution is considered to be a means of meeting the requirements of the Building Code however it is not itself part of the code so this should not be quoted (e.g. F6/AS1, date, part, etc. is appropriate, not NZBC F6/AS1, date, part, etc.).

**GNC 4 – to be resolved****Regulation 7(2)(g): customer inquiries**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
The BCA had appropriately documented and effectively implemented its procedure for receiving and managing customer inquiries about building control functions in accordance with Regulation 7(2)(g).	

**Regulation 7(2)(h): customer complaints**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had documented its procedure for receiving and managing customer complaints about building control functions. A small alteration was made to the procedure during the assessment to clarify the timeframes for prioritised complaints.</p> <p>Implementation of its procedures was in accordance with Regulation 7(2)(h), where complaints were received and managed through the Council's contact management system.</p>	

**REGULATION 8 ENSURING ENOUGH EMPLOYEES AND CONTRACTORS****Regulation 8(2): identifying and addressing capacity and capability needs**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had appropriately documented and effectively implemented its procedure to identify and address capacity and capability needs in accordance with Regulation 8(2).</p>	

**REGULATION 9 ALLOCATING WORK**

<b>Non-compliance? Y/N</b>	<b>Yes - See Record of Non-compliance for details</b>
<b>Non-compliance number/s:</b>	<b>GNC 5</b>
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had appropriately documented its procedure to allocate work in accordance with Regulation 9.</p> <p>Implementation of its procedures was not always effective, where the BCA had not always ensured that work was allocated to competent or supervised employees. Examples were discovered where work was allocated to employees not assessed as competent due to a misunderstanding of the competence of some new employees and an error in the skills matrix.</p> <p>There was an electronic system error which led to inspections being allocated to a BCO without triggering the requirement for a supervision memo to be recorded.</p> <p>Problems with allocation were raised as part of a GNC in the last assessment, especially related to the complexity of the BCA's system for assessing and recording competence. This issue is raised again as <b>GNC 5 – to be resolved</b>. The BCA advised that the system relied on the processor checking that the NCAS complexity was accurate and ensuring that they had the appropriate competence. They suggested adding new prompts to the processing and supervision checklists to record a check of work complexity. This approach was considered to be appropriate.</p> <p>One example was found where the limitations transcribed for a BCO were more onerous than the limitations in their competency assessment. It is suggested that the BCA reviews the technical skills matrix and ensures that the limitations listed are accurate and appropriate</p>	

**REGULATION 10 ESTABLISHING AND ASSESSING COMPETENCY OF EMPLOYEES****Regulation 10(1): assessing prospective employees**

<b>Non-compliance? Y/N</b>	<b>Yes - resolved during assessment</b>
<b>Non-compliance number/s:</b>	<b>GNC 6</b>
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriately documented procedure in accordance with Regulation 10(1) for establishing the competence of a person who applied to it for employment as an employee performing building control functions.</p> <p>The BCA had not fully followed its documented procedure where two BCOs listed on the skills matrix as competent to perform building control functions did not have a full competency assessment on file (as required by procedure CA 1).</p> <p><b>GNC 6</b> – this was resolved during the assessment by amending the skills matrix to reflect that these employees were to work under supervision.</p>	

**Regulation 10(2) and (3): assessing employees performing building control functions**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	Yes
<b>Number of recommendations:</b>	1
<b>Recommendation number/s:</b>	R1
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriately documented procedure which was effectively implemented in accordance with Regulation 10(3)(a) to (f), and which specified the technical requirements for a competence assessment system.</p> <p>All competence assessments were found to be appropriate and to record an appropriate level of detail, as per the BCA's amended version of the National Building Consent Authority Competency Assessment System (NCAS). However, some assessments had not been completed within 12 months of the previous assessment. There was some discussion regarding whether assessments needed to be started or completed within 12 months of the previous assessment so it is recommended (<b>R1</b>) that the BCA determines (and records in its procedure) how it will measure the "clock" on competence assessments and ensures that all competence assessments are either started or completed at least annually (and as per the procedure).</p>	

**REGULATION 11 TRAINING EMPLOYEES DOING A TECHNICAL JOB****Regulation 11(1) and (2)(a)-(d),(f) and (g): the training system**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	Yes
<b>Number of recommendations:</b>	1
<b>Recommendation number/s:</b>	R2
<b>Number of advisory notes:</b>	1
<b>Advisory note number/s:</b>	A2
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had developed a training system in accordance with Regulation 11(1). They had recently employed a technical trainer to assist them with ensuring that appropriate training was planned, delivered and recorded. In order to place importance on the delivery and receipt of training, the BCA allowed one day every other month for staff training and CPD. This practice is to be commended.</p> <p>The BCA had appropriately documented and effectively implemented its procedure in accordance with Regulation 11(2)(a) to (d) for making annual (or more frequent) training needs assessments, preparing training plans that specified the training outcomes required, ensuring that employees received the training agreed for them, and monitoring and reviewing its employees' application of the training they received.</p> <p>The BCA undertook training needs assessments on a one-on-one basis and used those conversations to drive preparation of a training plan. It is recommended (<b>R2</b>) that for future reference a record of training needs assessment conversations is made.</p> <p>The BCA had experienced significant disruption to its planned training due to the Covid-19 pandemic. This had been recognised and recorded after the event however the BCA is advised (<b>A2</b>) that the BCOs, responsible for management of their own training, should record any delay in training past the planned date in their training plans as the delays occur.</p> <p>The BCA had appropriately documented and effectively implemented its procedure in accordance with Regulation 11(2) (f) and (g) for recording employees' qualifications, experience and training, and recording continuing training information.</p>	

