



**AGENDA FOR THE MEETING OF THE  
AUDIT AND RISK SUBCOMMITTEE**

**TO BE HELD IN THE  
SELWYN DISTRICT COUNCIL CHAMBER,  
2 NORMAN KIRK DRIVE, ROLLESTON  
ON TUESDAY 5 AUGUST 2025  
COMMENCING AT 9AM**

## **PUBLIC AGENDA Audit and Risk Subcommittee - 5 August 2025**

Attendees: Mayor (S T Broughton), Ms A Elstob (Chair), Councillors S N O H Epiha, and N C Reid;  
Mr B Gemmell

05 August 2025 09:00 AM

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Public portions of this meeting are audio-recorded and livestreamed via the Council's YouTube channel.

Whakataka te hau ki  
te uru

Cease the winds from  
the west

Whakataka te hau ki  
te tonga

Cease the winds from  
the south

Kia mākinakina ki uta

Let the breeze blow  
over the land

Kia mātaratara ki tai

Let the breeze blow  
over the sea

E hī ake ana te  
atakura

Let the red-tipped  
dawn come with a  
sharpened air

He tio, he huka, he  
hau hū

A touch of frost, a  
promise of a glorious  
day

Tīhei mauri ora!



**MINUTES OF AN ORDINARY MEETING OF THE  
AUDIT AND RISK SUBCOMMITTEE  
HELD IN THE COUNCIL CHAMBERS  
ON TUESDAY 6 MAY 2025 COMMENCING AT 9.00AM**

**PRESENT**

Ms A Elstob (Chair), Mayor S T Broughton, N C Reid; and Mr B Gemmell

**ATTENDEES**

Mrs S Mason (Chief Executive); Messrs; R Love (Executive Director Development and Growth), T Mason (Executive Director Infrastructure and Property), M England (Head of Asset Management), W Stack (Health and Safety Lead), N Koch (Head of Financial Control), J Knight (Head of Health, Safety and Wellbeing), Mesdames; A Sneddon (Chief Financial Officer), J Hands (Head of Legal and Risk), S Healy (Risk Manager), M Mudgway (Health and Safety Specialist), T Copping (Wellbeing Lead), K Hansen (Head of People), H Tate (Communications Advisor), J Beker (Legal Counsel, Policy and Compliance); and Ms T Davel (Senior Governance Advisor) and Mr B Adhikari (Governance Coordinator)

Staff from Audit NZ were also in attendance.

The meeting was opened with a karakia.

**APOLOGIES**

An apology was received from Councillor S Epiha

**Moved** – Mayor Broughton / **Seconded** – Councillor Reid

*‘That the Audit and Risk Subcommittee receive the apology from Councillor Epiha.’*

**CARRIED**

**EXTRAORDINARY OR GENERAL BUSINESS**

None.

**CONFLICTS OF INTEREST**

None.

**TERMS OF REFERENCE**

For information only.

**ORDER OF BUSINESS**

UNCONFIRMED Audit and Risk Subcommittee 6 May 2025

## 1. CONFIRMATION OF MINUTES

**Minutes of the ordinary meeting of the Audit and Risk Subcommittee held on Monday 24 March 2025.**

**Moved** – Mr Gemmell / **Seconded** – Mayor Broughton

*‘That the Audit and Risk Subcommittee confirms the minutes of the ordinary meeting of the Subcommittee held on Monday, 24 March 2025, as circulated.’*

**CARRIED**

## REPORTS

### 2. Chairperson’s Report

*Chairperson’s (Verbal) Report*

The Chairperson thanked the Emergency Management team for their recent responses to the climate events.

She also shared that she had attended a session run by Audit New Zealand and hosted by Ron Warmington. She noted that she would share the presentation with members.

Additionally, the Chairperson attended a regular bi-monthly meeting of CORDE alongside Council’s Chief Executive and noted that the structured agenda covers both strategic and operational matters.

**Moved** – Ms Elstob / **Seconded** - Mayor Broughton

*‘That the Audit and Risk Subcommittee receives the Chairperson’s (verbal) Report to the Subcommittee, for information.’*

**CARRIED**

**Actions Table**

Item	Meeting referred from	Action required	Report Date
Local Government Official Information and Meetings Act (LGOIMA)	24 March 2024	A request from the subcommittee for staff to compile statistics on LGOIMA numbers, including numbers on repeat applicants.	5 August 2025

**4. Executive Director's Report***Executive Director People, Culture and Capability*

There were discussions on the Building Consent Authority (BCA), why it was considered a risk, and why it should rather be seen as beneficial for Selwyn. There were also questions about potential flight risks for staff. The staff responded that the Building Act 2004 has always allowed for private BCAs to go through the accreditation process. However, registration is a difficult process, and there has only been one private BCA established so far.

The staff stated that there is a target of around 1,000 low-risk buildings at this stage, with double that number expected in the second year. This is projected to generate \$3.2 million in revenue, although 45–50% of this revenue goes to the Ministry and the Building Research Association.

They stated that BCAs have the responsibility to lodge plans with the Territorial Authority (TA), and the fees they pay could generate revenue. There is a professional partnership programme in place, which creates efficiency in consenting and helps fast-track consents during busy periods. It was discussed that the Council could face residual risks, as it would be left dealing with complex issues, in addition to staff loss and changes in income. However, there are opportunities for an agreeable working partnership programme.

Noting the upcoming legislative changes, staff stated that one key announcement was the introduction of the living wage and a commitment to a 4.2% pay increase. However, it was unclear how this would impact operations, as bargaining is scheduled for June. The Chief Executive noted that there was no workforce strategy in place, but this is one of the KPIs that will influence future reporting. The Chairperson suggested that the dashboard does not need to be so detailed and could instead be included as part of the Executive Director's report.

Mr Gemmell added that it would be beneficial for the Subcommittee to see outcomes at governance level, rather than the detail and confirmed with the Chief Executive that detail was being socialised at senior leadership level.

**Moved** – Mayor Broughton / **Seconded** – Mr Gemmell

*‘That the Risk and Audit Subcommittee receives the report ‘Executive Directors Joint Report to April 2025.’*

**CARRIED**

## **5. Health, Safety and Wellbeing Update**

*Head of Health, Safety and Wellbeing, Health and Safety Lead, and Wellbeing Lead*

The Health and Safety team is currently developing a comprehensive strategy and charter to guide future initiatives. Positive outcomes have been observed from recent worksite visits, with the critical risk management programme steadily progressing and improving. The GIS-based location of interest programme has been tested and is ready for launch. Additionally, Telus Health is being set up as the new Employee Assistance Programme (EAP), introducing new well-being initiatives, including the GoodYarn programme.

Concerns were raised about heightened behavioural issues at Council facilities. It was emphasized that expectations for respectful behaviour should be clearly communicated, and staff should not be subjected to abuse or inappropriate conduct. A response process is in place to manage such behaviour, which may include issuing trespass notices or removing individuals from facilities.

**Moved** – Mr Gemmell / **Seconded** – Councillor Reid

*‘That the Audit and Risk Subcommittee receive the Health, Safety and Wellbeing Update Report.’*

**CARRIED**

## **6. Audit NZ Audit Plan**

*Head of Financial Control and Audit New Zealand staff*

A new Director from Audit New Zealand has commenced their first audit with Selwyn District Council. The director also serves as component auditor for CORDE. It was noted that new group auditing standards will require increased engagement throughout the process.

It was noted that several lessons were learnt from the past years and a full planning session has been scheduled. The timelines will be shared with Audit New Zealand to ensure transparency.

**Moved** – Mayor Broughton / **Seconded** – Councillor Reid

*'That the Audit and Risk Subcommittee receives for information the Audit New Zealand (AuditNZ) Audit Plan for Year Ending 30 June 2025.'*

**CARRIED**

## **7. Quarterly Treasury Report for the quarter ended 20 December 2024**

*Head of Financial Control*

A summary of the Treasury Report was presented outlining the current financial position. In response to a query about borrowing in relation to the Long-Term Plan, it was clarified that borrowing was established on a needs basis. The finance team is actively exploring additional facility options and looking at the Local Government Funding Agency.

**Moved** – Councillor Reid / **Seconded** – Mayor Broughton

*'That the Audit and Risk Subcommittee receives for information the Selwyn District Council Quarterly Treasury Report for the quarter ended March 2025.'*

**CARRIED**

## **8. Internal Audit Report**

*Head of Legal and Risk, & Risk Manager*

An update was provided on internal audit programme prepared with outputs from Deloitte's work on the Internal Audit of Sensitive Expenditure. The planned procurement review has been delayed for now. Council received a rating of 2 / 5 with 3 considered the benchmark.

It was noted that the financial hygiene project was underway, which will help address how coding is done in future. There were discussions around the need to clarify whether lower-rated findings are systematic or isolated anomalies. Deloitte indicated that some issues, such as not understanding the purchase order processes, explain why there was a lower rating of 2 / 5. It was also noted that the audit covered a period ending June 2024, and improvements have already been made since then.

**Moved** – Mayor Broughton / **Seconded** – Mr Gemmell

*‘That the Audit and Risk Subcommittee:*

- a) Receive the “Internal Audit Update” report*
- b) Receive for information the “Sensitive Expenditure Internal Audit” report.’*

**CARRIED**

*Morning tea break between 10.44am – 10.55am*

### **9.Risk Management Update**

*Head of Legal and Risk; and Risk Manager*

A risk management roadmap has been developed with support from an independent consultant. A risk appetite workshop is planned and will be facilitated by the consultant. The workshop will firstly be delivered to the Executive Leadership Team (ELT), followed by a wider rollout to the broader team.

Work is currently underway on the risk register, which involves collaborating with Heads of Departments (HoDs) to identify and understand key risks. When asked how risk management would progress within the organisation without additional staffing, staff responded that engagement with team leaders and HoDs is being prioritised, with risk discussions included in their regular agendas. Staff are also working directly with teams to create or update risk registers.

In response to a query about how to address risk-related issues, it was confirmed that any such concerns can continue to be raised through the Chief Executive or the Mayor, and they will be addressed as needed.

*Councillor Reid left the Chambers at 11.18am*

It was noted that the upcoming risk management workshop is of interest, and its success can be measured by the extent to which participants understand what actions to take and how they can protect themselves.

*Councillor Reid returned to the Chambers at 11.22am*

**Moved** – Mayor Broughton / **Seconded** – Mr Gemmell

*‘That the Audit and Risk Subcommittee:*

- a) Receive the “Risk Management Update” report.*
- b) Endorse the SDC Risk Team Strategy and Roadmap.’*

**CARRIED**

## **10. Legal and Policy Report**

*Head of Legal and Risk and Legal Counsel - Policy and Compliance*

The ongoing continuous improvement document continues to evolve and the majority of work sits within the business-as-usual (BAU) space. While there are few claims or strategic issues, the Local Water Done Well programme remains a key area of attention.

The average response time for Local Government Official Information and Meeting (LGOIMA) requests has significantly decreased from an average of 23 days down to 12 days.

It was noted that contract management has been identified as a growing area.

**Moved** – Mayor Broughton / **Seconded** – Mr Gemmell

*‘That Audit and Risk Subcommittee receive the Legal and Policy Report’*

**CARRIED**

## **GENERAL BUSINESS**

The chairperson thanked Councillor Phil Dean who has resigned from his role as a councillor for his time and contribution on the Audit and Risk subcommittee. The subcommittee wishes him a best of luck for his future endeavours.

## **RESOLUTION TO EXCLUDE THE PUBLIC**

**Moved** – Mayor Broughton / **Seconded** – Councillor Reid

**Recommended:**

*‘1. That the public be excluded from the following proceedings of this meeting.*

*The general subject matter to be considered while the public is excluded, the reason of passing this resolution in relation to the matter, and the specific grounds under Section 48(1) of the Local Government Official Information and Meetings Act 1987 for the passing of this resolution are as follows:*

<i>General subject of each matter to be considered</i>		<i>Reasons for passing this resolution in relation to each matter</i>	<i>Ground(s) under section 48(1) for the passing of this resolution</i>	<i>Date information to be released</i>
1.	Public Excluded Minutes	<i>Good reason to withhold information exists under Section 7</i>	Section 48(1)(a)	
2.	Compliance Report			

This resolution is made in reliance on Section 48(1)(a) of the Local Government Official Information and Meetings Act 1987 and the particular interest or interests protected by Section 6 or Section 7 of that Act or Section 6 or Section 7 or Section 9 of the Official Information Act 1982, as the case may require, which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public are as follows:

1	enable any local authority holding the information to carry out, without prejudice or disadvantage, commercial activities; or  enable any local authority holding the information to carry on without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	Section 7(2)(h) & (i)
2.	The withholding of the information is necessary to maintain legal professional privilege	Section 7(2)(g)

*2. that appropriate officers remain to provide advice to the Committee.'*

**CARRIED**

*The meeting moved into public excluded at 11.39am.*

*With no further business the meeting ended at 11.48am*

DATED this                      day of                      2025

\_\_\_\_\_  
**CHAIRPERSON**

UNCONFIRMED Audit and Risk Subcommittee 6 May 2025



**Actions Table**

Item	Meeting referred from	Action required	Report Date
Local Government Official Information and Meetings Act (LGOIMA)	24 March 2024	A request from the subcommittee for staff to compile statistics on LGOIMA numbers, including numbers on repeat applicants.	5 August 2025

## AUDIT AND RISK SUBCOMMITTEE - TERMS OF REFERENCE

The Audit and Risk Subcommittee shall be a Subcommittee of Council, established by Council. The existence of the subcommittee does not remove from council any of its legal obligations or responsibilities.

Chair:	Analisa Elstob (Independent Chair)
Deputy Chair:	Councillor Phil Dean
Members:	<p>The number of members shall be no less than five, with two members independently appointed by Council.</p> <ul style="list-style-type: none"> <li>▪ Councillor Reid</li> <li>▪ Councillor Epiha (Chair of Finance &amp; Performance Committee)</li> <li>▪ Independent Member (Bruce Gemmell)</li> </ul> <p>The maximum term an elected member may serve on the Subcommittee shall be two consecutive electoral cycles</p>
Quorum:	Three members
Meeting Cycle:	Quarterly, or as required
Reports to:	Council
Delegations Powers:	The Subcommittee has the powers necessary to perform its responsibilities within the approved Long Term Plan and Annual Budgets
Reporting Officer:	Executive Director People, Culture and Capability

### 1. Purpose

The purpose of the Audit and Risk Subcommittee is to assist the Council to discharge its responsibilities to exercise due care, diligence, and skill in relation to the oversight of:

- health, safety and wellbeing responsibilities as required under the Health and Safety at Work Act 2015;
- the robustness of Council's internal control framework;
- the integrity and appropriateness of external accountability and reporting;
- the robustness of risk management systems, processes and practices;
- compliance with appropriate laws, regulations, standards and best practice guidelines;
- establishment and maintain controls to safeguard council's financial and non-financial assets; and
- Council's compliance with its financial policies including liability management (borrowing) policy and investment policies.

To allow it to undertake these responsibilities the Subcommittee can request information and reports from staff on matters relating to its purpose.

### 2. Health, Safety and Wellbeing Responsibilities

- 2.1. Monitor all aspects of health and safety legislative compliance.
- 2.2. Receive reports from an Internal Management Committee focused on health, safety and wellbeing issues (including reference to mental health, incidents and near-misses, responses and initiatives implemented to mitigate risks).

### 3. Internal Control Framework

- 3.1. Ensure that management's approach to maintaining an effective internal control framework is sound and effective.
- 3.2. Enquire as to the steps management has taken to embed a culture that is committed to probity and ethical behaviour.
- 3.3. Review whether there are appropriate processes and systems in place to identify and investigate fraudulent behaviour.

**4. Risk Management**

- 4.1. Review the risk management framework and associated procedures for effective identification and management of Council's significant risks.
- 4.2. Review at least annually, the Council's risk profile.
- 4.3. Assist the Council to determine its appetite for risk.
- 4.4. Provide input, annually, into the setting of the risk management programme of work.
- 4.5. Receive updates on current litigation and legal liabilities.

**5. External Reporting and Accountability**

- 5.1. Enquire of external auditors any information that affects the quality and clarity of Council's financial statements and assess whether appropriate action has been taken by management.
- 5.2. Satisfy itself that the financial statements (statutory and monthly) are supported by adequate systems of internal control.
- 5.3. Receive and consider external financial statements, and recommend their adoption, or not, by Council.

**6. Financial Governance**

- 6.1. Consider the appropriateness of Council's existing accounting policies and principles and any proposed changes.
- 6.2. Enquire of the external auditors on practices and issues surrounding financial governance.

**7. External Audit**

- 7.1. Confirm the terms of the appointment and engagement, including the nature and scope of the audit, timetable and fees, with the external auditor.
- 7.2. Receive the external audit reports and review action to be taken by management on significant issues and audit recommendations raised within.
- 7.3. Conduct a member only session with external audit to discuss any matters that the auditors wish to bring to the subcommittee's attention.
- 7.4. The Committee will manage Council's relationship with the external auditor.

**8. Internal Audit**

- 8.1. Review and approve the annual internal audit plan
- 8.2. Receive all internal audit reports and review management's response to internal audit recommendations.
- 8.3. Provide a functional reporting line for internal audit and ensure objectivity of internal audit.
- 8.4. Conduct a member only session with internal audit to discuss any matters that the auditors wish to bring to the subcommittee's attention.
- 8.5. Oversee and monitor the performance and independence of internal auditors. Review the range of services provided by the co-sourced partner and make recommendations to Council regarding the conduct of the internal audit function.

**9. Compliance with Legislation, Standards and Best Practice Guidelines**

- 9.1. Review the effectiveness of the system for monitoring Council's compliance with laws, Council's own standards and best practice guidelines.

**10. Review Process**

- 10.1. On an annual basis the subcommittee will review its terms of reference to ensure all relevant legislation is acknowledged and incorporated.
- 10.2. At the commencement of each calendar year the Subcommittee will develop its work programme for the year ahead. The work programme will include linkage to Council's Long-term Plan and Annual Plan key activities and projects, the CEO's agreed KPIs and to risk assessment.

**11. Reporting**

- 11.1. The Chair will formally report to Council any matters of significance that have been brought to the attention of the Audit and Risk Subcommittee.
- 11.2. These reports will be accompanied by comments on corrective actions.

**TERMS OF REFERENCE REVIEW TABLE**

<b>Date of review</b>	<b>Status / summary of changes made</b>
December 2019	Adopted by Council.
June 2020	Reviewed and re-adopted by Council following appointment of an independent director
November 2020	Reviewed and re-adopted by Council
August 2021	Reviewed
June 2022	Next review
November 2022	Review undertaken
14 December 2022	Adopted by Council
21 February 2023	Adopted by Audit and Risk Subcommittee Cr Phil Dean appointed Deputy Chair
1 August 2023	Altered by Audit and Risk Subcommittee with the inclusion of Councillor Epiha.
8 August 2024	Review undertaken to update Reporting Officer and include oversight of Internal Audit activities.

## REPORT

**TO:** Chief Executive Officer  
**FOR:** Audit and Risk Committee  
**FROM:** Steve Gibling, Executive Director Strategy, Engagement and Capability  
**DATE:** 29 July 2025  
**SUBJECT:** **EXECUTIVE DIRECTOR'S REPORT**

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## RECOMMENDATIONS

*'That the Audit and Risk Committee:*

1. *Receive the report 'Executive Director's Joint Report to July 2025.*
2. *Adopt the 2025 / 2026 Audit and Risk Work Programme.'*

### 1. PURPOSE

The purpose of this report is to provide the Audit and Risk Subcommittee with a general overview of the actions and delivery of services relating to this Subcommittee's Terms of Reference.

The summary here, within this report, and within the substantive agenda, contribute towards meeting the Audit and Risk Committees requirements of due diligence as stated in the Terms of Reference.

### 2. SIGNIFICANCE ASSESSMENT/COMPLIANCE STATEMENT

The decisions and matters of this report are assessed as of low significance, in accordance with the Council's Significance and Engagement Policy.

### 3. UPDATE TO JULY

#### **Maritime NZ v Gibson judgement actionable insights for CEOs**

The reserved judgment of Judge Bonnar KC in Maritime New Zealand v Gibson has landed and the decision is important and (subject to what happens with any appeal) offers useful guidance about what Officers need to do to meet their personal due diligence duty under section 44 of the Health and Safety at Work Act.

Judge Bonnar KC summarised the relevant principles relating to the exercise of due diligence and held:

- a) Whether an officer has exercised due diligence is a matter of fact and circumstance.

- b) The duty to complete due diligence applies to all officers across all PCBUs, regardless of their size or structure. In large, hierarchical organisations the duty is not limited to governance or directorial oversight functions.
- c) Officers are not required to do everything that the PCBU is required to do to comply with its duties. A failure by a PCBU does not necessarily mean officers have failed to exercise due diligence.
- d) Officers in large PCBUs cannot simply rely on others who are assigned health and safety obligations or roles. Officers must personally acquire and maintain sufficient knowledge to satisfy themselves that the PCBU is complying with its duties.
- e) When people are assigned to perform health and safety obligations or roles, officers must ensure these people have the necessary skills and experience to properly execute their roles and must adequately and regularly monitor their performance.
- f) Officers must acquire and maintain sufficient knowledge of the way work is actually carried out to adequately identify and address actual workplace hazards and risks. The focus should be on work as done, not on work as imagined.
- g) It is not enough for officers to simply put in place policies and procedures for how work is to be carried out. Officers must go further and ensure that entrenched and adequate systemic processes are working to ensure the PCBU complies with its duties.
- h) Officers must ensure there are effective reporting lines and systems in place to ensure necessary information flows up to the officers (and to others with governance or supervisory functions).
- i) Officers can't assume the information they receive from subordinates is accurate and sufficient, or that the absence of bad news is the same as good news. Instead, officers need to be proactive and monitor, verify and interrogate the information they receive

The ARC committee will continue to receive updates on the Officer due diligence (site visit) walk arounds and staff will continue to facilitate discussions here and with Council about the actions related to our Health, Safety and Wellbeing functions. This will include:

1. Review and report on progress related to critical risks and controls
2. Map where the key accountabilities, roles and responsibilities for health and safety sit
3. Work with the new Council to complete the Institute of Directors 'Good Practice Governance Self-Assessment'
4. Review all current internal and external recommendations from audits, reviews, and investigations
5. Review how Officers demonstrate safety leadership and gain an understanding of 'work as done – not as imagined'.

A summary of the findings, including insights from the Health and Safety Leaders Forum is attached in **Appendix 1** - Maritime NZ v Gibson judgement actionable insights for CEOs.

### **Councillor and Executive Leadership Health and Safety Walkaround:**

Health and safety walkarounds involving Councillors and members of the Executive Leadership Team continue across various Council sites. These visits are receiving positive feedback from staff and contractors and are improving safety culture and visibility of leadership.

Key observations and suggestions from the walkarounds are being logged in Vault, enabling us to track trends and identify opportunities for continuous improvement in health and safety practices.

We encourage all participants to share their experiences, observations, or key takeaways with the Audit and Risk Subcommittee, as these insights are valuable in informing our overall health and safety approach.

Further details are provided in the Health and Safety Update report.

### **Council's approach for the Annual Report 2024/25**

We have established a project team to develop SDC's Annual Report 2024/25 ready for Audit NZ to audit in September. The end result we are working towards is an audited Annual Report ready for the Audit and Risk Committee and the new Council to adopt within the statutory timeframe of 31 October.

Subject to progress, staff will seek an extraordinary meeting of the Audit and Risk Committee the week of the 27<sup>th</sup> October.

### **2025/2026 Audit and Risk Subcommittee Work Programme**

The attached work programme at **Appendix 2** builds upon the current years work programme and is presented for adoption for the upcoming year. It reflects the key aspects of the Committees Terms of Reference and is designed to give a clear plan in relation to the matters to be dealt with at each meeting.

### **People Update**

Over the last quarter the number of employees at Selwyn District Council as increased by 6 employees to 644. The approved FTE is 528.4 (reduction of 2.1 FTE) and the actual FTE is 458.4 (reduction of 1.5 FTE). The volume of recruitment taking place during the quarter has remained high with 74 positions filled – 43 with external applicants and 31 internal applicants.

This brings the total of positions filled this financial year 301 which is almost identical to the total number of positions filled last financial year (307). During the quarter we had 38 staff members finish their employment with Selwyn District Council with a spike in May of 20 employees. Update on key priorities for the People Team include:

1. Collective Bargaining: The PSA initiated bargaining as the existing Collective Agreement expired on 30 June 2025. Claims were exchanged between parties on the 5 June 2025, with bargaining taking place on 18/19 June and 3 July 2025. Discussion is ongoing.
2. Holiday Pay Remediation Project: The project reached a significant milestone in that it was able to communicate to the 403 impacted existing employees and make payment to these employees in June 2025 to address any monies owed. Further external communication is taking place from 17 July to try and reach the 1096 ex-employees who were also impacted.

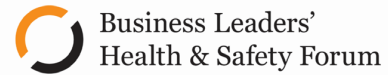


3. People Strategy: The Head of People has developed an engagement plan which is planned to commence later this year alongside the Health, Safety and Wellbeing strategy engagement. Both strategies will be adopted this financial year.

A handwritten signature in blue ink, appearing to read 'SG', is positioned above the name and title of the signatory.

Steve Gibling

**EXECUTIVE DIRECTOR STRATEGY, ENGAGEMENT AND CAPABILITY**



## Maritime NZ v Gibson judgement - actionable insights

Notes from webinar series with:

Stacey Shortall, Olivia Lund, Mike Cosman and Craig Marriott

17-18 December 2024

### 1. A brief background

Former Port of Auckland (POAL) CEO Tony Gibson was convicted in the District Court on two charges under the Health and Safety at Work Act 2015 (HSWA) – the first time a CEO of a major New Zealand company has been found guilty under the Act.

The charges were brought by Maritime NZ following the death of Pala'amo Kalati at the Port in 2020.

POAL was also charged as a PCBU under the same legislation and pleaded guilty and were fined and paid reparations.

