



Hastings District Council

Civic Administration Building
Lyndon Road East, Hastings

Phone: (06) 871 5000

Fax: (06) 871 5100

OPEN

ATTACHMENTS UNDER SEPARATE COVER

OPERATIONS AND MONITORING COMMITTEE MEETING

Meeting Date: **Thursday, 27 February 2020**

Time: **1.00pm**

Venue: **Council Chamber
Ground Floor
Civic Administration Building
Lyndon Road East
Hastings**

ITEM	SUBJECT	PAGE
9.	BUILDING CONSENT AUTHORITY ACCREDITATION UPDATE	
	Attachment 1: IANZ Report 2019	1
12.	HAWKE'S BAY CIVIL DEFENCE EMERGENCY MANAGEMENT GROUP - ANNUAL REPORT 2018-19	
	Attachment 1: Hawke's Bay Civil Defence Emergency Management - Annual report 2018/19 FINAL	53



**BUILDING CONSENT AUTHORITY ACCREDITATION
ASSESSMENT REPORT**

HASTINGS DISTRICT COUNCIL

CONTENTS

INTRODUCTION	3
ASSESSMENT SUMMARY	4
ASSESSMENT OBSERVATIONS	5
RECORD OF NON-COMPLIANCE	26
RECORD OF NON-COMPLIANCE	27
RECORD OF NON-COMPLIANCE	29
RECORD OF NON-COMPLIANCE	31
RECORD OF NON-COMPLIANCE	33
RECORD OF NON-COMPLIANCE	34
RECORD OF NON-COMPLIANCE	35
RECORD OF NON-COMPLIANCE	36
RECORD OF NON-COMPLIANCE	37
RECORD OF NON-COMPLIANCE	38
RECORD OF NON-COMPLIANCE	39
RECORD OF NON-COMPLIANCE	40
RECORD OF NON-COMPLIANCE	42
RECORD OF NON-COMPLIANCE	43
SUMMARY OF RECOMMENDATIONS	45
SUMMARY OF ADVISORY NOTES	46
SUMMARY TABLE OF NON-COMPLIANCE	47

Item 9**Attachment 1**

INTRODUCTION

This report relates to the accreditation assessment of the Hastings District Council Building Consent Authority (BCA) which took place 4-8 November 2019 to determine compliance with the requirements of the *Building (Accreditation of Building Consent Authorities) Regulations 2006* (the Regulations).

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

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

ACCREDITATION FEEDBACK AND CONTINUING ACCREDITATION

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

This accreditation assessment found that the BCA was non-compliant with a number of accreditation requirements as detailed below. The non-compliances identified must be addressed before accreditation is continued.

Summary of the non-compliances identified during the assessment

Your non-compliances with the Regulations have been summarised and recorded in detail in this report. Please complete the Record of Non-compliance table/s detailing your proposed corrective actions and forward a copy to IANZ. This plan of action must be provided to IANZ by 27/01/2020.

All non-compliances must be finally addressed and cleared by 27/03/2020. To maintain accreditation you must provide evidence of the actions taken to clear non-compliance to IANZ within the required timeframe. Please allow at least 10 working days for IANZ to respond to any submitted material.

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

If you have a complaint about the assessment process, please refer to the MBIE accreditation guidance.

Summary of the good practice and performance identified during the assessment

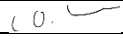

This accreditation assessment found the following aspects of the BCA's operations of particular note as good practice and/or performance which should be maintained:

- The BCA was actively implementing their quality system.

NEXT ACCREDITATION ASSESSMENT

Unless your BCA undergoes a significant change, requiring some form of interim assessment, or the BCA is unable to clear the identified non-compliances within the agreed timeframe, the next assessment of the BCA is planned for November 2021. You will be formally notified of your next assessment six weeks prior to its planned date.

ASSESSMENT SUMMARY

ORGANISATION DETAILS		
Organisation:	Hastings District Council	
Address for service:	207 Lyndon Road East Hastings 4122 New Zealand	
Client Number:	7489	
Accreditation Number:	28	
Chief Executive:	Nigel Bickle	
Chief Executive contact details:	nigelb@hdc.govt.nz	
BCA Authorised Representative:	Malcom Hart	
BCA Authorised Representative contact details:	malcolmh@hdc.govt.nz	
BCA Quality Manager:	Helen McGregor	
Number of BCA FTE's	Technical – 18.5 Administration – 6 FTE Vacancies - 2	
BCA Activity during the previous 12 months	Building Consents	
	R1 – 1097	R2 – 143
	C1 - 159	C2 - 43
	CCCs	
	1413	
	New compliance schedules	
28		
BCA Notices to Fix		
4		
ASSESSMENT TEAM		
Lead Assessor:	Carolyn Osborne	
Lead Assessor contact details:	cosborne@ianz.govt.nz	
Technical Expert/s:	John Hudson	
MBIE observer/s:	Mike Reedy	
IANZ REPORT PREPARATION		
Prepared by:	Carolyn Osborne	
Signature:		
Checked by:	Adrienne Woollard	
Signature:		
Date:	26/11/2019	
ASSESSMENT FINDINGS		
	This assessment:	Last assessment:
Total # of "serious" non-compliances:	0	1
Total # of "general" non-compliances:	21	5
Total # of non-compliances outstanding:	14	
Number of recommendations:	6	10
Number of advisory notes:	4	7
Date clearance plan required from BCA:	27/01/2020	
Date all non-compliances must be finally cleared:	27/03/2020	
Accreditation to continue with non-compliance clearance?	Yes	
NEXT ASSESSMENT		
Recommended next assessment type:	Full assessment	
Recommended next assessment date:	November 2021	
COMMENTS		

Item 9

Attachment 1

ASSESSMENT OBSERVATIONS

REGULATION 6A NOTIFICATION REQUIREMENTS

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and had been effectively implemented.	

Item 9

REGULATION 7 PERFORMING BUILDING CONTROL FUNCTIONS

Regulation 7(2)(a): providing consumer information

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 1. Resolved during assessment
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Procedures addressed requirements except the following:</p> <ul style="list-style-type: none"> Procedures (Public Information) was not sufficiently clear that Consent holders must apply for Code Compliance Certificate once work was complete. Resolved during assessment. Procedures (Public Information) did not reference the BCA's Complaints process when discussing Code Compliance Certificates. Resolved during assessment. 	

Attachment 1

Regulation 7(2)(b)-(c), and 7(2)(d)(i): receiving, checking and recording applications

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	
Comment. In one instance a vetting officer had allowed an incomplete application to be accepted as the applicant had tried to submit the application on two previous occasions and the vetting officer appeared to consider that the BCO could address the absence of required documents.	

Item 9

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

Attachment 1

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

Item 9

Regulation 7(2)(d)(iv): processing building consent applications and

Regulation 7(2)(e): planning inspections

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 2. To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Procedures addressed all requirements.</p> <ul style="list-style-type: none"> Implementation was not effective where the BCA was not revising Specified Systems appropriately when considering s112. Implementation was not effective when compiling Draft Compliance Schedules and amending Compliance Schedules as required during processing. Specifically, the BCA was not ensuring there were appropriate Specified Systems and Performance Standards. <p>GNC 2. To be resolved.</p> <p>Comment. In one record the BCA had recorded commentary against Code Clauses rather than Conditions of the Certificate when processing a National Multiple Use Approval under s30A-H.</p> <p>Other than the previous findings procedures were effectively implemented including appropriate planning of inspections during processing.</p>	

