

1 August 2014



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Mr Robert Wright
Operational Policy & Quality Improvement Unit Manager
Building Consent Authority
Christchurch City Council
PO Box 73013
Orchard Road
Christchurch 8154

Dear Robert,

I am enclosing the report arising from the assessment of your Building Consent Authority (BCA), which took place on 8 to 18 July 2014.

I would like to take this opportunity to thank you and your staff for your help and co-operation during the assessment and the hospitality extended to the assessment team.

Please contact me if you have any queries or you wish to comment on this report.

Yours sincerely

A handwritten signature in blue ink, appearing to read "A Woollard".

Mrs Adrienne Woollard
Assessment Coordinator

CHRISTCHURCH CITY COUNCIL
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BUILDING CONTROL GROUP



BUILDING CONSENT AUTHORITY ACCREDITATION ASSESSMENT REPORT

Christchurch City Council
Building Consent Authority

Initial Assessment

8 to 18 July 2014

ASSESSMENT REPORT

Organisation Details

Organisation: Christchurch City Council
Building Consent Authority
Address: 53 Hereford Street
Christchurch Central
Christchurch 8011

Client Number: 7486

Application Number: 85

Authorised Representative: Mr Robert Wright

Programme: Building Consent Authority Accreditation


Assessment Team


Lead Assessor: Mrs Adrienne Woollard

Assessors: Ms Carolyn Osborne
Mr David Sidwell

Technical Expert(s): Mr Andrew Tyer
Mr Colin Pickering
Ms Tracy Quinton-Boundy
Mr Robert Peart
Mr Nigel Mogford
Mr John Tait

Report Preparation

Prepared by: Adrienne Woollard Signature: 

Checked by: David Sidwell Signature: 

Date finalised: 1 August 2014

Introduction

The Building (Accreditation of Building Consent Authorities) Regulations 2006 came into force in February 2007. These regulations were one of the Government's responses to the Leaky Building crisis. The intent of the regulations was to clearly define the essential elements of building control as practised by building consent authorities (BCAs). To achieve accreditation a BCA must demonstrate both the competence and the capacity to sustainably meet their regulatory responsibilities in providing effective building control services to their community. The assessment process is undertaken by a team of independent technical experts whose task is to gather objective evidence on which a sound decision can be based. Accreditation assessments of all BCAs in New Zealand have taken place regularly since 2007. The same regulations and interpretations of regulations are applied to all BCAs. IANZ does not have any discretionary powers to interpret the regulations differently according to the circumstances of individual BCAs.

This report relates to the initial assessment of the Christchurch City Council BCA which took place between 8 and 18 July 2014 to determine conformance with the requirements of the Building (Accreditation of Building Consent Authorities) Regulations 2006 (Regulations 4 – 18 inclusive) and applicable technical and procedural criteria.

The assessment was a sampling exercise and therefore this report is based on the observations made during the assessment.

Compliance with all legal requirements, including those relating to health and safety, is the responsibility of your organisation. Where some items relating to legal requirements such as health and safety may have been identified, this does not represent an exhaustive report on your compliance with such legal requirements. Auditing for compliance with legal requirements except those explicitly quoted elsewhere in this report is outside the scope of this assessment.

A copy of this report and information regarding progress towards clearance of Corrective Action Requests (CARs) will be provided to the Ministry of Business, Innovation and Employment in accordance with IANZ's contractual obligations.

Executive Summary

Christchurch City Council BCA applied for accreditation as a BCA on 7 May 2014, after having their accreditation revoked in 2013. Since revocation a Crown Manager had been appointed and the BCA (and the wider Council) had been restructured. This restructuring included the appointment of a significant number of new managers, staff and contractors. Many of the changes were very recent and some processes were very new. There had been a lot of change within a short period of time and the BCA had had little opportunity to settle down and implement the procedures it had documented.

Nevertheless the assessment team were pleased to observe a positive "can do" attitude within the organisation. BCA staff were very helpful and willing to engage with the team, participating in many robust discussions. As a result the assessment team successfully reached a position of consensus with BCA staff on the current position and the corrective actions required. In particular it was noted that the BCA had successfully used its Continuous Improvement process to identify and manage issues. The BCA was aware of almost all issues raised during this assessment and was already in the process of addressing a number of these, however, it should be noted that accreditation cannot be granted until all of these issues have been effectively addressed.

It is important to note that BCA accreditation relates only to the control of building work that requires a building consent. Therefore, the management of any work that has been granted an exemption, by the Territorial Authority, from the requirement to obtain a building consent was not considered in this assessment.

Areas of critical non-compliance are identified in this report as Corrective Action Requests (CARs). Areas of less critical non-compliance, or where further evidence of implementation is required, are identified as strong recommendations. The BCA is required to satisfactorily address all the identified issues before accreditation can be offered. When the BCA has submitted satisfactory documentation to IANZ as identified in the CARs, and following a suitable implementation period, a small IANZ team will return to assess the effectiveness of the corrective actions taken. When IANZ has evidence that the implemented solutions are effective, and appear to be sustainable, accreditation will be granted to the BCA.

Conditions of Accreditation

Some instances were identified where the systems or procedures were not in conformity with the stated requirements or applicable technical documents. These are detailed in Corrective Action Request (CAR) Forms numbered 1 to 9 and in strong recommendations numbered SR1 to SR8.

IANZ does not impose any timescale on the clearance of non-conformances raised during initial assessments. However; accreditation cannot be granted until all CARs and strong recommendations have been satisfactorily addressed. Please complete the appropriate section of each CAR explaining your corrective actions and forward a copy along with any supporting documents to International Accreditation New Zealand for review. Please, also, provide detailed plans to address each of the strong recommendations including firm deadlines for implementation and monitoring of effectiveness.

Concerns about the technical findings of the report, or its clearance, that cannot be resolved should be submitted in writing to the Chief Executive Officer of International Accreditation New Zealand. The Complaints and Appeals procedure is contained in the International Accreditation New Zealand document "Procedures and Conditions of Accreditation".

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 1

Regulation 5 - Requirements for Policies, Procedures and Systems

The policies, procedures and systems must be-

- (a) Written or electronic
- (b) Appropriate for their purpose

Findings

There were many instances where the BCA had not documented procedures for some of the BCAs functions or the procedures were not detailed enough to ensure consistent and appropriate outcomes.

Actions Required

Please review all documented policies, procedures and systems, revising as necessary to ensure that they are sufficiently detailed that, when implemented, appropriate outcomes will result for all BCA functions and activities.

As a significant number of procedures were identified by the assessment team as requiring amendment, it is suggested that **all** procedures should be reviewed to ensure their appropriateness. At least the following procedures must be amended to address this CAR:

- The procedures for receiving, vetting and lodgment including management of statutory time clocks.
- The procedures/forms for processing of building consent (and amendment) applications to ensure that appropriate decisions are made and adequate reasons for decisions are recorded.
- The procedures/forms for performing inspections.
- The procedures for the compilation of compliance schedules. In particular this requires clarification of the system for allocation of compliance schedule numbers and the requirement for the make and model (when known) of the specified systems to be recorded.
- The procedure for management of complaints. This should include reference to the relevant TRIM document where the records are maintained. The process to follow when complaints are not addressed within the documented timeframes should also be documented in the procedure.
- The procedure for competence assessments including:
 - A procedure for establishing competence of applicants for employment.
 - A process for establishing the competencies of inspectors, to include details of the inspection types that the inspectors are competent to perform. The system must describe how limitations of inspectors' competencies are identified and recorded.
 - Definition of competence assessment records to be maintained
 - A procedure for moderation of competence assessments
- A procedure for supervision of trainees including the records to be kept and where they are to be retained.
- A description of the process for monitoring of contractors to include the following:
 - Assessing the competence of contractors
 - Recording mechanisms to enable the work for which the contractor was being assessed, the competencies and qualifications status of the contractor, and any limitations
 - Requirement for contracts to clearly identify performance criteria
 - A system to ensure that contractors follow their elected quality assurance system.
 - The system for monitoring of contractors
- The procedures and processes for management of trials of new processes and pilot projects, including what records are required and where they will be maintained.
- The procedures related to ensuring Technical Leadership.
- The system for establishing and documenting measurable objectives, including the organisation's "Plan on a Page" and Long Term Management Plan.

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 1 continued

As a number of issues were identified by the assessment team it is suggested that a review of all forms and templates is undertaken. At least the following documents must be reviewed and amended:

- Content of the Application Form for a Building Consent (Form 2) – address the extra requirements that have been inappropriately added including Section 11 (Christchurch City Council Additional Information), Section 12 (Development Contributions) and Section 13 (Effects on Existing Council Infrastructure and Street Scenes).
- Content of Form 5 template and issued building consents to ensure that appropriate reference is made to specified systems and their performance standards (where relevant).
- Content of Form 7 to ensure that the statement is made on the CCC that the specified systems are capable of performing to the performance standards set out in the building consent.

Once these reviews have been completed please provide a copy to IANZ of the revised quality management system including procedures, template letters, forms etc. for review. Note that, as required by an effective document control process, content that has been changed must be clearly identified.

Then please implement the procedures and once enough time has elapsed to accumulate sufficient evidence of effective and sustainable implementation of each new or amended procedure (minimum of one month) please arrange a time for IANZ to revisit to review evidence of implementation and to clear the CAR.