Mr Gibson was found guilty on two of three charges, following a trial. The link to the full verdict is set out in Appendix One below. For a full summary and background on the case you can read: [Port of Auckland CEO conviction sets new health and safety precedent \(MinterEllisonRuddWatts\)](#).

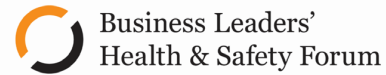
This decision is subject to appeal – and sentencing has been set down for the end of February.

Below we have set out the key learnings for CEOs from this case, as well as key resources (Appendix one) and the particularly instructive paragraph 80 of the judgement relating to general principles that Judge Bonner set out relating to the exercise of an officer's duty of due diligence (appendix two). All panellists agreed that all senior leaders should read the full judgement.

### 2. This judgement is significant

This is a significant decision, and the first case to outline in more concrete terms, the scope of the officer obligations under HSWA. While as a CEO you shouldn't panic, it is important to not underestimate some of the expectations this case set out for officers.

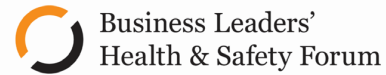
All expert concurred that every organisation should use this judgement as an opportunity to reflect, review and purposefully focus their own and the organisation's efforts.



### 3. Priority focus areas for CEOs in 2025

Asked what they would do in 2025 if they were a CEO in 2025, they said:

1. **Review your approach to critical risks and controls** across the organisation, including asking these questions of yourself, your leadership team and board as well as your H&S advisors:
  - a. What are our critical risks?
  - b. What are the controls for these critical risks?
  - c. How effective are these controls?
  - d. What are you basing your judgement of that efficacy on?
  - e. If you have soft controls in place, why? And, if these are the most appropriate controls ensure you document the reasons for this. *Please see Appendix One for a link to the hierarchy of risk controls which outlines what is meant by soft and hard controls.*
2. **Complete the Institute of Directors 'Good Practice Governance Self-Assessment'** – along with your Board and Executive Leadership Team – set out in the Institute of Directors' Good Governance Guide (link below) – and agree the gaps and actions to address those.
3. **Map where the key accountabilities, roles and responsibilities** for health and safety sit across your organisation and apply rigor to your assessment about how well these are understood and are being met.
4. **Review all current internal and external recommendations from audits, reviews and investigations** – what is their status? Have you accepted them all? If so, how are they tracking? If not, are you clear why not and is that documented? Do you understand the limitations of these audits and reviews?
5. Review how you, the Executive Leadership Team and the Board demonstrate safety leadership and gain an **understanding of 'work as done'**. Consider:
  - a. When and where are your visits taking place? Do they account for work that is potentially 24/7? Across different locations?
  - b. How are you showing up to these visits? Are you authentic and working on building relationships with workers, or just asking H&S questions focused on compliance?
  - c. How are you recording these visits, sharing learnings, and ensuring all feedback is reported on and responded to?
  - d. What insights are you gathering from other sources, including workers, H&S representatives, your health and safety committee, monitoring by leaders and H&S teams and internal and external audits?



- e. In larger more complex or multi-site businesses, are you doing cross-site and cross team learning?
  - f. Is the information in your routine reports and from other sources providing you with genuine insights about the effectiveness of your risk management?
6. Purposefully reflect on **your leadership work as CEO**, ask yourself: How am I going to hold myself to account for setting the tone from the top? How do I “turn up” on health safety in different situations across the business? How do I respond to bad news? How do I purposefully maintain that focus and attention through the year? Am I benchmarking stats, or different approaches by other leaders?

## 4. Key insights and reflections from this judgement

### Why was the Board of Directors not charged?

A number of you were interested in why the POAL Board of Directors were missing from this prosecution.

The Forum approached Maritime NZ CEO Kirstie Hewlett for comment on why no directors were charged. Her response is:

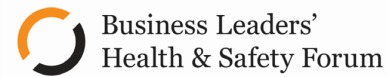
*“There was not the evidential sufficiency to prosecute the Board. However, related to that point this is worth considering- an officer must exercise due diligence to ensure the PCBU complies with the obligations, and while the obligation of due diligence relates to both directors and a Chief Executive, the **significant influence they exercise over the management of the business or undertaking** is different in relation to the different role of CE or Director and the due diligence they can perform.”*

Regardless, the advice from our panellists was clear: this judgement has just as many takeaways for non-executive officers as it does for executive officers.

### Context at POAL was important

It is important to note the context at POAL surrounding Maritime NZ’s decision to charge Mr Gibson as an Officer. There had been a number of serious harm incidents and fatalities within a short period, prior to the death of Pala’amo Kalati. POAL is also a dynamic, high-risk and diverse environment.

The court has identified that the extent of the duty will be calibrated by the nature of the business and the role of the officer, i.e., not one size fits all’.



## A 'good' CEO may still fall short

Mr Gibson and the POAL team at the time were doing a lot of work focused on health and safety and investing in health and safety. They also had the support of the Board. The judgement lists 20 examples where POAL was enhancing health and safety. Yet, the court was still critical, in particular:

- Mr Gibson as CEO did not have full understanding of the roles and responsibilities involved in health and safety
- There was a delay in the implementation of key projects, i.e., POAL was doing things, but not progressing them fast enough
- There were multiple warning signs of issues and while work was underway to improve many aspects of health and safety, it wasn't necessarily focused in the right direction or being done fast enough.

The verdict describes Tony Gibson as 'hands on'. This does not mean CEOs should not be 'hands on', in fact it means they should be actively leading, hands on and inherently understand their critical risks and controls.

This case teaches us that a good leader and a conscious officer may have the best intentions, but still breach HSWA. It is also not necessary for prosecutors to prove an officer didn't mean to breach HSWA. The key learning here for CEOs is that while it's easy to show you're focused on health and safety, how can you show you're focused on the right things and progressing any work needed to improve critical risk controls?

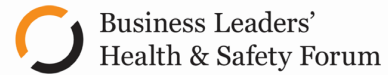
## Work as planned (or imagined) vs work as done

This concept will be well known to many Forum CEOs and Directors. The Court has made several references to this throughout this verdict and how it applies to the expectations of CEOs. It also makes clear that CEOs have an important role to play and not just rely unquestioningly on advice from health and safety advisors or consultants. Importantly in paragraph 80 of the judgement (copied below as Appendix Two) it sets out three key areas for CEOs to consider:

- *An officer in a large PCBU does not need to be involved in day-to-day operations in a hands-on way but cannot simply rely upon others within the organisation who may be assigned health and safety obligations or roles, or who may have more specialised skills or experience, to discharge the duties of oversight and due diligence.*
- *The officer must also acquire and maintain sufficient knowledge of the operations of the PCBU and the work actually carried out "on the shop floor" to adequately identify and address actual workplace hazards and risks.*

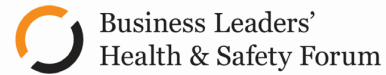


- *An officer cannot assume that the PCBU is compliant with its duties under the HSWA in the absence of being told otherwise, or simply assume that the information they receive from their subordinates as to the adequacy or effectiveness of the PCBU's health and safety system and hazard controls is accurate and sufficient. An officer must be proactive in relation to health and safety issues and in a position to properly monitor, verify and interrogate the information they receive.*



## Appendix one: Key resources

- Maritime v Gibson verdict: [https://www.districtcourts.govt.nz/assets/secure/2024-11-28/2024-NZDC-27975\\_Maritime-New-Zealand-v-Gibson.pdf](https://www.districtcourts.govt.nz/assets/secure/2024-11-28/2024-NZDC-27975_Maritime-New-Zealand-v-Gibson.pdf)
- WorkSafe Victoria has a very clear distillation of [The hierarchy of control | WorkSafe Victoria](#)
- Health and Safety Governance: A good practice guide (including the self-assessment): <https://www.iod.org.nz/resources-and-insights/guides-and-resources/health-and-safety-a-good-practice-guide#>
- Forum resources relating to Health and Safety Governance (resources and videos): <https://www.forum.org.nz/resources/governance-of-h-and-s/>
- Leading critical risks and controls (Forum resources and videos): <https://www.forum.org.nz/resources/critical-risk/>
- [Please see Appendix Three for Mike Cosman's slides from the second webinar on Wednesday 18 December.](#)

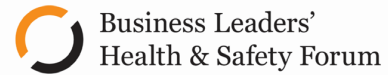


## Appendix two: Paragraph 80 of the Judgement

**[80] In summary, the legislative framework, purpose and history, together with the authorities to which I have been referred, support the following general principles relating to the exercise of an officer's duty of due diligence:**

- (a) An assessment of whether an officer has exercised due diligence must, necessarily, be fact and circumstance dependent.
- (b) The duty applies to all officers across all PCBUs, large and small, with both flat and hierarchical structures. The fact that an officer may 32 McLaren Maycroft & Co v Fletcher Development Co Ltd [1973] 2 NZLR 100 (CA), at 107-108; Mason v Dodd [2020] NZHC 1508; Bindon v Bishop [2003] 2 NZLR 136 (HC); Attorney-General v Strathboss Kiwifruit Ltd [2020] NZCA 98; Sansom v Metcalfe Hambleton & Co [1998] PNLR 542; Dovuro Pty Ltd v Wilkins [2003] HCA 51. operate at the head of a large, hierarchical organisation does not mean that the officer's obligations are diminished.
- (c) In the case of large, hierarchical organisations, the duty to exercise due diligence is not limited to governance or directorial oversight functions.
- (d) The officer's duty under s 44 is, however, distinct from the duties imposed upon the PCBU. The officer is not required to do everything that the PCBU is required to do to comply with its duties. A failure by a PCBU to comply with its duties does not, of itself, mean that its officers have not complied with their duties to exercise due diligence.
- (e) An officer in a large PCBU does not need to be involved in day-to-day operations in a hands-on way but cannot simply rely upon others within the organisation who may be assigned health and safety obligations or roles, or who may have more specialised skills or experience, to discharge the duties of oversight and due diligence. The officer must personally acquire and maintain sufficient knowledge to reasonably satisfy him or herself that the PCBU is complying with its duties under the Act.
- (f) Where there are others within the PCBU with assigned health and safety obligations or roles, or who may have more specialised skills or experience in the work carried out, an officer must ensure that such persons have the necessary skills and experience to properly execute their roles and must adequately and regularly monitor their performance to ensure that they are properly discharging their functions in ensuring the PCBU's compliance with its duties.
- (g) The officer must also acquire and maintain sufficient knowledge of the operations of the PCBU and the work actually carried out "on the shop floor" to adequately identify and address actual workplace hazards and risks.
- (h) An officer does not satisfy the due diligence duty by merely putting in place policies or procedures as to how work is to be carried out. The officer must ensure that entrenched and adequate systemic processes are put in place to ensure that the PCBU complies with its duties. In any large organisation, the existence and adequacy of such systems are key.
- (i) An officer must ensure that there are effective reporting lines and systems in place within a PCBU to ensure that necessary information in relation to health and safety, workplace risks, hazards and controls



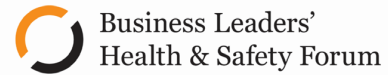


flows to the officer and others in the organisation with governance and supervisory functions. Again, the existence of appropriate systems to monitor, record and direct the flow of relevant information is key, especially in larger organisations.

(j) An officer cannot assume that the PCBU is compliant with its duties under the HSWA in the absence of being told otherwise, or simply assume that the information they receive from their subordinates as to the adequacy or effectiveness of the PCBU's health and safety system and hazard controls is accurate and sufficient. An officer must be proactive in relation to health and safety issues and in a position to properly monitor, verify and interrogate the information they receive.

(k) Due diligence also requires the officer to engage upon, or arrange, an effective process of monitoring, review and/or auditing of the PCBU's systems, processes and work practices to ensure that those systems and processes are achieving their purposes and that relevant safety standards and policies are, in fact, being adhered to.

(l) A court will obtain assistance from evidence as to the state of knowledge of health and safety matters in the relevant industry at the time, the availability of industry standards or guidelines, and the practices of comparable officers and businesses. However, the Court must objectively determine the reasonableness of the officer's actions or omissions in the relevant circumstances. It is not a case of simply comparing the officer's conduct with that of other officers in similar positions. It is no sufficient answer to a charge alleging breach of the s 44 duty to suggest that the officer's conduct was of a standard generally acceptable in the relevant industry at the time. If the officer's actions objectively fall below the standard required by the statute it does not assist the officer that comparator officers may also have routinely been falling below that standard.

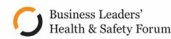


## Appendix three: Slides from webinar two (Mike Cosman)



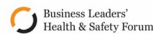
### **Lessons from the MNZ v Gibson decision for senior leaders**

With Mike Cosman and Craig Marriott



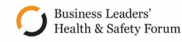
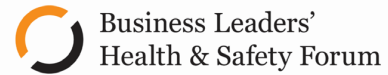
### **Context**

- The tragic death of a lasher working at Port of Auckland Limited (POAL) led to an investigation into both local and systemic factors by Maritime NZ (MNZ)
- Both POAL (PCBU) and Mr Gibson (CEO/Officer) were charged with offences under HSWA
- POAL pled guilty, were fined and paid reparations
- Mr Gibson defended in an 8-week trial, but was found guilty of one offence of failing to exercise due diligence to ensure POAL met its duties
- Sentencing due in early 2025, unless an appeal against conviction is lodged before 24 December 2024.



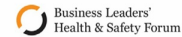
### **The facts**

- Context specific
- History of previous fatalities and prosecutions at POAL
- COVID-19 restrictions
- Problematic automation project underway
- Challenging relationship with Unions
- Significant investment in health and safety



## The key issues

- The respective roles and expectations of Chairs, non-executive and executive (CEO) officers. Same duty – different benchmarks
- The relationship between a PCBU failure and an officer failure- connected but not the same
- The extent of the implied vicarious liability of a CEO/officer for repeated acts or omissions by their team
- The test of what a '*reasonably careful, diligent and skilful officer*' would do in similar circumstances
- Does being '*hands on*' increase your potential liability?



## The key messages

- **Don't panic!**
- This case, especially if considered by the High Court, will help clarify previously uncertain expectations
- The new IoD/WS Governance Good Practice Guide was not in place at the time but now represents the current state of knowledge about what good looks like
- Context is everything –dynamic, diverse, high-risk environments will demand greater focus
- Scope the risk profile, develop a strategy, plan the work, resource the plan, work the plan, monitor the outcomes–rinse and repeat
- Put workers at the heart of everything you do

## DRAFT Audit and Risk Subcommittee Work Programme 2025/2026



Date	November 2025	February 2026	May 2026	August 2026
Information and Update Reports	<ul style="list-style-type: none"> <li>• <b>Health Safety &amp; Wellbeing</b> <ul style="list-style-type: none"> <li>○ Quarterly update</li> <li>○ External Progress report in HSE Global review</li> </ul> </li> <li>• <b>Internal Control Framework</b> <ul style="list-style-type: none"> <li>○ Action Register (internal &amp; external)</li> <li>○ Internal Audit (report#4)</li> <li>○ CORDE Annual Report</li> </ul> </li> <li>• <b>Risk Management Framework</b> <ul style="list-style-type: none"> <li>○ Risk Management work plan progress update</li> </ul> </li> <li>• <b>Financial Governance</b> <ul style="list-style-type: none"> <li>○ Treasury Reporting</li> <li>○ Sensitive expenditure (staff &amp; elected members)</li> </ul> </li> <li>• <b>Legislative compliance reporting</b> <ul style="list-style-type: none"> <li>○ Legal Work Programme update (LGOIMA, Privacy and Policy)</li> </ul> </li> <li>• <b>External Reporting &amp; Accountability</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Health Safety &amp; Wellbeing</b> <ul style="list-style-type: none"> <li>○ Quarterly update</li> </ul> </li> <li>• <b>Internal Control Framework</b> <ul style="list-style-type: none"> <li>○ Action Register (internal &amp; external)</li> <li>○ Internal Audit (report#5)</li> </ul> </li> <li>• <b>Risk Management Framework</b> <ul style="list-style-type: none"> <li>○ Risk Management work plan progress report</li> </ul> </li> <li>• <b>Financial Governance</b> <ul style="list-style-type: none"> <li>○ Treasury Reporting</li> <li>○ Sensitive expenditure (staff &amp; elected members)</li> </ul> </li> <li>• <b>Legislative compliance reporting</b> <ul style="list-style-type: none"> <li>○ Legal Work Programme update (LGOIMA, Privacy and Policy)</li> <li>○ Policy Review Programme 2025/26 progress report</li> </ul> </li> <li>• <b>External Reporting &amp; Accountability</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Health Safety &amp; Wellbeing</b> <ul style="list-style-type: none"> <li>○ Quarterly update</li> </ul> </li> <li>• <b>Internal Control Framework</b> <ul style="list-style-type: none"> <li>○ Action Register (internal &amp; external)</li> <li>○ Internal Audit (report#6)</li> <li>○ Review Internal Audit Programme 2026-2027</li> <li>○ Review of the terms of reference for the subcommittee</li> </ul> </li> <li>• <b>Risk Management Framework</b> <ul style="list-style-type: none"> <li>○ Risk Management work plan progress report</li> </ul> </li> <li>• <b>Financial Governance</b> <ul style="list-style-type: none"> <li>○ Treasury Reporting</li> <li>○ Sensitive expenditure (staff &amp; elected members)</li> <li>○ Insurance Programme</li> </ul> </li> <li>• <b>Legislative compliance reporting</b> <ul style="list-style-type: none"> <li>○ Legal Work Programme update (LGOIMA, Privacy and Policy)</li> </ul> </li> <li>• <b>External Reporting &amp; Accountability</b> <ul style="list-style-type: none"> <li>○ Audit NZ Annual Update</li> <li>○ Audit NZ Fee Proposal</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Health Safety &amp; Wellbeing</b> <ul style="list-style-type: none"> <li>○ Quarterly update</li> <li>○ Officer Due Diligence review</li> </ul> </li> <li>• <b>Internal Control Framework</b> <ul style="list-style-type: none"> <li>○ Action Register (internal &amp; external)</li> <li>○ Internal Audit (report#7)</li> </ul> </li> <li>• <b>Risk Management Framework</b> <ul style="list-style-type: none"> <li>○ Risk Management work plan progress report</li> </ul> </li> <li>• <b>Financial Governance</b> <ul style="list-style-type: none"> <li>○ Treasury Reporting</li> <li>○ Sensitive expenditure (staff &amp; elected members)</li> </ul> </li> <li>• <b>Legislative compliance reporting</b> <ul style="list-style-type: none"> <li>○ LGOIMA update</li> <li>○ Policy Review Programme 2024/25</li> </ul> </li> <li>• <b>External Reporting &amp; Accountability</b></li> </ul>

Additional items relating to the 2024/25 Annual Report will be brought to the Audit and Risk Committee pending completion of work

1. Update on critical judgements & assumptions
2. Financial statements & valuation updates
3. Audit NZ audit report and the Audit NZ management report for the 2024FY audit
4. Management Letter/s for approval

Further items may be added to the work programme with the approval of the Chair of the Audit and Risk Committee or at the request of Council.

## REPORT

**TO:** Chief Executive Officer

**FOR:** Audit and Risk Committee – 5 August 2025

**FROM:** Steve Gibling, Executive Director Strategy, Engagement and Capability

**DATE:** 25 July 2025

**SUBJECT:** **APPOINTMENT OF AN INDEPENDENT MEMBER FOR DEPUTY CHAIR OF AUDIT AND RISK SUBCOMMITTEE**

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### RECOMMENDATIONS

*‘That the Audit and Risk Committee:*

*(a) Appoints (insert name of member who has received majority of votes) to the role of Deputy Chairperson of the Audit and Risk Committee;*

*(b) Amends the Terms of Reference of the Audit and Risk Committee to reflect the Deputy Chairperson appointment.’*

### 1. PURPOSE

To appoint a Deputy Chairperson to the Selwyn District Council’s Audit and Risk Committee.

### 2. SIGNIFICANCE ASSESSMENT/COMPLIANCE STATEMENT

The decisions and matters of this report are assessed as of low significance, in accordance with the Council’s Significance and Engagement Policy.

### 3. BACKGROUND

#### **Resignation and vacancy**

Previous Deputy Chair of the Audit and Risk Committee, Cr Dean, resigned with effect from 16 May 2025, which included resignation from Council Committee positions. The Council resolved not to fill the Councillor vacancy prior to the next triennial election.

The Audit and Risk Committee plays a critical governance role in overseeing the Council’s financial reporting, risk management, internal controls, and audit processes.

With the resignation of former Deputy Chairperson, there is no formally appointed Deputy Chair. This absence presents a potential governance risk if the Chair is unavailable to chair meetings or fulfil their duties. The next scheduled Audit and Risk meeting is for the 5<sup>th</sup> November, only three weeks post the new Council being elected.

### **Voting process**

Council Standing Orders (5.4) provide the process for appointing Deputy Chairs of Committees is by way of vote. There is only one round of voting, and if two or more candidates tie for the most votes, the tie is resolved by lot.

Governance staff will assist the Committee to run this vote during the meeting, and the candidate's name will be inserted into the resolution.

### **Terms of reference**

The Terms of Reference (ToR) for the Audit and Risk Subcommittee need to be updated to reflect the appointment. Amended ToR attached at **Appendix A**.

It is noted that the ToR require a minimum of five members on the Committee. While only 4 remaining members are listed in the ToR, the Mayor is a member of every Committee of the Council (by virtue of Standing Order 7.6), and therefore the minimum membership is still met.

A handwritten signature in blue ink, appearing to read 'S. Gibling', is positioned above the printed name.

Steve Gibling  
**EXECUTIVE DIRECTOR STRATEGY, ENGAGEMENT AND CAPABILITY**

## AUDIT AND RISK SUBCOMMITTEE - TERMS OF REFERENCE

The Audit and Risk Subcommittee shall be a Subcommittee of Council, established by Council. The existence of the subcommittee does not remove from council any of its legal obligations or responsibilities.

Chair:	Analisa Elstob (Independent Chair)
Deputy Chair:	<del>Councillor Phil Dean</del> <u>[Insert name of person appointed following vote]</u>
Members:	<p>The number of members shall be no less than five, with two members independently appointed by Council.</p> <ul style="list-style-type: none"> <li>▪ Councillor Reid</li> <li>▪ Councillor Epiha (Chair of Finance &amp; Performance Committee)</li> <li>▪ Independent Member (Bruce Gemmell)</li> </ul> <p>The maximum term an elected member may serve on the Subcommittee shall be two consecutive electoral cycles</p>
Quorum:	Three members
Meeting Cycle:	Quarterly, or as required
Reports to:	Council
Delegations Powers:	The Subcommittee has the powers necessary to perform its responsibilities within the approved Long-Term Plan and Annual Budgets
Reporting Officer:	Executive Director Strategy, Engagement and Capability

### 1. Purpose

The purpose of the Audit and Risk Subcommittee is to assist the Council to discharge its responsibilities to exercise due care, diligence, and skill in relation to the oversight of:

- health, safety and wellbeing responsibilities as required under the Health and Safety at Work Act 2015 ;
- the robustness of Council's internal control framework;
- the integrity and appropriateness of external accountability and reporting;
- the robustness of risk management systems, processes and practices;
- compliance with appropriate laws, regulations, standards and best practice guidelines;
- establishment and maintain controls to safeguard council's financial and non-financial assets; and
- Council's compliance with its financial policies including liability management (borrowing) policy and investment policies.

To allow it to undertake these responsibilities the Subcommittee can request information and reports from staff on matters relating to its purpose.

### 2. Health, Safety and Wellbeing Responsibilities

- 2.1. Monitor all aspects of health and safety legislative compliance.
- 2.2. Receive reports from an Internal Management Committee focused on health, safety and wellbeing issues (including reference to mental health, incidents and near-misses, responses and initiatives implemented to mitigate risks).

### 3. Internal Control Framework

- 3.1. Ensure that management's approach to maintaining an effective internal control framework is sound and effective.
- 3.2. Enquire as to the steps management has taken to embed a culture that is committed to probity and ethical behaviour.
- 3.3. Review whether there are appropriate processes and systems in place to identify and investigate fraudulent behaviour.

**4. Risk Management**

- 4.1. Review the risk management framework and associated procedures for effective identification and management of Council's significant risks.
- 4.2. Review at least annually, the Council's risk profile.
- 4.3. Assist the Council to determine its appetite for risk.
- 4.4. Provide input, annually, into the setting of the risk management programme of work.
- 4.5. Receive updates on current litigation and legal liabilities.

**5. External Reporting and Accountability**

- 5.1. Enquire of external auditors any information that affects the quality and clarity of Council's financial statements and assess whether appropriate action has been taken by management.
- 5.2. Satisfy itself that the financial statements (statutory and monthly) are supported by adequate systems of internal control.
- 5.3. Receive and consider external financial statements, and recommend their adoption, or not, by Council.

**6. Financial Governance**

- 6.1. Consider the appropriateness of Council's existing accounting policies and principles and any proposed changes.
- 6.2. Enquire of the external auditors on practices and issues surrounding financial governance .

**7. External Audit**

- 7.1. Confirm the terms of the appointment and engagement, including the nature and scope of the audit, timetable and fees, with the external auditor.
- 7.2. Receive the external audit reports and review action to be taken by management on significant issues and audit recommendations raised within.
- 7.3. Conduct a member only session with external audit to discuss any matters that the auditors wish to bring to the subcommittee's attention.
- 7.4. The Committee will manage Council's relationship with the external auditor .

**8. Internal Audit**

- 8.1. Review and approve the annual internal audit plan
- 8.2. Receive all internal audit reports and review management's response to internal audit recommendations.
- 8.3. Provide a functional reporting line for internal audit and ensure objectivity of internal audit.
- 8.4. Conduct a member only session with internal audit to discuss any matters that the auditors wish to bring to the subcommittee's attention.
- 8.5. Oversee and monitor the performance and independence of internal auditors. Review the range of services provided by the co-sourced partner and make recommendations to Council regarding the conduct of the internal audit function.

**9. Compliance with Legislation, Standards and Best Practice Guidelines**

- 9.1. Review the effectiveness of the system for monitoring Council's compliance with laws, Council's own standards and best practice guidelines.