Attachment 1

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

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 3. To be resolved.
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Compliance with Form 5</p> <p>Procedures addressed requirements except the following:</p> <ul style="list-style-type: none"> • Procedures (Form 5) did not advise the Consent holder of the BCA's entitlement to undertake site inspections under s 90 of the Act. Resolved during assessment. • Implementation was not effective where the BCA was compiling a Draft Compliance Schedule as a result of the building work. Specifically the BCA was not ensuring appropriate Specified Systems and performance standards were recorded on the Form 5 or attachment. • Similarly implementation was not effective where the BCA was compiling an amended Compliance Schedule as a result of an the building work. Specifically the BCA was not ensuring appropriate Specified Systems and performance standards were recorded on the Form 5 or attachment. <p>GNC 3. To be resolved.</p> <p>Other than the previous findings current procedures were effectively implemented.</p> <p>Lapsing</p> <p>Procedures addressed requirements and were effectively implemented</p> <p>Compliance with statutory timeframes</p> <p>The BCA had a period of five months during the previous 24 months where they had not been compliant with the requirement to process Consents within 20 working days however, the BCA had re-established compliance in recent months.</p>	

Item 9

Attachment 1

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Inspections were effectively planned as part of processing.</p> <p>Procedures addressed requirements and were effectively implemented.</p>	

Item 9

Attachment 1

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 4. To be resolved.
Opportunities for improvement? Y/N	Yes
Number of recommendations:	2
Recommendation number/s:	R1, R2
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Application for a code compliance certificate</p> <p>Procedures addressed requirements except for the following:</p> <ul style="list-style-type: none"> Procedures did not discuss what happens if an application is complete. Resolved during assessment. <p>The BCA is recommended (R1) to ensure all Form 6's include (where relevant) the statement that the Specified Systems (according to the installer) are capable of performing to the Performance Standards set out in the Consent.</p> <p>Other than the previous findings current procedures were effectively implemented.</p> <p>Code compliance certificates</p> <p>Procedures addressed requirements except the following:</p> <ul style="list-style-type: none"> Procedures did not sufficiently address the requirement to refuse a CCC. Resolved during assessment. Implementation was not effective where the BCA was not ensuring Specified Systems on the Compliance Schedule with the Code Compliance Certificates where accurate according to those on the Form 5. <p>GNC 4. To be resolved.</p> <p>Other than the previous findings procedures were effectively implemented.</p> <p>24 month CCC decision</p> <p>Procedures addressed requirements.</p> <ul style="list-style-type: none"> Implementation was not effective where the BCA had 409 Consents in their system where there had been no application for CCC at 24 months and the BCA had not made a decision to issue not issue a CCC as required. <p>GNC 4. To be resolved.</p> <p>The BCA is recommended (R2) to specify in procedures the requirement to issue CCCs within 20 working days of a Consent reaching 24 months where there had been no application for CCC.</p> <p>For current/recent Consents the BCA were making decisions to issue/ not issue CCCs at 24 months</p>	

Item 9

Attachment 1

Compliance with statutory timeframes.

Procedures addressed requirements except the following:

- **Procedures** did not discuss the requirement to issue CCC within 20 working days of application. **Resolved during assessment**

The BCA's statistics indicated they had been fully compliant with the requirement to issue CCC's within 20 working days in all of the previous 24 months. However because there were 409 Consents in the system where the BCA had not made the decision at 24 months the statistics may not be accurate. This should have been raised during the assessment as a finding. As it wasn't it is included as a **comment** to the BCA to include all Consents in those statistics to ensure reporting on the 20 day clock is accurate.

Compliance schedules

Procedures were appropriate.

- **Implementation** was not effective where the BCA was not issuing CCCs compliant with s103 of the Act. Specifically, Specified Systems and Performance Standards were not appropriate.

GNC 4. To be resolved.**Notices to fix**

Procedures addressed requirements and were effectively implemented.

Comment: In one instance a Notice To Fix required the Consent holder to engage an engineer to do a dangerous building assessment when this should be done by the Territorial Authority.

Regulation 7(2)(g): customer inquiries

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

Regulation 7(2)(h): customer complaints

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 5. Resolved during assessment.
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Procedures addressed requirements except the following:</p> <ul style="list-style-type: none"> • Procedures (Public Information) did not address the requirement to ensure the BCA Complaints process was referenced in the section that discussed Code Compliance Certificates. Resolved during assessment. • Implementation was not effective where the BCA was unable to differentiate (for review purposes) between complaints about Building Consent Authority as opposed to Territorial Authority functions. Resolved during assessment. <p>Other than the previous findings current procedures were effectively implemented.</p>	

Item 9

Attachment 1

REGULATION 8 ENSURING ENOUGH EMPLOYEES AND CONTRACTORS**Regulation 8(1): forecasting workflow**

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 6. To be resolved
Opportunities for improvement? Y/N	Yes
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	1
Advisory note number/s:	A1
Observations and comments, including good practice and performance	
<p>Procedures did not discuss the following:</p> <ul style="list-style-type: none"> • Procedures did not specify that the BCA would review the work flow over the previous two years when projecting forward workflow. • Procedures did not prompt the review of the availability of Technical Leadership and Specialist Technical expertise when projecting forward workflow. • Procedures did not prompt the BCA to review known internal and external factors when projecting forward workflow. • Procedures did not prompt the BCA to consider the different categories of work the BCA would perform when projecting forward workflow. <p>GNC 6. To be resolved.</p> <p>The BCA is advised (A1) to consider including a prompt to review the amount of work it intends to perform for other BCA's (if applicable) when projecting forward workflow.</p> <p>Despite the previous findings the BCA was performing this function effectively.</p>	

Item 9

Attachment 1

Regulation 8(2): identifying and addressing capacity and capability needs

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 7. To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Procedures did not discuss the following:</p> <ul style="list-style-type: none"> Procedures did not prompt the recording of the availability of Technical Leadership and Specialist Technical expertise when projecting forward workflow. <p>GNC 7. To be resolved</p> <p>Despite the previous finding the BCA was performing this function effectively.</p>	

Item 9

Attachment 1

REGULATION 9 ALLOCATING WORK

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

REGULATION 10 ESTABLISHING AND ASSESSING COMPETENCY OF EMPLOYEES**Regulation 10(1) and (3): assessing prospective employees**

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements. There had been no need to implement them in the previous 24 months.	

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 8. To be resolved
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R3
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Procedures addressed requirements.</p> <p>10(3)(d)</p> <ul style="list-style-type: none"> Implementation was not effective where in one assessment the BCA had not ensured the Competency Assessment records provided evidence of Com 2 and Com 3 site inspections. Neither did the assessment include a technical discussion to demonstrate understanding of the significant features of Com 2 and Com 3 applications. <p>GNC 8. To be resolved.</p> <p>The BCA is recommended (R3) to ensure the Competency Assessments of Site Inspectors include clear record of the competency of the Site Inspector to collate and prepare Form 7 (CCC). A discussion with the Competency Assessor clarified that the Assessor had reviewed this required competency.</p> <p>Other than the previous finding and recommendation Competency Assessments were appropriate</p> <p>Comment: In the most recent example of Competency Assessment for a Processing BCO the assessment did include clear record of the Processing BCO's competency to collate and prepare a Form 5. (Consent).</p>	

Item 9

Attachment 1

REGULATION 11 TRAINING EMPLOYEES DOING A TECHNICAL JOB

Regulation 11(1) and (2)(a)-(d),(f) and (g): the training system

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 9. Resolved during assessment.
Opportunities for improvement? Y/N	Yes
Number of recommendations:	2
Recommendation number/s:	R4, R5.
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance.	
<p>Procedures addressed most requirements.</p> <p>11(2)(b)</p> <ul style="list-style-type: none"> Procedures (Training Plans) did not address the requirement to clearly record the identified Training Need. Resolved during assessment. <p>Current procedures were effectively implemented.</p> <p>The BCA is recommended (R4) to make as a clearer heading on the Training Plans "Outcome desired"</p> <p>The BCA is recommended (R5) to make as a clearer heading on the Training Plans "Application shall be monitored by the following".</p>	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

Item 9

Attachment 1

REGULATION 12 CHOOSING AND USING CONTRACTORS

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 10. Resolved during assessment. GNC 11. To be resolved.
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed most requirements.	
12(2)(b)	
<ul style="list-style-type: none"> Procedures did not prompt the BCA to consider the scope of services and deliverables for different types of contracts. Resolved during assessment. Procedures did not discuss the rules and criteria that may apply when considering a new contract. For example the Territorial Authority procurement policy. Resolved during assessment. 	
12(2)(e) Contractor Performance	
<ul style="list-style-type: none"> Implementation was not effective where the BCA was not reviewing contractor performance against the defined standards in the contracts. To be resolved. 	
GNC 11. To be resolved.	
Other than the previous findings current procedures were effectively implemented.	