Agreed clearance date: **Prior to accreditation**

For Building Consent Authority use:

Action taken: (please refer to any attachments)

Signed:

Date:

Attachments: Yes / No

Clearance by International Accreditation New Zealand:

Signature:

Date:

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 2

Regulation 7 (2) (b), (c) & (d) (i) - Performing building control functions states:

1. A building consent authority must have policies and procedures for performing its building control functions.
2. The policies and procedures must cover the following:
 - (b) Receiving applications for building consents; and
 - (c) Checking that the applications comply with the requirements that the Act and any applicable regulations under the Act specify for applications;
 - (d) For applications that comply with the requirements that the Act and any applicable regulations under the Act specify for applications,
 - (i) entering the applications in the BCA's processing system

Findings

The statutory time-clock started automatically 48 hours after receiving an application (plus one day if received after noon however this was not documented and vetting staff were unaware that the clock started automatically.

Staff were performing what they believed to be a clock start function even though the clock had already started. This resulted in a possibility that they did not stop the clock appropriately (e.g. if the application was incomplete) as they were unaware of it having started.

The BCA was not meeting the national expectation for accredited BCAs to check an application for completeness and start the time-clock within 24 hours of receipt of the application (or 48 hours if the application is presented at a remote site).

Records reviewed demonstrated that vetting staff were not fully completing the vetting portion of the B100 Form to include decisions, reasons for decisions and outcomes.

Examples were seen of decisions to refuse applications that were made some days after the applications had been automatically accepted and the clock started.

Actions Required

Following completion of documentation, requested in CAR1, to fully meet the requirements of Regulation 7 (2) (b), (c) & (d) (i) please train staff in the new procedures.

Please provide training records to confirm that this training has taken place and internal audit records as evidence of effective implementation (see SR1).

IANZ will review implementation on-site once the BCA is satisfied that all procedures for receiving, vetting and lodgement have been appropriately amended and effectively implemented and sufficient records have been accumulated to demonstrate sustained effectiveness.

Agreed clearance date: **Prior to accreditation**

For Building Consent Authority use:

Action taken: (please refer to any attachments)

Signed:

Date:

Attachments: Yes / No

Clearance by International Accreditation New Zealand:

Signature:

Date:

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 3

Regulation 7 (2) (d) - Performing building control functions states:

1. A building consent authority must have policies and procedures for performing its building control functions.
2. The policies and procedures must cover the following:
 - (d) (iv) processing the applications to establish whether they comply with the requirements that the act, the building code and any other applicable regulations under the act specify for buildings **AND**

Regulation 6 states:

A BCA must record -

- 6(b) The decisions it makes under the policies, procedures and systems required by these regulations
- 6(c) The reasons for the decisions
- 6(d) The outcomes of the decisions

Findings

There was generally insufficient recording of reasons for processing decisions such that, in some cases, it was unclear what had been considered when making a decision to grant or refuse a building consent.

The processing check sheet specified that comments (reasons for decisions) were not required to be documented if a pass decision for that element was made (i.e. the column was marked with a "Y"). This directive was directly contrary to the regulations that require the recording of reasons for decisions.

The BCA had insufficient/ineffective systems for management of complex applications that required review by specialists. The system relied on the building officer lead to ensure that the consents were co-ordinated and processed within the required timeframe.

There was also the potential for some elements to not be fully (or appropriately) considered if they fell within the responsibilities of more than one processor.

Actions Required

Following completion of documentation, requested in CAR1, to fully meet the requirements of Regulations 7 (2) (d) (iv) and 6 (b), (c) and (d) please train staff in the new procedures.

Please provide training records to confirm that this training has taken place and internal audit records as evidence of effective implementation (see SR1).

IANZ will review implementation on-site once the BCA is satisfied that all procedures for processing have been appropriately amended and effectively implemented and sufficient records have been accumulated to demonstrate sustained effectiveness.

For Building Consent Authority use:

Action taken: (please refer to any attachments)

Signed:

Date:

Attachments: Yes / No

Clearance by International Accreditation New Zealand:

Signature:

Date

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 4

Regulation 7 (2) (e) - Performing building control functions states:

1. A building consent authority must have policies and procedures for performing its building control functions.
2. The policies and procedures must cover the following:
(e) planning, performing, and managing inspections; **AND**

Regulation 6 states:

A BCA must record -

- 6(b) The decisions it makes under the policies, procedures and systems required by these regulations
- 6(c) The reasons for the decisions
- 6(d) The outcomes of the decisions

Findings

The BCA had inadequate procedures for allocating and managing inspections and in particular the recording of inspection decisions and the reasons for those decisions.

Frequently there was not sufficient reasons for inspection decisions being recorded to the extent that Clauses 6(b)(c) and (d) of these regulations were not being met.

The BCA's process of managing complex inspections was not sufficiently robust to ensure that all required inspections were identified and completed.

The BCA's skills matrix referred to three types of inspection only (although limitations for other types were from time to time mentioned in a key). This did not clearly identify who could undertake which of the 10 – 15 (approximately) inspection types identified by the BCA. As a result inspections were not always allocated to appropriate staff.

Actions Required

CAR 1 requests that appropriate procedures/forms for inspection are fully documented to address the findings above, including ensuring that robust records are maintained. The procedures need to include a documented system for ensuring that all inspection types may be allocated to competent personnel and management of inspections of complex projects.

Once this has occurred please train staff, taking steps to ensure the effective implementation of the procedures, including appropriate allocation of inspections to competent inspectors and management of the inspection of complex projects. Please provide to IANZ evidence of completed training regarding recording of reasons for decisions and management of complex inspections, including evidence of monitoring of the effectiveness of that training

Please carry out an internal audit to determine whether implementation has been effective. Please provide a copy of the audit along with any accompanying corrective actions.

IANZ will review implementation on-site once the BCA is satisfied that all procedures for inspection have been effectively implemented. This review will include a review of required inspections provided with consents to determine that they are listed in the correct order, and a review of the quality of inspection records, including for both simple and complex work.

Agreed clearance date: **Prior to accreditation**

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 4 continued

For Building Consent Authority use:

Action taken: (please refer to any attachments)

Signed:

Date:

Attachments: Yes / No

Clearance by International Accreditation New Zealand:

Signature:

Date:

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 5

Regulation 8 -Ensuring enough employees and contractors states:

1. A building consent authority must have a system for ensuring that it has enough employees and contractors to perform its building control functions.
2. A building consent authority must have a system for assessing the need to employ contractors if it does not have enough employees to perform its building control functions

Findings

A number of measures indicated that the BCA was not appropriately managing its requirements to have sufficient employees or contractors to perform its building control functions (also mentioned elsewhere in this report).

These included:

- Vetting of applications was taking up to 10 working days.
- KPIs, including reasons for not meeting statutory timeframes, were not being analysed during leadership and unit meetings as per the procedures.
- The BCA was only 89% compliant with meeting the statutory clock for processing residential consent applications for May 2014.
- The BCA was only 30% compliant with meeting the statutory clock for processing commercial consent applications for May 2014.
- There was at times a significant (up to 7 days) delay between granting and issuing of a consent.
- The BCA was only 70% compliant with meeting the statutory clock for processing CCC applications for May 2014.
- As at 10/7/14 the waiting time for residential inspections was an average of nine days, waiting time for commercial inspections was an average 9.8 days and the waiting time for plumbing and drainage inspections was an average of 4.8 days from booking to completion. "Plan on a Page" requires inspection booking times to be a maximum of three days.
- The reasons for failure to meet the BCAs inspection time expectations were not monitored or documented.
- Indirect Supervision of Inspectors performing Residential inspections while still developing competency had not occurred from late June to mid-July 2014.

Actions Required

The BCA is requested to design, document and implement a system for ensuring that all regulatory targets and in-house expectations are met on an on-going basis. The system should include at least the following features:

- Effective monitoring of compliance with all measureable performance requirements
- Recording of all failures to meet performance standards
- Analysis of reasons for failures to meet targets to identify root causes
- Requirements to take short term measures to address the immediate problems
- Requirements to have long term strategies to ensure sustainable compliance with all performance standards

Please provide a copy of the documented system for ensuring sufficient resources to IANZ for review.

Please implement the documented system and provide evidence of on-going monitoring and responses to IANZ for review.

IANZ will review implementation on-site once the BCA is satisfied that the plan has been effectively implemented and is achieving substantial compliance with all regulatory performance criteria.

Agreed clearance date: **Prior to accreditation**

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 5 continued

For Building Consent Authority use:

Action taken: (please refer to any attachments)

Signed:

Date:

Attachments: Yes / No

Clearance by International Accreditation New Zealand:

Signature:

Date:

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 6

Regulation 11 - Training employees states:

1. A building consent authority must have a system for training its employees who perform the authority's building control functions by doing a technical job.
2. The system must cover the following:
 - (a) making regular training needs assessments; and
 - (b) preparing training plans that specify the training outcomes required; and
 - (c) ensuring that employees receive the training agreed for them; and
 - (d) monitoring and reviewing employees' application of the training they have received, including by observing relevant activities; and
 - (e) supervising employees under training; and
 - (f) recording employees' qualifications, experience, and training; and
 - (g) recording continuing training information

Findings

Direct supervision of inspectors was very recently implemented. There was therefore very little evidence of effective implementation and insufficient evidence to demonstrate the sustainability of the system.

The procedure for indirect supervision of inspectors was not documented in the BCA's procedures.

The procedures for supervision appeared to be not effectively implemented, in respect of both processing and inspections, as some records showed that staff had performed work outside of their competency without appropriate records of supervision being available.

Electronic inspection reports did not clearly prompt the supervisor to clarify that the work had occurred under supervision.

There was evidence that staff that had failed to demonstrate competence during the indirect supervision process were still being recorded as competent.