**Regulation 11(2)(e): supervising employees doing a technical job under training**

<b>Non-compliance? Y/N</b>	<b>Yes - See Record of Non-compliance for details</b>
<b>Non-compliance number/s:</b>	<b>GNC 7</b>
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had appropriately documented its procedure to supervise its employees doing a technical job under training in accordance with Regulation 11(2)(e).</p> <p>Examples were noted during the assessment where employees, not yet assessed as competent, had performed building control functions without supervision. This issue was investigated during the assessment and it was determined that they had been accidentally added to the skills matrix as competent and therefore work had been allocated to them without requiring supervision.</p> <p><b>GNC 7</b></p>	

**REGULATION 12(1) and (2)(a) to (f) CHOOSING AND USING CONTRACTORS**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had appropriately documented its procedure for choosing and using contractors to perform its building control functions in accordance with Regulation 12(1).</p> <p>Implementation of the BCA's procedure for annual or more frequent review of contractor performance was reviewed. This demonstrated that the BCA was completing and documenting a very thorough review of contractor performance against the KPIs set out in the contract.</p>	

**REGULATION 15(1)(a) and (b) and (2): KEEPING ORGANISATIONAL RECORDS**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had documented its organisational structure in accordance with Regulation 15(1)(a) and (b).</p> <p>Implementation as seen to be effective where the organisational chart documented the relationships within the BCA and with other external parties.</p> <p>The BCA had an appropriate procedure for recording the roles, responsibilities, powers, authorities and any limitation on powers and authorities for its employees and contractors performing building control functions in accordance with Regulation 15(2).</p> <p>The BCA's delegations were reviewed. It was noted that the delegations for Section 91 inadvertently referred to "Certificate of Acceptance" rather than "Code Compliance Certificate". This was remedied during the assessment.</p>	

**REGULATION 16(1) and (2)(a) to (c): FILING APPLICATIONS FOR BUILDING CONSENT**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	Yes
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	1
<b>Advisory note number/s:</b>	A3
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriate procedure for allocating every application for building consent, and building consent amendment its own unique identification.</p> <p>The procedure was appropriately implemented in accordance with Regulation 16(1).</p> <p>The BCA had an appropriate procedure for putting information on an applications file and storing it securely and in a way that made it accessible and retrievable.</p> <p>It was difficult for the assessment team to determine whether information that was difficult to access during the assessment, would have been difficult to locate should the team have been on site. Therefore, no finding is made however, it is suggested (A3) that the BCA review its systems to ensure that all information is appropriately accessible and retrievable.</p>	



**REGULATION 17 ASSURING QUALITY****Regulations 17(1) and (2)(a): A quality assurance system that covers management and operations**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had developed a Quality Assurance System that covered its Management and Operations. Where omissions were detected they were addressed under their relevant Regulation in this report.</p> <p>The BCA had developed a detailed calendar system to manage all QA functions e.g. audits, meetings, CI reviews etc.</p>	

**Regulation 17(2)(b) and (3): A policy on quality and a quality manager**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriate Quality Policy which included quality objectives, and quality performance indicators for its building control functions at a high level. It was adequately implemented in accordance with Regulation 17(2)(b) where the BCA had defined its KPIs and was conducting a six monthly review against the KPIs.</p> <p>The BCA had appointed a Quality Manager, named as Talita Aitken, in accordance with Regulation 17(3).</p>	

**Regulation 17(2)(d): Regular management reporting and review, including of the quality system**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriate procedure for reviewing its management system annually (or more frequently) against the expected standards for performance and high level performance indicators from its Quality Policy.</p> <p>This was adequately implemented in accordance with Regulation 17(2)(d), where the BCA undertook twice yearly reviews against its quality policy.</p>	

**Regulation 17(2)(e) Supporting continuous improvement**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriate procedure for supporting continuous improvement (CI) in accordance with Regulation 17(2)(e).</p> <p>During the previous assessment, it was noted that not all identified issues had been captured into the continuous improvement system. This assessment identified that findings from staff observations, audits, management reviews and IANZ assessments had all been appropriately captured within the CI system.</p> <p>While there were a relatively large number of active CIs in the system, these all appeared to have been considered, prioritised, and were being managed appropriately.</p>	

**Regulation 17(2)(h): Undertaking annual audits**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriate procedure for undertaking annual audits in accordance with Regulation 17(2)(h).</p> <p>Implementation of its procedures was appropriate where audits were being undertaken according to the BCA's schedule.</p>	

**Regulation 17(2)(i): Identifying and managing conflicts of interest**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriate procedure in its quality assurance system for identifying and managing conflicts of interest.</p> <p>Implementation of the procedure was appropriate where the BCA was recording all declared potential or actual conflicts in its conflicts of interest register. A number of suggestions were discussed during the assessment and the BCA took the opportunity during the assessment to revise its register to better record both the management plan for a conflict of interest and that the conflict had been appropriately resolved as planned.</p>	

**Regulation 17(3A): Complaints about building practitioners**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriately documented procedure to ensure that the BCA considered whether to make, and made complaints to relevant occupational or professional authorities about practitioners whenever they appeared to it necessary or desirable in accordance with Regulation 17(3A)(a) to (c).</p> <p>Implementation of its procedures was appropriate where the BCA had maintained an incident register that records concerns raised by employees and contractors. Robust evidence to support concern was also recorded.</p>	

**Regulation 17(4): Compliance with a quality assurance system**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriate procedure for ensuring that its employees and contractors complied with its quality assurance system. This was adequately implemented in accordance with Regulation 17(4).</p> <p>Implementation of its procedures was appropriate where the BCA completed audits to ensure that compliance was demonstrated.</p>	