Item 9

Attachment 1

REGULATION 13 ENSURING TECHNICAL LEADERSHIP

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 12. To be resolved within five working days.
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements.	
<ul style="list-style-type: none"> Implementation was not effective where the BCA did not have records to support one of the Technical Leaders. 	
GNC 12. To be resolved within five working days. 14/11/2019 CLEARED	

REGULATION 14 ENSURING NECESSARY (TECHNICAL) RESOURCES

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

Item 9

REGULATION 15 KEEPING ORGANISATIONAL RECORDS

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 13. Resolved during assessment GNC 14. To be resolved.
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>15(1)(b)(ii) Relationships with External Organisations.</p> <p>Procedures addressed most requirements.</p> <ul style="list-style-type: none"> Procedures did not address the requirement to clarify that the BCA was part of a larger organisation. Resolved during assessment. <p>15(2)(d) Powers</p> <p>Procedures addressed most requirements.</p> <ul style="list-style-type: none"> Procedures and their implementation did not address the requirement to delegate Powers to perform s45A(3) and s95A functions. <p>GNC 14. To be resolved.</p> <p>Comment: In two instances the BCA had issued Notices to Fix by an individual without the delegated power to issue them. The BCA had realised this and it was no longer happening.</p>	

Attachment 1

REGULATION 16 FILING APPLICATIONS FOR BUILDING CONSENT

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 15. Resolved during assessment
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<ul style="list-style-type: none"> Procedures did not address the requirement to ensure records as specified in the MBIE Guidance were retained by the BCA. Resolved during assessment. <p>Despite the previous finding, in Consent files reviewed during this assessment, all relevant documents were available.</p>	

REGULATION 17 ASSURING QUALITY

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA had a Quality System in place that covered management and operations. Where omissions were found they are addressed under their relevant regulation.</p>	

Item 9

Attachment 1

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 16. To be resolved.
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>17(2)(b) Quality Policy</p> <p>Procedures addressed most requirements.</p> <ul style="list-style-type: none"> Procedures (Quality Policy) did not specify a commitment to Continuous Improvement. <p>GNC 16. To be resolved.</p> <p>17(3) Quality Manager.</p> <p>Procedures addressed requirements.</p>	

Item 9

Attachment 1

Regulation 17(2)(d) and 17(5): Management reporting and review, including of the quality system

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNCs 17 and 18. To be resolved.
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>17(2)(d) Management review and reporting.</p> <ul style="list-style-type: none"> • Procedures and their implementation did not prompt the BCA to undertake reporting against their Quality Policy Objectives. • Procedures and their implementation did not specify the frequency of management reports. • Procedures and their implementation did not clarify the content of the management report at a higher level. <p>GNC 17. To be resolved.</p> <p>Current procedures were effectively implemented.</p> <p>17(5) Review of effectiveness of Quality System.</p> <ul style="list-style-type: none"> • Procedures and their implementation did not prompt the review of the effectiveness of Internal Audit and Continuous Improvement processes. • Procedures and their implementation did not prompt the review of the effectiveness of employee and contractor engagement with the Quality Assurance System • Procedures and their implementation did not prompt the review of the effectiveness of employee and contractor engagement with the Continuous Improvement System. • Procedures did not address the requirement to consider the effectiveness of the Conflict of Interest System. • Procedures and their implementation did not prompt the BCA to consider the effectiveness of the BCA's communication with respect to the Quality Assurance System. • Procedures and their implementation did not prompt the BCA to review the effectiveness of the BCA's processes for making changes to the Quality Assurance System. <p>GNC 18. To be resolved.</p> <p>Current procedures were effectively implemented.</p>	

Item 9

Attachment 1

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

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 19. Resolved during assessment.
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<ul style="list-style-type: none"> • Procedures 17(2)(d), 17(2)(h) and 17(5) did not require the BCA to communicate Quality Assurance matters as an outcome of any relevant finding from those reviews. Resolved during assessment. • Procedure 17(2)(e) did not require the BCA to communicate Quality Assurance matters as an outcome of any relevant Continuous Improvement. Resolved during assessment. <p>Despite the previous findings the BCA was actively communicating QA matters as an integral part of their processes.</p>	

Regulation 17(2)(c): Ensuring operation within any scope of accreditation

Non-compliance? Y/N	Not Applicable
Non-compliance number/s:	
Opportunities for improvement? Y/N	
Number of recommendations:	
Recommendation number/s:	
Number of advisory notes:	
Advisory note number/s:	
Observations and comments, including good practice and performance	
Not Applicable	

Item 9

Attachment 1

Regulation 17(2)(e) Supporting continuous improvement

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	Yes
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	2
Advisory note number/s:	A2, A3.
Observations and comments, including good practice and performance	
<p>Procedures addressed requirements and were effectively implemented.</p> <p>The BCA is advised (A2) to consider bundling related findings into one CIR in their Continuous Improvement System.</p> <p>The BCA is advised (A3) to consider bundling non-urgent procedural changes into one CIR in their Continuous Improvement System.</p>	

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 20. To be resolved.
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R6
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<ul style="list-style-type: none"> Procedures (Internal Audit Schedule) and their implementation did not address the requirement to internally audit all Building Control Functions and their supporting regulations in every 12 month period. Specifically, the BCA was not auditing all non-technical functions. <p>GNC 20. To be resolved.</p> <p>The BCA is recommended (R6) to revise/shorten the defined period of time within which the BCA would take action in response to an audit finding. At present it could be up to 12 months.</p>	

Item 9

Attachment 1

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	Yes
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	1
Advisory note number/s:	A4
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented. The BCA is advised (A4) to consider referencing their Conflict of Interest procedure somewhere in the QMS contents page.	

Item 9

Regulation 17(2)(j): Communicating with internal and external persons

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

Attachment 1

Regulation 17(3A): Complaints about building practitioners

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements. There had been no need to implement them in the previous two years.	

REGULATION 18 TECHNICAL QUALIFICATIONS

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 21. To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<ul style="list-style-type: none"> Procedures did not address requirements as there were four exemptions to the requirement to achieve qualifications that were not described in the MBIE Guidance. Specifically: A new employee within 36 months of employment Due to the health of an employee Due to the personal circumstances of an employee The employee being a Building Technician processing Solid Fuel Heaters. <p>GNC 21. To be resolved.</p> <p>Despite the previous finding implementation of the requirement to hold appropriate qualifications had been effective and the outcomes were compliant.</p>	