**10. Review Process**

- 10.1. On an annual basis the subcommittee will review its terms of reference to ensure all relevant legislation is acknowledged and incorporated.
- 10.2. At the commencement of each calendar year the Subcommittee will develop its work programme for the year ahead. The work programme will include linkage to Council's Long-term Plan and Annual Plan key activities and projects, the CEO's agreed KPIs and to risk assessment.



**11. Reporting**

- 11.1. The Chair will formally report to Council any matters of significance that have been brought to the attention of the Audit and Risk Subcommittee.
- 11.2. These reports will be accompanied by comments on corrective actions.

## TERMS OF REFERENCE REVIEW TABLE

Date of review	Status / summary of changes made
December 2019	Adopted by Council.
June 2020	Reviewed and re-adopted by Council following appointment of an independent director
November 2020	Reviewed and re-adopted by Council
August 2021	Reviewed
June 2022	Next review
November 2022	Review undertaken
14 December 2022	Adopted by Council
21 February 2023	Adopted by Audit and Risk Subcommittee Cr Phil Dean appointed Deputy Chair
1 August 2023	Altered by Audit and Risk Subcommittee with the inclusion of Councillor Epiha.
8 August 2024	Review undertaken to update Reporting Officer and include oversight of Internal Audit activities.

## REPORT

**TO:** Audit and Risk Subcommittee

**FOR:** Audit and Risk Committee – 5 August 2025

**FROM:** John Knight – Head of Health, Safety Wellbeing  
Wayne Stack – Health and Safety Lead  
Tracy Copping – Wellbeing Lead

**DATE:** 5 August 2025

**SUBJECT:** **HEALTH, SAFETY AND WELLBEING UPDATE**

---

## RECOMMENDATION

*‘That the Audit and Risk Subcommittee receives the Health, Safety and Wellbeing Update Report’.*

### 1. PURPOSE

The purpose of this report is to provide the Audit and Risk Subcommittee with an update in relation to health, safety, and wellbeing activity and sets out planned activities for the coming three-month period.

The attached Dashboard provides a breakdown of these activities and presents an overall view of both the lag and lead indicators.

### 2. HSW OVERVIEW

#### **H&S Leadership:**

The HSW in conjunction with the People team are in the process of rolling out our strategy engagement plan and looking for engagement and feedback from across all of our functions so that we can shape our future strategy and align with the Future Selwyn strategy.

As previously reported work is progressing on several foundational pieces of work following recommendations outlined in the HSE Global external review. This includes a planned review to be completed – as a midterm review by the HSE Global team – on the progress made by Council towards closing out the recommendations in their November report. This will be reported back to the November Audit and Risk Committee meeting.

#### **Walkaround worksite visits:**

The Health, Safety & Wellbeing Leadership worksite visits programme is providing positive results, with both leaders and workers ensuring a greater

understanding of how work is done, not imagined. This quarter there have been 4 recorded visits in our Vault system by ELT and elected members

The Observations entered include:

1. Steve Gibling and Analisa Elstob met with the Regulatory team and their Lead, Tristan Snell. Actions included follow up from Vault reports on abusive calls and incidents from the public, and ease of usage of body-worn cameras
2. Sharon Mason, Councillor Sophie McInnes and Councillor Nicole Reid met with contractors CORDE and Fulton Hogan sites in Lincoln with the Capital Works team. H&S briefing was well done and noted CORDE are utilising new technology for the pipe relining project being undertaken which reduces the risk of open trenches. Fulton Hogan noted that their key risk was the electrical overhead lines, and they have controls in place. Vibration was monitored also to ensure resident's comfort. Both contractors had high level of community engagement and extremely responsive to community concerns.
3. Robert Love met with HEB on a roading site visit and noted that the site was a well-run operation with a lot of care and attention put into hazards, and mitigation. He noted that he could not see any opportunities for improvement.
4. Matt McGrath and Bob Love met with Shontelle Whakatihi from the HQ Customer Services team. Issues identified include:
  - The outdoor area that is accessible from the public area is a hazard to younger members of the community, children have been injured falling down the stairs and there is a risk of children entering into the water if parents are not supervising. Recommendation is to remove access of the outdoor area to the public.
  - The front desk screens are to be removed as these were put in for COVID. Monitor that new solution will protect staff from public (cannot be reached easily).
  - The main entrance is a hazard in the wet and frosty mornings. Salt is being put down on ramp when frosty and signage is also out.
  - Members of public sometimes follow staff members into the building before they are open, Staff have been advised to enter via the side doors before 8.30am.

### **Training and Workshops**

HSW have facilitated a workshop with Lance Burdett and the Marcoms team around Advanced Communication and coping skills .

The HSW team are also facilitating Community Engagement, Call Centre Safety, and Situational Safety and De-escalation in the Field training, along with a Safety Alarm (Blue Light) Response drill at HQ to take place throughout August to prepare staff should there be increased aggressive behaviour from the public

### **GIS Location of Interest Layer**

The GIS Location of interest layer is currently awaiting delivery of platform specific training then will be made available across all functions.

## **3. H&S MANAGEMENT SYSTEM:**

Key Incidents:

### **Critical Risk - Driving**

Friday 27 June two staff members were involved in a two-vehicle collision at Bankside passing lanes on SH1 on the way to work.

The vehicle was struck on the side by a truck coming from the opposite direction after it had been hit by another vehicle. The staff member driving the council vehicle took immediate evasive action to avoid the collision but could not avoid being struck.

The council vehicle sustained substantial damage, with the staff members being taken to Christchurch Hospital by ambulance. Fortunately, the most serious injury was a concussion to the driver, who later stated that the Advanced Driver Training programme that Council provide had saved his life and that of his daughter.

The HSW team will use this event as promotion for our safe driving programme.

### **Critical Risk – Aggression and Violence toward staff**

There was an incident at the monthly council meeting in the chambers on Wednesday 23 July where an aggrieved member of the public refused to leave the chambers after presenting.

The safety action plan for the meeting was followed with the meeting being temporarily adjourned and the chambers cleared. The aggrieved person was then escorted out of the building by the CEO and the meeting resumed. The training provided for this situation added to the successful resolution of this incident.

## **4. WELLBEING**

### **Winter Health**

As we see a rise in sick leave across the organisation we remind everyone to prioritise their health and support one another. Many people are currently experiencing flu-like symptoms that are keeping them out of action for several days.

While reported Covid-19 case numbers have declined, there were still 593 new cases confirmed in the last week, including 71 in Canterbury. However, these figures are likely underreported due to a general reluctance to test.

For more tips of staying well during the colder months visit [Changing seasons and our health](#) on the Wellbeing Portal on the Wellbeing Portal.

### **Physical Wellbeing**

**Workride** is a ride-to-work benefit programme that enables employees to purchase bikes, e-bikes, or scooters at a discounted rate with no upfront cost. Payments are spread over 12 months and deducted from pre-tax salary, making it a cost-effective and accessible commuting option. We are currently working with the programme's promoters and aim to launch in September.

**Fitness Passport** offers staff and their immediate family members discounted access to gyms and sports facilities across New Zealand, including our own. The programme is cost-free for Council and requires minimal administration. We'll be launching both Workride and Fitness Passport as part of our physical wellbeing initiative this September.

**Appendices:**

- Appendix A: Fitness Passport



John Knight  
**HEAD OF HEALTH SAFETY  
AND WELLBEING**



Wayne Stack  
**HEALTH AND SAFETY LEAD**



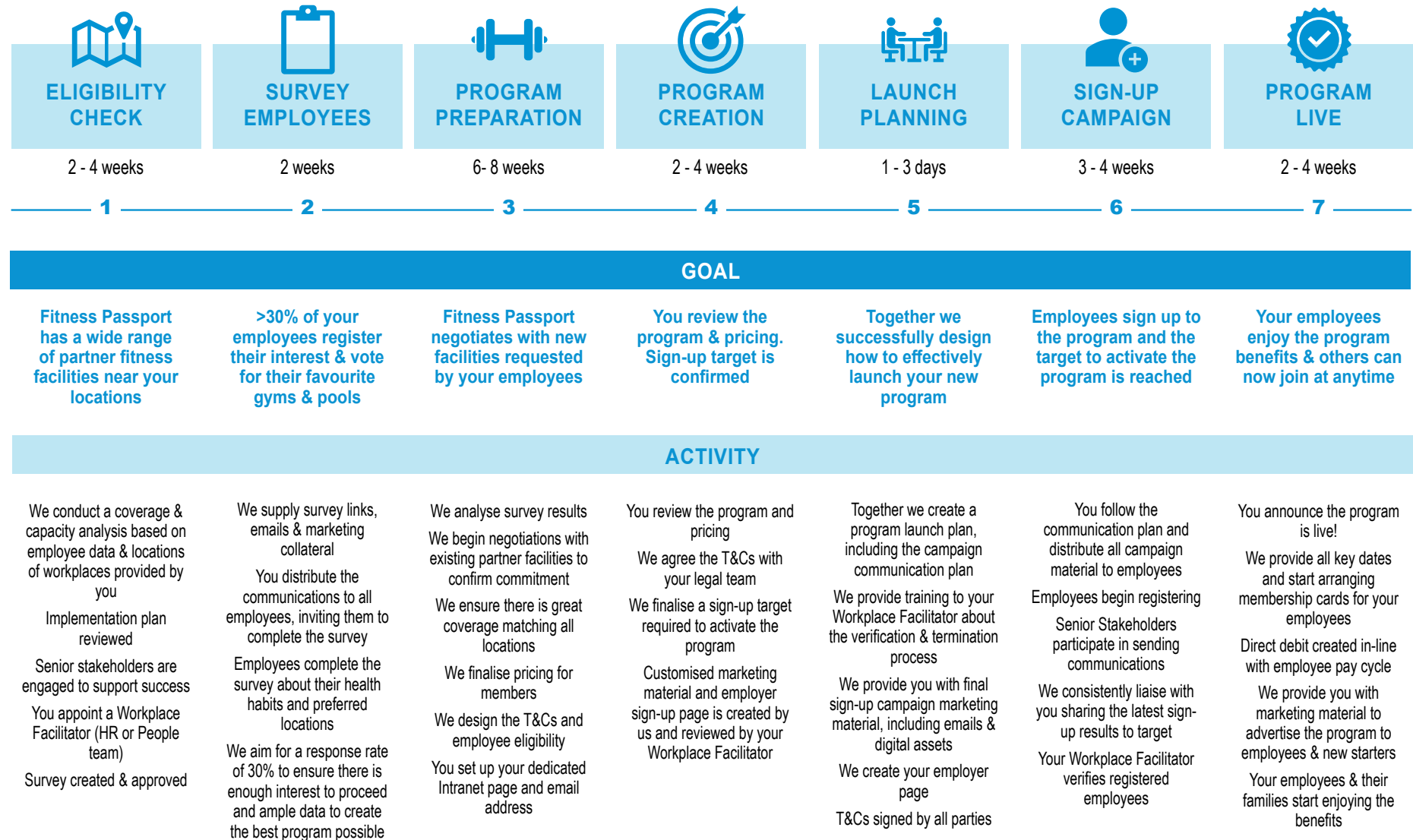
Tracy Copping  
**WELLBEING LEAD**

***Endorsed for Agenda***



Steve Gibling  
**EXECUTIVE DIRECTOR STRATEGY, ENGAGEMENT AND CAPABILITY**

# FITNESS PASSPORT: PROGRAM AT A GLANCE



# Health, Safety and Wellbeing Dashboard

To: Audit and Risk Committee

From: Head of Health, Safety and Wellbeing

25 July for Meeting 5 August 2025

Figures for April-June 2025



Health Safety  
and Wellbeing 





## Things you need to know

- Critical risk committee's continue good progress working toward completion of bowties and the associated controls
- Leadership Walk Arounds are ongoing and feedback being logged and actions addressed
- We are experiencing increased aggressive and inappropriate phone calls, emails and interactions from the Public affecting many parts of different functions but more lately Finance and Marcomms
- Our Public CoC is due to be distributed and made available on the Council Website
- The GIS Location of interest layer is currently awaiting delivery of specific training then will be made available across all functions
- Community Engagement, Call Centre Safety, and Situational Safety and De-escalation in the Field training, along with a Safety Alarm (Blue Light) Response drill at HQ is taking place throughout August to prepare staff in case there is increased aggressive behaviour from the public
- Advanced Communication and Coping skill workshop with Lance Burdett and our Marcomms team was extremely well received and provided valuable strategies to cope with the increasing negative public interactions
- Workride is a ride-to-work benefit programme that enables employees to purchase bikes, e-bikes, or scooters at a discounted rate with no upfront cost .We are currently working with the programme's promoters and aim to launch in September

# Leading Indicators Update – August 2025

## Drug and Alcohol Testing

### April-June 2025

32 Pre-employment  
5 Random Tests

36 Negative  
1 Positive (THC)  
- Person not hired

## Near Miss Reporting

34

Up 15 from last Quarter

Near Misses inform on our processes  
and initiate solutions for the hazards

## Safety Leadership Walkarounds

4\* Visits April-early July

11 Councillors  
7 ELT

2 Audit and Risk Contractors  
8 scheduled visits,  
3-4 Officers per visit

New schedule to come for next 3 months  
*\*Number is only those entered into Vault Observation*

## Health Safety Wellbeing Meetings (June)

9

H&S Champs	1	
Departmental	1	I&P
Rōpu Marutau	1	
Audit & Risk	0	
Critical Risk Groups	4	of 6
Talk it Out Co-Reflect	0	
GoodYarn	1	

### What H&S, and W related training occurred across council over the reporting period?

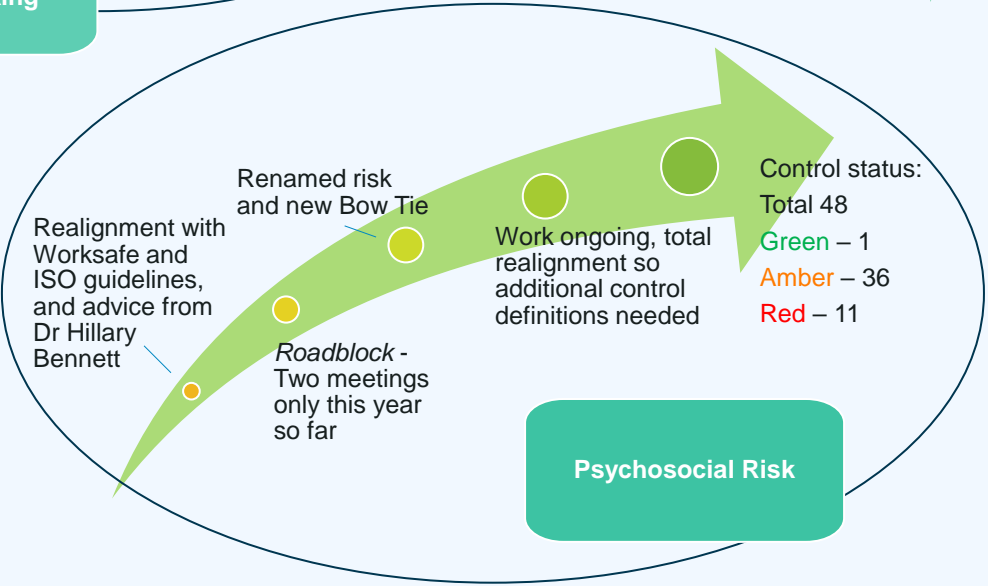
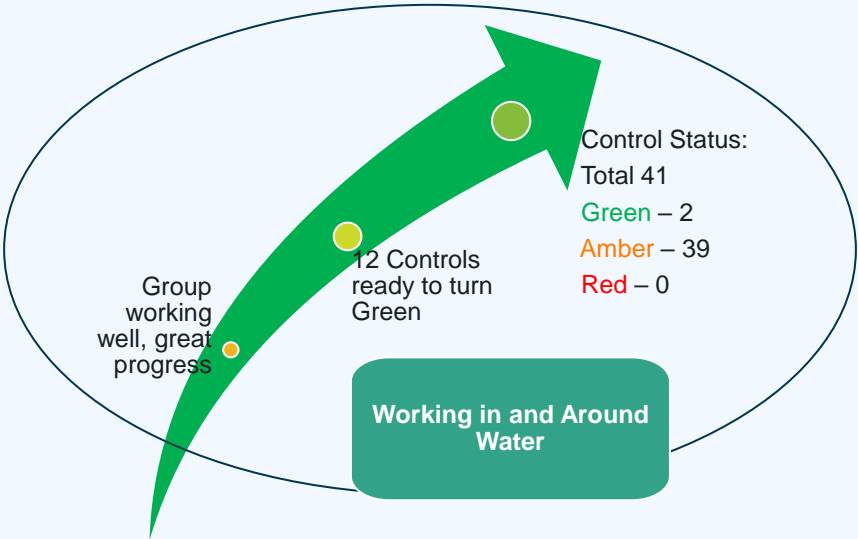
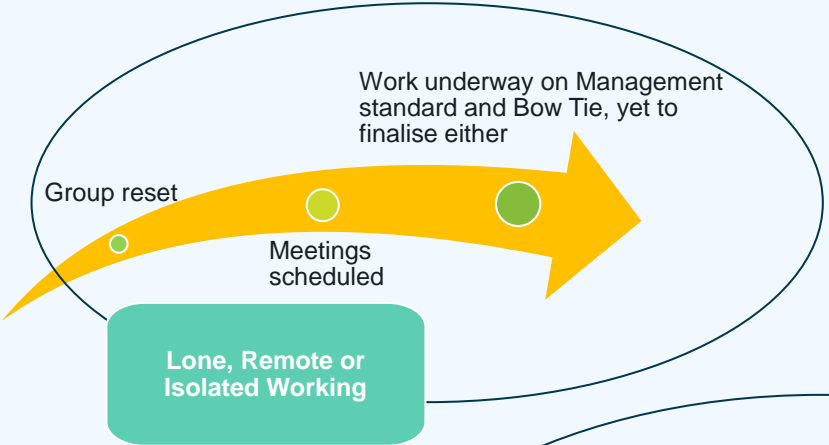
Fire warden and Extinguisher training was completed for lone workers at facilities and library staff to ensure we have trained people on our staffed sites at all times. Continuing with De-escalation training in all areas. Three “pilot” sessions of GoodYarn to help our new facilitators of this mental health literacy programme – new open sessions to be scheduled soon.

### What H S & W training feedback or needs were identified in this reporting period?

Identified training for Planning and Finance teams – requirement for specific training to assist with difficult phone and email conversations from the public. HSW team have now sourced a provider and have three sessions scheduled end July for these teams. If suitable, and other teams show interest, we can schedule more.

**Health Safety  
and Wellbeing** 

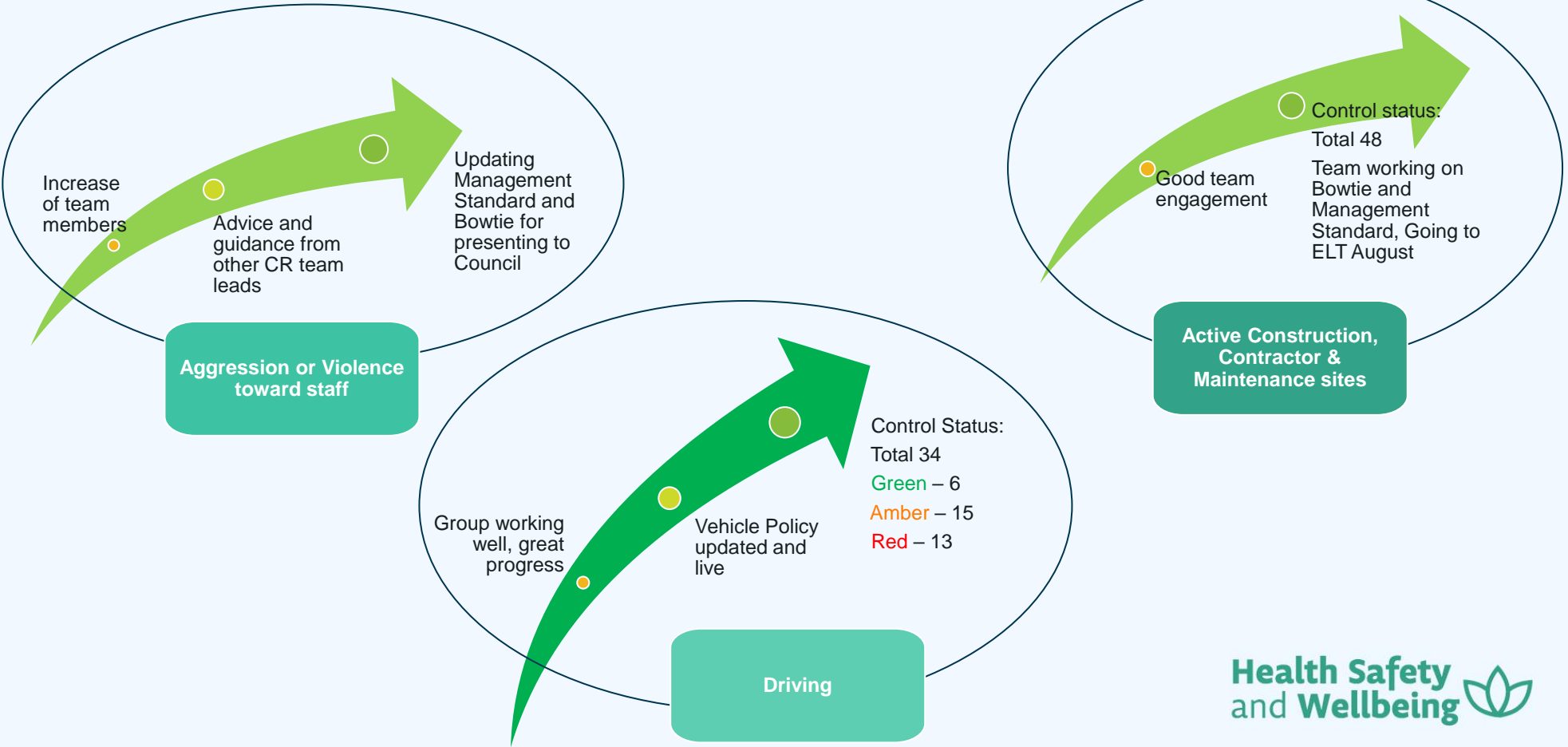
# Critical Risk Status



Controls Key

<div></div>	Green - in place and working, evidence collected, review schedule in place
<div></div>	Amber – some aspects in place
<div></div>	Red – identified but not yet in place

# Critical Risk Status (continued)



# Events Update – Q4 2025

## Total Event Count

42 entered in June  
141 entered Q4 (April-June)  
244 entered Jan - June 2025

## Events Closed/Completed

23 entered in June  
97 entered in Q4  
194 Jan - June 2025

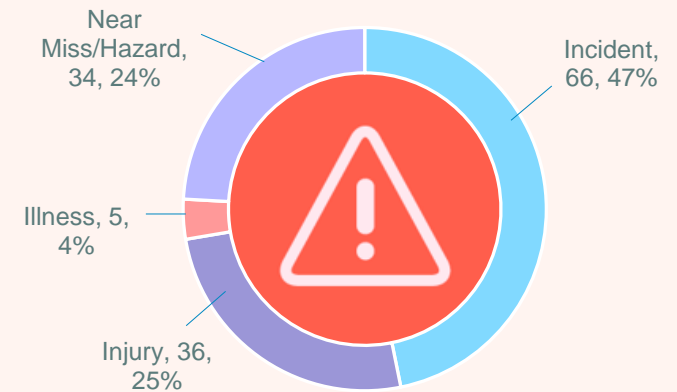
## Events Active/Underway

19 underway June  
41 underway Q4 (April-June)  
50 underway Jan - June 2025

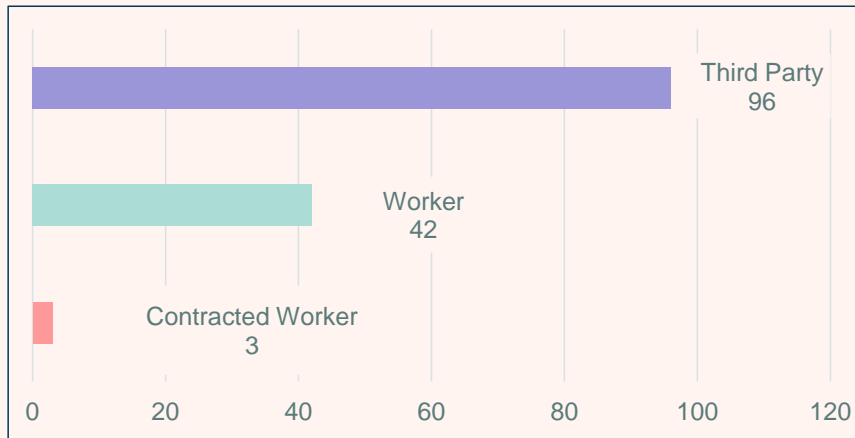
## Investigations Not Started/Overdue

17 (June) (*assistance scheduled*)  
41 underway Q4 (April-June)  
49 (All 2025 overdue)

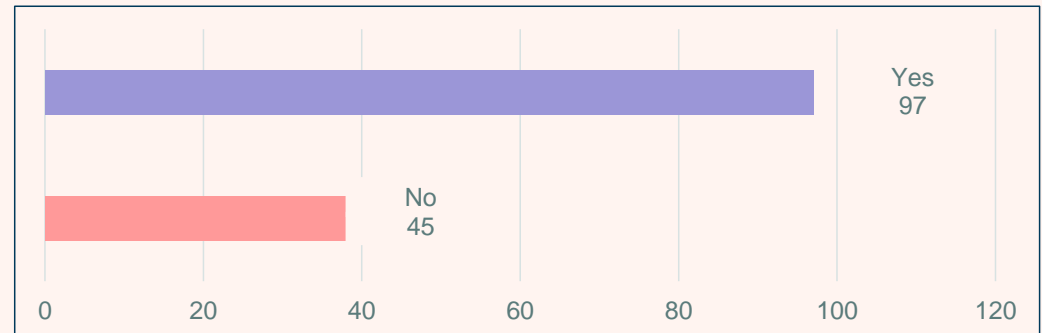
## Events by Type Q4



## Events by Person Type Q4



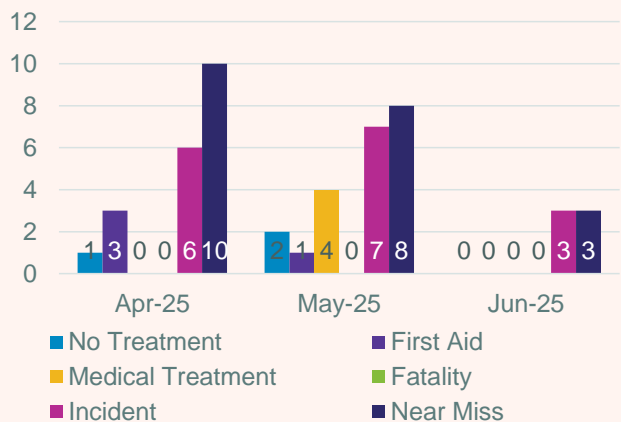
## Investigations Required Q4



**Health Safety  
and Wellbeing**

# Events Update – April-June 2025

## Worker Events



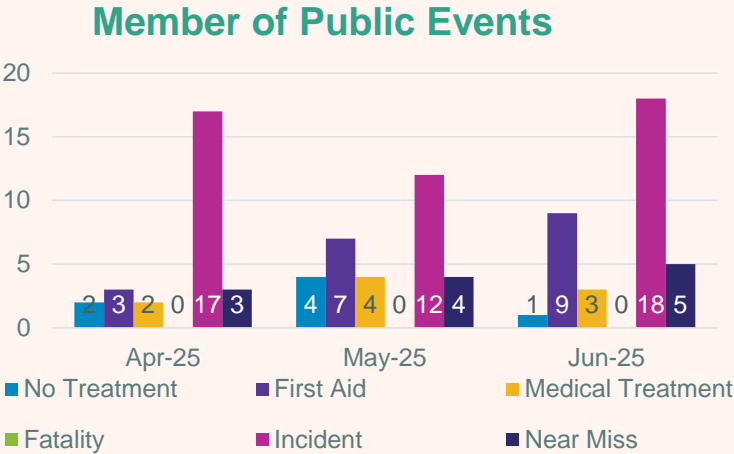
A risk was discovered when a staff member had an anaphylactic reaction at work at one of the facilities, outside normal business hours. The supervisor checked our HSMS, Vault, for their emergency contact details – however it had been decided approximately a year ago by HR that it was unnecessary to hold that information in Vault as it is in Payroll. Payroll staff work normal business hours and are unavailable outside these.