**Regulation 17(5): Strategic management reporting and review**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriate procedure for annual (or more frequent) review of its quality assurance system, and for making appropriate changes in the quality assurance system. It was adequately implemented in accordance with Regulation 17(5).</p> <p>Implementation of its procedures was appropriate, where the BCA had documented a thorough Strategic Management Review.</p>	

**REGULATION 18 TECHNICAL QUALIFICATIONS**

<b>Non-compliance? Y/N</b>	<b>No</b>
<b>Non-compliance number/s:</b>	-
<b>Opportunities for improvement? Y/N</b>	No
<b>Number of recommendations:</b>	0
<b>Recommendation number/s:</b>	-
<b>Number of advisory notes:</b>	0
<b>Advisory note number/s:</b>	-
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had an appropriate procedure, which was adequately implemented for requiring technical qualifications, and establishing circumstances of employees and contractors that would make it unreasonable and impractical for requiring technical qualifications in accordance with Regulation 18(1) to (3).</p>	

## RECORDS OF NON-COMPLIANCE

<b>RECORD OF NON COMPLIANCE #:</b>	<b>GNC 1</b>
<b>Breach of requirement:</b>	<b>Regulation 7(2)(d)(iii)</b>
<b>Finding:</b>	General Non-compliance
<b>FINDING DETAILS</b>	
The BCA had not always effectively implemented its procedure for allocating applications for processing, where in several examples the processors did not have full competency for the tasks they had been allocated.	
<b>BCA ACTIONS REQUIRED</b>	
Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.	
Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.	
Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later</u> than the "Date final evidence of implementation is required from BCA" indicated below.	
<b>IMPORTANT DATES</b>	
<b>Plan of action from BCA due by:</b>	<b>25 March 2022</b>
<b>All action plans accepted by IANZ:</b>	<b>10 March 2022</b>
<b>Date final evidence of implementation is required from BCA:</b>	<b>13 May 2022</b>
<b>Final date non-compliance to be cleared by:</b>	<b>27 May 2022</b>
<b>EVIDENCE</b>	
<b>Plan of action</b> <i>(To be provided by BCA):</i> <ol style="list-style-type: none"> <li>Skills matrix - review for accuracy. Over the next 12 months, work on removing or simplifying limitations as competency assessments are completed with a target of full NCAS complexity categories.</li> <li>Schedule QA quarterly audits (non-technical) into QA calendar. Audit to cover topics per below list. Repeatable audits to be carried out – April/ July/ Oct/ Jan (Note: special audit to be completed in March 2022 to enable further training and re-audit for GNC clearance). <ol style="list-style-type: none"> <li>Do the skills matrix and competency assessments align?</li> <li>Is the GoGet configuration setup correctly?</li> <li>Were the supervision memos triggered as they should?</li> <li>Were the supervision memos actioned/ closed in a reasonable time?</li> </ol> </li> <li>Schedule technical audits quarterly (Reg 7(2)(d)(iv), 9 and 11(2)(e)) into QA calendar. Audit to cover allocation of work to competent or supervised employees. Repeatable audits to be carried out - March/ June/ Sep/ Dec.</li> </ol>	
<b>Proposed evidence of implementation</b> <i>(To be provided by BCA):</i> <ol style="list-style-type: none"> <li>Accurate skills matrix and related competency assessments.</li> <li>March non-technical audit results showing compliance (April audit results will also be provided if March audit identifies non-compliances to be rectified).</li> <li>March technical audit results showing compliance (April audit results will also be provided if March audit identifies non-compliances to be rectified).</li> </ol>	
<b>10/3/2022 IANZ Plan accepted.</b> Wherever audits are provided as part of clearance material please ensure that the evidence reviewed as part of the audit is also provided.	
<b>Evidence of implementation and discussion:</b>	
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b>	<b>Date:</b> Click or tap to enter a date.

<b>RECORD OF NON COMPLIANCE #:</b>	<b>GNC 2</b>
<b>Breach of requirement:</b>	<b>Regulation 7(2)(d)(iv)</b>
<b>Finding:</b>	General Non-compliance
<b>FINDING DETAILS</b>	
<p>Implementation of the processing procedure was not fully effective, notably:</p> <ol style="list-style-type: none"> <li>One example was found where the notes in the processing checklist for alteration to a building, recorded reasons and a decision for why s112 was not applicable. Section 112 is always applicable to proposed alteration work. As this was a one-off example it might not have been raised as a GNC except that it demonstrated that the previously issued GNC regarding section 112 had not been fully addressed.</li> <li>Examples were observed where performance standards were not sufficiently detailed by the applicant yet were accepted by the processor, with no further information requested.</li> <li>Some work had been processed by staff without a current competence assessment.</li> </ol>	
<b>BCA ACTIONS REQUIRED</b>	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later</u> than the "Date final evidence of implementation is required from BCA" indicated below.</p>	
<b>IMPORTANT DATES</b>	
<b>Plan of action from BCA due by:</b>	<b>25 March 2022</b>
<b>All action plans accepted by IANZ:</b>	<b>21 March 2022</b>
<b>Date final evidence of implementation is required from BCA:</b>	<b>13 May 2022</b>
<b>Final date non-compliance to be cleared by:</b>	<b>27 May 2022</b>
<b>EVIDENCE</b>	
<p><b>Revised Plan of Action 16/3/2022</b> (provided by BCA):</p> <ol style="list-style-type: none"> <li>Building control team leader to deliver 'building consent processing' refresher training to all BCOs in March for "recording sufficient reasons for S112 where applicable".             <ol style="list-style-type: none"> <li>Ensure all competent BCO's attend 'refresher training' on S112.</li> <li>Hold 'needs assessment' conversation with the BCO that was identified during the audit with a non-compliance for S112. Update their training plan with requirement to demonstrate correct application of training in this space.</li> <li>Continue with quarterly audits across the BCA to monitor team-wide compliance 16/3/2022 IANZ – plan accepted</li> </ol> </li> <li>Building control team leader to deliver 'building consent processing' refresher training to all BCOs in March for "performance standards provided by applicant".             <ol style="list-style-type: none"> <li>Ensure all competent BCO's attend 'refresher training' on processing with performance standards.</li> <li>Communication to be sent to the industry regarding the minimum required performance standard information to be provided with a building consent application.</li> <li>Continue with quarterly audits across the BCA to monitor team-wide compliance 16/3/2022 IANZ – plan accepted</li> </ol> </li> </ol> <p>All BCOs with appropriate competencies for processing building consents that include performance standards for specified systems will be required to forward any relevant consent they process to the technical trainer for an audit as a documented peer review before granting the consent. This approach is to be applied to all consents prior to them being issued until there is confidence of consistent application of training across the BCA. This will continue until all BCO's have been audited and the BCA Quality Manager is satisfied that training has been measured as effective and reverting back to quarterly auditing will maintain compliance. All reasons for decisions on auditing frequencies and measure of effectiveness achieved will be recorded in CI # R/22/2/4888.</p>	