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 2	
Breach of regulatory requirement:	Regulation 7(2)(d)(iv)	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> • Implementation was not effective where the BCA was not revising Specified Systems appropriately when considering s112. • Implementation was not effective when compiling Draft Compliance Schedules or amending Compliance Schedules where required during processing. Specifically the BCA was not ensuring there were appropriate Specified Systems and Performance Standards 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 3	
Breach of regulatory requirement:	Regulation 7(2)(v)	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Implementation was not effective where the BCA was compiling a Draft Compliance Schedule as a result of the building work. Specifically the BCA was not ensuring appropriate Specified Systems and Performance Standards were recorded on the Form 5 or attachment. Similarly implementation was not effective where the BCA was compiling an amended Compliance Schedule as a result of an the building work. Specifically the BCA was not ensuring appropriate Specified Systems and Performance Standards were recorded on the Form 5 or attachment 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 4	
Breach of regulatory requirement:	Regulation 7(2)(f)	
Finding:	General Non-compliance	
Finding details:	<p>Code compliance certificates</p> <ul style="list-style-type: none"> Implementation was not effective where the BCA was not ensuring Specified Systems on the Compliance Schedule when issuing Code Compliance Certificates where accurate according to those on the Form 5. <p>24 month CCC decision</p> <ul style="list-style-type: none"> Implementation was not effective where the BCA had 409 Consents in their system where there had been no application for CCC at 24 months and the BCA had not made a decision to issue not issue a CCC as required. The BCA was not managing the 20 day clock for applications at 24 months. <p>Compliance schedules</p> <ul style="list-style-type: none"> Implementation was not effective where the BCA was not issuing CCCs compliant with s103 of the Act. Specifically Specified Systems and Performance Standards were not appropriate 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		

Item 9

Attachment 1

Plan of action: <i>To be provided by BCA</i>	
Evidence of implementation: <i>To be provided by BCA</i>	
Non-compliance cleared? Y/N	
Signed:	
Date:	

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 6	
Breach of regulatory requirement:	Regulation 8(1)	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Procedures did not specify that the BCA would review the work flow over the previous two years when projecting forward workflow. Procedures did not prompt the review of availability of Technical Leadership and Specialist Technical expertise when projecting forward workflow. Procedures did not prompt the BCA to review known internal and external factors when projecting forward workflow. Procedures did not prompt the BCA to consider the different categories of work the BCA would perform when projecting forward workflow. 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 7	
Breach of regulatory requirement:	Regulation 8(2)	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Procedures did not prompt the recording of the availability of Technical Leadership and Specialist Technical expertise when projecting forward workflow. 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 8	
Breach of regulatory requirement:	Regulation 10(3)(d)	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Implementation was not effective where the BCA had not ensured the Competency Assessment records in one assessment did not provide evidence of Com 2 and Com 3 site inspections. Nor did the assessment include a technical discussion to demonstrate understanding of the significant features of Com 2 and Com 3 applications. 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

Item 9

Attachment 1

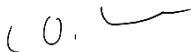
RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 11	
Breach of regulatory requirement:	Regulation 12(2)(e)	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Implementation was not effective where the BCA was not reviewing contractor performance against the defined standards in the contracts. 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 12	
Breach of regulatory requirement:	Regulation 13	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Implementation was not effective where the BCA did not have records to support the appointment of one of the Technical Leaders 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	Within five working days	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	13/11/2019	13/11/2019
Evidence of implementation from BCA:	14/11/2019	14/11/2019
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>	<p>Our plan to clear this GNC is to update the Processing Staff Competency Totals table to reflect who the Technical Leaders are.</p> <p>In this case we will limit Melanie to Technical Leader for Res 1 consents only.</p> <p>We will also update the QSM to refer to the Processing Staff Competency Totals table instead of the BCA Organisational Chart.</p>	
Evidence of implementation: <i>To be provided by BCA</i>	Reviewed deemed appropriate	
Non-compliance cleared? Y/N	Yes	
Signed:		
Date:	14/11/2019	

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 14	
Breach of regulatory requirement:	Regulation 15	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Procedures and their implementation did not address the requirement to delegate Powers to perform s45A(3) and s95A functions. 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 16	
Breach of regulatory requirement:	Regulation 17(2)(b)	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Procedures (Quality Policy) did not specify a commitment to Continuous Improvement. 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 17	
Breach of regulatory requirement:	Regulation 17(2)(d)	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Procedures and their implementation did not prompt the BCA to undertake reporting against their Quality Policy Objectives. Procedures and their implementation did not specify the frequency of management reports. Procedures and their implementation did not clarify the content of the management report at a higher level. 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 18	
Breach of regulatory requirement:	Regulation 17(5)	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Procedures and their implementation did not prompt the review of the effectiveness of Internal Audit and Continuous Improvement processes. Procedures and their implementation did not prompt the review of the effectiveness of employee and contractor engagement with the Quality Assurance System Procedures and their implementation did not prompt the review of the effectiveness of employee and contractor engagement with the Continuous Improvement System. Procedures did not address the requirement to consider the effectiveness of the Conflict of Interest System. Procedures and their implementation did not prompt the BCA to consider the effectiveness of the BCA's communication with respect to the Quality Assurance System. Procedures and their implementation did not prompt the BCA to review the effectiveness of the BCA's processes for making changes to the Quality Assurance System. 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		

Item 9

Attachment 1

Plan of action: <i>To be provided by BCA</i>	
Evidence of implementation: <i>To be provided by BCA</i>	
Non-compliance cleared? Y/N	
Signed:	
Date:	

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 20	
Breach of regulatory requirement:	Regulation 17(2)(h)	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Procedures (Internal Audit Schedule) and their implementation did not address the requirement to internally audit all Building Control Functions and their supporting regulations in every 12 month period. Specifically, the BCA was not auditing all non-technical functions. 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

Item 9

Attachment 1

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 21	
Breach of regulatory requirement:	Regulation 18	
Finding:	General Non-compliance	
Finding details:	<ul style="list-style-type: none"> Procedures did not address requirements to hold a qualification as there were four exemptions to the requirement to achieve qualifications that were not described in the MBIE Guidance. <p>Specifically:</p> <ul style="list-style-type: none"> A new employee within 36 months of employment Due to the health of an employee Due to the personal circumstances of an employee The employee being a Building Technician processing Solid Fuel Heaters. 	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	27/03/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	27/01/2020	
Evidence of implementation from BCA:	13/03/2020	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

Item 9

Attachment 1

SUMMARY OF RECOMMENDATIONS

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

It is recommended that:

- R1 The BCA ensure all Form 6's include (where relevant) the statement that the Specified Systems (according to the installer) are capable of performing to the Performance Standards set out in the Consent.
- R2 The BCA specify in procedures the requirement to issue CCCs within 20 working days of a Consent reaching 24 months where there had been no application for CCC.
- R3 The BCA ensure the Competency Assessments of Site Inspectors include clear record of the competency of the Site Inspector to collate and prepare Form 7 (CCC). A discussion with the Competency Assessor clarified that the Assessor had reviewed this required competency.
- R4 The BCA make as a clearer heading on the Training Plans "Outcome desired"
- R5 The BCA make as a clearer heading on the Training Plans "Application shall be monitored by the following".
- R6 The BCA revise/shorten the defined period of time within which the BCA would take action in response to an audit finding. At present it could be up to 12 months.

Item 9

Attachment 1

SUMMARY OF ADVISORY NOTES

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

IANZ advises that:

- A1 The BCA consider including a prompt to review the amount of work it intends to perform for other BCA's (if applicable) when projecting forward workflow.
- A2 The BCA consider bundling related findings into one CIR in their Continuous Improvement System.
- A3 The BCA consider bundling non-urgent procedural changes into one CIR in their Continuous Improvement System.
- A4 The BCA is advised to consider referencing their Conflict of Interest procedure somewhere in the QMS contents page.