In this incident, the staff member was able to give the supervisor their emergency contact details themselves, the parent was contacted and collected the staff member after EpiPen treatment.

Resulting action – Emergency details are now included in new staff profiles, with retrospective work to be completed.

	No Treatment	First Aid	Med/Hosp	Near Miss	Incident
Executive				1	
Digital				1	1
Finance					
S&E					
D&G			2	8	6
I&P				5	2
CSF	3	4	2	6	3
PCC					

# Events Update – April-June 2025

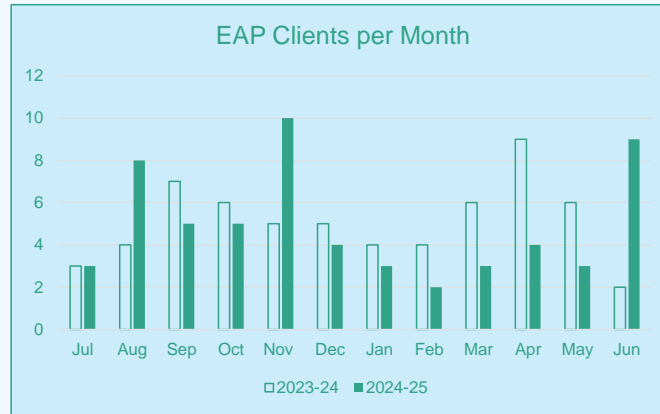
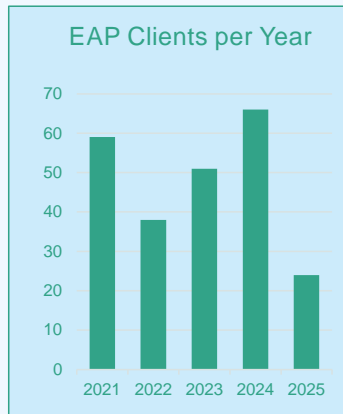


A total of 94 events over the three month period that involved members of public.  
34 of these events were instances where our staff had to deal with aggressive, abusive or inappropriate behaviours. This ranges across all areas of the organisation.  
Another six events were reports of staff dealing with child welfare issues, including: lost children at events; young persons being kicked out of home or needing “sanctuary” and asking library staff for help; and a young child left at library with no adult caregiver.

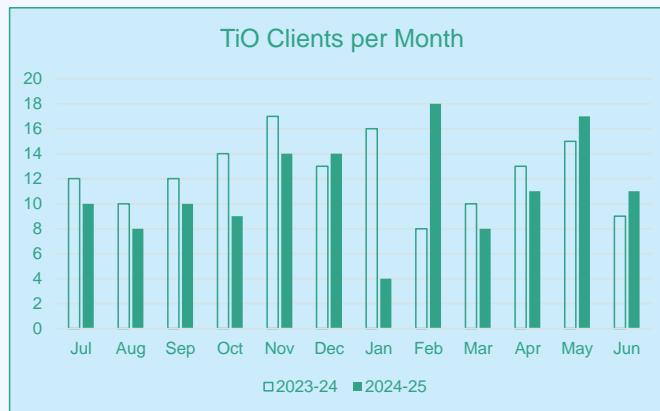
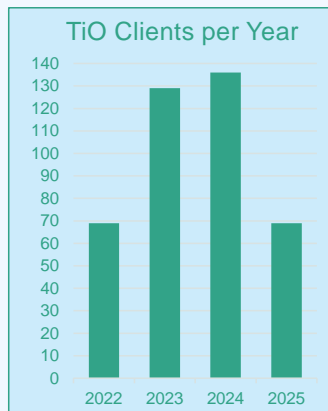
	No Treatment	First Aid	Med/Hosp	Near Miss	Incident
ACLL		3	1	8	19
HQ			1	1	21
Aquatics		8	3	1	7
SSC	2	8		2	2
Venues	1	1	1		1
Kōawa		1	2		

# Wellbeing Update

## EAP Statistics



## Talk it Out Statistics



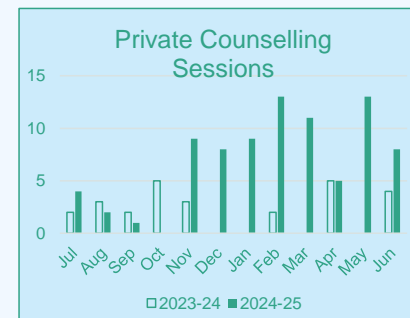
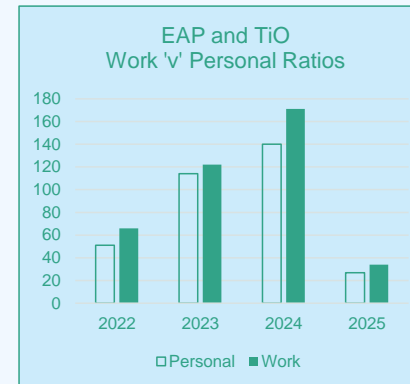
## Counselling and TiO Themes

### Work Issues June

Conditions, Colleague Relationship, New Employee Check-ins, Manager Relationship, Performance, Team Dynamics, Workload

### Personal Issues June

Adjustment/Life Transition, Alcohol and Other Addictions, Anxiety/Stress, Emotional/Behavioural, Financial, Other, Relationships



### Who used EAP 2024/25

37 females / 17 males

42 team members / 10 Leaders

Under 20 year old - 3  
 20 to 29 year old - 14  
 30 to 39 year old - 16  
 40 to 49 year old - 14  
 Over 50 year old - 4



# Contractor Statistics Update Q4 2025

## Site Wise Contractor Prequalification Statistics April-June 2025

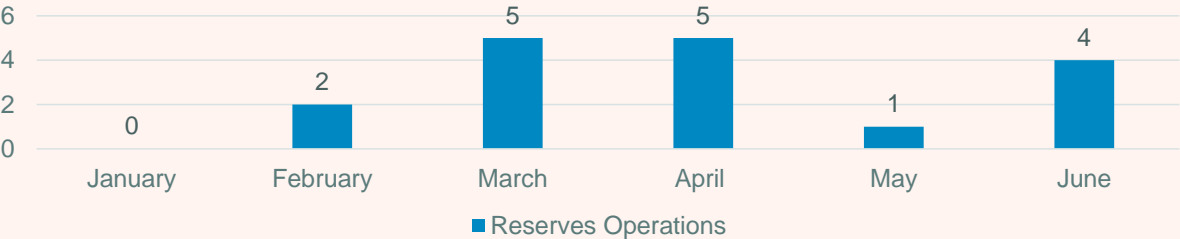
Selected Contractors	34	List Updated on SiteWise 4/7/2025
Average Score	93%	32 of 33 Contractors rated Green or Gold*.
Assessment out of date	3	High Country Fencing – last used 08/2024
Expired Contractors	1	Greenlinc – used frequently – contractor to ensure SiteWise is kept current.
Insurance documents expired	8	Includes high usage contractors that have recently expired – and records may need to be updated. Contractors to update their documentation with SiteWise.



\*Site Wise Contractor Assessment Rating

Gold	Over 90%
Green	75-89%
Amber	50-74%
Red	Under 50%

## Site Checks with Damstra Check App



## REPORT

**TO:** Audit and Risk Sub-Committee  
**FOR:** Audit and Risk Sub-Committee Meeting 5 August 2025  
**FROM:** Head of Financial Control – Niel Koch  
**DATE:** 28 July 2025  
**SUBJECT:** **QUARTERLY TREASURY REPORT FOR THE QUARTER ENDED 30 JUNE 2025**

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### RECOMMENDATION

*'That the Audit and Risk Sub-Committee receives for information the Selwyn District Council Quarterly Treasury Report for the quarter ended June 2025.'*

#### 1. PURPOSE

The purpose of this report is to provide the Audit and Risk Sub-Committee with an overview of the Council's treasury activity, position, and compliance with the Treasury Policy. The report for the quarter ended 30 June 2025 is appended to this cover report.

#### 2. SIGNIFICANCE ASSESSMENT/COMPLIANCE STATEMENT

The decisions and matters of this report are assessed as of low significance, in accordance with the Council's Significant and Engagement Policy.

Report of:



Niel Koch  
**HEAD OF FINANCIAL CONTROL**



# Treasury Report

For the period ended 30 June 2025

[www.selwyn.govt.nz](http://www.selwyn.govt.nz)



# SUMMARY



## **Debt Position:**

- **Q4 2025** total borrowing is **\$295m**. This represents an increase of \$110m since the year-end position of \$185m.
- **\$10m** Westpac working capital/on-call facility remains undrawn.

## **Interest Rate Management:**

- In **Q4 2025**, two new swaps new interest swaps were taken out to ensure policy compliance as at 30 June 2025.
- The interest rate risk is in compliance with Council's Treasury Risk Management Policy.

## **Cash (On-call and On-term):**

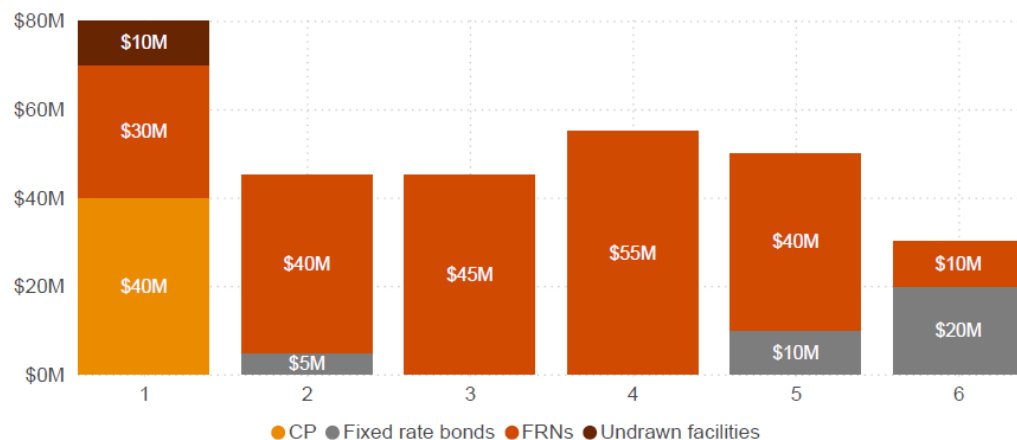
- **Q4 2025** on-call cash and cash equivalents were **\$61.1m**.
- There were no current term deposits.

## **Other Matters:**

- No new matters

# DEBT POSITION VS POLICY

Funding and liquidity risk timeline

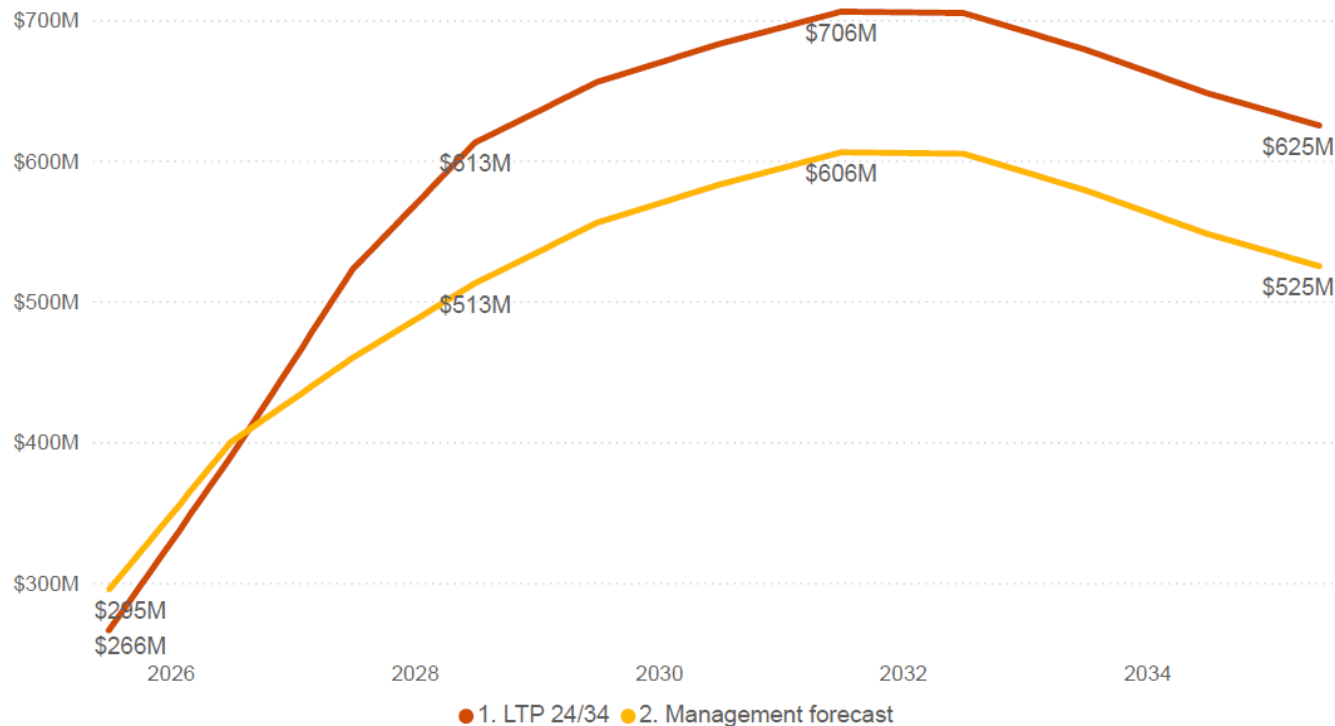


Funding summary

Bucket (years)	Maturing in period (\$)	Policy	Actual
0 - 3	\$170,000,000	10% - 60%	56%
3 - 7	\$135,000,000	25% - 85%	44%
7 - 12	\$0	0% - 60%	0%
<b>Total</b>	<b>\$305,000,000</b>		<b>100%</b>

- The above graph represents the visual split of the composition of borrowings as at 30 June 2025.
- The **liquidity ratio** measures the ability to use current assets to extinguish current liabilities. The liquidity ratio per the Treasury and Risk Management Policy is set at no less than **110%**.
- As at 30 June 2025, estimated **liquidity ratio** is **124%** which means we are compliant with the policy and LGFA Financial Covenants.
- The maturity profile of the debt is compliant with the Treasury and Risk Management Policy:
  - Actuals: 56% of debt is 0-3 years and 44% is 3-7 years in duration
  - Policy: 15 – 60% is 0-3 years, 25 – 85% is 4-7 years, 0 – 60% is 7 years+

# DEBT POSITION VS LTP 24/34



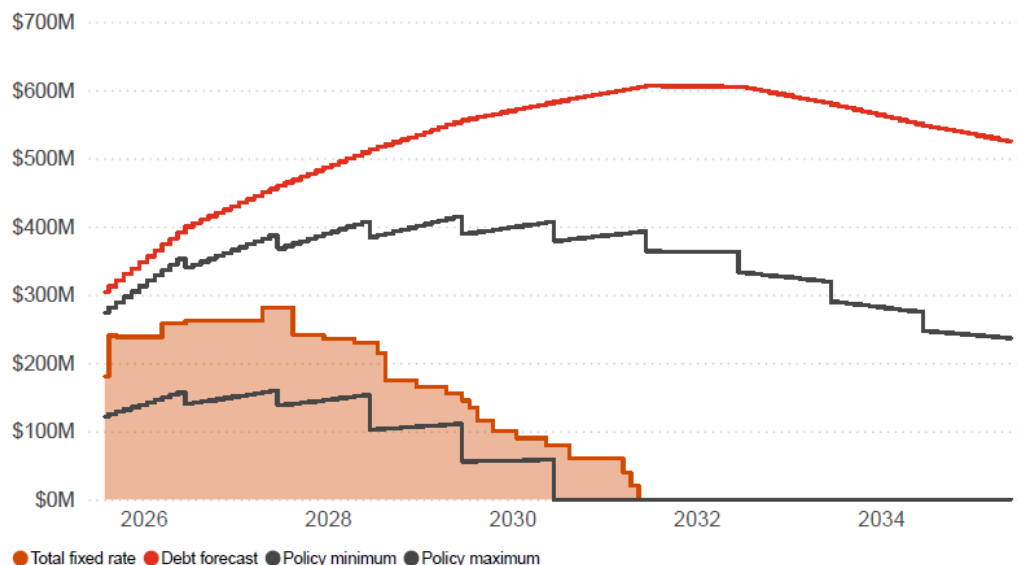
- The above graph represents debt forecast scenarios: actual (yellow line) vs LTP 24/34 (orange line).
- Per LTP 24/34, the projected total borrowings are **\$266m** as at 30 June 2025. The LTP forecast will be reviewed and updated as part of the consultation process for Annual Plan 2026/2027.
- Actual total borrowings are **\$295m**, tracking **\$29m** higher than the LTP 24/34 forecast. Net debt of \$234m remains lower than the LTP net debt of \$244m as at 30 June 2025. This is due to management electing to maintain higher cash balances to ensure Treasury Management Policy ratio compliance (refer to slide 3), utilise higher interest receivable rates (refer to slide 5) and mitigate the risk of material yearend capital invoices receivable.



# INTEREST RATE RISK MANAGEMENT

Q4 2025	Key Metrics
<b>\$180.5M</b>	Total fixed rate instruments
<b>61.0%</b>	% of total exposure fixed/hedged
<b>3.83 years</b>	Average duration of fixed debt
<b>4.43%</b>	Pre-hedging cost of debt
<b>3.27%</b>	Post-hedging cost of debt

## Interest rate risk timeline



- **61%** of Council's debt is **fixed**. This minimises interest rate exposure.
- Interest rate swaps are used to fix a portion of the LGFA floating borrowing to effectively manage the interest rate pricing risk and ensure compliance with the Council's Treasury Risk Management Policy.
- Council is proactive at exploring and implementing strategies for hedging interest rate pricing risk, in consultation with PwC.
- As seen in the graph (area highlighted in orange), Council's total hedged interest rate fits well within the maximum and minimum levels prescribed by the Treasury Risk Management Policy. The red line represents the forecasted levels of debt.
- The average post-hedging cost of debt is maintained at a rate under **5%**.
- As at 30 June 2025, Council received **3.3%** (OCR + 0.05%) interest on daily cash balances, with an ave. weighted fixed rate of 3.27% on borrowings.

Treasury Report

# CASH INVESTMENTS



Q4 2025	Key Metrics
\$0	Cash on-term deposit
\$61.1M	Cash on-call
\$9.04M	LGFA borrower notes
N/A	Average Interest on term-deposits
4.14%	Weighted average interest on LGFA Borrower Notes

- The Council's cash investments consist of cash on-call held with New Zealand banks, as well as LGFA borrower notes.
- As at 30 June 2025, the combined balance on Westpac on-call accounts was **\$61.1m**.
- As at 30 June 2025, there were no on-term deposits.



# OTHER MATTERS



## **Payback ratio**

SDC's internal Treasury Policy requires a Payback ratio of <9 years.

The Payback ratio is calculated as follow: net borrowings/operating balance.

For the year ended 30 June 2025, based on preliminary (draft result) calculations for the annual report, the payback ratio is estimated to be 13.49 years and therefore in breach of the Treasury Policy.

### Mitigating factors:

- The payback ratio does not form part of the LGFA covenant compliance process.
- Its estimated to decrease below 9 years in the 2027/28 financial year per the LTP.

## REPORT

**TO:** Audit and Risk Sub-Committee

**FOR:** Audit and Risk Sub-Committee meeting, 5 August 2025

**FROM:** Julie Hands, Head of Legal and Risk  
Sonja Healy, Risk Manager

**DATE:** 30 July 2025

**SUBJECT:** **RISK MANAGEMENT UPDATE**

---

## RECOMMENDATION

*'That the Audit and Risk Sub-Committee:*

- a) *Receive the "Risk Management Update" report.'*

### 1. PURPOSE

The purpose of this report is to provide the Audit and Risk Sub-Committee with an update in relation to progress against the Risk Management Workplan, specifically providing an update on the draft strategic and key operational risk registers and the work on risk appetite setting.

### 2. SIGNIFICANCE ASSESSMENT / COMPLIANCE STATEMENT

The decisions and matters of this report are assessed as of low significance, in accordance with the Council's Significance and Engagement Policy.

### 3. HISTORY / BACKGROUND

In November 2024, the Audit and Risk Sub-Committee approved a new Risk Management Policy and Risk Management Framework for the Council. The workplan regarding the implementation of the framework and policy was reset at the May 2025 Audit and Risk meeting. An initial working draft of the strategic risks was also presented at this meeting.

As part of the workplan it was noted a full draft strategic risk register and organisational risk register would be presented to the August 2025 Audit and Risk meeting, along with the initial work on risk appetite setting. This is reported below.

#### 4. DISCUSSION

The risk work undertaken over the course of the last three months has been directed at lifting the risk maturity of SDC and to progress the journey toward SDC approaching risk management in a strategic manner that enables good decision making.

The work undertaken includes:

- Development of draft strategic and key operational risk registers;
- Undertaking risk training; and
- Initial risk appetite workshops with ELT and Councillors.

Below we report on the process and outcomes of each of these.

##### **Risk Registers**

Attached are the draft strategic risk and key operational risk registers. These have been developed over the course of the last three months through consultation with SME / Executive Leaders and reference to the risk registers of other territorial authorities. They have also had a light external review by Deloitte to confirm all key areas expected for a territorial authority have been considered.

As well as the key risks having been identified, work has begun on control mapping. This work is on-going and the controls mapped in the registers are those identified to date. As the risk reporting framework continues to be embedded and regular risk reviews undertaken with Risk Owners, we expect to be able to better define and identify controls and assess effectiveness.

As such, the controls reported are expected to change over the next year as they become more defined, and residual risk ratings to alter accordingly. Residual risk ratings currently are therefore indicative only. As controls and residual risk ratings become more accurately defined this will likely also result in some change in the list of key organisational risks reported.

##### ***Strategic Risk Register***

An updated copy of the strategic risk register is attached as Appendix A. Risks have been more accurately developed and recorded since the May meeting and controls mapped.

The top four strategic risks based on indicative residual risk ratings are:

- Alignment between strategic goals and operational objectives;
- Financial stability and resilience;
- Capacity of organisation to deal with change; and
- Changing political landscape.

It is worth noting, these top four risks are reflective of the operating environment of territorial authorities generally at the moment, not just Selwyn District Council.

As SDC continues to grow its maturity in the risk management space, continuous improvement in improving the control environment will be made. As these are strategic risks, actions and controls can however take longer to implement and we expect the timeline on delivery of improvement initiatives to take longer than they may for operational risks.

### ***Key Operational Risks Register***

The draft key operational risk register attached as Appendix B, represents the top 45 risks of Council based on inherent risk rating. The full list of mapped risks and controls is just below 100.

Alongside this register, group operational risk registers are in the process of being developed. Once complete and quarterly risk review processes implemented, these group level registers will inform the risks which are elevated onto the key operational risk register reported to Audit and Risk. As this risk interconnectivity is further developed, it will improve the risk visibility and ability to manage risk across Council.

### **Risk Appetite Workshops**

Risk Appetite Workshops were held with both ELT and Council in June 2025. These workshops aimed to get initial indications from both Council and ELT as to their appetites for the categories of risk commonly encountered by SDC.

The workshops were externally facilitated and the report outlining the outcomes from these workshops and next steps is attached as Appendix C.

At a high-level, Council and ELT are reasonably well aligned in their risk appetites, with Council being slightly more cautious in the areas of compliance and legal and health and safety. Noting the difference roles between ELT and governance, this is not an entirely unexpected outcome.