It was also observed that Code Compliance Certificates were on occasions issued by persons who did not have the recorded competency for that category of building work and in these cases there was no record of supervision.

Actions Required

CAR 1 requests that appropriate procedures for supervision are fully documented that address the findings above.

Once this has occurred please train staff, taking steps to ensure effective implementation of the procedures has occurred.

Please provide evidence, such as the results of targeted audits, intended to check records of supervision for jobs undertaken by persons not yet assessed as competent for specific jobs.

IANZ will review implementation on-site once the BCA is satisfied that all training and supervision systems have been fully implemented and there are sufficient records to demonstrate sustained effective operation of the systems.

Agreed clearance date: **Prior to accreditation**

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 6 continued

For Building Consent Authority use:

Action taken: (please refer to any attachments)

Signed:

Date:

Attachments: Yes / No

Clearance by International Accreditation New Zealand:

Signature:

Date:

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 7

Regulation 12 – Choosing and using Contractors states:

1. A building consent authority must have a system for choosing and using contractors to perform its building control functions.
2. The system must cover the following:
 - (a) establishing contractors' competence; and
 - (b) engaging contractors; and
 - (c) making written or electronic agreements with contractors; and
 - (d) recording contractors' qualifications; and
 - (e) monitoring and reviewing contractors' performance; and
 - (f) regularly assessing contractors' competence

AND

Regulation 17(4) states:

A building consent authority must have a system for ensuring that—

- (b) its contractors comply with—
 - (i) the authority's quality assurance system; or
 - (ii) the contractor's quality assurance system.

Findings

CCC BCA's documented system for choosing and using contractors was insufficiently robust to ensure that all the requirements of the regulations would be met.

The system did not provide for assessing the competence of all contractors.

The system did not appear to provide for the BCA to define what specific types (complexity) of work it wished to contract so it did not define the competence requirements against which to evaluate the contractor

Recording mechanisms did not enable the work for which the contractor was being assessed to be recorded or the competencies and qualifications status of the contractor.

Contracts did not clearly identify performance criteria and nor had performance been assessed.

Contracts did not identify how CCC BCA would ensure that its contractors followed their elected quality assurance system.

CCC BCA had not undertaken moderation of non-accredited contractors, nor had it reviewed competencies or performance for any of the contractors with whom it had contracts.

While the procedures stated that QA requirements would be documented in contracts and that any accreditation would be required to be current and appropriate there was no information relating to where this is recorded and nor was this information available in contracts.

The Pro-forma contract made no reference to requirements for technical qualifications. It did provide for agreement between the parties involved regarding establishing KPIs but evidence from existing contracts suggested that this had not occurred.

The section in the contracts relating to "continuous improvement" suggested that, despite the contract stating whose system the contractor was to follow, it was CCC BCA's system that was intended to be used.

While it was documented that information regarding qualifications would be recorded in contractor files there was no description as to how this would occur (frequency etc.). There were no records available of qualifications of contractors.

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 7 continued

Findings continued

There did not appear to be any system for annual review of non-accredited contractors.

As the contracts contained no information regarding performance criteria, it was not clear how the BCA could undertake an effective evaluation.

It appears that continued unsatisfactory performance of a contractor was advised to management but there were few records of any action being taken.

There were no records available that demonstrated the BCA had reviewed contractor competence on an annual basis.

Actions Required

CAR 1 requests that appropriate procedures/forms are fully documented to address the findings above for all contractor types.

Once this has occurred please train staff, takes steps to ensure effective implementation of the procedures. Please provide evidence to IANZ.

Note: Internal audit may be the most effective method for ensuring that implementation has been effective.

IANZ will review implementation on-site once the BCA is satisfied that all procedures for choosing and using contractors have been effectively implemented.

Agreed clearance date: **Prior to accreditation**

For Building Consent Authority use:

Action taken: (please refer to any attachments)

Signed:

Date:

Attachments: Yes / No

Clearance by International Accreditation New Zealand:

Signature:

Date:

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 8

Regulation 13 states:

A building consent authority must have a system for:

- (a) identifying employees and contractors who are competent to provide technical leadership; and
- (b) giving the employees and contractors the powers and authorities to enable them to provide the leadership.

Findings

The BCA's system for identifying technical leaders did not include the attributes that persons were to be assessed against in order to demonstrate Technical Leadership competence.

While outcome statements identifying competence to undertake the role were present in some of the competence assessment records for the designated Technical Leaders, the records were lacking in that there was no recognition of assessment for Technical Leadership in the assessment plans, and there was no supporting evidence or reasons for the decision to appoint a person as a technical leader.

There were competence assessment records for people who were not designated Technical Leaders on which the standard technical leadership outcome statement appeared.

There was no system for ensuring consistency of decision-making for the two residential processing Technical Leaders.

Action Required

CAR 1 requests that the BCA review, revise and document the BCA's procedures and processes related to ensuring Technical Leadership to ensure that all aspects of Regulation 13 are addressed.

Once this has occurred please undertake assessment of the designated Technical Leaders, maintaining appropriate records. Please provide to IANZ evidence of the following:

- training and assessment records specific to leadership criteria, and
- appointment of technical leaders, and
- notification to relevant staff of available technical leadership.

IANZ will review implementation on-site once the BCA is satisfied that the procedures for identifying and empowering technical leaders have been effectively implemented.

Agreed clearance date: **Prior to accreditation**

For Building Consent Authority use:

Action taken: (please refer to any attachments)

Signed:

Date:

Attachments: Yes / No

Clearance by International Accreditation New Zealand:

Signature:

Date:

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006

CAR No: 9

Regulation 17(2)(e) - Continuous Improvement states:

The quality assurance system must cover the procedure for continuous improvement in the performance of the BCA's functions.

Findings

The BCA's system for continuous improvement recognised that from time to time trials and pilots would be undertaken. These were to be managed using the continuous improvement process. Two trials had been undertaken. There were insufficient procedures documented for either of the two trials reviewed to describe how the trials would proceed, what records would be maintained, how the requirements of the regulations would be met etc. This resulted in a lack of documentation being available to support the decision to issue building consents that were processed using the trial procedures.

Actions Required

CAR 1 requests that the BCA review, revise and document the BCA's procedures and processes related to continuous improvement to ensure that where work is undertaken outside of the BCA's normal processes (especially as related to trials or pilots) that the work is appropriately managed and recorded.

Please implement the procedures to ensure that any trials or pilots, either planned or currently underway, include a record of the issue (reason for the trial/pilot), the method to be used, how the requirements of the current documented systems (for that process) will be met while the trial/pilot is underway, what records will be required and where they will be kept, the method of assessing compliance/effectiveness, the implementation deadline and person(s) responsible, and that these processes have been followed through to completion or abandonment of the trial/pilot, with documented reasons.

IANZ will review implementation on-site once the BCA is satisfied that the procedures for managing trials and pilots have been effectively implemented.

Agreed clearance date: **Prior to accreditation**

For Building Consent Authority use:

Action taken: (please refer to any attachments)

Signed:

Date:

Attachments: Yes / No

Clearance by International Accreditation New Zealand:

Signature:

Date:

Observations

In this part of the report guidance has been provided regarding the requirements of each regulation or part regulation. This is presented in a text box at the beginning of each section. This information is intended to provide context for the observations that follow.

Regulation 5 Requirements for Policies, Procedures and Systems

5(a) Policies, procedures and systems are required to be documented.

5(b) The BCA is required to have appropriate documentation that includes sufficient detail to ensure that staff using the procedure are clear what to do, when to do it and what records are required to be kept. A BCA is also required to have an appropriate and documented procedure for document control.

The BCA manual, located in the Vault (a newly implemented electronic document management system), documented policies, procedures and systems that were intended to address the requirements of each regulation. While some of these procedures were appropriate others contained insufficient detail (the what, when, where, why, how and who) to allow appropriate and consistent management of the processes.

It was noted that a lack of documented procedures from time to time resulted in informal and undocumented methods being developed. While this willingness to develop better systems is to be commended it is important, to achieve consistency, that procedures are formally captured within the organisation's Quality Management System (the Vault) and through the continuous improvement (CI) process. CAR 1 requests that the BCA fully define and document its management system to enable effective implementation of its building control functions. When addressing the requirements of this CAR the BCA is required to take into consideration the collective implications of all corrective action requests and strong recommendations and to include documented policies, procedures and systems, as required, to address those issues.

Content of the Application Form for a Building Consent (Form 2) is regulated by the Building (Forms) Regulations 2004 (the Forms Regulations). While the Forms Regulations allow for additions to be made to the documented forms, those additions are not permitted to change the intent of the form or be misleading. The BCA had added to Form 2 Section 11 (Christchurch City Council Additional Information), Section 12 (Development Contributions) and Section 13 (Effects on Existing Council Infrastructure and Street Scenes). These sections contained fields marked as mandatory, requiring an applicant to provide information other than that required by Form 2 and so the intent of the regulations was found to have been altered.

Content of Building Consents (Form 5) was also, on occasions, not appropriate (see Regulation 7). Where the content of Forms is regulated under the Forms Regulations the BCA is requested in, **CAR 1**, to revise its Forms to establish compliance with those regulations.

The procedure for document control appeared to be appropriate and documents generally appeared to be appropriately controlled.

Regulation 6 Observance of Policies, Procedures and Systems

6(a) The BCA is required to have a system to ensure that it implements effectively the policies, procedures, and systems required by the regulations;

The BCA had elected to use internal audit as its method for ensuring appropriate implementation. While the BCA had planned and completed a number of internal audits to demonstrate effective implementation of its policies, procedures and systems it was yet to complete the audit of all its systems according to the plan.