Item 9

Attachment 1

SUMMARY TABLE OF NON-COMPLIANCE

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

Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of regulation 5/6? (Enter Yes where applicable)						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendations	Advisory notes	
6(A)(1)														
6(A)(2)														
Regulation 7														
7(1)														
7(2)(a)	General	GNC 1	yes	yes					Yes					<ul style="list-style-type: none">• Procedures (Public Information) was not sufficiently clear that Consent holders must apply for Code Compliance Certificate once work was complete.• Procedures (Public Information) did not reference the BCA’s Complaints process when discussing Code Compliance Certificates.
7(2)(b)														
7(2)(c)														
7(2)(d)(i)														
7(2)(d)(ii)														
7(2)(d)(iii)														
7(2)(d)(iv)	General	GNC 2			Yes				No	27/03/2020				<ul style="list-style-type: none">• Implementation was not effective where the BCA was not revising Specified Systems appropriately when considering s112.• Implementation was not effective when compiling and amending Compliance Schedules where required during processing. Specifically the BCA was not ensuring there were appropriate Specified Systems and Performance Standards.
7(2)(d)(v)	General	GNC 3	Yes	Yes	Yes				No	27/03/2020				<ul style="list-style-type: none">• Procedures (Form 5) did not advise the Consent holder of the BCA’s entitlement to undertake site inspections under s 90 of the Act.• Implementation was not effective where the BCA was compiling a Compliance Schedule as a result of the building work. Specifically the BCA was not ensuring appropriate Specified Systems were recorded on the Form 5 or attachment.• Implementation was not effective where the BCA was compiling a Compliance Schedule as a result of the building work. Specifically

Regulatory requirement	Non-	Non-	Breach of regulation 5/6? (Enter Yes where applicable)						Resolved On-site?	Date Non-	Date Non-compliance	Number of		Brief comment (to get to the heart of the issue)
														<p>the BCA was not ensuring appropriate Performance Standards were recorded on the Form 5 or attachment.</p> <ul style="list-style-type: none"> Similarly implementation was not effective where the BCA was compiling an amended Compliance Schedule as a result of an the building work. Specifically the BCA was not ensuring appropriate Specified Systems were recorded on the Form 5 or attachment. Similarly implementation was not effective where the BCA was compiling an amended Compliance Schedule as a result of the building work. Specifically the BCA was not ensuring appropriate Performance Standards were recorded on the Form 5 or attachment.
7(2)(e)														
7(2)(f)	General	GNC 4	Yes	Yes	Yes				No	27/03/2020		2		<ul style="list-style-type: none"> Procedures did not discuss what happens if an application is complete. <p>Code compliance certificates</p> <ul style="list-style-type: none"> Procedures did not discuss sufficiently address the requirement to refuse a CCC. Implementation was not effective where the BCA was not ensuring Specified Systems on the Compliance Schedule with the Code Compliance Certificates where accurate according to those on the Form 5. <p>24 month CCC decision</p> <ul style="list-style-type: none"> Implementation was not effective where the BCA had 409 Consents in their system where there had been no application for CCC at 24 months and the BCA had not made a decision to issue not issue a CCC as required. <p>Compliance with statutory timeframes.</p> <ul style="list-style-type: none"> Procedures did not discuss the requirement to issue CCC within 20 working days of application.
7(2)(g)														
7(2)(h)	General	GNC 5	Yes	Yes	Yes				Yes					<ul style="list-style-type: none"> Procedures (Public Information) did not address the requirement to ensure the BCA Complaints process was referenced in the section that discussed Code Compliance Certificates. Implementation was not effective where the

Regulatory requirement	Non-	Non-	Breach of regulation 5/6? (Enter Yes where applicable)						Resolved On-site?	Date Non-	Date Non-compliance	Number of		Brief comment (to get to the heart of the issue)
														BCA was unable to differentiate (for review purposes) between complaints about Building Consent Authority as opposed to Territorial Authority functions.
Regulation 8														
8(1)	General	GNC 6	Yes	Yes					No	27/03/2020			1	<ul style="list-style-type: none"> Procedures did not specify that the BCA would review the work flow over the previous two years when projecting forward workflow. Procedures did not prompt the review of availability of Technical Leadership and Specialist Technical expertise when projecting forward workflow. Procedures did not prompt the BCA to review known internal and external factors when projecting forward workflow. Procedures did not prompt the BCA to consider the different categories of work the BCA would perform when projecting forward workflow.
8(2)	General	GNC 7	Yes	Yes					No	27/03/2020				<ul style="list-style-type: none"> Procedures did not prompt the recording of the availability of Technical Leadership and Specialist Technical expertise when projecting forward workflow.
Regulation 9														
9														
Regulation 10														
10(1)														
10(2)														
10(3)(a)														
10(3)(b)														
10(3)(c)														
10(3)(d)	General	GNC 8			Yes				No	27/03/2020			1	<ul style="list-style-type: none"> Implementation was not effective where the BCA had not ensured the Competency Assessment records in one assessment did not provide evidence of Com 2 and Com 3 site inspections. Nor did the assessment include a technical discussion to demonstrate understanding of the significant features of Com 2 and Com 3 applications.
10(3)(e)														
10(3)(f)														
Regulation 11														
11(1)														
11(2)(a)														
11(2)(b)	General	GNC 9	Yes	Yes					Yes				2	<ul style="list-style-type: none"> Procedures (Training Plans) did not address the requirement to clearly record

Regulatory requirement	Non-	Non-	Breach of regulation 5/6? (Enter Yes where applicable)						Resolved On-site?	Date Non-	Date Non-compliance	Number of		Brief comment (to get to the heart of the issue)
														the identified Training Need.
11(2)(c)														
11(2)(d)														
11(2)(e)														
11(2)(f)														
11(2)(g)														
Regulation 12														
12(1)														
12(2)(a)														
12(2)(b)	General	GNC 10	Yes	Yes					Yes					<ul style="list-style-type: none"> Procedures did not prompt the BCA to consider the scope of services and deliverables for different types of contracts. Resolved during assessment. Procedures did not discuss the rules and criteria that may apply when considering a new contract. For example the Territorial Authority procurement policy.
12(2)(c)														
12(2)(d)														
12(2)(e)	General	GNC 11			Yes				No	27/03/2020				<ul style="list-style-type: none"> Implementation was not effective where the BCA was not reviewing contractor performance against the defined standards in the contracts.
12(2)(f)														
Regulation 13														
13(a)	General	GNC 12			Yes				No	Within 5 working days	14/11/2019			<ul style="list-style-type: none"> Implementation was not effective where the BCA did not have records to support one of the Technical Leaders.
13(b)														
Regulation 14														
14														
Regulation 15														
15(1)(a)														
15(1)(b)	General	GNC 13	Yes	Yes					Yes					<ul style="list-style-type: none"> Procedures did not address the requirement to clarify that the BCA was part of a larger organisation.
15(2)	General	GNC 14	Yes	Yes	Yes				No	27/03/2019				<ul style="list-style-type: none"> Procedures and their implementation did not address the requirement to delegate Powers to perform s45A(3) and s95A functions.
Regulation 16														
16(1)	General	GNC 15	Yes	Yes					Yes					<ul style="list-style-type: none"> Procedures did not address the requirement to ensure records as specified

Item 9

Attachment 1

Regulatory requirement	Non-	Non-	Breach of regulation 5/6? (Enter Yes where applicable)						Resolved On-site?	Date Non-	Date Non-compliance	Number of		Brief comment (to get to the heart of the issue)
														in the MBIE Guidance were retained by the BCA.
16(2)(a)														
16(2)(b)														
16(2)(c)														
Regulation 17														
17(1)														
17(2)(a)														
17(2)(b)	General	GNC 16	Yes	Yes					No	27/03/2020				<ul style="list-style-type: none"> Procedures (Quality Policy) did not specify a commitment to Continuous Improvement.
17(2)(c)														
17(2)(d)	General	GNC 17	Yes	Yes	Yes				No	27/03/2020				<ul style="list-style-type: none"> Procedures and their implementation did not prompt the BCA to undertake reporting against their Quality Policy Objectives. Procedures and their implementation did not specify the frequency of management reports. Procedures and their implementation did not clarify the content of the management report at a higher level.
17(2)(e)													2	
17(2)(h)	General	GNC 20	Yes	Yes	Yes				No	27/03/2020		1		<ul style="list-style-type: none"> Procedures (Internal Audit Schedule) and their implementation did not address the requirement to internally audit all Building Control Functions and their supporting regulations in every 12 month period. Specifically, the BCA was not auditing all non-technical functions.
17(2)(i)													1	
17(2)(j)														
17(3)														
17(3A)														
17(4)(a)	General	GNC 19	Yes	Yes					Yes					<ul style="list-style-type: none"> Procedures 17(2)(d), 17(2)(h) and 17(5) did not require the BCA to communicate Quality Assurance matters as an outcome of any relevant finding from those reviews. Procedure 17(2)(e) did not require the BCA to communicate Quality Assurance matters as an outcome of any relevant Continuous Improvement.
17(4)(b)														
17(5)(a)	General	GNC 18	Yes	Yes	Yes				No	27/03/2020				<ul style="list-style-type: none"> Procedures and their implementation did not prompt the review of the effectiveness of Internal Audit and Continuous Improvement