From here the next steps will be to report these outcomes back to ELT and Council to receive their feedback and then use the outcome to produce overall risk appetite statements for the SDC. This is intended to be completed by

February Audit and Risk for initial feedback, after which this will be presented to the new Council for consideration and validation.

These risk appetite statements will then be communicated to risk and control owners, in the view alignment with appetite will then dictate in part the need for further controls and actions. We will also work with the Strategy and Performance team as to how we can work together to operationalise risk appetite across Council.

### **Understanding Risk Training**

A training session facilitated by an external risk consultant was delivered to the Strategy, Engagement and Capability teams (Steve Gibling's group) in July 2025. This training was developed for SDC, with the aim of both increasing the familiarity of our people of risk concepts but to also extend their thinking regarding risk as being a tool that sits alongside strategy. To this end, the training ran in a workshop format which challenged attendees to consider the opportunities that may be presented alongside risks that may exist, both in terms of opportunities to mitigate negative outcomes, but also to drive value through looking at things using a different strategic lens to avoid negative consequences of risk.

Feedback is being sought through the senior leadership team of Strategy, Engagement and Capability on the value derived by their teams. If feedback is positive, consideration will be given to how similar training can be rolled out to other teams who have key risk management roles.

A general risk training calendar is being developed currently by the Risk Manager, with a focus on communicating the Council Risk Framework and processes.

## **5. NEXT STEPS**

The Risk Team will complete the following actions and report back at the November 2025 Audit and Risk Sub-Committee meeting:

- Continue the development of the Operational Risk Register engaging with team leaders and Heads of Departments, completing control mapping and residual risk ratings.
- Finalise the development of group level risk registers.
- Develop risk appetite statements for SDC (progress to be reported in November, statements in February).
- Develop the risk review framework to ensure group level and organisational level risk registers remain up to date and relevant.

## 6. VIEWS OF THOSE AFFECTED / CONSULTATION

### (a) Views of those affected and Consultation

There are no significant implications for the wider community in the contents of this report which require consideration of affected persons.

### (b) Māori and Treaty implications

There are no implications or impact related to Iwi / Māori with this report.

### (c) Climate Change considerations

The decisions and matters of this report are assessed to have low climate change implications.

## 7. FUNDING IMPLICATIONS

There are no budget considerations associated with the recommendations of this report.



Sonja Healy  
**RISK MANAGER**



Julie Hands  
**HEAD OF LEGAL AND RISK**

***Endorsed For Agenda***



Steve Gibling  
**EXECUTIVE DIRECTOR – STRATEGY, ENGAGEMENT AND CAPABILITY**

## Appendix A

STRATEGIC RISK REGISTER																
ID	Objective	Risk Title	Risk Description	Risk owner	Likelihood	Consequence	Inherent Risk	Treatment	Controls	Controls owner	Likelihood	Consequence	Residual Risk			
#	Priorities CE priorities for year one and two of the LTP - deliver key priorities within budgets set	Brief title to introduce the risk (what could go wrong)	Risk description (cause and effect) (what is the event that may trigger the risk)	Risk owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk before any controls are in place		Strategies, policies, framework, management plans, governance groups / committees, system controls, roles & responsibilities, delegated authorities, approval processes 1) Establishment of responsibility, 2) Segregation of duties, 3) Documentation procedures, 4) Physical controls, 5) Independent internal verification, 6) Human resource control	Control owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk after controls have been implemented			
SR9	Implement Strategies	Alignment between strategic goals and operational objectives	IF there is misalignment between the vision of what is to be delivered (LTP) compared to operational objectives (work programmes) THEN the Council may not deliver the long-term goals damaging our reputation.	Executive Director Strategy, Engagement and Capability	Likely	Catastrophic	5	20	Mitigate	1. Activity Management Plans are documented by activity areas to plan delivery against LTP objectives. These plans are reviewed annually. 2. Management reports are endorsed by an Executive Leadership Team member and presented to the Finance and Performance Committee, 4 times per year. 3. ELT developing an Operating Model for the organisation.	Head of Asset Management Head of Strategy and Performance	Likely	4 Major	4	16	
SR12	Implement Strategies	Capacity of organisation to deal with change	IF the Council does not have good change management practices in place to support the delivery of new strategies, THEN there is an increased risk of resistance, confusion, reduced staff morale, project delays, or failure to achieve strategic objectives, potentially impacting service delivery, compliance, and organisational resilience.	Chief Executive Officer  Executive Director Strategy, Engagement and Capability	Almost Certain	Major	5	4	20	Mitigate	1. As part of organisational transformation through the Digital Strategy, a change practice has been built. In the initial stages the capability has supported the projects in preparation of transformation. 2. People Leaders preparing people and implementing processes for change 3. Staff embrace change, have a level of understanding and awareness of the change 4. Internal Comms team in place support messaging 5. Learning & Development team in place to support team and individual growth to create a high-performing inclusive environment.	Head of People Head of Legal and Risk	Likely	4 Major	4	16
SR5	Financial Hygiene	Financial stability and resilience	IF Council is unable to secure external funding, maximise revenue opportunities (including profitable CCO's), or efficiently manage costs, THEN reliance on rates income will remain and could require Council to consider service level reductions or increase rates.	Chief Financial Officer	Likely	Major	4	4	16	Mitigate	1. LTP consultation documents will include clear information about affordability and service levels to balance the desire to reduce service levels or increase rates 2. Audit NZ annual review of planning and reporting documents 3. Revenue and Financing Policy and Treasury Policy are monitored and reported regularly 4. Monthly ELT management reports 5. Finance and Performance Committee meets four times per year, management provide a series of reports 6. Risk and Audit Sub-Committee meets four times per year, management provide a series of reports	Head of Strategy and Performance Head of Financial Control	Likely	4 Major	4	16
SR7	Do basic's well / Implement Strategies	Changing Political Landscape	IF there is a significant shift in political policy or sentiment, such as with a change in Minister or government THEN Council may be required to review policies, processes or reconsider their priorities.	Chief Executive Officer	Likely	Major	4	4	16	Mitigate	1. Annual Planning takes into account changes to legislation, regulation, or government direction since LTP adoption 2. SDC is an active member of LGNZ 3. Active participation in Local Government Mayoral and CEO meetings 4. Building a strong relationship with the new Minister 5. Regular policy review programme reported to Audit and Risk Sub-Committee	Head of Strategy and Performance Head of Legal and Risk	Likely	4 Major	4	16
SR11	Deliver Capital Works / Do basic's well	Extreme weather or natural hazardous events	IF there is an event caused by a natural hazard and Council has not efficiently prepared to lead the response and recovery efforts for the community THEN there may be an inability to maintain service continuity, resulting in significant impact and potential loss of people, assets, infrastructure and resources.	Executive Director Infrastructure and Property	Almost Certain	Catastrophic	5	5	25	Mitigate	1. Emergency Management Team in place 2. Emergency Operations Centre is activated when required 3. Core Plans in place include: - Business Continuity Plan - Crisis Management Plan - Local Welfare Plan - Public Information Plan - EOC Plan - Alpine Fault Plan 4. Procedures following an emergency event are widely known by a number of staff due to Civil Defence Foundational training being rolled out to majority of council staff. 5. Directors are responsible for having a plan in place for each of their departments to ensure core functions can continue to be delivered.	Head of Emergency Management	Likely	4 Moderate	3	12

# PUBLIC AGENDA Audit and Risk Subcommittee - 5 August 2025


	Objective	Risk Title	Risk Description	Risk owner	Likelihood	Consequence	Inherent Risk	Treatment	Controls	Controls owner	Likelihood	Consequence	Residual Risk		
#	Priorities CE priorities for year one and two of the LTP - deliver key priorities within budgets set	Brief title to introduce the risk (what could go wrong)	Risk description (cause and effect) (what is the event that may trigger the risk)	Risk owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk before any controls are in place		Strategies, policies, framework, management plans, governance groups / committees, system controls, roles & responsibilities, delegated authorities, approval processes  1) Establishment of responsibility, 2) Segregation of duties, 3) Documentation procedures, 4) Physical controls, 5) Independent internal verification, 6) Human resource control	Control owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk after controls have been implemented		
SR15	Digital	Cyber Attack	IF IT systems are compromised and subject to a cyber attack, THEN Council's ability to maintain data security could be impacted with important information being lost, potential privacy breach, leading to reputational impact, financial loss, poor service delivery or service disruption. This may result in financial loss and reputational impact, e.g. residents or partners will lose confidence in the Council and will not embrace new digital services being delivered as part of SDC's Digital Strategy.	Chief Digital Officer	Almost Certain	5 Catastrophic	5	25	Mitigate	1. Council have several security measures in place such as enterprise grade firewalls, email filtering, backups, antivirus and device management. 2. If a breach was detected Council would activate the insurance policy and engage an IT security company resource to assist with recovery. 3. Daily systems monitoring for events, incidents and data breaches.	Digital Operations Lead	Possible	3 Major	4	12
SR13	LTP Commitments	Inability to deliver our Te Rautaki Tikaka Rua / Bicultural Strategy	IF we do not effectively implement our Te Rautaki Tikaka Rua / Bicultural Strategy THEN we may not build the relationships required to meet the needs of mana whenua and the people of Waikiriri Selwyn.	Executive Director Community Services and Facilities	Almost Certain	5 Major	4	20	Mitigate	1. Te Pou Mataaho support the Council to design, deliver, build capacity, coach, and transition ownership of the Implementation Plan, ensuring the successful implementation of Te Rautaki Tikaka Rua   Bicultural Strategy. 2. The Implementation Plan is structured around the four Pou (pillars) of Te Rautaki Tikaka Rua   Bicultural Strategy. These key priority areas are: - Kā Honoka   Connections - He Takata   People - Kā Mahi   Work - He Huarahi Hou   A New Way	Head of Community Insights and Policy	Likely	4 Moderate	3	12
SR2	LTP Commitments	Fluctuating economic and demographic factors or significant population increase	IF the pace of growth in the region is faster than forecast THEN there may be inadequate infrastructure and service provision for a rapidly expanding population, we may not be prepared to cope with the increased demand and reduced capacity for council services.	Executive Director Strategy, Engagement and Capability	Likely	4 Major	4	16	Mitigate	1. Monitor and regularly report population changes to Council and ELT 2. Management Reports endorsed by an Executive Leadership Team member and presented to the Finance and Performance Committee on Organisational Projects and Performance 3. Reports endorsed by an Executive Leadership Team member and presented to the Economic Development Strategic Priority Committee and the Housing and Urban Development Sub-Committee 4. Create strategies for housing that is both sustainable and allows for more people to live in smaller footprints.	Executive Director Strategy, Engagement and Capability	Possible	3 Major	4	12
SR6	Do basic's well	Ineffective resource planning and management	IF Council does not have effective workforce planning and management processes in place THEN key roles (and or pieces of work) may not be resourced effectively (e.g. capacity to deliver, role clarity, lack of specialist resource) resulting in significant operational disruption (e.g. staff retention challenges, decreased productivity, work overload, operational inefficiencies) and / or stress to existing staff.	Executive Director Strategy, Engagement and Capability	Likely	4 Major	4	16	Mitigate	1. People Leaders have regular 1:1 with staff to discuss workload 2. Leaders Hub provides access to resources across the business 3. Reporting mechanisms in place for some teams (e.g. Building, Planning & Customer Services) 4. People, Culture and Caplity Team in place, with a Head of People responsible for: - Talent and Careers Team - Human Resources (HR Business Partners) Team - Learning & Organisational Development Team 5. Staff Engagement survey carried out annually, with appropriate actions taken as required 6. Regular People report presented monthly to ELT and quarterly to Audit and Risk Sub-Committee	Head of People	Likely	4 Moderate	3	12
SR3	Digital	IT systems not fit for purpose	IF IT systems are not fit for purpose (i.e not efficient through automation and digitalisation of processes and services) and not used appropriately, THEN the organisation will not be efficient when scaling to meet the District's growth. Additionally, this will reduce the organisation's ability to deliver services in a timely manner.	Chief Digital Officer	Almost Certain	5 Major	4	20	Mitigate	1. Delivering the Digital strategy, i.e. modernised systems and data governance - subject to budget. 2. Continuous management and monitoring of information systems is undertaken by appropriately skilled staff to deliver maintenance and renewals 3. Training programme, including staff induction on appropriate sue of systems	Digital Operations Lead	Possible	3 Moderate	3	9
SR14	Implement Strategies	Consider climate change in decision-making	IF Council does not have regard to climate change issues in decision making, THEN it may result in decisions that are in breach of legislation and not meeting community expectations - which could lead to reputational, legal and financial harm.	Executive Director Community Services and Facilities	Almost Certain	5 Major	4	20	Mitigate	1. All decision reports to have regard to the impacts of climate change and sustainability on proposals, recommendations and options presented. 2. Develop policy and sustainability strategy with Mana whenua and the community to adapt and mitigate climate change in our district.	Head of Strategy and Performance	Possible	3 Moderate	3	9



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ID	Objective	Risk Title	Risk Description	Risk owner	Likelihood	Consequence	Inherent Risk	Treatment	Controls	Controls owner	Likelihood	Consequence	Residual Risk
#	Priorities CE priorities for year one and two of the LTP - deliver key priorities within budgets set	Brief title to introduce the risk (what could go wrong)	Risk description (cause and effect) (what is the event that may trigger the risk)	Risk owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk before any controls are in place		Strategies, policies, framework, management plans, governance groups / committees, system controls, roles & responsibilities, delegated authorities, approval processes 1) Establishment of responsibility, 2) Segregation of duties, 3) Documentation procedures, 4) Physical controls, 5) Independent internal verification, 6) Human resource control	Control owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk after controls have been implemented
SR4	Do basic's well	Regulatory and legislative direction	IF Central Government makes significant regulatory or legislative changes and the Council fails to implement processes and policies to address the changes THEN there is a risk that Council fails to meet its obligations and there may be reputational / stakeholder impacts.	Executive Director Strategy, Engagement and Capability	Likely	4 Major	4 16	Mitigate	1. Development & Growth team in place - Heads of Building, Planning and Regulatory have responsibilities for monitoring and responding to legislative changes. 2. In-house legal team in place, supported by external providers when required. 3. Regular policy review programme reported to Audit and Risk Sub-Committee	Head of Building Head of Planning Head of Regulatory Head of Legal and Risk	Possible	3 Moderate	3 9
SR16	Do Basic's Well	Bribery, Fraud and Corruption	IF elected members or staff act in a way that is, or is perceived to be, influenced by bribery, fraud or corruption, or significant conflict of interest, THEN the Council's reputation could be damaged, there is potential for legal action against Council, increased scrutiny by the Office of the Auditor General. There is also the risk that Council could have lost financially, or in some other way, by entering into an unethical contract.	Chief Executive Officer	Likely	4 Major	4 16		1. HR Policy, Procurement Policy, Fraud Policy, Protected Disclosure Policy and Elected Members' Code of Conduct in place to provide guidance to all staff and elected members at least annually on conflicts of interest, and policies are widely distributed within Council and made available to all staff, particularly new staff. 2. The Fraud Policy includes a process for reporting any suspected instances of bribery and corruption - ensure this is widely available and all staff are aware of reporting process.	Head of Legal and Risk	Possible	3 Moderate	3 9
SR17	Implement Strategies	Health, Safety & Wellbeing	IF the Council does not implement and maintain a comprehensive Health, Safety & Wellbeing strategy and framework that proactively identifies, manages, and monitors risks across all departments, THEN there is a heightened risk of workplace injuries, mental health issues, non-compliance with legislative obligations, reputational damage, and reduced workforce engagement and productivity, potentially impacting service delivery and community trust.	Executive Director Strategy, Engagement and Capability	Likely	4 Major	4 16		1. Health & Safety team in place to lead and manage the Health and Safety function; developing, influencing and driving a positive safety culture. 2. We continuously improve health and safety programmes and systems across Council to enhance performance and practice. 3. Wellbeing Lead focused on creating human-centered Wellbeing plans and activities that concentrate on the holistic needs of our people, increasing our diverse, equitable and inclusive culture where people feel a sense of belonging.	Head of Health, Safety and Wellbeing	Possible	3 Moderate	3 9
SR8	Implement Strategies	Community Sentiment	IF Council does not adequately understand the expectations and needs of the community THEN Council levels of service may not meet the community needs and lose the trust and confidence of it's community.	Executive Director Strategy, Engagement and Capability	Likely	4 Moderate	3 12		1. Significant and Engagement Policy in place 2. Regular engagement with communities and stakeholders 3. Communication and Consultation takes place with the community to manage expectations 4. Waikiri Ki Tua Future Selwyn provides strategic and spatial direction for navigating our region's future 5. Council maintains a number of strategies, including Youth Council, in order to obtain feedback from wider perspectives	Head of Strategy and Performance	Possible	3 Moderate	3 9
SR10	Do basic's well	Governance and Leadership Capability	IF Council's risk exposure, public perception / reputation are not positive or are unbalanced, THEN there is a risk that Council does not attract capable candidates to stand for Council or key management roles, which may lead to ineffective Governance and Leadership.	Chief Executive Officer	Possible	3 Major	4 12	Mitigate	1. ELT meet weekly 2. Council and Committee meetings are publicly accessible including being Live Streamed 3. Ta Te Tima Team Talk Engagement Survey carried out annually. We do it to better understand our workplace culture, what we are doing well, and what could be improved to make our workplace the very best it can be. 4. Local Government Elections Campaign	Head of People Head of Legal and Risk	Possible	3 Moderate	3 9
SR1	LTP Commitments	Fluctuating economic and demographic factors or significant population reduction	IF the pace of growth in the region is slower than forecast THEN there may be a change in rates revenue leading to a change in priorities, level of services and the ability to deliver Capital Works and commitments in the Long Term Plan.	Executive Director Strategy, Engagement and Capability	Possible	3 Major	4 12	Mitigate	1. Monitor and regularly report population changes to Council and ELT 2. Management reports endorsed by an Executive Leadership Team member and presented to the Economic Development Strategic Priority Committee and the Housing and Urban Development Sub-Committee 3. Ensure variable costs are clearly identifiable, and therefore able to be isolated and adjusted if ratepayer base reduced 4. Council actions to align with council's vision "A liveable, innovative and connected Waikiri Selwyn, filled with opportunity and prosperity" 5. True Cost of Growth analysis carried out, utilising Statistic NZ data 6. Growth model managed by Formative	Executive Director Strategy, Engagement and Capability	Unlikely	2 Major	4 8

## Appendix B



OPERATIONAL RISK REGISTER

ID	Risk category	Risk Title	Risk Description	Risk owner	Likelihood	Consequence	Inherent Risk	Treatment	Controls	Controls owner	Likelihood	Consequence	Residual Risk	Actions Required	By Who
#	Based on most commonly used categories	Brief title to introduce the risk (what could go wrong)	Risk Description	Risk owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk before any controls are in place		Strategies, policies, framework, management plans, governance groups / committees, system controls, roles & responsibilities, delegated authorities, approval processes 1) Establishment of responsibility, 2) Segregation of duties, 3) Documentation procedures, 4) Physical controls, 5) Independent internal verification, 6) Human resource control	Controls owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk after controls have been implemented	What controls need to be put in place to respond to the treatment options agreed	Who will implement the actions / controls
OR14	Project / Programme	Capital Works Programme	If the Council's capital works programme is not delivered on time or within budget due to factors such as contractor delays, supply chain disruptions, cost escalations, inadequate project planning, or unforeseen site conditions THEN this could result in increased project costs, reputational damage, reduced public trust, and delays in delivering essential infrastructure and community services.	Executive Director Infrastructure and Property	Likely	4 Catastrophic	5 20	Mitigate	1. Ensure that risks to delivery are identified early, reported on and appropriately managed 2. Undertake comprehensive financial management of capital projects and packages 3. Coordinate with other planning and budget development processes for the Long-Term Plan, Annual Plan and 30-year Infrastructure Strategy for capital works 4. Instill sound project management practices across the team; Foster a respectful culture that delivers performance, productivity, openness and co-operation 5. Proactively engage with Council, Councilors and community with productive and positive relationships across the organisation	Head of Capital Works	Likely	4 Major	4 16		
OR07	Compliance / Legal	Council Bylaws, Strategies, Plans and Policies	If Council fails to keep Bylaws, Strategies, Plans and Policies up to date, THEN the Bylaws, Strategies, Plans or Policies may become unenforceable and irrelevant, and council could be acting illegally, or the policy is not fit for purpose, or the Council may fail to secure available funding.	Chief Executive Officer	Likely	4 Major	4 16	Mitigate	1. Regular Policy Schedule reviewed by CEO. 2. Review of Bylaw's responsibility has been clarified and will be monitored within the Policy Register. 3. The community will be asked for feedback on all draft bylaws before they are made.	Executive Director Development and Growth Executive Director Strategy, Engagement and Capability	Likely	4 Major	4 16		
OR17	Financial	Compliance with Delegations and Procurement Processes	If procurement contracts entered into are not cost-effective and do not comply with Council's Procurement and Delegations Policies THEN council projects could go over budget and council procurement could be subject to industry, media, legal scrutiny.	Chief Financial Officer	Likely	4 Major	4 16	Mitigate	1. Ensure procurement policy and procurement manual are appropriate, comply with legislation and good practice, and followed by all staff and significant contracts are reviewed by an independent professional. 2. Delegations Register is in place and staff financial limits are reviewed and approved by the CEO, as and when needed. 3. The Delegations Register is communicated annually to the Council for transparency.	Head of Strategy & Performance Head of Legal & Risk	Likely	4 Major	4 16		
OR10	Information Technology / Cyber Security	Systems disruption	If the server fails or if there is a natural disaster THEN systems may be down temporarily, reduction in worker productivity, unable to respond to customers, data unavailable, potential permanent loss of data.	Chief Digital Officer	Almost Certain	5 Major	4 20	Mitigate	1. Backups done daily and stored off-site. 2. Most critical data is in the cloud, data centre is overseas so workers can access system remotely from anywhere. 3. Civil Defence will make hardware available for emergency response. 4. Restore from backup - backups encrypted, and stored off-site at approved data-centres (Tier 3). 5. Fail-over for Melbourne data centre replicates to Sydney data centre.	Digital Operations Lead	Possible	3 Major	4 12		
OR28	Operational / Service Delivery	Natural Disaster or Fire - Response preparedness	If a Natural Disaster (e.g. earthquake or flood or fire) causes significant damage to infrastructure and buildings THEN community welfare may be severely compromised, putting peoples lives at risk, and staff may be unable to access systems to carry out their day to day duties and functions.	Executive Director Infrastructure and Property	Almost Certain	5 Major	4 20	Mitigate	1. Civil Defence Emergency Management plans are in place. 2. Procedures following an emergency event are widely known by a number of staff due to Civil Defence Foundational training being rolled out to majority of council staff. 3. Business Continuity Plans need to be in place and practiced regularly for all activities. 4. Directors are responsible for having a plan in place for each of their departments to ensure core functions can continue to be delivered. 5. Asset Management Plans and Incident Control Response Plans to document critical asset areas and response plan in the event of heavy rainfall incidents.	Head of Emergency Management	Likely	4 Moderate	3 12		
OR31	Operational / Service Delivery	Critical Asset fails or is damaged by the public	If a critical asset (water treatment plants, stormwater, wastewater, reticulation, roading) fails or is damaged by the public, THEN existing service levels may discontinue, unexpected financial burden may arise and there could be significant disadvantage and risk to the community.	Executive Director Infrastructure and Property	Likely	4 Catastrophic	5 20	Mitigate	1. Conduct 3 yearly Asset Criticality Review. 2. Management practices and staff training, retention to ensure appropriate skill level in critical asset maintenance. 3. Use security cameras for areas that are at high risk of vandalism or deliberate damage. 4. Have insurance on Council assets and infrastructure (in accordance with the Insurance Framework) that is sufficient to cover replacement. 5. Require insurance indemnity for organised events. 6. Asset Management Plans to document critical asset areas and response plan in the event of heavy rainfall incidents. 7. Ensure there are established Civil Defence Emergency Management response procedures in relation to fixing critical assets in an emergency event.	Head of Operations Head of Asset Management	Possible	3 Major	4 12	Develop Incident Control Response Plans	