While completed audits met the requirements for ensuring effective implementation it is strongly recommended (**SR1**) that all planned audits of policies, procedures and systems are completed along with audits of those procedures where non-conformities have been identified or effective implementation is still required. Evidence of completed audits, including any required corrective actions, is requested.

Internal auditing is also commented on under Regulation 17(2)(h).

Regulation 7 - Performing Building Control Functions

7(2)(a) This regulation requires the BCA to provide information to applicants wishing to apply for a building consent, on how an application is processed, how work is inspected during construction and how completed building work is certified.

Adequate and appropriate information was made available on the internet to persons wishing to apply. Staff on the public counter provided a printout of information when requested. The information provided met the requirements of the regulation.

Regulations 7(2)(b), (c) & (d)(i) refer to requirements for receipt of applications, checking that they have all the necessary content according to the Building Act and relevant Regulations, then lodging them into the organisation's consent management system.

The BCA had documented systems for receiving, vetting and lodgement of building consents; however, they were found to be unclear and ineffective. In practise the statutory time-clock started automatically 48 hours after receiving an application (plus one day if received after 12 o'clock) however this was not documented and vetting staff were unaware that the clock started automatically. Staff were performing what they believed to be a clock start function even though the clock had already started. This resulted in a possibility that they did not stop the clock appropriately (e.g. if the application was incomplete) as they were unaware of it having started.

The procedures for management of applications must be reviewed and revised to clearly specify when the clock should start and under what circumstances it may be stopped and who controls this. **See CARs 1 and 2.**

The accreditation expectation for BCAs is that they will check an application for completeness and start the time-clock within 24 hours (or 48 hours if presented at a remote site). CCC BCA was not meeting this expectation in that it allowed between 48 and 60 hours before the clock started. In some cases, while the clock was started at 48 hours it took up to 14 days before the application was lodged into the system and made available for processing. This severely limited the time available for processing of applications.

Amendments to consents were handled in a similar fashion to applications for building consents.

Records reviewed during the assessment demonstrated that vetting staff were not fully completing the vetting portion of the B100 Form to include decisions, reasons for decisions and outcomes. This could be explained by the fact that the BCA's procedures did not specify that vetting staff must complete all the relevant section of the form. **See CAR 1 and 2.**

Examples were seen of decisions to refuse applications that were made some days after the applications had been automatically accepted and the clock started. A BCA may not, legally, refuse an application once it has been accepted. **See CAR 2.**

Regulation 7(2)(d)(ii) requires that the BCA assesses the content of the application in preparation for allocation to a competent processor. This requires a decision about the complexity of the application using the BCA's building categorisation system.

The BCA was using the building levels described in the National Competency Framework to categorise the complexity of building work. Where the dividing lines between categories were considered unclear the BCA had documented specifics of what type of building work was included in each category. Decisions about the complexity of buildings were mostly made according to the documented system however several examples were seen to have been categorised inappropriately. It is recommended **(R1)** that further training is given regarding the classification of building work, especially where a project involves vertical fire separations.

Regulation 7(2)(d)(iii) requires the BCA to have a procedure for the allocation of applications to appropriate building control officers (BCOs) or contractors (consultants) for processing.

Allocation of processing work to BCO's was based on a combination of the BCA's Building Categorisation System and the Internal Skills Matrix or the External Consultant Register. The Categorisation System and Internal Skills Matrix were appropriate. There were however limited records to support the use of and allocation of work to external consultants. This aspect is discussed further under Regulation 12.

The documented procedure for work allocation, while generally appropriate, could be improved. It did not hyperlink to the External Consultants Register so did not provide easy access to the list of available consultants.

The procedure required the person(s) allocating work to record the allocation on a hard copy version of a "Daily Allocation Spreadsheet". That spreadsheet listed the names of internal processing staff and external consultants and also gave the competencies of the in-house staff. BCA staff indicated that as this spreadsheet was only available in hardcopy it was at risk of becoming out-of-date.

A strong recommendation (**SR2**) is made to review (via the continuous improvement system) the process of work allocation, and the documented procedure that describes it, to ensure that inappropriate allocation of work does not occur.

Staff making allocation decisions were mostly following the procedure and records reviewed indicated that allocation was generally appropriate.

For Regulation 7(2)(d)(iv) the BCA is required to have appropriately documented and implemented procedures for processing of building consents.

The BCA had documented and implemented procedures for processing of building consent applications. These procedures were in general appropriate for residential and simple commercial work. The BCA had insufficient and ineffective systems for the management of complex applications that required review by specialists. The current system was manual and relied on the project leader to ensure that consents were co-ordinated and processed across the specialist teams within the required timeframe. Reliance on an individual to track large numbers of complex consents was inappropriate and evidence showed that this system was not effective.

The BCA had a large throughput of building consent applications and applications for amendments to building consents. These were each handled in a similar manner. Evidence suggested that for most of these appropriate decisions to issue a building consent or amendment had been made; however, for a considerable number there was insufficient recording of reasons for processing decisions as required by the regulations. In these cases it was unclear, from the records, what had been considered when making the decision to grant a building consent.

The processing check-sheet specified that comments (reasons for decisions) were not required to be documented if a pass decision for that element was made (i.e. the column was marked with a "Y"). This directive was directly contrary to the regulations as it discouraged the recording of reasons for decisions and might partly explain the examples of insufficient recording of reasons for decisions observed during the assessment.

Parallel processing by a number of specialists also created the potential for some building elements to not be fully (or appropriately) considered if they fell within the responsibilities of more than one processor. An example would be the structural appropriateness of a fire wall which lies within the responsibilities of both structural and fire engineers. In at least one case this element was found to have been considered by neither specialist in the belief that the other specialist would deal with it

CARs 1 and 3 request that the BCA document and implement appropriate procedures for processing of building consent and amendment applications to ensure that appropriate decisions are made and adequate reasons for decisions are recorded.

A number of consents were seen to have been processed using a pilot/trial processing system. As a result of this process there were no appropriate records of how compliance had been demonstrated or documentation of the reasons for decisions of compliance for each code clause. **See CAR 9** relating to the continuous improvement process.

Regulation 7(2)(d)(v) requires the BCA to grant building consents that meet the requirements of the Forms Regulations and are issued in a timeframe compliant with the Building Act. (The statutory clock for processing consent applications is within 20 working days).

Building consents were considered by the BCA to have been granted once the technical decision of compliance on reasonable ground was made and the clock stopped. There were limited records available for review since the BCA had only applied on 7 May 2014 and only records generated since that date were considered during the assessment.

Records indicated that the BCA had processed 89% of its residential consent applications and 30% of its commercial consent applications within 20 working days in May 2014. Full records for consents received in June were not available during the assessment as 20 working days had not elapsed for each of these consents. Therefore only records for May were considered. The BCA was actively working to improve its compliance with timeframes however it was yet to fully comply with the statutory timeframe for granting of building consents within 20 working days. **See CAR 5.**

Building consents were issued using the regulated Form 5 template. Consents with specified systems did not specifically list the specified systems that must be covered by the compliance schedule or their performance standards although these were listed on an attached draft compliance schedule. As the issued building consent did not meet the requirements of the Forms Regulations it is requested that the template is reviewed to ensure that the requirements of the Forms regulations are met. **See CAR 1.**

Building consents were issued once the work had been invoiced, plans and specifications marked as approved and payment received. There was at times a significant (up to 7 days) delay between granting and issuing of a consent. While the time-clock had been stopped the building consent was still not available to the client to enable the client to start work. This aspect is further discussed under Regulation 8.

Regulation (7)(2)(d)(v) also requires the BCA to effectively manage lapsed consents twelve months after they have been issued.

The BCA had appropriate procedures that were effectively implemented.

Regulation 7(2)(e) requires BCAs to plan, manage and perform inspections.

Planning of inspections at consent processing stage was generally appropriate and listed in an attachment to the building consent. Inspections were not always listed in the order they were required to be carried out. This could result in confusion on the part of the client and an opportunity for inspections not to be called for in the required order. It is recommended (**R2**) that required inspections are always listed in the order they are required to be undertaken.

The BCA had good processes in place for carrying out of inspections; however, the procedures were insufficiently documented to ensure consistency of application. This aspect was particularly important when taking into account the large number of recent recruits and the importance of consistency across the organisation. **See CAR 1.**

Inspectors were generally found to be making technically appropriate decisions. It was the professional opinion of the experts on the IANZ assessment team that a number of inspectors deemed to be still developing for certain types of building work demonstrated competence beyond their allocated category.

Inspection records for simple projects were generally brief but adequate however in many cases conversations held on site were not recorded. This provided an opportunity for the instructions offered to be misinterpreted or misreported to other affected parties. **CAR 4** requests that more robust records are made.

The BCA's process for managing complex inspections (large commercial/apartments etc.) was not sufficiently robust to ensure that all inspections required for a particular construction activity were identified and scheduled to occur (e.g. to ensure that all inspections were carried out for all floors/areas in a large building or that each apartment or motel unit was inspected at each required stage of construction) **See CAR 4.**

There appeared to be an issue with work being allocated to inspectors that was outside of their recorded competency. Examples were observed of inspectors arriving on site for an inspection who then realised that the job was outside their recorded competence and therefore they could not complete the work. The inspection therefore had to be rebooked, inconveniencing the client and making the CCC BCA appear inefficient. Such incidents should be recorded in the continuous improvement system so that the reasons can be identified and systems improved to prevent recurrence. Preventing these incidents would effectively increase the number of person hours available for inspections using existing staff.