3. 18/03/2022 (Per GNC 1) Schedule technical audits quarterly (Reg 7(2)(d)(iv), 9 and 11(2)(e)) into QA calendar. Audit to cover allocation of work to competent or supervised employees. Repeatable audits to be carried out - March/ June/ Sep/ Dec.

**16/3/2022 IANZ – While this plan will meet the requirements of Finding 2 it does not address the issue identified in Finding 3 of employees working without assessed competence or supervision.**

**21/3/2022 IANZ - A suitable action plan to address Finding 3 was provided.**

**Proposed evidence of implementation** (To be provided by BCA):

1. Submit the below evidence:
  - a. Attendance records from 'building consent processing – S112' training session
  - b. Updated training plan for 1 x BCO, reflecting outcome of needs assessment and agreed targets
  - c. April quarterly audit results demonstrating current 'team-wide' compliance for processing building consents that need to consider S112.
2. Submit the below evidence:
  - a. Attendance records from 'building consent processing – specified systems' training
  - b. Copy of information/ communication provided to the public.
  - c. All March and April audits documenting specified system 'peer reviews' to be submitted (maximum 5 in any month)
3. 18/03/2022 (Per GNC 1) March technical audit results showing compliance (April audit results will also be provided if March audit identifies non-compliances to be rectified).

**16/3/2022 IANZ –Please define the evidence that the BCA will provide to demonstrate that all work has been processed by staff with a current competence assessment or under supervision.**

**21/3/2022 IANZ - Suitable evidence proposed**

**Evidence of implementation and discussion:**

**NON COMPLIANCE CLEARED**

**Signed:**

**Date:** Click or tap to enter a date.



Southland District Council

Report with Action Plans added Updated 21/3/2022

15 to 18 February 2022

<b>RECORD OF NON COMPLIANCE #:</b>	<b>GNC 3</b>
<b>Breach of requirement:</b>	<b>Regulation 7(2)(d)(v)</b>
<b>Finding:</b>	General Non-compliance
<b>FINDING DETAILS</b>	
<ol style="list-style-type: none"> <li>Examples were observed where performance standards on issued building consents were not sufficiently accurate/ did not provide sufficient detail.</li> <li>One example was noted where the statement that "A compliance schedule is required for the building" and, the list of specified systems and their performance standards was missing from the building consent (Form 5).</li> </ol>	
<b>BCA ACTIONS REQUIRED</b>	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later</u> than the "Date final evidence of implementation is required from BCA" indicated below.</p>	
<b>IMPORTANT DATES</b>	
<b>Plan of action from BCA due by:</b>	<b>25 March 2022</b>
<b>All action plans accepted by IANZ:</b>	<b>10 March 2022</b>
<b>Date final evidence of implementation is required from BCA:</b>	<b>13 May 2022</b>
<b>Final date non-compliance to be cleared by:</b>	<b>27 May 2022</b>
<b>EVIDENCE</b>	
<p><b>Plan of action</b> (To be provided by BCA):</p> <ol style="list-style-type: none"> <li>(Per GNC 2) building control team leader to deliver 'building consent processing' refresher training to all BCOs in March for "performance standards provided by applicant".</li> <li>Technical trainer to deliver refresher training to all administrators in March. Topics to include: <ol style="list-style-type: none"> <li>Identifying key information to be included on Form 5 (building consent) including: specified system information, all attachment options, conditions and advice notes.</li> <li>Checking accuracy of Form 5 produced before issuing including: header fields contain required information (n/a if not applicable), performance standard information is present (where relevant), required inspections correctly listed, name and role of BCO that granted consent, signature and date is applied, conditions are limited to those selected by BCO, advice notes are clearly segregated.</li> </ol> </li> <li>Schedule technical audits for Form 5 accuracy quarterly into QA calendar. Audit to ensure correct Form 5 documents are issued. Repeatable audits to be carried out – March/ June/ Sept/ Dec.</li> </ol>	
<p><b>Proposed evidence of implementation</b> (To be provided by BCA):</p> <ol style="list-style-type: none"> <li>(Per GNC 2) <ol style="list-style-type: none"> <li>Attendance records from technical training session.</li> <li>Audit results demonstrating current competency for processing building consents with specified systems for 2 x BCOs.</li> <li>Accurate skills matrix and related competency assessments.</li> </ol> </li> <li>Attendance records from administration training session.</li> <li>March technical correctness of Form 5 audit results showing compliance (April audit results will also be provided if March audit identifies non-compliances to be rectified).</li> </ol> <p><b>10/3/2022 IANZ Plan accepted. Wherever audits are provided as part of clearance material please ensure that the evidence reviewed as part of the audit is also provided</b></p>	
<b>Evidence of implementation and discussion:</b>	
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b>	<b>Date:</b> Click or tap to enter a date.