# PUBLIC AGENDA Audit and Risk Subcommittee - 5 August 2025

	Risk category	Risk Title	Risk Description	Risk owner	Likelihood	Consequence	Inherent Risk	Treatment	Controls	Controls owner	Likelihood	Consequence	Residual Risk	Actions Required	By Who		
#	Based on most commonly used categories	Brief title to introduce the risk (what could go wrong)	Risk Description	Risk owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk before any controls are in place		Strategies, policies, framework, management plans, governance groups / committees, system controls, roles & responsibilities, delegated authorities, approval processes  1) Establishment of responsibility, 2) Segregation of duties, 3) Documentation procedures, 4) Physical controls, 5) Independent internal verification, 6) Human resource control	Controls owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk after controls have been implemented	What controls need to be put in place to respond to the treatment options agreed	Who will implement the actions / controls		
OR06	Compliance / Legal	Non-Compliance with Legislation	IF Council does not comply with its obligations under legislation (e.g. Resource Management Act 1991, Building Act 2004, Health and Safety at Work Act 2015, Local Government Act 2002) THEN administrative fines, penalties or enforcement action may result, and reputational damage.	Executive Director Development and Growth  Executive Director Strategy, Engagement and Capability	Likely	4 Major	4	16	Mitigate	1. Maintenance contractor and Council staff members are trained and up to date with all legislative requirements impacting on property and park assets. 2. Maintenance contracts have robust out-clauses that cover a range of situations where non-compliance or unsatisfactory work is identified. 3. Council has secured public liability insurance and statutory liability insurance. 4. The Council requires all physical works contractors to go through a thorough health and safety pre-qualification process and become approved before commencing any physical work. 5. Contractor public liability insurance required for all major contracts. 6. Receive legal updates from law firms (e.g. Duncan Cotterill, Buddie Findlay). 7. Monitor Govt Reporting going to select readings 8. Human Resources Institute of New Zealand (HRNZ) updates on proposed law reforms, HR news and research.	Head of Building Head of Planning Head of Regulatory Head of Legal & Risk Head of People Head of Health, Safety and Wellbeing	Possible	3 Major	4	12	Appropriate procedures and guidelines are in place to monitor contractor actions and our own including health and safety audits, contractor meetings / KPI's.  All relevant staff are kept up to date with pre-approved contractors register.  Mini audits and random checks should be built into contracts.	
OR24	Health, Safety & Wellbeing	Working in and around water	IF a member of staff or the public has an accident in the water or a medical emergency at the Selwyn Aquatic Centre or any of our summer pools, THEN this could result in possible death or serious injury.  IF workers are required to perform tasks in or around bodies of water—including natural environments (rivers, lakes, coastal areas) and man-made settings such as summer pools THEN there is an increased risk of drowning, contamination from pool chemicals, or injury due to crowding or unpredictable behavior from pool users, potentially leading to serious health and safety incidents or public liability concerns.	Executive Director Strategy, Engagement and Capability	Likely	4 Major	4	16	Eliminate	1. Critical Risk Management Standard for Working around water has been developed and includes preventative controls and mitigation controls, such as: - Training and qualifications are mandatory for lifeguards, children and elderly are monitored by lifeguard/s at all times. - Access restrictions to limit or control access to specific areas near water bodies, such as water races and wetlands. - AI Drowning detection - Normal and Standard Operating Procedures in place and are audited operational documents to inform the operation of aquatic facilities. - Site specific induction ensuring all potential risks and hazards are identified and new staff are made aware of them. - A record of staff training and compliance related to national guidelines and standards when working around water. - Post incident processes including investigations 2. A Critical Risk Group of representatives across the organisation maintain and update the standard and it's partner bowtie.	Head of Health, Safety & Wellbeing	Possible	3 Major	4	12		
OR01	Compliance / Legal	Legislation Changes or Government Policy Impacting on Local Government	IF changes to Government Policy, legislation or case law occur and changes the services Council delivers or the way they are delivered, or are not implemented by staff, THEN council may be acting illegally and in breach of legislation. This could also put financial pressure on the district to fund investment in changes, or it may mean previous investment has become redundant.	Executive Director Strategy, Engagement and Capability	Almost Certain	5 Major	4	20	Mitigate	1. Staff training and attending relevant industry conferences. 2. Regular policy review to ensure policies and procedures are in line with legislation changes. 3. Where a policy change may have a significant negative impact on the Council then staff and elected members consider making a submission to suggest and encourage alternative options. 4. Council officers and elected members keep up to date with proposed changes to legislation and govt policy, and anticipate potential impacts of legislative changes and respond strategically, rather than being in a reactive position or being overly proactive.	Head of Legal and Risk Head of Regulatory Head of Building Head of Planning	Possible	3 Major	4	12	Regular review and update Legislative Compliance Register.	
OR18	Financial	Inadequate financial provision to fund asset replacement	IF there is inadequate financial provision in reserves to fund the replacement of assets, THEN the Council may have to borrow more than expected, or asset replacement may need to be delayed which may affect service level performance.	Chief Financial Officer	Almost Certain	5 Catastrophic	5	25	Mitigate	1. Ensure annual depreciation is based on accurate fixed asset values (replacement cost) and accurate useful lives. Assets should not, unless necessary, be replaced before the end of their useful life.	Head of Financial Control	Possible	3 Moderate	3	9		
OR09	Compliance / Legal	Three Waters - Non- Compliance	IF Council does not comply with its obligations under legislation (i.e. Resource Management Act, NZ Drinking Water Standards, Health and Safety at Work Act) and the water supply network becomes contaminated, THEN public health may be compromised and the Council could be liable for administrative fines, penalties and prosecution and may result in reputational damage if publicised.	Executive Director Infrastructure and Property	Likely	4 Catastrophic	5	20	Mitigate	1. Maintenance contractor and Council staff members are trained and up to date with legislative requirements. 2. Subscribe to regular email updates from local government and relevant industry bodies, council listserv to ensure staff are notified of legislation changes. 3. Water safety plan and SOP & risk management plans	CCO	Possible	3 Moderate	3	9	Controls on CCO Consider the creation of a Legislative Compliance Register	

# PUBLIC AGENDA Audit and Risk Subcommittee - 5 August 2025

	Risk category	Risk Title	Risk Description	Risk owner	Likelihood	Consequence	Inherent Risk	Treatment	Controls	Controls owner	Likelihood	Consequence	Residual Risk	Actions Required	By Who			
#	Based on most commonly used categories	Brief title to introduce the risk (what could go wrong)	Risk Description	Risk owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk before any controls are in place		Strategies, policies, framework, management plans, governance groups / committees, system controls, roles & responsibilities, delegated authorities, approval processes  1) Establishment of responsibility, 2) Segregation of duties, 3) Documentation procedures, 4) Physical controls, 5) Independent internal verification, 6) Human resource control	Controls owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk after controls have been implemented	What controls need to be put in place to respond to the treatment options agreed	Who will implement the actions / controls			
OR23	Health, Safety & Wellbeing	Active Construction and Maintenance	IF workers are engaged in active construction or maintenance activities involving heavy machinery, elevated work areas, live utilities, or dynamic site conditions, THEN there is an increased risk of physical injury, equipment-related incidents, exposure to hazardous substances, or environmental harm, potentially leading to serious health and safety consequences or project delays.	Executive Director Strategy, Engagement and Capability	Likely	4	Catastrophic	5	20	Eliminate	1. Critical Risk Management Standard for Active Construction / Maintenance Sites has been developed and includes preventative controls and mitigation controls, such as: - Maintenance and construction sites restrict site entry to authorised personnel. - All hazardous substances are correctly labelled and stored according to best practice safety procedures and guidelines. - Training is mandatory for all staff working with hazardous substances. - Use appropriate PPE gear at all times in the vicinity of the hazardous substances. - Regular health checks for staff. - Regular testing of hazardous substances and chemicals labelling and storage be carried out randomly. - The Pines Waste Water Treatment Plant has site licences for the storage of chemicals, these must be kept up to date. - Fire extinguishers are on site, all signage is current and covers off on all of the chemicals held on site, labels are all correct and current. - Site Specific Safety Plans (SSSP) developed. 2. A Critical Risk Group of representatives across the organisation maintain and update the standard and it's partner bowtie.	Head of Health, Safety & Wellbeing	Possible	3	Moderate	3	9	
OR34	Environmental	Manage Drought or Extreme Heat	IF the Selwyn District experiences drought and or extreme heat THEN water infrastructure capacity may be impacted. With 15,000 hectares of forestry in the district land and livelihoods are at risk of drought that exacerbates the risk of wildfires. Lives may be put at risk, and access routes blocked.		Almost Certain	5	Major	4	20	Mitigate	1. Emergency Management Team work closely with FENZ to monitor wildfire risk across the region. 2. Smart Fire Sensors installed in McHughes Forest Park to provide early fire detection and monitor environmental conditions. 3. Use of drought tolerant grasses on sports fields or open spaces where grass can be left long to reduce carbon emissions. 4. Work closely with mana whenua, and other agencies that can assist with planning for alternative exit routes, alternate water supplies and evacuation plans.	Head of Emergency Management	Possible	3	Moderate	3	9	
OR43	Reputational	Consultation and Engagement with Mana Whenua	IF Council does not effectively engage with Mana Whenua on matters of interest, THEN Council decisions will lack a Mana Whenua perspective which may lead to substandard community outcomes, and decisions that may not be supported by Maori which could harm relationships.	Executive Director Strategy, Engagement and Capability	Almost Certain	5	Major	4	20	Mitigate	1. Build and maintain strong relationships with all iwi in the Waikirikirōhe - between Chairs and Mayor, CEO levels, and between operational staff. 2. All decision reports to Council must outline what consultation has been undertaken with Maori. 3. Develop an iwi partnerships framework.		Possible	3	Moderate	3	9	
OR45	Reputational	Community Engagement	IF Council does not engage with the community in line with its Significance and Engagement Policy and the requirements of sections 76-82 of the Local Government Act 2002, THEN Council decisions will lack a community mandate, may not be fit for purpose, and may be scrutinised and subject to legal challenge.	Executive Director Strategy, Engagement and Capability	Likely	4	Catastrophic	5	20	Mitigate	1. Prepare engagement strategy and communication plans for major decisions. An engagement strategy for the LTP is a must. 2. Targeted engagement should be considered where decisions affect particular groups or individuals disproportionately.	Head of Strategy & Performance Communications Manager	Possible	3	Moderate	3	9	
OR05	Compliance / Legal	Tax Compliance Breach	IF the Council files incorrect or misleading tax returns (specifically GST, FBT and PAYE), then it may be liable for financial penalties, IRD audit scrutiny, and lack of auditor confidence.	Chief Financial Officer	Likely	4	Major	4	16	Mitigate	1. Staff are properly trained and stay up to date with tax legislation and current topical issues. 2. All tax returns are reviewed and signed off by someone other than the preparer of the tax return. 3. All property purchases and sales are reviewed by Finance specifically to check correct GST treatment. 4. FBT on motor vehicles and private use is reviewed at least annually. 5. All entertainers and individual contractors are reviewed for correct withholding tax treatment.	Head of Financial Operations Head of Financial Control	Possible	3	Moderate	3	9	
OR20	Health, Safety & Wellbeing	Lone, Remote and Isolated Working	IF a staff member is seriously injured or killed during field inspections / site visits, THEN possible health and safety breaches, death or serious injury.	Executive Director Strategy, Engagement and Capability	Likely	4	Major	4	16	Eliminate	1. Critical Risk Management Standard for Lone, remote or isolated work has been developed and includes preventative controls and mitigation controls, such as: - GPS on vehicles, First Aid Training - Welfare Support - Communication plans in place (PACE) - Check-in processes - Body cams worn by lone workers - Lone, Remove, Isolated Work Policy in place. - Safety training available to staff - GIS Map / Hazard Warning System 2. A Critical Risk Group of representatives across the organisation maintain and update the standard and it's partner bowtie.	Head of Health, Safety & Wellbeing	Possible	3	Moderate	3	9	

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OR22	Health, Safety & Wellbeing	Psychosocial risks	IF staff are affected by personal issues or by work pressures and experiencing high levels of stress, THEN work performance may decline and/or fatigue, illness, mental health, unsafe work practices may result.	Executive Director Strategy, Engagement and Capability	Likely	4 Major	4	16	Eliminate	1. Critical Risk Management Standard for Psychosocial Risks has been developed and includes preventative controls and mitigation controls, such as: - New Wellbeing Strategy implemented and regularly monitored by the Health and Safety Committee. - Managers are responsible for being aware of the wellbeing of their direct reports. - There are various options available for relieving the pressure of staff who are overworked including increasing staff or reallocating work - regular wellbeing newsletters emailed out to all staff by the Wellbeing Lead. - Telus (EAP provider) is widely communicated to all staff. - All critical staff have a backup option available so they can take annual leave for at least a week at a time. 2. A Critical Risk Group of representatives across the organisation maintain and update the standard and it's partner bowtie.	Head of Health, Safety & Wellbeing	Possible	3 Moderate	3	9	
OR25	Health, Safety & Wellbeing	Employee Substance Abuse	IF staff are affected by drugs or alcohol while at work, THEN there is an increased risk of an accident or injury, property damage, and reduced work performance.	Executive Director Strategy, Engagement and Capability	Likely	4 Major	4	16	Mitigate	1. Ensure staff are aware of drug and alcohol policy. 2. Initial drug testing done prior to employment to filter out regular users. 3. Utilise EAP services, provided by Telus. 4. Testing framework in place to determine if drugs or alcohol were the root cause of an incident. Testing includes: reasonable cause testing, post incident testing, random testing and rehabilitation testing. 5. Safety Sensitive Roll register - responsibility of people e.g. working in the swimming pools, operating machinery	Head of People	Possible	3 Moderate	3	9	
OR27	Human Resources & Capability	Key Person risk	IF a business function, project, or critical operation is heavily reliant on individuals with unique knowledge, skills, or relationships, THEN this could affect council's ability to perform core functions and duties.	Executive Director Strategy, Engagement and Capability	Likely	4 Major	4	16	Mitigate	1. Ensure SharePoint and Promapp is up to date with all staff day to day processes, if known absence ahead of time ensure an appropriate training plan in place. Modern ways of working, making process documentation accessible. 2. SDC's Leave Policy includes managing leave so that employees are provided with the opportunity to take leave and to ensure that significant leave balances do not develop. 3. Connect with colleagues from neighbouring three councils to share resource if needed. 4. Make use of local consultants where appropriate.	Head of People	Possible	3 Moderate	3	9	Talent and succession planning for critical roles Need to understand who the key roles are
OR29	Strategic	Infectious Disease Outbreak / Pandemic	IF an infectious human disease outbreak / pandemic threatened NZ and reached the district, THEN this could impact staff availability, local services could temporarily close down, and the community access to healthcare is limited potentially resulting in population decline.	Chief Executive Officer	Likely	4 Major	4	16	Mitigate	1. Health and Safety Advisor to keep aware of any public health notifications of disease outbreaks. Ensure there is a plan to respond to any notifications. 2. Civil Defence covers infectious human disease pandemics and will take responsibility for local management. 3. Follow Ministry of Health's NZ Influenza Pandemic Action Plan. 4. Procedures following an emergency event are widely known by a number of staff due to Civil Defence Foundational training being rolled out to majority of council staff. 5. Business Continuity Plans need to be in place and practiced regularly for all activities. 6. Directors are responsible for having a plan in place for each of their departments to ensure core functions can continue to be delivered.	Head of Health, Safety & Wellbeing Head of Emergency Management Head of People	Possible	3 Moderate	3	9	
OR33	Project / Programme	Failure of a Significant Contractor	IF a Contractor's financial situation deteriorates and impacts on their ability to deliver on a procurement contract, THEN the project may be left unfinished, Council may lose out on funds already spent, and may have to put contract out for tender again - resulting in project delays, additional cost and reputational damage.	Executive Director Infrastructure and Property	Likely	4 Major	4	16	Mitigate	1. Perform Pre-Contract Due Diligence for all significant contracts that are required to go out for tender (e.g. thorough financial health checks (e.g., credit ratings, financial statements). 2. Include termination clauses for financial instability 3. Define clear milestones and payment schedules tied to deliverables. 4. Monitor for warning signs of Contractors (e.g. delayed payments to subcontractors, staff turnover). 5. Conduct regular site visits and project reviews to confirm progress and performance. 6. Identify alternative suppliers or contractors as part of Contingency Planning 7. Ensure contractors hold appropriate insurance (e.g., professional indemnity, performance insurance) as part of all contracts.	Head of Commercial Head of Operations	Possible	3 Moderate	3	9	
OR41	Governance & Decision-making	Elected Members - Decision Making	IF elected members make significant decisions based on inaccurate / insufficient information, "biased" influences, conflicts of interest not disclosed, or lack of understanding of the financial or legislative impacts, THEN there could be funding access difficulties, audit scrutiny, financial penalties, and/or community distrust in elected members. Potential breach of Local Authorities (Member's Interests) Act 1968, and Councillors may be personally financially liable under S.47 of LGA 2002.	Chief Executive Officer	Likely	4 Major	4	16	Mitigate	1. Relies on the accuracy and quality of the advice given by staff to elected members - ensure agenda, reports, and other papers are always reviewed by CEO, and Directors if appropriate. 2. Information related to decision making should be given to elected members in a timely manner. 3. Elected members should receive initial induction training and attend LGNZ, SOLGM conferences where material is relevant to get a better understanding of governance decision making. 4. Council has a Professional Indemnity insurance policy for all elected members and independent committee members. 5. Elected Members are required to attend Induction training at the start of the Triennial.	Head of Legal and Risk	Possible	3 Moderate	3	9	

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OR16	Financial	Internal Financial Controls	IF internal financial controls are compromised and ineffective, or if a Manager uses their unique position to override internal controls, THEN fraud may occur, resulting in theft of Council assets / funds and incorrect / misleading financial statements, budget variances, delayed service.	Chief Financial Officer	Likely	4 Major	4	16	Mitigate	1. Implement annual external and internal audit recommendations to improve the control environment. 2. Adhere to Procurement and Delegations Policy and report variances. 3. Communication and training of key internal controls to all staff. 4. Internal and External audits are undertaken annually 5. Annual leave not to accrue > 2 years. 6. Fraud Policy awareness training for all staff at least three yearly. 7. The Audit & Risk Sub-Committee is in place to provide oversight of the robustness of the Council's internal control framework	Head of Financial Control Head of Financial Operations Head of Legal & Risk	Possible	3 Moderate	3	9	
OR21	Health, Safety & Wellbeing	Driving	IF an elected member, staff member or contractor is required to drive as part of their job duties — especially over long distances, in adverse weather, or on unfamiliar or high-risk roads, THEN there is an increased risk of vehicle accidents, fatigue-related incidents, and this could result in possible death or serious injury and damage to motor vehicle asset.	Executive Director Strategy, Engagement and Capability	Possible	3 Catastrophic	5	15	Eliminate	1. Critical Risk Management Standard for Driving has been developed and includes preventative controls and mitigation controls, such as: - Vehicle Policy - Drug & Alcohol Policy - Advance Driver Training - eRoad System in place - Vehicle Specification and Maintenance - Fleet Manager Role - JSA for fueling vehicles 2. A Critical Risk Group of representatives across the organisation maintain and update the standard and it's partner bowtie.	Head of Health, Safety & Wellbeing	Possible	3 Moderate	3	9	
OR19	Health, Safety & Wellbeing	Agression & Violence towards staff	IF elected members, staff, contractors or volunteers are exposed to situations where members of the public, clients, contractors or others may abuse or display aggressive, threatening, or violent behavior—whether in person, over the phone, or online— THEN there is an increased risk of physical or psychosocial harm, reduced staff wellbeing, increased absenteeism, and potential legal or reputational consequences for the organisation.	Executive Director Strategy, Engagement and Capability	Likely	4 Moderate	3	12	Mitigate	1. Critical Risk Management Standard for Agression / Violence towards SDC workers has been developed and includes preventative controls and mitigation controls, such as: - Body-worn cameras - CCTV Policy & Guidelines - Safety Alarms & Procedures - Lone Worker Policy - Training for staff - Reporting & investigation process - Critical Incident Process 2. A Critical Risk Group of representatives across the organisation maintain and update the standard and it's partner bowtie.	Head of Health, Safety & Wellbeing	Possible	3 Moderate	3	9	
OR42	Reputational	Vulnerable persons risk	IF Council employees, during the course of their Council duties abuse members of the public, particularly children, THEN the Council may suffer significant reputational damage and potentially be taken to court.  IF Council employees, during the course of their Council duties abuse vulnerable members of the public — such as someone who is young, elderly, has a disability, or is experiencing mental health challenges without appropriate support, supervision, or safeguards, THEN there is an increased risk of harm, exploitation, neglect, or inability to respond effectively to hazards, potentially resulting in serious physical, emotional, or psychosocial injury.	Executive Director Strategy, Engagement and Capability	Possible	3 Major	4	12	Mitigate	1. All staff in public facing roles undertake de-escalation training, customer service training, and possible social media training. 2. Also use behavioural type interview questions to investigate how potential new employees would deal with customers and contractors. 3. Minimising stress levels at work and providing a good work place environment where reported behaviours are dealt with efficiently is necessary.	Head of People Head of Customer Services	Possible	3 Moderate	3	9	Confirm which roles we do MoJ checks
OR44	Reputational	Maori Tikanga and Protocols	IF Council representatives show disrespect or ignorance to tikanga, customs, protocols and / or environment, THEN this may cause harm to Council's relationships with the Maori community and put Council into disrepute.	Executive Director Strategy, Engagement and Capability	Likely	4 Moderate	3	12	Mitigate	1. Build and maintain cultural competency amongst Council representatives. 2. Council staff lead initiatives to promote tikanga Maori and te reo in the workplace, by developing and maintaining a plan to encourage learning, and celebration, of tikanga Maori and te reo in the workplace. 3. Seeking external advice and support where necessary to ensure tikanga is upheld appropriately.	Communications Manager	Possible	3 Moderate	3	9	
OR26	Human Resources & Capability	Payroll Processing	IF Staff are not paid correctly or on time THEN staff may become disgruntled and distrustful of their employer, work standards could drop and employment laws could be breached (e.g. Holidays Act remediation).	Executive Director Strategy, Engagement and Capability	Likely	4 Moderate	3	12	Mitigate	1. Datacom contracted to provide up-to-date payroll software and support to reduce manual errors and ensure timely payroll payments. 2. System access controls are in place to restrict access to Datacom to authorised personnel only. 3. Payroll and HR staff are trained in relevant legislation (e.g., Holidays Act) and system use. 4. Data accuracy checks to validate employee data (e.g., hours worked, leave balances) are carried out before payroll runs. 5. Segregation of duties (data entry, reconciliation, reviews and approvals) are in place to prevent errors, fraud and breaches of employment law.	Head of People	Possible	3 Moderate	3	9	

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OR32	Operational / Service Delivery	Terrorist Attack	IF a terrorist attack occurred in Selwyn, THEN loss of life, property damage, and business discontinuity may result.	Executive Director Community Services and Facilities	Possible	3 Catastrophic	5	15	Mitigate	1. Develop Lockdown procedures for all Council public sites i.e. Te Ara Atea, Selwyn Sports Centre, Selwyn Aquatic Centre, Council HQ, Lincoln Events Centre. 2. Be alert and aware of potential threats, work closely with Police and establish plan to minimise damage to people and property. 3. Practice lockdown procedures and review delivery on a regular basis.	Head of Venues & Events Head of Emergency Management Head of Health, Safety and Wellbeing	Unlikely	2 Major	4	8	
OR04	Compliance / Legal	Rates Strike	IF the LTP / Annual Plan is not adopted by 30 June THEN council cannot set rates, statutory breach reported to Minister, unable to commence service delivery, additional audit scrutiny, and uncertainty around future service provision for the community.	Chief Financial Officer	Almost Certain	5 Catastrophic	5	25	Mitigate	1. Set a timetable to ensure statutory deadline is met. 2. Take a project management approach to delivering the plans 3. Good quality data is provided. 4. Keep abreast of possible changes to legislation and plan accordingly. 5. Good communication to all staff and liaison with Audit NZ.	Head of Financial Control and Head of Financial Operations Head of Strategy & Performance Head of Legal and Risk	Unlikely	2 Moderate	3	6	
OR11	Information Technology / Cyber Security	Privacy and Commercial Sensitivity	IF there is uncontrolled or unauthorised access to council property or information by staff or contractors, THEN records / files could go missing, privacy breached, possible legislative breaches, opportunity for theft and consequently loss of Council assets.  Incorrect or confidential information could also be given out through social media, media releases, staff actions at the services desks, LGOMA requests, council meetings, and/or functions resulting in damaged reputation, ratepayer distrust and actions from Local Government ministry and / or Privacy Commissioner.	Chief Digital Officer	Almost Certain	5 Major	4	20	Eliminate	1. Access to physical archives is limited to Digital and Cemeteries teams, door is locked at all other times. Digital records must be stored in IT approved repositories, with access restricted where necessary. Electronic access is restricted to staff who have a SDC login and have also been granted the relevant security permissions to access applications relevant to their job role. External guest management is utilised in some areas to facilitate collaboration with consultants.  All contractors must go through a pre-qualification process. Visitors to Council buildings must sign in. Access to the building has now been restricted with the use of fobs. Protected records are stored in a safe or locked storage room.  All Media releases are to be checked off by Marketing Manager, and signed off by CEO or Mayor. Social Media Policy in place for clear guidance of social media use. Front counter training needs and communication guidelines established - a resource centre (knowledge base) maintained for FAQ's from public.	Chief Digital Office and Information Management Lead	Possible	3 Minor	2	6	Privacy Impact Assessment for how council handles personal information should be centralised with a review process.
OR12	Information Technology / Cyber Security	Record Identification, Access and Retrieval	IF records (mostly electronic) are not filed in a way that enables efficient identification, access, and retrieval, THEN Council may not be meeting its LGOMA, Public Records Act and other obligations, and may not be able to produce evidence substantiating claims or may be found negligent in omitting information that should have been provided, which may lead to financial and / or reputational damage.	Chief Digital Officer	Likely	4 Major	4	16	Mitigate	1. All records are filed into The PORT, in accordance with the Records Management Policy. 2. Monitoring usage of staff using PORT v OneDrive to determine the behaviours to verify compliance of the Records Management Policy. 3. Council has in place a Records Management Policy and this is reviewed regularly. 4. Staff are required to be trained and tested on the policy as part of Induction and regular training.	Chief Digital Office and Information Management Lead	Possible	3 Minor	2	6	Retention and disposal is currently underway to get our R&D schedule updated. Cataloguing archiving is in progress. Information Asset Management training to be able to embed an efficient process
OR35	Operational / Service Delivery	Non-council owned Infrastructure Failure	IF council experiences disruption of essential lifeline services such as energy, gas, internet, and communications THEN Council may not be able to operate effectively, if at all.	Executive Director Infrastructure and Property	Likely	4 Major	4	16		1. Prepare backup plans for the outages of all key lifeline areas. 2. Plan to reduce energy use / reliance, plan to access and alternative energy sources.	Head of Operations Head of Asset Management	Possible	3 Minor	2	6	
OR38	Operational / Service Delivery	External organisations that Council has an interest in, including CCOs	IF Council's non-core activities or CCO's (Corde and Selwyn Water Limited) operate in a way that has potential for non-compliance with the law or potential for financial loss THEN there may be legal, financial, environmental and health implications.	Chief Executive Officer	Likely	4 Major	4	16		1. Regular meetings between council staff and external operators are held and there is good reporting and monitoring of key risks and KPIs by council staff. 2. CCO's must report six-monthly to Council.		Unlikely	2 Moderate	3	6	
OR02	Compliance / Legal	Incorrect Planning Advice	IF Council gives out wrong advice, or issues planning approval when it should not have, THEN it could be subject to a judicial review or a similar form of dispute process involving legal costs, possible fines, and reputational damage.	Executive Director Development and Growth	Possible	3 Major	4	12	Mitigate	1. All applications are subject to checks and review prior to approval. 2. Information Management processes in place to respond to LIM and PIM requests. 3. Technical guidance and practice notes are available to all Planning team members. 4. Resourcing and ongoing training of competent staff. 5. Low tolerance for poor quality documentation from consent applicants. 6. Strong relationship and access to good quality legal counsel, both in-house and externally provided. 7. Council has professional indemnity, public liability, and statutory liability insurance.	Information Management Team Lead Head of Planning	Possible	3 Minor	2	6	LIM and PIM processing will be impacted by resource constraints and this needs to be managed.  LIM automation process is being developed and tested to bring efficiencies and reduce the risk around resources and responding to requests within the statutory timelines.