Item 9

Attachment 1

Regulatory requirement	Non-	Non-	Breach of regulation 5/6? (Enter Yes where applicable)						Resolved On-site?	Date Non-	Date Non-compliance	Number of		Brief comment (to get to the heart of the issue)
														<p>processes.</p> <ul style="list-style-type: none"> • Procedures and their implementation did not prompt the review of the effectiveness of employee and contractor engagement with the Quality Assurance System • Procedures and their implementation did not prompt the review of the effectiveness of employee and contractor engagement with the Continuous Improvement System. • Procedures did not address the requirement to consider the effectiveness of the Conflict of Interest System. • Procedures and their implementation did not prompt the BCA to consider the effectiveness of the BCA's communication with respect to the Quality Assurance System. • Procedures and their implementation did not prompt the BCA to review the effectiveness of the BCA's processes for making changes to the Quality Assurance System.
17(5)(b)														
Regulation 18														
18(1)(a)														
18(1)(b)														
18(1)(c)														
18(3)(a)	General	GNC 21	Yes	Yes					No	27/03/2020				<ul style="list-style-type: none"> • Procedures did not address requirements as there were four exemptions to the requirement to achieve qualifications that were not described in the MBIE Guidance. <p>Specifically:</p> <p>A new employee within 36 months of employment</p> <p>Due to the health of an employee</p> <p>Due to the personal circumstances of an employee</p> <p>The employee being a Building Technician processing Solid Fuel Heaters.</p>
18(3)(b)														

Item 9

Attachment 1



Hawke's Bay Civil Defence Emergency Management Group Annual Report 2018-2019

Item 12

Attachment 1

Item 12

Attachment 1



This report outlines the significant activities of the Hawke's Bay Civil Defence and Emergency Management Group over the 2018/19 reporting period.

This past year was another period of growth for Hawke's Bay Civil Defence Emergency Management Group. Our group office was restructured in 2015 and again in 2017, transitioning to a centralised group office model funded by a regional targeted rate, with the aim of developing a staffing structure and culture that better supports our service to Hawke's Bay. Our new structure has given us a unique opportunity to create a flexible, adaptable and efficient organisation that better meets the changing needs of communities throughout the region, and the changing nature of our work.

To find out how we're tracking under our centralised model, we worked with the Ministry of Civil Defence & Emergency Management and independent consultants this year to commission a Capability Assessment Report. The report highlighted the quality of the work we've already carried out under these changes, and the confidence our stakeholders have in our new group structure. The review team observed an impressive culture, commitment and attitude across all levels of management and governance, and the relationships between local authorities, our group office and our partner agencies.

One of the foundations of our work is our community resilience programme. Experiences from around the world show the communities that best get through disasters already have a history of working together. These communities have formed networks of stronger relationships: they know each other and understand how to work together, they are aware of the strengths, skills and resources within their community, and they are sensitive to the areas of potential vulnerability. We facilitated a series of hui across our region this year to foster these vital relationships and help our communities understand how they can help each other before, during and after an emergency – setting the expectation that people should take ownership rather than waiting for official assistance. This work aims to have people and communities looking after themselves in the immediate response to an emergency.

Our people are central to our ability to help our communities get through emergencies and we are committed to building on the strengths and expertise of our group and partner agency staff. Over the last year, we have increased the number of council staff members trained to deliver civil defence emergency management services. We also made significant improvements to the way we recruit volunteers, making it easier for people from all walks of life to serve their community in an emergency.

We look forward to continuing our work together to better serve our communities.



Alex Walker
Chairperson
Joint Committee



Wayne Jack
Chairperson
Coordinating Executives Group



Our reduction highlights

Item 12

Attachment 1

We keep communities safe by helping people identify and reduce their risk of emergencies at home, at work and in their community.

Reducing risk is one of the most important things we can do to protect people, property and the environment. It is embedded in our Group Plan 2014-2019 and was one of the key intents of the 2018 ministerial review, *Better Responses to Natural Disasters and Other Emergencies in New Zealand*.

Item 12

Attachment 1

Hawke's Bay Civil Defence Emergency Management Group

Group Plan reduction outcomes:

- Everyone understands the risks they face and accepts responsibility for reducing risk and being prepared.
- Sound integrated planning, which has resulted in risks being reduced to acceptable levels.

Hawke's Bay hazard map portal

This year, the Hawke's Bay Civil Defence Emergency Management Group launched the latest version of the Hawke's Bay hazard map portal – an online tool that helps our communities identify the hazards where they live and work.

First launched in 2015, the portal has had a major facelift and is now much easier to navigate. With the latest improvements, it's now easier for people to find out which natural hazards might affect their local areas, and which hazards might affect Hawke's Bay in the future, including hazard descriptions and 'what can you do' information. Our community members can simply type in an address to find out everything we know about that property, and download a natural hazard property report free of charge – these being supplementary to LIMs.

There's also a quick link to tsunami evacuation zones and boat safe distance maps, so everyone can see which zone they're in and plan their tsunami evacuation route if necessary.

Visit the portal at www.hbhazards.co.nz

Tsunami Risk Reduction programme

We continued to make headway with our Tsunami Risk Reduction programme, which comprises a wide range of initiatives including education, signage, vertical evacuation guidance and targeted organisation-specific tsunami resilience workshops.

This year, we:

- promoted tsunami awareness week and evacuation drills through Tsunami Hīkoi week and ShakeOut.
- continued our tsunami awareness education programme through East Coast LAB
- put up tsunami evacuation signage in Ocean Beach, Wairoa and Porangahau
- investigated vertical evacuation and designated evacuation buildings including working with the Ministry of Building and Innovation to develop New Zealand-specific planning tools and design codes.

Hawke's Bay Civil Defence Emergency Management Group

Our East Coast LAB team also hosted the Napier Natural Hazards Resilience Workshop in September 2018, to better understand earthquake and tsunami consequences and help improve the resilience of Napier's asset and infrastructure management, and city planning.

Forty-six people representing central and local government, natural hazards research bodies, first responders, infrastructure organisations and community groups attended. The resulting report – *Napier Natural Hazards Resilience Workshop* – shows how, through shared learning and proactive management, we can increase our capacity to withstand, respond and recover from natural hazards' impacts.

The report's finding may also support similar initiatives, so communities across New Zealand can increase their resilience to natural hazards.

Hazard research (landslide)

We commenced two research projects into our region's landslide risk in conjunction with the National Landslide Database:

- We studied a pilot area on Napier Hill to find out more about the risk to life, property and businesses from rockfall and cliff-collapse hazards, and work out what we need to look into more in the future. The risk model will be completed by August 2019.
- Our regional mapping of earthquake-induced landslide probabilities for 500/1000/2500 shaking intensities will be finished in September 2019.

Partnering with others to reduce risk

Many of the ways we reduce risk are never seen by our communities, but they still play an important role.

We work with other agencies to influence policy, legislation and regulation, and with local authorities and developers as they establish approaches to land use and building developments.

These activities help to ensure long-term risk reduction by making sure the environments in which people live and work are as safe as possible, and that when we do need to respond, we can do so in a way that ensures our people and communities are best protected.