There were a large number of recently employed inspectors that were yet to be assessed as fully competent. Approximately 60% of inspectors had been assessed as competent to inspect Residential 1 projects and the rest deemed to be "developing". The BCA's system required inspectors moving up from one category to another (i.e. still developing) to work under direct supervision. This system had only just been implemented at the time of the assessment. **See CAR 4.**

Where inspectors had carried out inspections outside of their assessed competency and relied on indirect supervision (i.e. a later review of their records) it was not possible to know if inspectors had made inappropriate decisions to pass an inspection and allow work to continue when the inspection should have been failed and the work stopped. **See CAR 4.**

The BCA specified that inspections would occur within three working days of booking however, as at 10/7/14, residential inspections were taking an average of nine days, commercial inspections an average 9.8 days and plumbing and drainage an average of 4.8 days from booking to completion. There was no system for recording the reasons for delays and analysing the reasons as input to the resourcing model and from there to the recruitment/training/contractor model. **See Regulation 8 and CAR 5.**

Issuing Code Compliance Certificates (CCCs) - Regulation 7(2)(f) requires appropriate completion of Form 6 by applicants, compliance with Form 7 & Section 93(2)(b) of the Building Act by the BCA and for the BCA to be compliant with meeting the statutory clock for processing CCC applications.

The BCA was issuing generally appropriate Code Compliance Certificates. Some of these were not issued within the statutory 20 working day time period. In May 2014 the BCA was only 70% compliant with meeting the statutory clock for processing CCC applications. **See Regulation 8 and CAR 5.**

In the period from 7 May 2014 there were 63 applications for Code Compliance Certificates received that had exceeded the generally accepted 24 hour timeframe allowed for the clock to start. These had elapsed working days recorded but the process clock hadn't started. In addition there were 14 other applications that indicated an error had occurred with management of the time-clock but it was unclear how this had occurred. See CAR 5 for action required.

On several occasions CCCs were found to have been issued where there was insufficient evidence of the specified systems being appropriately installed and commissioned/tested/inspected. It is strongly recommended (**SR3**) that the BCA has appropriate processes in place to ensure that all required information is provided before the CCC is issued and most importantly that the information provided is appropriate, complete and correct.

Section 94 of the Building Act and Form 7 require that a statement is made on the Code Compliance Certificate that the specified systems are capable of performing to the performance standards set out in the building consent. This statement was not being applied consistently to the consents to which it related. It is requested in **CAR 1** that all issued Code Compliance Certificates comply with the requirements of the Forms Regulations.

Section 92 of the Building Act requires the applicant to apply for a Code Compliance Certificate when the building work is complete. Section 93 (2) (a) states that the 20 day time clock (or other agreed period) starts on the date on which the application for Code Compliance Certificate is made under Section 92. On some occasions the BCA refused to accept an application for Code Compliance Certificate from an owner. While some of the given reasons for refusal were acceptable others appeared to be in contravention of the Act and were unhelpful for the client as the client was then required to reapply.

It is strongly recommended (**SR4**) that the system for applicants to apply for Code Compliance Certificate is reviewed, and any required training provided, to ensure that appropriate applications are not refused and that the clock is stopped and started appropriately to manage the allowed 20 working days.

Regulation 7(2)(f) also requires the BCA to manage consents that have not had an application for a CCC at 24 months.

The BCA had procedures for making a decision at 24 months to issue or refuse a CCC. Minor amendment to the B548 letter is recommended (**R3**) to make it clearer that if the application for CCC is not received by the appropriate date the BCA is obliged to make a decision to issue or not issue a CCC. Furthermore bullet points one and four in letter B552 are also not appropriate. A recommendation (**R3**) is made to review the letters sent to clients.

Procedures for making a decision at 24 months to issue or refuse a CCC were effectively implemented.

Issuing Compliance Schedules - Regulation 7(2)(f) additionally requires the BCA to issue Compliance Schedules that list specified systems and the inspection, maintenance and reporting requirements of those systems with the relevant CCC.

A draft compliance schedule was issued with the building consent (and noted on the building consent as an attachment) as the means of recording the specified systems identified in the application and their performance standards.

Compliance schedules were not always issued on the same day as the CCC however they appeared to be sent to the client together. They were found to be generally appropriate however on a number of occasions the make and model (when known) of the specified system was not recorded. This requirement should be clearly documented in the procedures.

There appeared to be two processes for allocation of compliance schedule numbers depending on whether or not there was previously a building containing specified systems on the site. It is requested in **CAR 1** that the procedures for issue of compliance schedules are reviewed and clarified to document the system for allocation of compliance schedule numbers and to include the requirement that the make and model (when known) of the specified system must be recorded.

Issuing Notices to Fix – Regulation 7(2)(f) requires that where a BCA issues a Notice to Fix it is required to comply with the template provided in Form 13 of the Forms Regulations and be issued according to the BCA's documented procedures.

Although there had been a limited number of Notices to Fix issued since the application date of 7 May, those issued appeared to be generally appropriate.

To improve the clarity of notices to fix it is recommended (**R4**) that they record details of how the contravention was identified and that as a remedy, rather than requiring a person to "apply for a Building Consent" it is more appropriate to require them to "obtain a building Consent".

Regulation 7(2)(g) requires a BCA to have a documented and implemented system for management of inquiries other than those addressed by the information detailed under Regulation 7(2)(a).

As there was no register of inquiries it was not possible to determine whether the BCA was following its documented procedure. An internal audit of 15 August 2013 identified multiple inquiry streams, discussed their management and made recommendations relating to their management. The recommendations do not appear to have been adopted or incorporated into the current system.

It is recommended (**R5**) that the BCA develop a registration system for inquiries received through all streams to facilitate input for analysis of inquiry trends during strategic review.

Regulation 7(2)(h) requires a BCA to have a documented and implemented system for management of complaints.

The documented system provided for an appropriately robust process which identified timeframes for addressing complaints. The documented procedure did not refer to the TRIM record where complaints received by the BCA regarding building control functions were recorded. **See CAR 1.**

Complaint records were reviewed and found to be generally appropriate although one of the records reviewed was for another consent entirely. Also, one complaint went over the allocated timeframe for the issue to be addressed. There did not appear to be a process to manage or address this issue.

The BCA was found to be substantially compliant with its documented procedures and the regulated requirements for complaints management.

Regulation 8 Ensuring enough Employees and Contractors

Regulation 8 (1) requires the BCA to have a system for ensuring that it has enough employees and contractors to perform its building control functions. Regulation 8 (2) requires the BCA to have implemented a system for assessing the need to employ contractors if it does not have enough available employees assessed as competent to perform the tasks. This process usually includes a review of the range of skills available in-house along with how much work the BCA is processing.

BCA procedures required the BCA to maintain a resourcing strategy which included a forecasting model that was to be updated on a regular basis. Records demonstrated that this process was occurring. This BCA had the ability to process all types of consents in-house. The BCA was however outsourcing work to a large number of contractors due to the high workload.

Regulation 8(2) prompts the BCA to monitor relevant indicators to determine whether the BCA has sufficient staff to complete all of its required functions. Indicators could include completing internal audits according to the annual program, completing competency assessments annually, performing annual training needs assessments, training being delivered as specified, on-going monitoring of the performance of contractors, continuous improvements being progressed in a timely manner, operations meetings occurring regularly and as planned, strategic reviews happening at least annually, maintenance of the quality manual and monitoring of (and meeting) the statutory clocks.

The BCA's procedures indicated that the BCA would monitor timeliness of building control functions at their Leadership Team (Unit Managers) Meetings on a minimum monthly basis.

Key Performance Indicators (KPI's) to be monitored were statutory clocks, inspection waiting times, consent and inspection volumes, consent lapsing and two year decision volumes, contractor performance, sickness and absenteeism days and training days. Procedures also required the Leadership Team to review the reason for any exceptions to meeting the statutory clocks.

Neither the KPI's nor investigation of reasons for any exceptions to meeting the statutory clocks had been included as prompts on the Leadership Team Meeting Agenda. Records of Leadership Team Meetings indicated that although they included discussions around matters related to KPI's, relevant KPI's were not specifically addressed in a methodical way as per the procedure. **See CAR 5.**

Team Managers spoken to were running a daily report to monitor the current status of all work. This was not described in the procedures. **See CAR 1.**

There was at times a significant (up to 7 days) delay between the granting and issuing of a consent. While the time-clock had been stopped the building consent was still not available to the client to enable the client to start work.

When reviewing whether the BCA had sufficient resources the following positive points were observed:

- Competency assessments were up to date.
- Internal audits were up-to-date according to the BCA's annual schedule of audits.
- Operations meetings were happening regularly
- Continuous improvements that had been entered in the system were being progressed in a timely fashion.
- Monitoring of accredited BCA contractors had begun to occur as planned. The first five consents processed by a contractor and every subsequent twentieth were reviewed for appropriateness of technical decision making.

However a number of measures indicated that the BCA was not appropriately managing its requirements to have sufficient employees or contractors to perform its building control functions (also mentioned elsewhere in this report).

These included:

- Vetting of applications was taking up to 10 working days.
- The BCA was only 89% compliant with meeting the statutory clock for processing residential consent applications for May 2014.
- The BCA was only 30% compliant with meeting the statutory clock for processing commercial consent applications for May 2014.
- There was at times a significant (up to 7 days) delay between granting and issuing of a consent.
- The BCA was only 70% compliant with meeting the statutory clock for processing CCC applications for May 2014.
- As at 10/7/14 residential inspections were taking an average of nine days, commercial inspections an average 9.8 days and plumbing and drainage an average of 4.8 days from booking to completion.
- Indirect Supervision of Inspectors performing Residential inspections while still developing competency had not occurred from late June to mid-July 2014.