<b>RECORD OF NON COMPLIANCE #:</b>	<b>GNC 4</b>
<b>Breach of requirement:</b>	<b>Regulation 7(2)(f)</b>
<b>Finding:</b>	General Non-compliance
<b>FINDING DETAILS</b>	
<p>Some compliance schedules were not fully compliant as follows:</p> <ul style="list-style-type: none"> <li>Multiple performance standards were listed for some specified systems with no indication of which parts of the systems each of the performance standards applied to.</li> <li>Systems described in compliance schedules were different to those set out in Form 5 (or the attached Draft CS).</li> <li>Occasionally the BCA listed acceptable solutions as being part of the building code (eg NZBC F6/AS1, date/ version, relevant part, etc.) The acceptable solution is considered to be a means of meeting the requirements of the building code however it is not itself part of the code so this should not be quoted (eg F6/AS1, date, part, etc. is appropriate, not NZBC F6/AS1, date, part, etc.)</li> </ul>	
<b>BCA ACTIONS REQUIRED</b>	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later</u> than the "Date final evidence of implementation is required from BCA" indicated below.</p>	
<b>IMPORTANT DATES</b>	
<b>Plan of action from BCA due by:</b>	<b>25 March 2022</b>
<b>All action plans accepted by IANZ:</b>	<b>10 &amp; 16 March 2022</b>
<b>Date final evidence of implementation is required from BCA:</b>	<b>13 May 2022</b>
<b>Final date non-compliance to be cleared by:</b>	<b>27 May 2022</b>
<b>EVIDENCE</b>	
<p><b>Revised Plan of Action 16/3/2022</b> (provided by BCA):</p> <ol style="list-style-type: none"> <li>Building control team leader to deliver 'compliance schedule' refresher training to all BCOs in March. Topics include:             <ol style="list-style-type: none"> <li>Listing multiple performance standards and ensuring relationship to the system each applies to is clear.</li> <li>Alignment between Form 5 building consent content and final CS. Requiring application for amendment once changes are identified and before they occur during a build.</li> <li>Acceptable solutions are not part of the building code and cannot be referred to as such.</li> </ol> </li> <li>All BCOs with appropriate competencies for processing compliance schedules will be required to forward any relevant CCC and compliance schedule they process to the technical trainer for an audit as a documented peer review before issuing the CCC. This approach is to be applied to all CCC's and CS's prior to them being issued until there is confidence of consistent application of training across the BCA. This will continue until all BCO's with competency have been audited and the BCA Quality Manager is satisfied that training has been measured as effective and reverting back to quarterly auditing will maintain compliance. All reasons for decisions on auditing frequencies and measure of effectiveness achieved will be recorded in CI # R/22/2/4888.</li> <li>Continue with quarterly audits across the BCA to monitor team-wide compliance once relevant consistency is demonstrated per item 2 above.</li> </ol>	
<p><b>Proposed evidence of implementation</b> (To be provided by BCA):</p> <p>6Attendance records from 'compliance schedule' technical refresher training session.</p> <ol style="list-style-type: none"> <li>All March and April audits documenting CCC and compliance schedule 'peer reviews' to be submitted (maximum 5 in any month)</li> </ol> <p><b>15/3/2022 IANZ Revised Action Pan accepted</b></p>	

Southland District Council

Report with Action Plans added Updated 21/3/2022

15 to 18 February 2022

**Evidence of implementation and discussion:****NON COMPLIANCE CLEARED****Signed:****Date:** Click or tap to enter a date.