Item 12

Attachment 1

Resilience in readiness means people and communities are ready and prepared to react when an event occurs.

We build greater resilience within our diverse communities, particularly those most vulnerable, by helping them identify their own strengths, risks and needs, and supporting them to plan for emergencies.

Item 12

Attachment 1

Hawke's Bay Civil Defence Emergency Management Group

Group Plan readiness outcomes:

- A strong community spirit, which helps people pull together to ensure their safety.
- Businesses and response organisations with well-rehearsed business continuity plans that safeguard both people and business income.
- Community and response organisations with the capability to deal with unexpected events.
- Our community recognises the critical role Civil Defence Emergency Management plays in ensuring their safety and prosperity.

Stronger engagement with communities

Our community engagement programme involves our people talking with diverse groups to help build their resilience to emergencies.

Whether it's a specific community resilience programme, one-on-one support and advice, or actively participating in community events, we're working hard to better understand the needs of the communities we serve and help them reduce their risk of emergencies.

Some of the ways we have improved our community engagement over the last year:

- We finalised our community resilience programme 2019-2026, putting the safety and wellbeing of people at the heart of our emergency management priorities. Historically, emergency management has focused on hazard management and official responses to emergencies. We saw in the Canterbury earthquakes the pivotal role communities themselves play in emergency management, and how we need to move from an organisational response-centric planning model to building resilience across our communities.
- We help our communities understand their risks, identify their resources and create achievable and sustainable community resilience plans that meet their individual needs while reflecting emergency management good practice.
- We completed several rural coastal communities' resilience plans: Porangahau, Ocean Beach, Iwitea, Whakaki, Nuhaka and greater Mahia.
- Our Clive and Cape Coast community resilience plan reviews are well underway, and we're looking to review our previous plans to make sure they're up to date and relevant.

Alongside our specific programmes, we also engage with other organisations to support local communities.

For example, we work closely with Age Concern to jointly identify ways to support older people in our communities. We also work with local businesses to help them plan for business continuity.



Item 12

Public education programme

- We completed our communications strategy, which sets out the way we use our communications channels to help us deliver our vision of a resilient Hawke's Bay community, both day-to-day and during a response. This strategy is supported by individual communications plans for specific public education campaigns, key projects and group initiatives. It is a best-practice guide to our public information and education.
- We also completed 'Our voice' – our group's guide to written communications. The way we write influences how people respond to our messages, and what they think about us. It plays a big part in building people's trust and confidence. The guide sets out the tone, styles and standards for writing on behalf of our organisation, to help ensure our community receives clear and consistent communication, no matter who they are dealing with. It applies to every document we write, from short emails to large reports or plans.

Attachment 1

Hawke's Bay Civil Defence Emergency Management Group

Working with the media



Many of our activities are supported by public education and communications campaigns.

We worked with Seven Sharp to broadcast a prime-time segment on a simulated tsunami evacuation, with reporter Lucas de Jong springing three Marewa-based flatmates with a surprise magnitude 8.9 Hikurangi subduction zone earthquake scenario, leaving them to quickly work out what to do.

In the scenario, the earthquake caused widespread liquefaction, damaged buildings and roads, and triggered a tsunami that gave the flatmates 20 minutes to reach safety.

The segment prompted many phone calls and emails from our communities asking about tsunami preparedness, and a flurry of social media activity: our two Facebook posts on the segment reached more than 25,000 people with nearly 5600 post engagements. Ministry of Civil Defence & Emergency Management Executive Director Sarah Stuart-Black described the piece as "one of the best examples of tsunami education we've seen," that "would have given a large chunk of the country pause for thought".

The Exploring New Zealand's capacities to respond to people's basic needs during catastrophic events in New Zealand report



We have plenty of experience at managing emergencies and disasters in New Zealand – but we're yet to learn how we'd fare as a country in a catastrophic event. Catastrophic events have the potential to significantly impact a large number of people and multiple regions, and create extremely difficult environments in which to respond. It is likely that some time in our future we may experience an event of this scale.

The *Exploring New Zealand's capacities to respond to people's basic needs during catastrophic events in New Zealand* report is the first look at the New Zealand emergency management system's capacity and capability to provide for people's basic needs in a catastrophic event.

Our group led the development of this report with funding from the government's Resilience Fund. It aims to help emergency managers understand where New Zealand is currently at in terms of catastrophic event planning, define where it could be, and recommend what actions could be taken to lessen the gap between the current and ideal state.

The report includes lessons learnt internationally, with recommendations on how to incorporate these into our country's disaster planning.

Hawke's Bay Civil Defence Emergency Management Group

Item 12

Group Welfare Plan

We completed our Group Welfare Plan this year, which outlines how we will organise a coordinated response and what we need to do before an emergency. We developed the plan in collaboration with welfare agencies, after hearing from other welfare practitioners. This gave us a deeper understanding of the social impact of emergencies, and our communities' capabilities and vulnerabilities.

This plan differs from previous ones as it takes a more holistic look at welfare in an emergency: it helps us better understand our social environment, and takes an empathetic view of our affected communities' experience and journey through to recovery.

Working with our Rural Advisory Group – better outcomes for rural communities

When an emergency affects our rural communities, we need to quickly find out what's happening so we can provide the right support – and we do this through our connections to rural groups and networks.

Made up of government agencies, and rural industry and sector groups including Federated Farmers, Beef and Lamb New Zealand, Forestry Industry Contractors Association, Rural Women New Zealand and Young Farmers Clubs, our Rural Advisory Group helps us coordinate support from rural agencies to rural communities.

This year, we worked with our Rural Advisory Group to develop a draft response and recovery plan, which guides how people in the rural sector can work together in an emergency to improve outcomes for rural communities.

We also established a rural liaison function in our Emergency Coordination Centre. This role will coordinate the flow of information between stakeholders and ensure our rural communities' needs are heard; as well as getting information and assistance to our more isolated communities.

We know disasters can have a huge impact on farmers and rural communities. The Rural Advisory Group is ready to respond and support our communities when it's most needed.

Attachment 1

Hawke's Bay Civil Defence Emergency Management Group

Item 12

Attachment 1

Working with our volunteers

Responding to a major emergency requires a huge amount of resources, often beyond our capability and that of our partner agencies. Volunteers play a critical role in helping us manage emergencies.

This year, we worked to strengthen our relationship with our volunteers and our volunteers' capabilities, to make sure we're all as equipped as we can be when the worst happens.

- We completed our Volunteer Management Plan, which outlines how we will engage, train and exercise our volunteers and partner volunteer organisations, so our volunteers understand what's expected of them and how we can best work together.
- We led the creation of a Volunteer Technical Advisory Group, to ensure clear coordination across Hawke's Bay volunteering groups of volunteer resources in both readiness and response.
- We held several volunteer exercises this year including a public demonstration of our volunteers' communications and rapid response capability on Te Mata Peak.
- We'll be looking at our volunteer capability in Central Hawke's Bay and Wairoa, to further bolster our capacity.

Group Emergency Coordination Centre redevelopment

The project to rebuild the Group Emergency Coordination Centre to the latest earthquake standards went well. The rebuild was an opportunity to reorganise the facility's internal layout and fit it out with up-to-date technology.

Work on this project started in February 2019 and the building will be reoccupied and fully operational by September 2019.

Hawke's Bay Civil Defence Emergency Management Group

Item 12

Response management systems review and development

We've been working this year to review and improve our response support systems, to make sure we can let people know about emergency events and what to do as soon as possible. These include our regional warning systems, mass public alerting systems, incident management team activation systems and response management systems.

We've had some delays because of staff changes, but we're still on track. We completed the initial testing of the replacement system for the National Emergency Management Information System, and we've started looking at how we might use ARC geographic information system (mapping) for response.

We embedded a system called Whispir as our regional warning system and developed a 'one-touch' staff activation – so we can quickly and easily contact everyone we need and monitor staff availability through return replies staff. We'll continue to roll this out by the end of the 2019/20 financial year.