The previously discussed points may be due to insufficient resources being available. Resources are not simply numbers of people employed but available work hours of persons with the required competencies. The assessment took place at a time when a large number of new employees had recently been recruited. The fact that many of the new employees were still under training and the burden of supervision on fully trained staff would be reducing their productivity all contribute to the relatively low productivity. If appropriately managed the level of productivity should rise significantly in future as new employees complete their training programmes. IANZ will review the situation again during the re-visit.

CAR 5 requests that the BCA develop and implement systems to ensure that it has enough resources (employees and contractors) to perform its building control functions in a timely manner.

Regulation 9 Allocating Work to Competent Employees and Contractors

This Regulation requires the BCA to have a system for ensuring the allocation of processing and inspections to competent persons (employees or contractors).

Allocation to BCO's was based on a combination of the BCA's building categorisation system and the skills matrix. The BCA's categorisation system was appropriate and the skills matrix was up-to-date however it only referred to three types of inspection (although limitations for other types were from time to time mentioned in a key). Implementation has been discussed under Regulation 7(2)(d)(iii). Inspections were not always allocated to appropriate staff. **See CAR 4.**

Regulation 10 Establishing and Assessing Competence of Employees

In regulation 10(1) a BCA is required to have a system for establishing the competence of a person who applies for employment to perform building control functions.

While the BCA had documented a system that identified that when a new person was employed either a previous competence assessment was obtained or the new employee is designated as "developing". This did not **comprise a process for assessing the competence of "people wishing to apply"**. The Human Resources department of the Council did have a procedure for assessing the competence of people who applied for BCA roles. This procedure was not linked to the BCA manual or otherwise available during the assessment. It is strongly recommended (**SR5**) that this occurs.

In Regulations 10(2) and (3) the BCA is required to have a system for regularly assessing the competence of employees performing building control functions.

This system is to include:

- 10(3)(a) philosophy and principles of building design and construction;
- 10(3)(b) understanding and knowledge of building products and methods
- 10(3)(c) knowledge and skill in applying the Act, the building code, and any other applicable regulations under the Act.
- 10(3)(d) ability to process applications, inspect and certify work

10(3)(e)	ability to communicate with internal and external persons
10(3)(f)	ability to comply with the building consent authority's policies, procedures, and systems.

The BCA utilised the national competence assessment framework both in respect of the "categorisation system" and the assessment process.

Competence assessments were performed such that all personnel had a current and appropriately documented assessment. These had been undertaken by either an external contractor or by the BCA's own personnel.

While there was a documented process for moderation between CCC BCA staff and staff of the contractor performing competence assessments it was not clear what records would be maintained and where they would be located. **See CAR 1.** The procedure had not been implemented. It is strongly recommended (**SR6**) that the procedure for moderation is implemented.

Regulation 11 Training Employees

Regulation 11(1) requires the BCA to have a system for training its employees and 11(2) details training system requirements including making needs assessments, preparing training plans, providing training, monitoring effectiveness of training, supervising employees, recording qualifications, etc. and recording professional development

Regulation 11(1). To meet this clause the BCA is required to have a training system for employees who perform building control functions.

The BCA had developed a generally robust system for training however the system was not fully documented. The procedures did not clarify that there were two processes being followed for training of inspectors; the "mentoring" of staff using supervision processes and the "training" of staff using in-house trainers. Both processes culminated with an in-house trainer performing a "witnessed" review of the inspector performing each type of inspection before they were considered competent and specified as such on the Skills Matrix. **CAR 1** requests that this is fully documented.

Regulation 11(2)(a) requires regular (annual) training needs assessment for performing building control functions for the BCA. These are usually defined as the training needs for the organisation as a whole and for individuals within that organisation.

Organisational training needs assessment was determined by the BCA reviewing data regarding numbers and types of applications being received. Training for the organisation was also determined in response to legislative changes.

The procedure for determining training needed by individuals happened as part of competency assessments or when a need was observed.

Regulation 11(2)(b) requires the BCA to have Training Plans for all their staff performing technical roles.

The BCA had an appropriate procedure that was substantially implemented. Training Plans were yet to be created for several new staff although decisions about their proposed training had been documented.

Regulation 11(2)(c) ensuring that employees receive the training agreed for them;

Training that was needed was specified on Training Plans and was being implemented in a timely fashion.

Regulation 11(2)(d) requires the BCA to monitor and review employees' application of the training they have received, including by observing relevant activities;

The BCA's procedures described a number of methods by which effectiveness of training could be demonstrated. While not inappropriate the methods described did not always lend themselves to demonstrating the application of training received.

The procedure allowed effectiveness of training to be determined at the next competency assessment following the training event. In a worst case scenario this could be 12 months away and this could mean the individual could be producing technically inappropriate outcomes for all that period. Alternatively the present system could delay a person from moving up a competence level and thus reducing their effectiveness in the organisation. A recommendation **(R6)** is offered.

Regulation 11(2)(e) requires the BCA to have a procedure in place to supervise an employee whilst under training or at any other time supervision is needed.

The BCA's procedures for supervision were substantially appropriate however they were yet to be fully documented, had only been very recently implemented and in some cases full implementation was yet to occur. Supervision could be direct or indirect. For direct supervision the procedure required "the BCA to directly supervise all new employees and/or for existing employees who are developing competencies at a higher project complexity level".

Direct supervision of processing required a supervisor to review the work of the processor that was developing competency using the processing form to record the supervision process. This information was not consistently recorded. **See CAR 6.**

Direct supervision of inspectors required the supervisor to be present at the inspection to observe the BCO's work. Although some direct supervision had occurred records were not always maintained as per the documented procedure. **See CAR 6.**

The BCA reported that the inspector would be witnessed in each type of inspection before being specified as competent for that type and inspectors could be deemed competent for specific inspections but remain as developing competencies for others. When reviewing the types of inspections on the Skills Matrix for which inspectors were recorded as competent the Skills Matrix only referred to three types of inspection (although limitations for other types were from time to time mentioned in a drop down box on the matrix). The process for defining inspectors as competent of was not described in procedures. **See CARs 1 and 6.**

Indirect supervision was used for inspectors that were deemed able to work with less supervision. It consisted of a review of records and photographs by a Supervisor based at the BCA office. The BCA had not clarified this process in their procedures. **See CARs 1 and 6.**

Electronic inspection reports did not clearly prompt the supervisor to clarify that the work had occurred under supervision. **See CAR 6.**

Indirect supervision for residential inspections had only commenced in early June 2014, had stopped in late June 2014 and had started again in mid-July due to the absence of the supervisor. However buildings under construction that were inspected by staff deemed to be requiring indirect supervision had continued to be built. As these projects had inspection decisions made by an inspector who was not judged by the BCA to be competent to make decisions without supervision, it was inappropriate to delay that supervision as it meant that any possible problems might not have been detected and the opportunity to remedy had passed. **See CAR 6.**

There was also some evidence that staff that failed to demonstrate competence during the indirect supervision process were still being recorded as competent. It therefore appeared that the BCA had allowed persons to perform inspections for which they had not been able to demonstrate competence. **See CAR 6.**

Documented procedures for both direct and indirect supervision (both processing and inspections) required a short report to be produced and to be placed on the BCO's personal records of competency by their respective Team Manager. These procedures had not been fully implemented. **See CARs 1 and 6.**

It was also observed that Code Compliance Certificates were, on occasions, issued by persons who did not have the recorded competency for that category of building and in the instances noted there was no record of supervision. **See CAR 6**

Regulation 11(2)(f) & (g) requests the compilation of records including qualifications and certificates from training received and on-going professional development.

The BCA maintained appropriate records of qualifications, certificates and professional development.

Regulation 12 Choosing and using Contractors

Regulation 12 (1) requires a BCA to have a system for choosing and using contractors and Regulation 12 (2) defines what that system must cover. This includes establishing contractors' competence, engaging contractors, making agreements with contractors, recording contractors' qualifications, monitoring and reviewing their performance and regularly assessing their competence.

A considerable amount of the BCA's work was performed by contractors. There were approximately 36 contractors with whom the BCA had established formal contracts. All were related to processing of applications for building consents. CCC BCA has no contracts for undertaking inspections although one external organisation had commenced that work and had a contract under development. All current contracts had been made prior to the development of the system offered for accreditation.

Regulation 12(2)(a) requires a BCA to establish the competence of a person or organisation that they wish to engage as a contractor.

The graphic in the contractors' procedure demonstrated that CCC BCA did not intend to assess the competence of "external contractors" which were identified as accredited BCAs, non-accredited organisations or individuals. **See CAR 1.**

Under the heading Assessing Competence, the procedure identified a number of criteria that must be evaluated when they chose to assess competence, including accreditation as a Building Consent Authority, certification to an appropriate standard, qualifications held, relevant experience and past performance (practice in the field of service offered), registration under statute (e.g. Chartered Professional Engineers), professional affiliations, existing BCA competency assessment, potential conflicts of interest, health and safety plan. None of these aspects specifically addressed current personal competence and the procedures therefore did not provide information regarding how contractor competence would be established. Records that were available of the evaluation of contractors did not provide for records of an evaluation against the BCA requirements documented in the points listed above. **See CAR 7.**

CCC BCA has not recorded assessment of competence for each of its contractors as required by regulation **See CAR 7.**

Regulation 12(2)(b) requires the BCA to have a system for engaging contractors if required

The system did not appear to provide for the BCA to define what type (complexity) of work it wished to contract so it could not evaluate the contractor against those needs. **See CAR 7.**

The procedures stated that QA requirements would be documented in contracts and that any accreditation would be required to be current and appropriate. There was no information relating to where this should be recorded and nor was this information available in contracts reviewed during the assessment. **See CAR 7.**

Regulation 12(2)(c) requires the BCA to have a system for making agreements with contractors if required.