Southland District Council

Report with Action Plans added Updated 21/3/2022

15 to 18 February 2022

<b>RECORD OF NON COMPLIANCE #:</b>	<b>GNC 5</b>
<b>Breach of requirement:</b>	<b>Regulation 9</b>
<b>Finding:</b>	General Non-compliance
<b>FINDING DETAILS</b>	
<p>The BCA had not always ensured that work was allocated to competent or supervised employees. Examples were identified where work was allocated to employees not assessed as competent due to a misunderstanding of the competence of some new employees and an error in the skills matrix.</p> <p>There was an electronic system error which led to inspections being allocated to a BCO without triggering the requirement for a supervision memo to be recorded.</p>	
<b>BCA ACTIONS REQUIRED</b>	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later</u> than the "Date final evidence of implementation is required from BCA" indicated below.</p>	
<b>IMPORTANT DATES</b>	
<b>Plan of action from BCA due by:</b>	<b>25 March 2022</b>
<b>All action plans accepted by IANZ:</b>	<b>10 March 2022</b>
<b>Date final evidence of implementation is required from BCA:</b>	<b>13 May 2022</b>
<b>Final date non-compliance to be cleared by:</b>	<b>27 May 2022</b>
<b>EVIDENCE</b>	
<p><b>Plan of action</b> <i>(To be provided by BCA):</i></p> <ol style="list-style-type: none"> <li>(Per GNC 1) Review skills matrix for accuracy</li> <li>(Per GNC 1) Schedule QA quarterly audits into QA calendar. Complete both technical and non-technical audits to ensure work is not performed without supervision or a full competency assessment being held.</li> </ol>	
<p><b>Proposed evidence of implementation</b> <i>(To be provided by BCA):</i></p> <ol style="list-style-type: none"> <li>(Per GNC 1) Accurate skills matrix and related competency assessments.</li> <li>(Per GNC 1) March non-technical audit results showing compliance (April audit results will also be provided if March audit identifies non-compliances to be rectified).</li> <li>(Per GNC 1) March technical audit results showing compliance (April audit results will also be provided if March audit identifies non-compliances to be rectified).</li> </ol>	
<p><b>10/3/2022 IANZ Plan accepted.</b></p> <p>Please make sure that the audits specifically address allocation of work to competent staff as well as allocation of work to staff under supervision.</p> <p>Please ensure that a sufficient sample size is selected for the audits.</p> <p>Wherever audits are provided as part of clearance material please ensure that the evidence reviewed as part of the audit is also provided</p>	
<b>Evidence of implementation and discussion:</b>	
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b>	<b>Date:</b> Click or tap to enter a date.

<b>RECORD OF NON COMPLIANCE #:</b>	<b>GNC 7</b>
<b>Breach of requirement:</b>	<b>Regulation 11(2)(e)</b>
<b>Finding:</b>	General Non-compliance
<b>FINDING DETAILS</b>	
Some employees, not yet assessed as competent, had performed building control functions without supervision.	
<b>BCA ACTIONS REQUIRED</b>	
Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.	
Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.	
Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.	
<b>IMPORTANT DATES</b>	
<b>Plan of action from BCA due by:</b>	<b>25 March 2022</b>
<b>All action plans accepted by IANZ:</b>	<b>10 March 2022</b>
<b>Date final evidence of implementation is required from BCA:</b>	<b>13 May 2022</b>
<b>Final date non-compliance to be cleared by:</b>	<b>27 May 2022</b>
<b>EVIDENCE</b>	
<b>Plan of action</b> <i>(To be provided by BCA)</i> <ol style="list-style-type: none"> <li>(Per GNC 1) Review skills matrix for accuracy</li> <li>(Per GNC 1) Schedule QA Quarterly audits into QA calendar. Complete both technical and non-technical audits to ensure work is not performed without supervision or a full competency assessment being held.</li> </ol>	
<b>Proposed evidence of implementation</b> <i>(To be provided by BCA):</i> <ol style="list-style-type: none"> <li>(Per GNC 1) Accurate skills matrix and related competency assessments</li> <li>(Per GNC 1) March non-technical audit results showing compliance (April audit results will also be provided if March audit identifies non-compliances to be rectified)</li> <li>(Per GNC 1) March technical audit results showing compliance (April audit results will also be provided if March audit identifies non-compliances to be rectified)</li> </ol>	
<b>10/3/2022 IANZ Plan accepted.</b>	
Please make sure that the audits specifically address allocation of work to competent staff as well as allocation of work to staff under supervision.	
Please ensure that a sufficient sample size is selected for the audits.	
Wherever audits are provided as part of clearance material please ensure that the evidence reviewed as part of the audit is also provided	
<b>Evidence of implementation and discussion:</b>	
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b>	<b>Date:</b> Click or tap to enter a date.

## SUMMARY OF RECOMMENDATIONS

Recommendations are intended to assist your BCA to maintain compliance with the Regulations. They are **not** conditions for accreditation but a failure to make changes may result in non-compliance with the Regulations in the future.

**It is recommended that:**

- R1.**      **Regulation 10(3)** It was unclear whether the BCA planned to start or complete competence assessments within 12 months of the previous assessment so it is recommended that the BCA determines (and records in its procedure) how it will ensure that all competence assessments are either started or completed at least annually (and as per the procedure).
  
- R2.**      **Regulation 11(2)** The BCA undertook training needs assessments on a one-on-one basis and used those conversations to drive preparation of a training plan. It is recommended that for future reference, a record of training needs assessment conversations is made.

## SUMMARY OF ADVISORY NOTES

Advisory notes are intended to assist your BCA to improve compliance with accreditation requirements based on IANZ's experience. They are **not** conditions for accreditation and do not have to be implemented to maintain accreditation.

### IANZ advises that:

- A1. Regulation 7(2)(d)(ii)** The BCA is advised to consider simplifying its categorisation system and system for applying limitations to its employee's competence.
- A2. Regulation 11(2)(c)** The BCA is advised that the BCOs, responsible for management of their own training, should record any delay in training events past the planned date in their training plans as the delays occur.
- A3. Regulation 16(2)** It is suggested that the BCA review its systems to ensure that all information is appropriately accessible and retrievable.





**SUMMARY TABLE OF NON-COMPLIANCE**

The following table summarises the non-compliance identified with the accreditation requirements in your BCA's accreditation assessment. Where a non-compliance has been identified, a Record of Non-compliance template has been prepared detailing the issue, and to enable you to detail your proposed corrective actions to IANZ. You must update and return a template for each non-compliance identified.

Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of regulation 5/6? Enter "Yes" where applicable						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY)	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (one sentence/line only to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recs.	Adv. notes	
6(A)(1)	Choose item.													
6(A)(2)	Choose item.													
<b>Regulation 7</b>														
7(1)	Choose item.													
7(2)(a)	Choose item.													
7(2)(b)	Choose item.													
7(2)(c)	Choose item.													
7(2)(d)(i)	Choose item.													
7(2)(d)(ii)	Choose item.													
7(2)(d)(iii)	General	GNC 1			Yes				No	27/5/2022				The BCA had not always effectively implemented its procedure for allocating applications for processing, where in several examples the processors did not have full competency for the tasks they had been allocated. The BCA updated the skills matrix during the assessment to prevent further occurrences caused by an error in competence transcription however, that didn't fully address the GNC as other consents, not affected by the transcription error, were also noted.
7(2)(d)(iv)	General	GNC 2			Yes				No	27/5/2022				Implementation of the processing procedure was not fully effective, notably: 1. One example was found where the notes in the processing checklist for alteration to a building recorded reasons and a decision for why s112 was not applicable. Section 112 is always applicable to proposed alteration work. As this was a one-off example it might not have been raised as a GNC except that it demonstrated that the previously issued GNC regarding section 112 had not been fully addressed. 2. Examples were observed where performance standards were not sufficiently detailed by the applicant yet were accepted by the processor, with no further information requested. Some work had been processed by staff without a current competence assessment.
7(2)(d)(v)	General	GNC 3			Yes				No	27/5/2022				Examples were observed where performance standards on issued building consents were not sufficiently accurate/did not provide sufficient detail. One example was noted where the statement that "A compliance schedule is required for the building" and, the list of specified systems and their performance standards was missing from the building consent (Form 5).
7(2)(e)	Choose item.													
7(2)(f)	General	GNC 4			Yes				No	27/5/2022				Some Compliance Schedules were not fully compliant as follows: <ul style="list-style-type: none"> <li>Multiple performance standards were listed for some specified systems with no indication of which parts of the systems each of the performance standards applied to.</li> <li>Systems described in compliance schedules were different to those set out in Form 5 (or the attached Draft CS).</li> </ul> Occasionally the BCA erroneously listed acceptable solutions as being part of the building code.
7(2)(g)	Choose item.													
7(2)(h)	Choose item.													
<b>Regulation 8</b>														
8(1)	Choose item.													

Southland District Council

Report with Action Plans added Updated 21/3/2022

15 to 18 February 2022

Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of regulation 5/6? Enter "Yes" where applicable						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY)	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment  (one sentence/line only to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recs.	Adv. notes	
8(2)	Choose item.													
<b>Regulation 9</b>														
9	General	GNC 5			Yes				No	27/5/2022				The BCA had not always ensured that work was allocated to competent or supervised employees. Examples were discovered where work was allocated to employees not assessed as competent due to a misunderstanding of the competence of some new employees and an error in the skills matrix. There was an electronic system error which led to inspections being allocated to a BCO without triggering the requirement for a supervision memo to be recorded.
<b>Regulation 10</b>														
10(1)	General	GNC 6			Yes				Yes					The BCA had not fully followed its documented procedure where two BCOs listed on the skills matrix as competent to perform building control functions did not have a full competency assessment on file (as required by procedure CA 1)
10(2)	Choose item.													
10(3)	Choose item.													
<b>Regulation 11</b>														
11(1)	Choose item.													
11(2)(a)	Choose item.													
11(2)(b)	Choose item.													
11(2)(c)	Choose item.													
11(2)(d)	Choose item.													
11(2)(e)	General	GNC 7			Yes				No	27/5/2022				Some employees, not yet assessed as competent, had performed building control functions without supervision.
11(2)(f)	Choose item.													
11(2)(g)	Choose item.													
<b>Regulation 12</b>														
12(1)	Choose item.													
12(2)(a)	Choose item.													
12(2)(b)	Choose item.													
12(2)(c)	Choose item.													
12(2)(d)	Choose item.													
12(2)(e)	Choose item.													
12(2)(f)	Choose item.													
<b>Regulation 13</b>														
13(a)	Choose item.													
13(b)	Choose item.													
<b>Regulation 14</b>														
14	Choose item.													
<b>Regulation 15</b>														
15(1)(a)	Choose item.													
15(1)(b)	Choose item.													
15(2)	Choose item.													
<b>Regulation 16</b>														
16(1)	Choose item.													
16(2)(a)	Choose item.													
16(2)(b)	Choose item.													
16(2)(c)	Choose item.													
<b>Regulation 17</b>														
17(1)	Choose item.													

Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of regulation 5/6? Enter "Yes" where applicable						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY)	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment  (one sentence/line only to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recs.	Adv. notes	
17(2)(a)	Choose item.													
17(2)(b)	Choose item.													
17(2)(c)	Choose item.													
17(2)(d)	Choose item.													
17(2)(e)	Choose item.													
17(2)(h)	Choose item.													
17(2)(i)	Choose item.													
17(2)(j)	Choose item.													
17(3)	Choose item.													
17(3A)(a)	Choose item.													
17(3A)(b)	Choose item.													
17(3A)(c)	Choose item.													
17(4)(a)	Choose item.													
17(4)(b)	Choose item.													
17(5)(a)	Choose item.													
17(5)(b)	Choose item.													
Regulation 18														
18(1)	Choose item.													
18(3)(a)	Choose item.													
18(3)(b)	Choose item.													



## Review and update approved hearing commissioner list

Record No: R/21/5/24561

Author: Marcus Roy, Manager environmental management

Approved by: Matt Russell, Group manager infrastructure and environmental services

☒ Decision

☐ Recommendation

☐ Information

### Purpose

- 1 This report seeks to update the list of approved resource management hearing commissioners who can be delegated decision making powers on behalf of Council.