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OR03	Compliance / Legal	Statutory Reporting Commitments	IF Council does not meet statutory commitments (e.g. for reporting to the national monitoring system and adopting Council's Annual Report) THEN it may be acting illegally and receive additional audit scrutiny, attention from Ministry which could result in financial penalty and council functions being removed, or elected members being replaced.	Chief Financial Officer	Likely	4 Major	4	16	Mitigate  1. Resourcing levels maintained. 2. Schedule of dates and commitments is regularly maintained. 3. Keep updated of possible changes to legislation and plan accordingly. 4. Set annual report timetable to ensure statutory deadline is met. 5. Good project management by key staff. 6. Good communication to all staff, and establish rapport with Audit NZ and respond in a timely manner to all queries. 7. Annual reporting to MfE on RMA function performance. Data exported from MagIQ and entered into MfE template. 8. There is a process in place for applying a discount (1% per day up to 50%) to Resource Consent fees when we exceed statutory timeframes.	Head of Financial Control and Head of Financial Operations Head of Legal and Risk	Unlikely	2 Moderate	3	6	Considering the creation of a Legislative Compliance Register.	
OR40	Reputational	Elected Members Communication	IF elected members disclose incorrect or confidential information to the public or talk about council negatively, THEN this could damage the reputation and public trust of elected members and council staff.	Chief Executive Officer	Possible	3 Moderate	3	9	1. Ensure elected members have a good awareness and understanding of the SDC Code of Conduct. 2. Induction for new councillors should be thorough and cover communication with the public, in private, and at Council meetings.	Head of Legal and Risk	Possible	3 Minor	2	6		
OR08	Compliance / Legal	Issue Regulatory Licence or Decision	Food / Health, Alcohol, Parking - IF Council issues a licence or decision that is not consistent with legislation, policy or bylaws, or doesn't adequately respond to a complaint and a member of the public falls ill or dies THEN Council may be subject to a judicial review, legal proceedings or a similar form of dispute process.	Executive Director Development and Growth	Likely	4 Major	4	16	1. Ongoing training / awareness of HSE requirements and responsibilities. 2. Compliance officer training. 3. Keep bylaws and policies up to date with legislation.	Head of Regulatory	Unlikely	2 Minor	2	4		
OR13	Project / Programme	Roading Annual Work Programme	IF non-availability of labour and plant or weather events affect ability to complete annual programme of work, THEN risk of spend being under budget (over-rating) and unable to access NZTA claims originally budgeted for, and services being unavailable to the public.	Executive Director Infrastructure and Property	Likely	4 Major	4	16	1. Ensure there is a clear understanding between Council and Contractor of completion timeframes, as per the Contract. 2. Outsource work to another contractor - this has to be considered carefully due to contract obligations and commitments. 3. Encourage maintenance contractor to sub-contract out work if they do not have sufficient resources in-house. 4. Procurement of contractors tests the ability of contractors to deliver the above.	Transportation Delivery Manager	Unlikely	2 Minor	2	4		
OR30	Environmental	Biosecurity threat risk	IF there is a biosecurity threat to animals, or plant life THEN this could affect the economic, cultural, social, and environmental wellbeing of the district and the ability of council to financially meet community needs.	Executive Director Strategy, Engagement and Capability	Likely	4 Major	4	16	1. Ensure council takes a proactive approach to working with Biosecurity NZ, MPI, TRC, mana whenua, and the community where a threat is identified.	TBC	Unlikely	2 Minor	2	4		
OR37	Operational / Service Delivery	Building Control functions undertaken negligently  Building Consent location	IF Council issues building consents, code of compliance certificates, or other building function decisions negligently or without appropriate quality controls and the structural integrity of the building work fails or the work is unsafe THEN the property owner could demand compensation, and it could result in reputational damage, possible legal costs, and building industry distrust may result.  IF Council issues consent and/or code compliance and the location of the building or structure that council signs off on is found to be in the wrong location THEN reputation damage could result and legal action may be taken against Council.	Executive Director Development and Growth	Likely	4 Major	4	16	1. Resourcing and ongoing training of competent staff. 2. Low tolerance for poor quality documentation from consent applicants. 3. Reporting of substandard work practices observed. 4. More use of standard online templates for processing applications. 5. Engage professional surveyor if considered high risk. Council has public liability insurance.	Head of Building	Unlikely	2 Minor	2	4		
OR15	Financial	Funding Availability	IF incorrect assessment is made to determine required funding, all funding options are not sought, or insufficient funding is made available, Council is unable to increase borrowing to fund urgent capital or operational expenditure, or is unable to renew borrowing once it matures, or is called to repay a loan if covenants are breached THEN Council may miss out on funding, projects will not proceed, council may have to cease operations, possible replacement of councillors.	Chief Financial Officer	Almost Certain	5 Moderate	3	15	1. Ensure funding assessments are carried out by experienced personnel and strong cases are made for funding. 2. Regularly monitor all available funding for council projects. 3. Regularly monitor debt covenants and cashflow forecasts reported bi-monthly to Finance and Performance Committee, and quarterly to Audit & Risk Sub-Committee.	Head of Financial Control	Unlikely	2 Minor	2	4		



	Risk category	Risk Title	Risk Description	Risk owner	Likelihood	Consequence	Inherent Risk	Treatment	Controls	Controls owner	Likelihood	Consequence	Residual Risk	Actions Required	By Who				
#	Based on most commonly used categories	Brief title to introduce the risk (what could go wrong)	Risk Description	Risk owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk before any controls are in place		Strategies, policies, framework, management plans, governance groups / committees, system controls, roles & responsibilities, delegated authorities, approval processes  1) Establishment of responsibility, 2) Segregation of duties, 3) Documentation procedures, 4) Physical controls, 5) Independent internal verification, 6) Human resource control	Controls owner	Evaluate the likelihood of the risk occurring	Evaluate the consequence (s) of the risk occurring	Risk rating / level of risk after controls have been implemented	What controls need to be put in place to respond to the treatment options agreed	Who will implement the actions / controls				
OR36	Operational / Service Delivery	Building Consent Authority (BCA) Accreditation	IF Council loses BCA accreditation, THEN council cannot perform its building control function and there is no approval process for construction work and building compliance for the Selwyn district.	Executive Director Development and Growth	Likely	4	Major	4	16	Mitigate	1. Ensure best practice processes and procedures are in place and staff numbers and skill levels in the building consents team are appropriate. 2. IAANZ audit recommendations to be taken on board. 3. Quality Assurance process (review by senior staff) implemented and reported to Audit and Risk Sub-Committee on an annual basis.	Head of Building	Rare	1	Minor	2	2		

DRAFT

## SELWYN DISTRICT COUNCIL - RISK APPETITE WORKSHOP REPORT

### Galloway Consulting Limited

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M: +64 21 247 3675

#### Report date 8 July 2025

Whilst both the Selwyn District Council's ('SDC') Risk Management Framework and Policy documents reference Risk Appetite and the role it can and should play when both setting strategy and managing risk, to date there has been limited considered assessment and documentation of what this practically means for SDC or whether there is alignment of what SDC Risk Appetite looks like from both ELT ('Executive Leadership Team') and the Governance Group's ('Councillors') perspective.

SDC is still in the initial phases of establishing its risk function. Establishing a well thought through and debated risk appetite framework, including the risk appetite setting process, outcomes and reporting requirements; one that has been developed with both SDC's ELT and the Governance Group collective input, will greatly improve SDC's ability to make more informed and strategically integrated decisions.

As per Phase 3 of our SDC agreed scope of work (dated 21 February 2025), we prepared for and completed separate risk appetite related workshops for both SDC ELT and the current Governance Group, in June 2025.

The high-level objectives of the workshops were to:

1. Mature attendees understanding of Risk, the relationship between Risk and Strategy, the concept of Risk Appetite
2. Introduce the concept of Opportunity-based Risk Management
3. Work through an exercise on Risk appetite scaling

Below is a brief report recapping the workshops, the outcomes from the workshops and recommended next steps in the Risk Appetite development process. Note, workshop slides have been made available.

### **WORKSHOP RECAP**

The process followed for both workshops included:

#### **1. Pre-workshop online Survey Questionnaire**

We developed ~10 questions requiring the respective attendees to complete pre-workshop. The question format was a mix of commentary responses and others ranking or scaling questions.

The purpose of the survey was to get a view of the attendees understanding of the broad concept of risk and risk appetite; as well as to provide some 'point in time' data as to their individual and collective views on certain questions posed. It also provided an opportunity to contrast ELT and the current Governance groups' views.

Overall, a ~90% response rate to the survey, which is considered a high response rate.

## 2. On-site Workshop

We held separate workshops for ELT (9 June) and the current Governance group (25 June). All required attendees were in attendance, except for Councillor Grant Miller.

The format of the workshops included reviewing responses to the survey, working through some high-level information slides, and then completing a smaller groups break-out session to complete a risk appetite scaling exercise.

Attendee engagement at both workshops was high, with attendees collaboratively and actively participating in the discussions and asking questions.

## OUTCOMES

The outcomes from these respective workshops is a more advanced level of understanding of risk, the connection between strategy and risk and the upside of an opportunity-based risk Management approach.

Furthermore, there is now an initial understanding of both ELT and the current Governance group's respective and collective views on risk appetite, which now needs to be advanced through the recommended next steps.

## GAP Analysis

Below is a post-workshop side-by-side comparison of ELT and the current Governance groups' initial risk appetite scaling responses, per risk category presented.

From the below view there appears to be reasonably high-level alignment, with a few outliers (which is both to be expected and good for robust discussion). Particularly referring to the variation in the respective views for Health, Safety & Wellbeing, as well as Compliance & Legal categories, it would be good to understand what the key drivers are and how the ELT and Governance Group can become more aligned.

### GREEN references alignment, RED references variation

	ELT				COUNCILLORS			
	Minimal	Cautious	Moderate	Receptive	Minimal	Cautious	Moderate	Receptive
Strategic								
Governance								
People								
Financial								
Health, Safety & Wellbeing								
Digital & Info Services								
Environmental								
Compliance & Legal								
Infrastructure / Property / Growth / Community Facilities								
Project / Programme Management								

Aligning risk appetites isn't about eliminating risk, it is about owning the risk profile that reflects SDC community values, financial realities, and service ambitions.

If gaps aren't addressed, it can undermine trust, efficiency, and long-term outcomes for SDC.

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## **RECOMMENDED NEXT STEPS**

### **1. Analyse and Align**

**Management (\*referring to both ELT and next level management)** to use the GAP analysis completed above to consider if and where there may be significant misalignment between ELT and the Governance group, and what to do about it. It is likely that further work to be completed by ELT, at a sub-risk category level (see *below*), will close the perceived gaps.

### **2. Define Structure and Approach**

1) Management to review and propose final **Risk Category** naming convention, which is the starting point for managing and reporting purposes. The options available are to do nothing and continue to use existing risk categories; move to the 'most commonly used' risk categories across Council's in New Zealand; or create your own risk categories that clearly align with strategy and with how you want to operate and report going forward.

2) Management to review and propose desired **Reporting format** of Risk Appetite, both for internal and external purposes. You could choose to report at the main risk category level or at a more granular 'sub' risk category level, where it makes more sense to do so and where it supports more informed communication with stakeholders.

3) ELT to participate in and complete a risk appetite scaling workshop/session at the agreed risk category reporting level

### **3. Sense Check – Governance Group / Audit & Risk Committee**

Management to draft and share the newly proposed risk categories and associated risk appetite scaling reporting with both the Governance group and the Audit and Risk Committee ('ARC') for their views and feedback.

### **4. Build the Framework**

Incorporating feedback from #3 above, Management to own drafting of the respective risk appetite statements based on agreed risk appetite scaling.

### **5. Monitor and Measure**

1) Management to identify relevant **Key Risk Indicators (KRI's) and tolerance thresholds**, which will provide the required monitoring and measurement tools for performance measurement.

2) Management to decide and document the **agreed cadence** at which Risk Appetite reporting will be discussed and reviewed by:

- a. Management
- b. ELT
- c. Governance group
- d. ARC members

**6. Final Agreement and Communication**

- 1) Management to share and agree final proposed risk appetite framework and reporting with both the Governance Group and the ARC members.
  
- 2) Management to communicate the final risk appetite framework and reporting to all required stakeholders.

Following the above recommended next steps will support SDC in completing the Risk Appetite development process.

A final, communicated Risk Appetite framework will provide both Management and those charged with Governance with a powerful tool to support managing strategically aligned and integrated decision-making processes and discussions at SDC.

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## PUBLIC REPORT

**TO:** Audit & Risk Committee

**FOR:** Audit and Risk Committee Meeting – 5 August 2025

**FROM:** Julie Hands, Head of Legal and Risk

**DATE:** 25 July 2025

**SUBJECT:** **LEGAL AND POLICY REPORT**

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### RECOMMENDATION

*‘That Audit and Risk Committee receive the Legal and Policy Report’*

#### 1. PURPOSE

To provide a quarterly update to Audit and Risk Committee on:

- Legal Compliance Training;
- Legal Claims;
- Upcoming legislative change;
- LGOIMA compliance; and
- Policy programme.

#### 2. HISTORY/BACKGROUND

This report provides an update on the matter reported to the May 2025 Audit and Risk Committee meeting. A separate report on statutory compliance is provided in PX, on the basis that on-going matters are subject to legal privilege.

#### 3. DISCUSSION

##### ***Legal Engagement***

Internal legal began recording the number of instructions in August 2024. The team received instructions on 449 independent matters and closed 339 of these from the beginning of tracking to end of 24/25 financial year, this was an increase of 176 matters opened since May 2025. This financial year the team have received 38 matters, 33 of which have been closed.

A monthly breakdown is shown below.

New jobs by month	Matters opened	Matters closed
Pre-August 2024	5	1

August 2024	3	0
September 2024	3	0
October 2024	36	5
November 2024	27	17
December 2024	21	10
January 2025	31	11
February 2025	53	52
March 2025	75	64
April 2025	50	53
May 2025	59	58
June 2025	48	35
July 2025	38	33
	<b>449</b>	<b>339</b>

External advisors have been engaged on 39 of these matters, an increase of 8 matters since the last report.

Our last report included the prioritisation matrix used by the team which focuses on ensuring efforts are fitted to the risk and strategic importance to the organisation. It was requested the team report on proportion of work against these categories. This is below. This provides reassurance that effort is being dedicated to the most critical matters, but also that BAU work is being progressed (BAU is typically categorised as 'medium').

Importance	Proportion of Internal Time Spent	Count of Priority	Proportion of Matters
Critical	26.34%	20	4.4%
High	25.73%	67	14.9%
Medium	31.17%	177	41.1%
Low	16.76%	185	39.6%
<b>Grand Total</b>	<b>100.00%</b>	<b>449</b>	<b>100.00%</b>

### ***Legal Training and Processes***

While the broader training plan is still in development, the following trainings have been delivered since the previous ARC:

- Privacy – with in-person training now having been offered to approximately 70% of the groups of Council.
- Public works, property law and reserves law update.
- A Taituara led training available for all of Council was delivered on the new Legal Systems Improvement Bill.

The online training for LGOIMA and Privacy will be reviewed and updated over the next two quarters.

There is a focus on developing for induction briefings on standard Local Government principles for Councillor inductions.



### ***Legal Claims***

Council has received notice of three potential claims since the May update and one formal claim. The formal claim is a historic matter where claimant having previously been denied remedy by Courts has chosen to bring another action. Three of the previous reported potential claims are on-going, with no formal claims yet to be received. There is no potential claim which we believe will exceed a \$100,000 threshold, with most being minor or low risk in nature.

The formal claim is yet to be quantified.

### ***Significant Legislative Changes***

There have been two legislative changes we need to draw attention of ARC to, these are potential changes indicated by the central government to the RMA and the Local Government Act.

The Local Government (Systems Improvement) Bill gives effect to government policy around stimulation of economic growth and housing development, with fiscal responsibility expectations

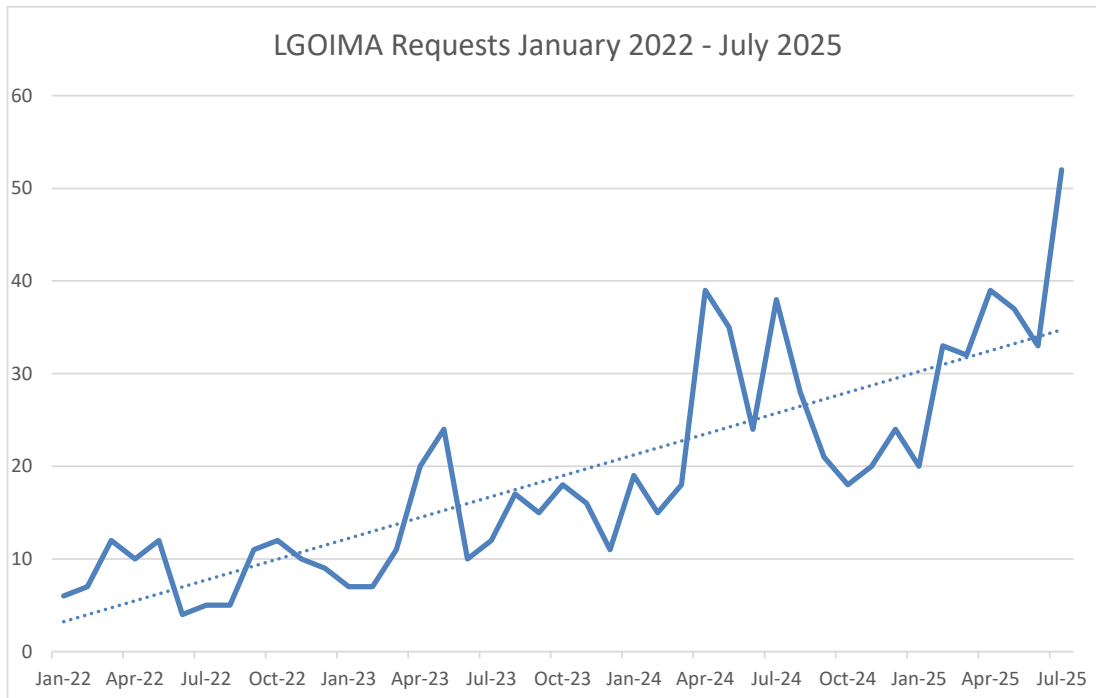
Council is considering the impact of these matters which will be worked into their future direction. A briefing to ELT occurred in late July 2025.

### **LGOIMA Update**

Since reporting in May, we have received another 122 LGOIMA requests (as at 25 July). This brings the YTD total to 343 for FY 24/25. This compares to a YTD total of 195 for the FY 23/24.

All LGOIMA requests were responded to within timeframes, although 5 timeframes had to be extended. The marked improvement in average completion time continues. Average completion time calendar YTD is 14WD (cf average of 23WD for the 2024 calendar year).

As shown below the on-going trend of increased LGOIMA requests continues.



It is worth noting that in July 52 requests had been received (by 25 July) and 23 of these were received in one week.

As previously reported, LGOIMAs generally spread a wide range of topics without a lot of commonality, however we are now seeing some common themes among a subset of requests relating to Council elections and Upper Selwyn Huts Consultation. In terms of repeat requesters (>3 from the same person), 63 of 343 requests in the FY24/25 (18%) were from 11 repeat requesters.

A new LGOIMA advisor has been recruited to the role which has been vacant and filled by a temp since April. The new LGOIMA advisor commences the role in August 2025.

An internal process is being developed for publication of all LGOIMA responses. This is working through internal approvals. Once finalised and implemented it is anticipated that proactive publication will assist with managing the number of LGOIMA requests Council receives.

### ***Ombudsman Complaints***

Council has been notified of two new Ombudsman complaints relating to historic LGOIMA issues since the last report to the Audit and Risk Committee. The complaints relate to historic (pre-November 2024) LGOIMA responses.

Council has been notified of the findings of two further Ombudsman investigations. The Ombudsman has found Council acted reasonably in its responses to those LGOIMA requests.

### **Update to Policy Review Programme**

Since the last report to the Audit and Risk Committee in May 2025, there has been a decrease in the number of overdue policies, specifically:

- There are 55 'current' policies in place (including 15 bylaws), compared to 48 in May 2025;
- There are 97 overdue policies compared to 108 in May 2025.

The new policy management tool and library (Policy Directory) has now been implemented and can be accessed via the staff intranet. Training to staff was offered throughout July.

The Policy page on the public facing website is currently being redeveloped, to make these more accessible for the public and increase transparency.

## **4. ALIGNMENT WITH COUNCIL PLANS, STRATEGY, POLICY AND REGULATORY/COMPLIANCE OBLIGATIONS**

### **Waikirikiri Ki Tua/Future Selwyn**

This report is generally in alignment with Waikirikiri Kia Tua / Future Selwyn as the functions underpin effective delivery of the functions and risk management.

## **5. SIGNIFICANCE ASSESSMENT/COMPLIANCE STATEMENT**

The matters of this report are assessed as being of Low significance, in accordance with the Council's Significance and Engagement Policy.

## **6. VIEWS OF THOSE AFFECTED / CONSULTATION**

In making a decision, Council needs to know enough about, and give adequate consideration to, the views and preferences of affected and interested parties. The degree to which Council seeks views of affected and interested parties will be proportionate to the significance of the decision or issue being considered.

### **(a) Views of those affected and Consultation**

Not applicable to this report

### **(b) Māori and Treaty implications**

Not applicable to this report

### **(c) Resiliency and Sustainability considerations**

Not applicable to this report

## 7. FUNDING IMPLICATIONS

There are no funding implications associated with this report.

A handwritten signature in black ink, appearing to read 'Julie Hands', with a horizontal line underneath.

Julie Hands  
**HEAD OF LEGAL AND RISK**

***Endorsed For Agenda***

A handwritten signature in blue ink, appearing to read 'Steve Gibling', with a horizontal line underneath.

Steve Gibling  
**EXECUTIVE DIRECTOR STRATEGY, ENGAGEMENT AND CAPABILITY**

Contact Kelsey Mitchell

30 July 2025

Ms Sharon Mason  
Chief Executive  
Selwyn District Council

By email: [sharon.mason@selwyn.govt.nz](mailto:sharon.mason@selwyn.govt.nz);  
[Kylie.hunt@selwyn.govt.nz](mailto:Kylie.hunt@selwyn.govt.nz)



Tēnā koe Sharon

### **Updated approach to handling official information delay complaints**

We are updating our approach to how we handle complaints about delays in making and communicating decisions on requests for official information within the maximum statutory timeframe of 20 working days.<sup>1</sup>

Timeliness is a fundamental requirement of the Official Information Act 1982 (OIA) and the Local Government Official Information and Meetings Act 1987 (LGOIMA).

From 2022, our approach was based on the viewpoint that to achieve sustained improvement in OIA and LGOIMA timeliness across government, each delay complaint should be formally investigated, an opinion formed about whether there was a delay, and recommendations made as to individual remedy or administrative improvements where necessary.

After three-year's experience with this approach, it has become evident that continuing with formal investigations in every case is not, in itself, having a meaningful impact on the delay complaints we are receiving.

We have therefore revisited our approach, as we wish to encourage agencies and Ministers to quickly resolve individual instances of non-compliance with their timeliness obligations. If a delay is able to be resolved immediately, then it is likely that we will not continue with an investigation.

To ensure that repeated non-compliance or any other systemic issues are identified and addressed, we will continue to log and track all delay complaints.

Information about OIA and LGOIMA delay complaints will continue be published on a six-monthly basis, as part of our current publication of [OIA and LGOIMA complaints data](#). This approach is consistent with our view that transparency will drive better agency performance and compliance with the official information legislation, and help maintain public trust in government.

Further information about the updated approach is in the attached Guide: Ombudsman's approach to official information delay complaints.

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<sup>1</sup> Or extended timeframe. Section 15(1) of the OIA and section 13(1) of LGOIMA.

## Timeframe

This updated approach to delay complaints will be implemented from **1 August 2025**.

## Handling large and complex official information requests

OIA/ LGOIMA tools are available to help you manage large and complex official information requests. This includes, in appropriate cases, extending the timeframe for making a decision on a request.<sup>2</sup>

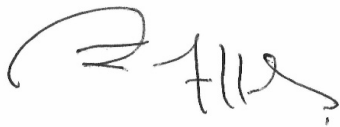
Guidance on when it may be appropriate to extend the timeframe for making a decision on a request can be found on the Ombudsman's [website](#).

Our online learning platform, [Te Puna Mātauranga](#) also has courses available about the OIA and LGOIMA.

You may also contact our Learning and Agency Development team for advice on handling specific requests: [LearningandAgencyDevelopment@ombudsman.parliament.nz](mailto:LearningandAgencyDevelopment@ombudsman.parliament.nz).

If you or any of your staff have questions about this approach, you are welcome to contact Strategic Advice Team Advisor Kelsey Mitchell: [kelsey.mitchell@ombudsman.parliament.nz](mailto:kelsey.mitchell@ombudsman.parliament.nz).

Nāku noa, nā



John Allen  
Chief Ombudsman

Encl: Guide: Ombudsman's approach to official information delay complaints

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<sup>2</sup> Section 15A of the OIA/section 14 of the LGOIMA.