A Pro-forma contract was provided to IANZ for review. It made no reference to requirements for technical qualifications. It did provide for agreement to be made between the parties involved regarding establishing KPIs but evidence from existing contracts suggested that this had not occurred. The section relating to "continuous improvement" suggested that, despite the contract stating whose system the contractor was to follow, it was intended that CCC BCA's system was intended to be used. While some contractors purportedly used CCC BCA's quality management system in practice they only used CCC's processing forms and systems and did not otherwise operate in accordance with CCC's quality system. **See CAR 7.**

Regulation 12(2)(d) requires the BCA to establish and record contractors' qualifications.

While it was documented that information regarding qualifications would be recorded in contractor files there was no description as to how this would occur (frequency etc.). There were no records available of qualifications of contractors - the records simply identified whether the organisation was an accredited BCA or not. **See CAR 7.**

Regulation 12(2)(e) requires the BCA to monitor and review contractor performance

The procedures provided for (a minimum of) annual review of accredited contractors only, there did not appear to be an equivalent for non-accredited contractors. Annual reviews of contractors were yet to be undertaken. **See CAR 7.**

As the contracts contained no information regarding performance criteria, it was not clear how the BCA could undertake an effective evaluation. **See CAR 7.**

There was evidence that the BCA was monitoring the performance of accredited BCA contractors and one non-accredited organisation. This involved monitoring of the work sent to the contractor and, when returned, a review of the technical validity of contractors' work. While records of monitoring were available for review the procedure was not documented. **See CAR 1.**

It appears that continued unsatisfactory performance of a contractor was advised to management but there were few records of any action being taken. **See CAR 7.**

Regulation 12(2)(f) requires a BCA to regularly (at least annually) assess the competence of its contractors.

The documented procedures required an annual assessment (or confirmation) of competency. There were no records available that demonstrated the BCA had reviewed contractor competence. **See CAR 7.**

Regulation 13 Ensuring Technical Leadership

Regulation 13(a) relates to identifying employees or contractors, who are competent to provide Technical Leadership and 13(b) relates to giving those technical leaders powers and authorities to enable them to provide leadership.

The BCAs documented system records that Technical Leadership will be identified "through either the competency assessment process or through documented evidence to support the reasons for identifying them". Competence records included a statement that could be considered empowerment by the BCA.

The BCA had identified, in a register, a number of Technical Leaders for various aspects of the BCA's work. In most instances a single leader had been identified. For residential processing two technical Leaders had been identified. It was not clear how the BCA ensured consistency of decision making between the two leaders. **CAR 8** requests that this is clarified.

A review of competency assessment records showed that an outcome statement "*In accordance with the Council's BCA Manual Competency/training/resource Section, item 7, it is the assessors recommendation that (named individual) be recognised by the BCA as having the requisite technical knowledge and experience to provide advice and leadership*" was included in some records but was the only reference to technical leadership. There was no indication in any person's assessment plan that Technical Leadership was to be assessed. Nor was there any discussion or reference to evidence in the body of the competency assessments for any identified leaders. The competence assessment records for some technical leaders did not include the outcome statement and records for one individual who was not designated as a technical leader included the outcome statement. **CAR 8** requests that technical leaders are assessed against identified criteria and that adequate records of the assessment are maintained.

Regulation 14 Ensuring Necessary Resources

Appropriate technical information is required to be made available to those staff needing to make use of it.

Standards were made available through the Standards New Zealand website. Other legislation was available on line. The Vault also provided a link to required information. Archived hardcopy information, including legislation and technical references, was also available for review if required (e.g. for alteration projects) although it was noted that some of that information went missing in the aftermath of the earthquakes and was unable to be retrieved.

Appropriate technical facilities are required to be made available to BCA staff.

Employees and contractors were provided with technology and computer systems that appeared to be sufficient and adequate.

Appropriate, calibrated equipment is required to be made available to staff.

Each inspector had a moisture meter allocated for his/her use. Each of these was sent away for calibration on an annual basis. Calibration records were maintained on a spreadsheet that demonstrated that each meter had been calibrated as required. The BCA could consider carrying out in-house checks of moisture meters against a test piece of stable electrical resistance to avoid the cost and inconvenience of sending so many meters away for calibration each year. In that case only meters that did not operate within the allowable tolerance would require calibration.

Each inspector also had an allocated thermometer. These had been compared against a "reference" thermometer on an annual basis with any providing readings outside of the allowable tolerance being repaired or discarded. The "reference" thermometer was replaced during the assessment with one with a traceable calibration as the traceability of readings from the previous thermometer designated as a "reference" could not be established. It is recommended (R7) that all future calibrations of thermometers are undertaken against a traceable reference thermometer.

The BCA is required to document the records it will maintain and where and for how long they will be stored.

The BCA had an appropriate procedure that documented the record name, location, responsibility and retention times.

Regulation 15 Keeping Organisational Records

A BCA is required by Regulation 15(1) to record its organisational structure and record in the structure reporting lines & accountabilities and relationships with external organisations.

The organisational structure, including relationships with external organisations, appeared to have been appropriately documented with the exception of relationships with contractors which had not been recognised. These were documented during the assessment and appeared to be appropriate.

Regulation 15(2) requires that roles, responsibilities, powers, authorities & limitations are recorded. Job descriptions are required for all staff in the BCA (or alternate means to document roles and responsibilities).

Job descriptions were available for a variety of roles. These appeared to be generally appropriate in that they listed roles and responsibilities that appeared to match the position described.

Delegations were documented in the Christchurch City Council Register of Delegations dated 5 June 2014. This delegated authority under the Building Act 2004 (with some appropriate exceptions) to the Director Building Control and City Rebuild. There was then a Building Act 2004 Sub-delegation document that recorded authority delegated from the Director Building Control and City Rebuild to members of the building team. Delegation of authority appeared to be appropriately managed.

Regulation 16 Filing Applications for Building Consent

Regulation 16(1) requires unique identification of Application files.

The BCA had documented and effectively implemented a system for ensuring that applications for consent were uniquely identified as were their associated records.

The purpose of Regulation 16(2)(a) is to provide a means for the BCA to verify an application files' completeness prior to handing it over to the Territorial Authority for storage.

The BCA's system for ensuring that all relevant information was placed on the application's file comprised two parts; a check prior to granting consent and another prior to issuing the Code Compliance Certificate.

In respect of both parts the documented management system identified a range of records that may be present on an application's file. A review of these 'lists' indicated that the content required was generally satisfactory however in a few examples the files did not include all required information.

The record of verification of completeness prior to consent granting simply comprised a check box titled "file full and complete after processing". This did not comprise an adequate record.

The record of verification of completeness prior to the issue of a CCC was intended to verify that each record related to the certification process was present. While this check was in general appropriate (except in some instances where evidence of installation/commissioning/testing/inspection of specified systems was required but not provided) it did not include records received in order to grant and issue the consent.

At no stage was there provision for recording that the building consent, CCC and, where appropriate, the Compliance Schedule was present on the application's file.

A strong recommendation (**SR7**) is made in respect of the above findings.

Regulation 16(2)(b) requires that the files are accessible and retrievable and 16(2)(c) requires that they are stored securely.

Files were maintained in TRIM. Evidence reviewed demonstrated that files were generally accessible and retrievable however there were some instances observed where records on a consent file were not relevant to that consent.

There was one instance where the date of the submitted plans was later than the date that they were recorded as being lodged into TRIM. This appeared to indicate that the original records had been altered.

It is strongly recommended (**SR8**) that the review carried out to address the issues raised under 16(2)(a) also addresses issues of incorrect filing and the possibility that records may be altered once stored.

Regulation 17 Quality System

Regulation 17(1) requires a BCA to have an integrated Quality System and 17(2) defines requirements for that system.

Regulation 17(2)(a) requires that the system for assuring quality covers the policies, procedures and systems described in regulations 5 to 16 (arguably this should read 6 to 18 for clarity)

The scope of the system was defined in Section 1 of the Operations Manual as covering the full role of a BCA. The description included a comprehensive list of the system components.

Regulation 17(2)(b) states that a Quality Policy is required.

The BCA had documented a quality policy, signed by the Director, Building Control and City Rebuild on 1 April 2014. This indicated senior management commitment to the quality assurance system.

The DBH Regulation 17 guidance document requires that the quality policy includes high level measurable objectives. The intent of these objectives is to provide a framework for establishing the effectiveness of the quality assurance system.

The "Framework for the Future" identifies six key operating principles. While they could be considered to be objectives they were not fully measurable. It was also not clear how the topics identified as objectives in the policy fulfilled the requirements identified in the DBH (MBIE) Guidance to provide a framework for establishing the effectiveness of the quality assurance system however the organisation's "Plan on a Page" provided measurable objectives that were fed down from the Long Term Management Plan. While this system met the requirement to document measurable objectives it was not described in the BCA system. **CAR 1** requests that this occurs.

Regulation 17(2)(d) requires BCAs to undertake regular operational reviews (meetings) to communicate progress against objectives.

The BCA undertook regular meetings to communicate to both the Leadership Team and Unit Meeting Teams. Appropriate minutes were maintained.

A documented system is required Regulation 17(2)(e) for management of continuous improvement of the performance of the BCA's functions.