### Executive summary

- 2 Council's list of approved hearing commissioners was last updated in 2009. Accordingly, the list of approved commissioners is out of date and in need of an update.
- 3 Council needs to have a list of independent hearing commissioners who can act on Council's behalf during resource consent decision making or plan change hearings.
- 4 In particular there are certain instances where there could be an actual or potential conflict of interest such as when a resource consent application is sought on Council owned land. Enabling Council staff or elected representatives determine the application creates a potential conflict of interest. Delegating decision making powers to an independent commissioner ensures that public perception and objective decision making is maintained.
- 5 This report recommends the Committee approve alignment of SDC approved commissioners with those identified on the MfE list of approved commissioners.
- 6 The list of accredited commissioners is updated regularly to remain current and is hosted on the MfE website. This would ensure the list of available commissioners remains current into the future.

## Recommendation

That the Regulatory and Consents Committee:

- a) **Receives the report titled “Review and update approved hearing commissioner list” dated 4 April 2022.**
- b) Determines that this matter or decision be recognised as not significant in terms of Section 76 of the Local Government Act 2002.
- c) Determines that it has complied with the decision making provisions of the Local Government Act 2002 to the extent necessary in relation to this decision; and in accordance with Section 79 of the act determines that it does not require further information, further assessment of options or further analysis of costs and benefits or advantages and disadvantages prior to making a decision on this matter.
- d) Approves alignment of SDC hearings commissioners with the MfE list of commissioners on an ongoing basis to ensure that it meets the needs of the organisation both today and into the future.

## Background

- 7 Section 34A of the Resource Management Act provides powers to a local authority to delegate function powers and duties to either staff or an independent hearings commissioner.
- 8 Independent hearing commissioners are necessary for Resource Management Act (RMA) decision making. They are able to deal with applications for resource consent or plan making where Southland District Council is the applicant, a land owner, or there is, or is likely to be a perception of bias in decision making under the RMA.
- 9 Council’s list of approved commissioners was last updated in 2009 and many of those approved commissioners are no longer practicing commissioners.
- 10 All approved commissioners have completed the “making good decisions” which is an accreditation course endorsed by the Ministry for the Environment (MfE). Regular professional development and resitting the course is a requirement of being a commissioner.
- 11 Broadening the list of approved commissioners will enable Council to select individuals or a panel of commissioners who have particular skillsets relevant to specific issues in contention. For example, if there was a District Plan change or publicly notified resource consent application where tangata whenua issues were in contention, an independent commissioner with specific experience could sit individually or with existing councillors in a decision-making panel which would ensure that a robust decision is made.
- 12 Having a greater number of commissioners to choose from minimises the likelihood of commissioners being conflicted or having insufficient capacity to take on the work from SDC.

## Issues

- 13 There is only one issue to consider which is whether to hold a specific list of approved commissioners which is confined to specific individuals or being broad to any approved commissioner.

14 This report recommends not having a specific list, rather it seeks the Committee approve the selection of any accredited commissioners that are on the MfE list of approved commissioners.

15 The list of accredited commissioners is updated regularly to remain current and is hosted on the MfE website <https://environment.govt.nz/what-government-is-doing/areas-of-work/rma/about-the-making-good-decisions-programme-certification-for-rma-decision-makers/certificate-holders-non-local-body-elected-members/>

#### Factors to consider

##### Legal and statutory requirements

16 No legal requirements exist. Not approving a list of commissioners will restrict Council's ability to ensure that decision making is objective and robust.

##### Community views

17 Community views have not been sought. No community views are necessary for the consideration of this commissioner list.

##### Costs and funding

18 The cost associated with getting a commissioner to hear and make a decision on a resource management matter fall back onto the applicant. There are no cost implications for the general ratepayers.

##### Policy Implications

19 There are no policy implications associated with this decision.

#### Analysis

##### Options considered

20 Three options exist for the committee, either update the commissioner list to a specific group of commissioners, update the list to the national accredited commissioner list or don't update the commissioner list.

##### Analysis of options

##### Option 1 – update the commissioner list to a specific list

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> <li>specific commissioners will become familiar with the Southland context.</li> </ul>	<ul style="list-style-type: none"> <li>the list will need continually updated so that it remains current</li> <li>specific experience in a niche field may not be available on a specific list of commissioners (eg legal or cultural).</li> </ul>

Option 2 – update the commissioner list to that on the MfE website

<https://environment.govt.nz/what-government-is-doing/areas-of-work/rma/about-the-making-good-decisions-programme-certification-for-rma-decision-makers/certificate-holders-non-local-body-elected-members/>

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> <li>there is a broad diversity of skills and experience available to choose from</li> <li>specific commissioners can be selected for niche or complex RMA decisions</li> </ul>	<ul style="list-style-type: none"> <li>large list to choose from.</li> </ul>

Option 3 – **don't update the list of commissioners**

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> <li>no updates are needed to current list.</li> </ul>	<ul style="list-style-type: none"> <li>the current list is outdated and there is only one commissioner on the list who is still accredited</li> <li>available commissioner experience on specific technical matters is restricted.</li> </ul>

### Assessment of significance

- 21 The options presented in this report are not deemed to be significant.

### Recommended option

- 22 Option 2 to update the commissioner list to that of the MfE website.
- 23 If option 2 is adopted by the committee, when commissioners are required a selection process would be developed to refine the large list of suitable candidates. This selection process would likely be based on aspects such as commissioner experience, specific skills, an understanding of the Southland context and the particular issue to be deliberated.

### Next steps

- 24 Update the commissioner list if that is the decision chosen.

### Attachments

There are no attachments for this report.