Incident Management Team (IMT) capability development

We carried out an extensive exercise and training programme across our group this financial year, to make sure we have enough people trained and capable of responding to an emergency event. This programme included a training needs assessment, course development, training and exercising, including Tier 1 IMT exercises with all territorial local authorities and at the Group Emergency Coordination Centre level.

We run our training development in conjunction with the Ministry of Civil Defence & Emergency Management ITF programme, and develop tailored training for individual functions. We trained 540 people, and 148 took part in exercises.

Attachment 1



Item 12

Attachment 1

Hawke's Bay Civil Defence Emergency Management Group

Item 12

Hawke's Bay Civil Defence Emergency Management Group Response Framework

We finalised the development of the Hawke's Bay Civil Defence Emergency Management Group Response Framework, which outlines how our group will operate during response under our new centralised model of operations, and clarifies the roles and responsibilities for different parts of the response.

The framework also introduces a scale for events, with triggers to help us work out the appropriate response structure and lead organisation.

Tier 1 exercising

Tier 1 exercises are designed to test our core response agencies' response arrangements to local-level events, which territorial local authorities largely manage.

This year, we held Tier 1 exercises at our Group Emergency Coordination Centre and across Hawke's Bay's territorial local authorities, to test the arrangements for responding to these events and escalating them up to a group-led event.

These exercises also tested core functions such as status reporting, planning and media relations.

During the year, we started planning with our councils and partners for a Tier 2 (regional) exercise to be run in October 2019.

Group on-call advisor

We set up a duty on-call emergency advisor system to make sure someone is always available to support the group and initial response activities when national watches and warnings are issued.

We developed an On-Call Advisor manual and a training course for emergency management staff taking on the on-call role. The on-call role has already proven a valuable addition to our regional warning system by providing timely communication and advice to key response staff.

We issued 109 watches and warnings to regional response agencies over the year.

Attachment 1



Annual Report 2018/19

Item 12

Attachment 1

**Emergencies happen,
and we all rely on the
people who respond in
these events to be well
trained to deal with the
situation as it unfolds,
ensuring lives and
property are protected
and well looked after.**

Our response function is designed to ensure people, communities and organisations react and take appropriate action during an emergency.

Item 12

Attachment 1

Group Plan response outcomes:

- People know what to do and to help each other in the event of an emergency.
- A rapid, well-coordinated and effective response to an emergency.

Pigeon Valley fires in the Nelson-Tasman region

Started by machinery on 5 February 2019, the 2400ha Pigeon Valley fire was New Zealand's largest fire since 1955, requiring 22 helicopters and hundreds of fire-fighting personnel and Emergency Coordination Centre staff to manage the emergency.

The Tasman Mayor declared a state of emergency on 6 February 2019, and the response team evacuated 3000 residents over several days.

Hawke's Bay Civil Defence Emergency Management Group supported the response efforts by deploying three staff members on a five-day rotation, to work in the Planning, Logistics and Public Information Management functions.



Hikurangi Response Plan

It's been a busy first year for the Hikurangi Response Plan project.

The plan is a collaborative East Coast LAB project between five lower-North Island CDEM groups and funded by the Ministry of Civil Defence & Emergency Management Resilience Fund.

The three-year project will develop an inter-agency initial response plan for a credible and realistic Hikurangi subduction zone earthquake and tsunami scenario.

Hawke's Bay Civil Defence Emergency Management Group is leading this initiative.

- In June 2018, we held a hazard scenario workshop to determine what a credible scenario would look like for a Hikurangi subduction zone earthquake and tsunami.
- We commissioned GNS Science to further develop the scenario, producing a report on the credible magnitude 8.9 scenario late in 2018.
- We held five Civil Defence Emergency Management group workshops between February and April 2018. Around 350 people attended, representing a range of responding agencies and organisations.
- We held an inter-group Civil Defence Emergency Management-focused workshop in June 2019 to delve further into the issues identified at the earlier workshops. Around 40 people from the Ministry of Civil Defence & Emergency Management, lifelines representatives and the five Civil Defence Emergency Management groups attended.
- We produced and publicly released an educational video, reaching more than 70,000 people on Facebook.
- We presented on the project at many events and meetings including the QuakeCore Annual Conference, New Zealand Planning Institute Conference, and the Resilience to Nature's Challenges Conference.
- We began developing the inter-group draft Hikurangi Earthquake and Tsunami Framework.



Item 12

Attachment 1

Dealing with an emergency can be stressful and exhausting.

Recovering from a disaster is a complex process that may take months, even years to overcome. We work to help people get back to acceptable quality of life as soon as possible.

Hawke's Bay Civil Defence Emergency Management Group

Group Plan recovery outcomes:

- Organisations and agencies are aware and prepared for the role they may play in recovery.
- A responsive, well-coordinated and efficient recovery from an emergency.

Lifelines Group	We assisted the Hawke's Bay Lifelines Group in completing a vulnerability assessment of lifelines infrastructure servicing Hawke's Bay, so we know where our major risks are and can work out how to address them.
Group recovery	We formally appointed a new Group Recovery Manager and alternatives. Work has commenced with local council recovery managers to improve their understanding of the role councils play in recovery, and providing them with the tools to plan and deliver recovery outcomes after an emergency.



Item 12

Attachment 1



Item 12

Attachment 1

Hawke's Bay Civil Defence Emergency Management Group

Capability assessment report

This year, we worked with the Ministry of Civil Defence & Emergency Management and an independent consultant to commission a Capability Assessment Report, to find out how we're tracking under our new centralised model.

The report highlighted the overall confidence in our new group structure and the work we've already carried out under these changes. The review team observed an impressive culture, commitment and attitude across all levels of management and governance, and the relationships between local authorities, the Hawke's Bay Civil Defence Emergency Management Group office and partner agencies.

The assessors used our group objectives, work programme, documentation and key performance indicators to assess our performance, reaching a score of 72.2 per cent. This means our group has an advancing capability, and we're well on track to keep thriving as an organisation. This score has steadily improved since the first report in 2010.

The assessment identified some standout areas including the increase in our community resilience work; hazard risk research; and response framework development.

The assessors also found several areas for improvement, including the need for all strategies and plans to better align to the Group Plan; the alignment of community resilience activities between agencies; coordination and alignment of projects; further development of operational response capability; further development of recovery capability; the development of aligned work programmes; and the review of Joint Committee and the Coordinating Executive Group meeting processes.

We're proud of this result and will continue to work to improve our services to Hawke's Bay.

Hawke's Bay Civil Defence Emergency Management Group

Item 12

Attachment 1

Financial summary 2018/19					
	CDEM expenditure	CDEM income	Lifelines expenditure	Lifelines income	Total result
Risk reduction (711)	120,234	(120,234)			(75,094)
Operational readiness and response (712)	552,629	(674,874)			(122,245)
Governance, coordination and recovery (713)	576,079	(564,952)	22,323	(18,500)	14,950
Local emergency management (714)	554,780	(702,330)			(147,550)
Totals	1,803,899	(2,137,661)	22,323	(18,500)	(329,939)

Hawke's Bay Civil Defence Emergency Management Group

Reserves 2018-2019		
	Lifelines (\$'000)	CDEM (\$'000)
Balance carried forward from 17/18	(46)	(38)
Expenditure 18/19	22	1,778
Revenue 18/19	(18)	(2,119)
Balance	(42)	(375)

The current CDEM budgets are based on historical spending by all Hawke's Bay councils in this area.

With the development of our new shared service mode, some savings have been realised. These savings are being invested in developing and maintaining capability in areas we need to improve.

We also want to build an emergency reserve to fund the operational response to a significant event.



www.hbemergency.govt.nz

enquiries@hbemergency.govt.nz

www.facebook.com/hbemergency

+64 6 835 9200