The procedure described a system for continuous improvement that had been recently implemented. The BCA was still to appoint people into the identified roles of CI Advisor and Process & Systems Advisor (this role was discussed during the assessment but not referred to in the procedure). The role of CI Advisor was being temporarily filled by another staff member.

The CI Register was reviewed, along with the supporting Continuous Improvement Requests (CIRs), and was found to contain most of the information required by a continuous improvement process.

While there were a few examples observed where the CIRs had not been completed in terms of their allocated rating level in general the system for continuous improvement was considered to be appropriate and effectively implemented. It is recommended (**R8**) that staff identified as being required in the documented procedures are appointed.

Trials and pilots were planned to be managed through the CI system. While they were recorded in the CI Register as a trial/pilot there was insufficient detail provided of how the trials/pilots would be managed. Two trials had been undertaken. There were insufficient procedures documented for either of the two trials reviewed to indicate how the trials would operate, what records would be maintained, how the requirements of the regulations would be met etc. This resulted in a lack of documentation being available to support the decision to issue building consents that were processed using the trial procedures.

As a further note, the processing record of at least one application processed using the Alpha trial system contained no traceable link to the work being processed. **See CAR 9.**

Regulation 17(2)(h) requires a procedure for ensuring that internal audit of every building control and related function is undertaken at least annually.

The internal audit procedure and associated audit schedule was reviewed and found to be appropriate. Some audits were yet to be completed. As these were used as evidence of effective implementation (Reg 6a) the requirement was to have ensured effective implementation of all policies, procedures and systems before accreditation can be offered.

Audit content was in some cases not fully appropriate in that audit Corrective Actions recorded what needed to be done to resolve a finding rather than to identify the issues. It is recommended (**R9**) that audit content and structure is reviewed to better record the audit findings (along with recording what evidence was reviewed).

A documented and implemented procedure for the identification and management of Conflicts of Interest is required by Regulation 17(2)(i)

The BCA had documented a procedure for identifying and managing Conflicts of Interest. This referred to the Christchurch City Council-wide Conflicts of Interest policy but also offered extra guidance as to what

should be interpreted as a Col. That policy, while not specifically written to meet the requirements of the BCA was sufficient to meet the requirements to have an appropriate policy. The procedure described how incidences would be managed and how the management method would be conveyed back to the person making the declaration. This was brief but appropriate. Appropriate records were maintained.

Regulation 17(2)(j) requires a procedure for communication with internal and external persons. This must document what, how, how frequently communications take place and who is responsible.

The BCA had documented a number of methods that it used for communication. These included Team meetings, Building Control Group meetings, Climate Surveys, the CCC website (including BCA Public Information), CCC's intranet, broadcast emails and external communications (Our Christchurch and Go Ahead). The information provided generally met the requirements of this regulation in that the methods of communication were identified (with some exceptions e.g. "The Soapbox") however the "who", "when", "where" and "what records are kept" parts were not always complete.

In particular detail of the frequency of the Team Managers meeting was missing, the Building Control Group meetings did not state what records would be kept and where they would be kept, the Climate Survey was missing where the records would be kept, reference to the CCC website did not specifically refer to the BCA Public Information and who was responsible for its maintenance and how often review of the information would occur, and other external communications (such as to MBIE, other Councils, CERA and IANZ) had not been considered.

It is recommended (**R10**) that these details are added to the documented procedure. This could be presented as a table to more clearly communicate the required information.

An annual strategic review meeting is required by Regulation 17(2)(n) to be carried out according to the BCAs documented agenda.

While a lot of strategic planning had taken place over the last 12 months this did not fully meet the requirements for a strategic management review meeting. A full strategic management review meeting was therefore undertaken during the assessment. Its format followed the documented agenda and appropriate minutes were recorded.

Regulation 17(3) requires a Quality Assurance manager to be named.

An individual appointed as the Manager Operational Policy and Quality Improvement Unit was identified as having the role of Quality Assurance Manager. He was accessible to staff on a daily basis and he and his team had appropriate authority and responsibility for quality assurance issues. He also had appropriate access to higher levels of management, being on the Leadership team.

Regulation 17(3)(A) requires a documented system for management of complaints about professionals.

The documented system provided for utilisation of professional registration body complaints systems. It provided for a specific register within the BCA's complaints management system which would cover all the relevant matters.

It was reported that the BCA had not found it necessary to make any complaints against professional bodies and therefore there were no records in the system at the time of the assessment.

Regulation 17(4)(b) requires contractor compliance with QA Systems (either the BCAs or their own).

The documented system identified internal, external accredited, external unaccredited and specialist contractors and defined the QA requirements. All except accredited external contractors were required to follow CCC's QA system; external accredited contractors were required to follow their own.

Some contracting organisations accessed CCC BCA's own systems when undertaking application processing work while others used their own systems. There was little evidence of contractors following CCC BCA's QA system. Contractors were infrequently involved in CCC training, and did not contribute to continuous improvement, internal audit etc. **Refer to CAR 5.**

Regulation 18 Requiring technical qualifications

Regulation 18 (2) requires the BCA to have a system to ensure that every employee or contractor has appropriate technical qualifications

CCC BCA's procedure for ensuring technical qualifications stated "All Building Control Group Staff (employees and contractors) hold or are working towards an appropriate qualification for doing a technical job in relation to building control functions". The BCA had defined qualifications that it considered to be appropriate.

The CCC employees register identified 109 individuals who fell within category of requiring a technical qualification. Under current requirements, evidence of having one of the listed qualifications must be provided for 33 individuals. The organisation had at least 35 eligible persons, therefore fulfilled the requirement (at 1 December 2013) for 30% of its employees to have (or be working towards) appropriate qualifications.

Two people were identified as intending to retire within the timeframe identified in the BCA's procedure for exclusions. Formal notification of this intent was sighted.

CCC BCA provided a document which listed their intentions with respect to enrolling personnel in the assessment of prior learning process to satisfy the requirement for qualification to the Diploma in Building Control Surveying (Small Buildings). For those people the documentation provided satisfied the MBIE interpretation of "working towards" a qualification.

During the assessment the BCA redefined their requirements for contractors to hold qualifications. After some discussion this process was accepted.

RECOMMENDATIONS

Strong Recommendations

- SR1.** Audits were being used to provide evidence of effective implementation. While completed audits met the requirements not all procedures had been audited. It is **strongly recommended** that audits of all policies, procedures and systems are completed according to the documented plan and evidence of completed audits, including any required corrective actions, are provided.
- SR2.** Furthermore it is **strongly recommended** the process of work allocation and the documented procedure is reviewed (via the continuous improvement system) to ensure that all work is appropriately allocated.
- SR3.** It is **strongly recommended** that the BCA has appropriate processes in place to ensure that all required information is provided before the Code Compliance Certificate is issued (including evidence that items have been installed and commissioned/tested/inspected) and most importantly that the information provided is appropriate.
- SR4.** It is **strongly recommended** that the system for applicants to apply for a Code Compliance Certificate is reviewed to ensure that appropriate applications are not refused and that the clock is stopped and started appropriately to manage the 20 work day time allowed to process the application.
- SR5.** It is **strongly recommended** that a process for assessing the competence of “people wishing to apply” is documented in the BCA’s systems or a link provided to the HR process.
- SR6.** It is **strongly recommended** that the procedure for moderation between Christchurch staff and the staff of the contractor completing competence assessments is implemented as per the documented procedures.
- SR7.** It **strongly recommended** that the BCA’s system for ensuring that all relevant information is placed on the application’s file is reviewed and revised to ensure that all items are recorded as being present.
- SR8.** It is also **strongly recommended** that the review carried out to ensure that all relevant information is placed on the application’s file also addresses issues of incorrect filing and the possibility that records may be altered once stored.

Recommendations

- R1.** It is recommended that further training is provide to those allocating work, especially regarding projects involving vertical fire separations.
- R2.** It is recommended that required inspections are listed on the building consent attachment in the order they are required to be undertaken.
- R3.** It is recommended that the content of letters sent to clients regarding making a decision at 24 months to issue or refuse a CCC are amended to clarify the requirements of the Building Act. Content should also make it clearer that if the application for CCC is not received by the appropriate date the BCA is obliged to make a decision to issue or refuse a CCC.
- R4.** It is recommended that notices to fix be improved by recording details of how the contravention was identified and that as a remedy, rather than requiring a person to “apply for a Building Consent” it is more appropriate to require them to “obtain a building Consent”.
- R5.** It is recommended that the BCA develop a registration system for enquiries received through all streams to facilitate input for analysis of enquiry trends during strategic review.
- R6.** It is recommended that the procedure for monitoring of training received is reviewed to allow the effectiveness of training to be reviewed within a few weeks after the training event rather than at the next competency assessment following the training event.
- R7.** It is recommended that all future calibration of thermometers are undertaken against the new traceable reference thermometer.
- R8.** It is recommended that staff, identified in the documented procedures as being required, are appointed urgently.
- R9.** It is recommended that audit content and structure be reviewed to better record the audit findings rather than recording how these issues should be resolved (along with recording what evidence was reviewed).
- R10.** It is recommended that the documented procedure for communications is reviewed to address the following shortfalls:
- Detail of the Team Managers meeting was missing the frequency
 - The Building Control Group meetings was missing what records would be kept and where they would be found
 - The Climate Survey was missing where the records would be kept
 - Reference to the CCC website did not specifically refer to the BCA Public Information and who was responsible for its maintenance and how often review of the information would occur
 - Other external communications (such as to MBIE, other Councils, CERA and IANZ) had not been considered.

Note: This information could be presented as a table to more clearly communicate the required information.