## REPORT

**TO:** Chief Executive Officer  
**FOR:** Audit and Risk Committee – 5 August 2025  
**FROM:** Andy Tyer – Building Technical Assessor  
**DATE:** 13 JUNE 2025  
**SUBJECT: COUNCIL BUILDING CONDITION RISK AND INSPECTION PROGRAMME**

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## RECOMMENDATION

*‘That the Audit and Risk Committee receives this report’*

### 1. PURPOSE

The purpose of this report is to inform the Audit and Risk Committee of the findings following condition inspections of a range of Council's building stocks.

### 2. SIGNIFICANCE ASSESSMENT / COMPLIANCE STATEMENT

This report and resolution have been assessed against the Significance and Engagement Policy. The degree of significance attached to this is considered low, as the condition inspections of Council's building stocks were carried out to assess the level of potential risk.

### 3. HISTORY / BACKGROUND

As previously reported to Council, the construction quality and certification regime on the Greenpark Hall was sub-par which has resulted in significant moisture damage occurring to the building.

Given the Greenpark Hall situation and to exercise a precautionary approach a decision was made that the condition of a sample of the Council's Building stock would be inspected to identify any potential poor construction, or certification issue emerging.

The proposed schedule of buildings to be inspected as part of the work programme was presented in **Appendix A** of the report taken to the Audit and Risk Committee on the 7 May 2024.

Upon completion of the work programme a summary of common issues and risks has been compiled, and these findings are contained in **Appendix A** of this report.

#### **4. PROPOSAL**

Following this review of Council's building, any observations will be further explored, and any actions considered and built into Council's normal planning and funding cycles.

#### **5. VIEWS OF THOSE AFFECTED / CONSULTATION**

**(a) Views of those affected**

No views of affected parties have been sought given that this report is only detailing an inspection programme of Council's own buildings.

**(b) Consultation**

No consultation has occurred as this report is only detailing an inspection programme of Council's own buildings.

**(c) Māori implications**

There are no implication to Māori as this report is only detailing an inspection programme of Council's own buildings.

**(d) Climate Change Considerations**

There are no climate change considerations at this stage of the report, although, there could be considerations when considering any future actions from design solutions, material choices and operating parameters.

#### **6. FUNDING IMPLICATIONS**

At this stage, there are no direct funding implications, as the report requested identification of potential risks and defects. There will be funding considerations as some of the issues are explored further and these will be incorporated into future annual and long-term plan funding models.

#### **7. OBSERVATIONS & COMMON THEMES**

**1. Building Maintenance**

**a. Maintenance cost budgeting**

whole of life costs to be established for the building design at concept stage to allow suitable life-cycle budgeting to be allocated to buildings



- b. Understanding the role and process for effective maintenance  
A standard maintenance plan and regime should be consistently established for each building to clearly define to building managers, building operational staff and the facilities team who is responsible for what areas of the building regarding the ongoing maintenance requirements.

2. Material Selection

- a. Durable and appropriate materials should be integral within the building design to minimise maintenance required to buildings and the associated costs involved. Appropriateness over aesthetics.
- b. Examples being of cladding systems used on several buildings that require ongoing maintenance where other options may have reduced whole of life costs of the building – example the use of cedar cladding systems.

3. Procurement process

- a. Procurement system  
More recent projects have been delivered based on procurement processes that were fit for purpose and supplied buildings as requested, earlier projects such as the Greenpark Community Hall were delivered through procurement processes that delivered less that suitable outcomes.

4. Operational input in design

- a. Storage facilities  
A lack of storage facilities supplied within the buildings was apart in some. Operational input within the design phase will be able to alleviate this issue.
- b. Specialist input – specialist functions  
Building supplying specialist functions (swimming pools) would benefit from input from specialist operational staff at the design phase of the project.

5. Third party verification

- a. Certification findings  
Generally third-party certification functions completed by the SDC building control team were completed effectively.



Andy Tyer  
**BUILDING TECHNICAL ASSESSOR**



Vanessa Mitchell  
**HEAD OF BUILDING**



Gareth Morgan  
**HEAD OF OPERATIONAL DELIVERY**

***Endorsed For Agenda***

Tim Mason  
**EXECUTIVE DIRECTOR INFRASTRUCTURE AND PROPERTY**



Robert Love  
**EXECUTIVE DIRECTOR DEVELOPMENT AND GROWTH**

## Appendix A: Summary of findings

Issues	Darfield Medical Centre	Foster Park Changing Rooms	Foster Park Sports Hub	Greenpark Community Centre	Lakeside Hall	Leeston Library Medical Centre	Lincoln Events Centre	Lincoln Library	Rolleston Headquarters	Rolleston Library Te Ara Atea	Selwyn Aquatic Centre	Selwyn Health Hub	West Melton Community Centre
Community supplied materials not fit for purpose					✓								
Maintenance required to the building	✓			✓	✓	✓	✓		✓		✓		✓
Co-ordination and budgeting of maintenance required to the building	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Storage Facilities Required		✓					✓	✓					✓
Services issues within the building - Mechanical ventilation				✓		✓	✓	✓		✓		✓	✓
Services issues within the building - Plumbing and Drainage	✓	✓		✓				✓					
Services issues within the building - Auto doors - access control								✓					
Cladding failure				✓		✓							✓
Material selection and durability				✓				✓		✓	✓		✓
Sound transmission between spaces								✓					✓
Electrical fittings selections								✓					✓
SDC BCA - Consenting Issues				✓									
SDC BCA - Certification issues	✓			✓			✓	✓			✓		
Building Design	✓			✓							✓		
Contractor management				✓				✓			✓		
Bwof Audit and CS clarifications	✓		✓	✓		✓	✓	✓	✓		✓		✓
Accessibility	✓			✓			✓						
Solid waste				✓		✓		✓		✓			



## Commercial building review

### Building identification

Building details			
Building name	Lakeside (Soldiers Memorial) Hall	BC number	BC180028
Address	124 Harts Road - Leeston		
Valuation	2410019500		
Review date	16/08/2024		
Carried out by	Andy Tyer		

### 1.0 Executive summary

As reported to the Audit and Risk Committee council has made the decision to exercise a precautionary approach regarding the Councils building stock and undertake inspections on selected council buildings to make clear any potential poor construction or mis-inspections.

This is the first report of eleven to be completed on Council buildings.

The Lakeside Soldiers Memorial Hall will have been in operation as a community hall and destination venue for 7 years in November of this year. The building is performing well and is a substantial asset to the local community and the wider Selwyn District.

The function of the building is operating as it was intended with only minor performance issues identified within the following report. These are generally due to budget constraints that were placed on the original design and are summarised as follows:

- Community supplied material selection
  - Durability of the timber flooring and panelling systems
  - Maintenance of the brick paving systems to the courtyard
- Services and facility supply to the building
  - Kitchen fixtures and configuration
  - Air conditioning systems – exclusion from the building
  - Security system – no remote facility
  - Solid and liquid waste disposal considerations.

Despite budget constraints the facility supplied to the community is fit for purpose with minor possible alterations to allow a better functioning building.

Community involvement in the building's day to day operations and maintenance is critical to its successful operation.

#### Items for Immediate action

- Maintenance to timber fascia to western elevation (above window). Requires repair or replacement. If replacing consider a more durable material eg; metal flashing to match the existing exterior cladding.

## 2.0 Design and Construction Learnings

The following design and construction learnings can be taken from this project:

1. Consideration of the intended use of a commercial kitchen within the project to be made initially at the design stage of the project. If likely mobile or offsite catering to be used in the functioning of the building accommodation for this should be allowed for within the design.
2. Durability of high usage materials within the building (Floor surfaces) to be considered for the full life of the building.
3. Consider the maintenance of external floor surfaces to ensure slip resistance is maintained easily throughout the life of the building.
4. Supply of security alarm systems in SDC buildings that can be operated remotely to aid in the economic operation of the building and the safety of the community caretaker operators.
5. Ensure design works on SDC buildings make clear consideration for the disposal of solid waste (general waste and recycled materials).
6. Consider future design works on SDC buildings to have remote monitoring of critical liquid waste disposal systems if applicable to the building.

## 3.0 Background

The existing Lakeside Soldiers Memorial Hall was constructed in 2018 to replace the original hall that was constructed in 1917 and demolished in 2010 following the Canterbury earthquakes.

Community pride and the desire to perpetuate the memorial function of the original hall resulted in the former hall management committee reconstituting itself as a rebuilding committee and successfully lobbying council to reinstate the memorial hall.

Design documents were generated through direction of the committee and the commissioned Architects (Architecture Workshop) with Building Consent granted in April 2018. Budget was a major consideration in the design.

Construction was started immediately with the hall opened in November 2018 (to align with the centennial of the World War One armistice on 11 November 2018) and the Code Compliance Certificate was issued in December 2018.

The building is managed by the Selwyn District Council with the day to day running of the hall undertaken by a local community caretaker who manages event hire and aids with general maintenance of the building.

Building consent application lodged	15 <sup>th</sup> Jan 2018
Building consent issued	4 <sup>th</sup> April 2018
Code compliance certificate application lodged	13 <sup>th</sup> Nov 2018
Code compliance certificate issued	3 <sup>rd</sup> Dec 2018
Classified use (NZBC A1)	Communal Non-Residential – Assembly Service
Lawful established use	CL – Crowd Large
Building regulations 2005 (Change of use)	

#### 4.0 Building Act compliance

##### **Compliance Schedule and BWoF – Sections 100 – 111 of the Building Act 2004**

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection an audit of the compliance schedule was completed with a building warrant of fitness audit report completed.

Minor issues identified have been passed on to the SDC property management team for consideration. For further information see the report generated for compliance schedule **R770832**

#### 5.0 Building Code Compliance

The NZ building code clauses has been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

##### 5.1 Stability – NZBC Clauses B1 – B2

The building appears to be performing structurally well with no obvious signs of movement, subsidence or distortion encountered within the site visit completed.

Durability of portions of the building were showing signs of general wear and tear which is to be expected of a building under high use such as Lakeside Hall.

Following items were observed as areas for consideration regarding building performance:

Tounge and Groove Timber floor (main hall).

- As discussed on site the timber floor is marked and dented due to the soft wood application of floor installed (Gum species milled and supplied locally by the community).
- Guidance is provided to hall users on the limitation of foot ware to be used on the floor (No stiletto or small point heeled shoes)
- This is unusual within a public building. Argument could be made the timber species selected for the floor is not fit for purpose but with approx. 7 years of wear damage is not substantial.
- Possibility of a harder wearing epoxy finish to be applied to the floor to increase durability. This could cause issues with surface finishes required to meet fire safety requirements.

Junction between the timber panelling to the wall and timber floor (main hall).

- The design of the building is without a skirting board to the junction between the timber panelled wall linings and timber floor in the main hall area.
- Cleaning of the floor has caused the bottom approx. 50mm of timber wall panelling (Gum softwood species as is the floor) to become discoloured.
- The removal of the skirting is a pleasing architectural feature but has caused issues through the ongoing maintenance of the building.
- As above with the floor finish solution there is a possibility of a harder wearing surface finish being applied to the panelling system.
- **Design learning** – Durability of materials to be considered for the full life of the building.

### 5.2 Fire Safety - NZBC C clauses

At the time of the site visit fire safety systems were in place as required by the NZBC and being maintained as required by the Building warrant of fitness in place for the building.

See comments above regarding the BWoF audit carried out on the building at the time of the site visit.

There was discussion at the site visit of possible building improvements regarding the installation of a heat control door to the courtyard/hall entrance.

This is likely to affect the fire safety systems within the building and would require an alteration to the existing fire alarm system (likely the addition of an additional manual call point and associated signage).

### 5.3 Access – NZBC clauses D1 – D2

Access to the building complies with the NZBC as it did when the Code Compliance Certificate was issued with full public and accessible access to the building provided.

Building is single level only with no stairs or upper level access requirements within it.

Following items were observed as areas for consideration regarding building performance:

#### **Surface finish to the courtyard**

Maintenance of the internal courtyard area was noted as an area of concern by the community caretaker due to the growth of moss on the unsealed brick surface of this area of access to the building.

- Lack of maintenance could cause possible slip issues with building users and the area was noted as becoming unsightly.
- Design of the stormwater soakage to this area is through the unsealed reclaimed brick surface which due to its shaded position attracts the growth of moss and algae in the winter months. It is therefore not possible to seal this brick paving system without an upgrade to the stormwater disposal system for this area of the building.
- Consideration also needs to be made as to whether the sealing of the brick system would in fact stop the growth of moss in this area due to its shaded nature.
- **Design learning** – Consideration of the maintenance of external floor surfaces to ensure slip resistance is maintained easily throughout the life of the building.

### 5.4 Moisture Control – NZBC clauses E1 – E3

Moisture control to the building appears to be preforming to the requirements of the NZBC with well designed and constructed solutions for these areas as noted below in the following code clauses regarding moisture control:

#### **E1 - Stormwater**

- No issues described by the community caretaker regarding stormwater management on the site.
- Onsite stormwater soakage systems appear to be preforming to requirements.
- Stormwater disposal systems (gutters, downpipes etc) are preforming to the code requirements they were design for and appear to be well designed and maintained.

**E2 - External Moisture**

- Exterior cladding systems are robust, well detailed and constructed.
- Maintenance appears to have been completed regularly ensuring ongoing performance of the cladding products (both roof and wall claddings).
- It was noted on site the ply cladding system had recently been repainted supporting the ongoing maintenance assurances.
- Note a single length of timber fascia to the western elevation of the building requires repair and or replacement. Also note this is the only use of timber in this area of the building.

**E3 - Internal Moisture**

- Internal areas of the building encountering moisture (Commercial kitchen/ Bar and WCs) have been well detailed to deal with internal moisture and appear to be performing well.

**5.5 Safety Of Users – NZBC Clauses F1 – F9**

Safety of Users clauses of the building code for consideration within the building are as follows:

**F6, F7, F8 – Visibility in Escape Routes, Warning Systems and Signs**

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are all associated with the fire safety features of the building.
- These are all in place and operational as per the code compliance certificate and compliance schedule issued for the building in 2018.

**5.6 Services and Facilities – NZBC Clauses G1 – G15**

Services and facilities clauses of the building code for consideration within the building are as follows

**G1 – Personal Hygiene**

- Personal hygiene facilities (WC's) within the building have been deemed suitable in numbers despite the fact the number of facilities does not meet current acceptable solution requirements (occupant load of the building 318 with three unisex WCs and a single Accessible WC)
- Discussion on site revealed there had never been an issue regarding the number of WCs within the building during any event deeming the alternative solution regarding WC numbers as a success.
- All facilities detailed and constructed to meet performance requirements of G1.

**G3 – Food preparation**

- Commercial kitchen installed into the building with suitable detailing for surface finishes and fixtures in compliance with the NZBC.
- Feedback on the kitchen design supplied the following concerns:
  - No freezer facilities incorporated
  - Minimal storage facilities within the kitchen for plates, glasses etc.
  - Caterers often have difficulty installing mobile facilities into the kitchen space (Mobile Ovens etc).
- Understand the final design of the kitchen was settled upon due to budget constraints
- **Design learning** – Consideration of the full use of the kitchen to be made at design. If likely mobile or offsite catering to be used accommodation for this is required in the design.



**G4 – Ventilation**

- Ventilation within the building is largely made up of natural ventilation systems with the use of opening windows and doors which meets Building Code requirements.
- Only current mechanical ventilation is within the kitchen extract system.
- As discussed during the site visit the community and users of the hall would see benefits in a temperature control system for the main hall area.
- Budget constraints in the original build excluded this option.

**G5 – Interior Environment**

- This code clause is relevant as the building is deemed as communal non-residential with an occupant load of over 250 people.
- Due to this a hearing loop was installed into the building however it appears it is largely unused.
- Currently does not form part of the compliance schedule for the building and this was noted on the audit carried out at the time of the site visit.

**G8, G9 – Artificial lighting and Electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements
- Alarm system installed to the building with comment from the community caretaker being a system that can be activated remotely would be beneficial for ease of use and safety.
- **Design learning** – Supply of security alarm systems in SDC buildings that can be operated remotely to aid in the economic operation of the building and the safety of the community caretaker operators.

**G12, G13 - Water supplies and Foul water**

- Water supply and plumbing and drainage systems within the building continue to comply with the performance requirements of the NZBC.
- Wastewater disposal is supplied to a holding tank on site through the on-site drainage systems.
- Monitoring of this system is undertaken by the community caretaker.
- System has not failed to date but off-site remote monitoring would be advantageous.
- **Design learning** - Consider future design works on SDC buildings to have remote monitoring of critical liquid waste disposal systems.

**G15 – Solid waste**

- Building uses the SDC waste disposal system (supplied waste and recycling bins)
- Due to the use of the building the loading of this system can cause issues with disposal after events.
- Also due to the location of the building bins have been used in the past for the disposal of waste not associated with the building.
- **Design learning** - Consider future design works on SDC buildings to make clear consideration for the disposal of solid waste.

**5.7 Energy Efficiency – NZBC Clause H1**

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate.

There was discussion at the site visit of possible building improvements regarding the installation of a heat control door to the courtyard/hall entrance area to ensure heated air within the building is not lost during winter use of the building.

**6.0 Building Maintenance****6.1 Safety in Design**

As discussed at the site visit with a committee member during the building design there was ongoing consultation with the local committee regarding the design of the building. Therefore, it can be assumed the building users had suitable input into the design of the building for future maintenance and safety of use.

Discussion on site noted the maintenance of the building as described following is undertaken by a combination of committee and contractor input. The scope of the building is of a type where safety of use has been well considered regarding ongoing maintenance.

**6.2 Building Maintenance****Interior**

- Discussion with the community caretaker noted at least annual maintenance/ cleaning was completed by the committee within the hall.
- Due to the height of ceilings this was sometimes difficult to achieve due to current Health and Safety concerns and the requirement to work at height to complete some cleaning within the building.

**Exterior**

- The complete exterior of the building is cleaned and sprayed at least annually.
- As discussed on site it is encouraged by the committee this work is subcontracted to businesses in the immediate area.
- As noted above the re-claimed brick floor surface to the courtyard area is likely to require additional spray treatments to ensure surface finishes are fit for purpose.

**Services**

- As there is no wastewater treatment utility connection or on site wastewater treatment a waste water storage tank of 80,000 litres is required collect all waste water produced on site
- This includes foul water and kitchen waste – grease etc.
- As this a system that not self-maintaining it requires monitoring. This is undertaken by the community caretaker as there is no remote monitoring ability currently.
- **Design learning** - Consider future design works on SDC buildings to have remote monitoring of critical liquid waste disposal systems.



## Commercial building review

### Building identification

Building details			
Building name	Foster Park – Change Rooms	BC number	BC190603
Address	Dynes Road - Rolleston		
Valuation	2405526000		
Review date	12/09/2024		
Carried out by	Andy Tyer		
1.0 Executive summary			
<p>As reported to the Audit and Risk Committee council has made the decision to exercise a precautionary approach regarding the councils building stock and undertake inspections on selected council buildings to make clear any potential poor construction or mis-inspections.</p> <p>The Foster Park Changing Rooms will have been in operation as a community facility for 5 years in January next year. The building is generally performing well and is an asset to the local community and the wider Selwyn District.</p> <p>The function of the building is operating as it was intended with several performance issues identified within the following report.</p> <p>These require further investigation to establish if they are causing true building non-conformance and what learnings can be used in future design of the SDC building stock.</p> <p>These are summarised as follows and are described as items for immediate action:</p> <ul style="list-style-type: none"> <li>Storage within the plant room <ul style="list-style-type: none"> <li>The plant room houses complex plumbing, mechanical and electrical systems all in operation.</li> <li>Site investigation noted storage within this area from building users appears uncontrolled</li> <li>This uncontrolled storage in this area could impact on the following <ul style="list-style-type: none"> <li>Service access to plant within the building</li> <li>Damage to plant within the plant room</li> <li>Reduced access in case of fire</li> </ul> </li> </ul> </li> <li>Flooding of changing rooms with shower overflow <ul style="list-style-type: none"> <li>Discussion with the management team noted when in full use the shower drains block and overflow the shower areas discharging into the floor waste within the change rooms.</li> <li>Further investigation is required regarding the current flooding issues. See section 5.6 – for further information regarding this matter</li> </ul> </li> </ul>			

## 2.0 Design and Construction Learnings

The following design and construction learnings can be taken from this project:

1. Within future sporting facilities look to improve the design of drainage systems within shower areas to allow the transport of debris and grit to an external grit chamber (or the like) that can be mechanically cleared within a monitored maintenance regime.
2. Incorporate adequate storage areas within future buildings in accordance with the needs of the occupiers. Design consultation will be required with those intended to use the building on completion to ensure this outcome is achieved.

## 3.0 Background

The Foster Park Changing Rooms were designed in 2018 and consented ready for construction in July 2019. Construction was commenced once consented in 2019 with the Code Compliance Certificate applied for and issued for the building in January 2020.

The building forms part of a community sporting centre in Rolleston and is in high demand during peak timeframes. It is made up of changing rooms and associated ablution facilities serving the adjacent sports grounds.

The building is managed in its daily operations by the Selwyn District Council – Property Team – Sports Parks and Reserves.

The building is maintained through the SDC Facilities team.

Building consent application lodged	10 April 2019
Building consent issued	4 July 2019
Code compliance certificate application lodged	17 January 2020
Code compliance certificate issued	24 January 2020
Classified use (NZBC A1)	7.0.1 Outbuildings
Lawful established use Building regulations 2005 (Change of use)	(IA) Intermittent Low

**4.0 Building Act compliance****Compliance Schedule and BWoF – Sections 100 – 111 of the Building Act 2004**

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately considering the type of building – Within the service room of the building.
- Building Warrant of fitness was current – Due date 23.12.24
- Means of escape from the building were generally being well maintained and free of obstacles however see comments regarding storage in the plant room.
- Specified systems appeared to be undergoing required testing and monitoring
- Compliance schedule and records held off site with IQP – FFP – 2 Halls Place - Christchurch

See further information within the building's compliance schedule **R770886**

**5.0 Building Code Compliance**

The NZ building code clauses has been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

**5.1 Stability – NZBC Clauses B1 – B2**

The building has been designed using simple structural construction techniques and systems involving the following:

- Insitu reinforced concrete foundations and floors
- Concrete masonry wall construction
- Structural steel elements as required
- Light weight timber frame roof structure

Construction systems are simple but extremely effective and the building appears to be performing structurally very well with no obvious signs of movement, subsidence or distortion encountered within the site visit completed.

Material selection regarding durability is extremely robust with the use of durable low maintenance construction systems to the exterior and interior of the building (Concrete masonry, galvanised structural steel, precoated profiled metal roofing and spouting systems)

Maintenance requirements to the building noted within the inspection are minimal which is testament to excellent material selections in the design that have been proven fit for purpose. Possible areas of maintenance include the following to the exterior of the building:

- Painting upgrade to external door frames – timber system.
- Primer/ galvanised touch-up to structural steel on what appear to be site connected junctions of the structural steel systems showing small areas of deterioration.

**5.2 Fire Safety - NZBC C clauses**

At the time of the site visit fire safety systems were in place as required by the Code Compliance Certificate issued for the building. It also appears these systems are being maintained as required by the compliance schedule and the Building Warrant of Fitness in place.

See comments above regarding the current Building Warrant of Fitness on the building at the time of the site visit. As noted the following areas were observed:

- Means of escape from the building was being well maintained and free of obstacles
- Active and passive fire safety systems were being suitably tested and maintained through the Building Warrant of Fitness system.

Note comments in section 6.1 – safety in design regarding the plant room being used for storage currently and the negative effects this may have on fire access if required.

**5.3 Access – NZBC clauses D1 – D2**

Access to the building complies with the NZBC as it did when the Code Compliance Certificate was issued with full public and accessible access to the building provided.

Building is single level with the following items observed as areas for consideration for building performance regarding access:

- Access to the building from parking facilities
- Access into the building from the exterior
- Access within the building

All access routes showed suitable design considerations complying with the requirements of Clause D1 of the NZBC for a building of this type.

**5.4 Moisture Control – NZBC clauses E1 – E3**

Moisture control to the building appears to be performing to the requirements of the NZBC with well designed and constructed solutions for these areas as noted below in the following code clauses regarding moisture control:

**E1 - Stormwater**

- Onsite stormwater soakage system installed to the southern end of the building – Within bund area. Appears to be performing as required in rainfall events. No sign of failure within the soakpit area.
- Stormwater disposal systems on the building (gutters, downpipes) are functioning as required with no reports or sign of failure.
- Robust rainwater catchment systems installed. Simple monopitch roof system with external gutters and downpipes.

**E2 - External Moisture**

- Exterior cladding systems are simple, robust, well detailed and constructed.
- Cladding and structure combined in concrete masonry building.

- Maintenance appears to have been completed ensuring ongoing performance of the cladding products (both roof and wall claddings).

### **E3 - Internal Moisture**

- Internal areas of the building encountering moisture (All areas excluding the service areas) have been well detailed to deal with internal moisture and appear to be performing well.
- Simple robust systems well-constructed and maintained
  - Specialist painted (sika) concrete surfaces to achieve impervious surfaces to all wet areas
  - Robust proprietary partition and seating systems installed and performing well.

## **5.5 Safety Of Users – NZBC Clauses F1 – F9**

Safety of Users clauses of the building code for consideration within the building are as follows:

### **F6, F7, F8 – Visibility in Escape Routes, Warning Systems and Signs**

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are all associated with the fire safety features of the building.
- These are all in place and operational as per the code compliance certificate and compliance schedule issued for the building in 2020.
- Note – Single DEOP means of escape in all areas of the building direct to the outside.

## **5.6 Services and Facilities – NZBC Clauses G1 – G15**

Services and facilities clauses of the building code for consideration within the building are as follows

- **Note** - Excellent design of the building regarding protection and maintenance provisions of services in the service room and associated services corridor within the spine of the building.

### **G1 – Personal Hygiene**

- Personal hygiene facilities (WC's, showers, basins etc) within the building meet the performance requirements of the building code.
- Numbers suitable for building considering acceptable solution requirements.
- All facilities detailed and constructed to meet performance requirements of G1.
- Accessible facilities supplied in suitable numbers and location within the facility.
  - Separate accessible facilities supplied – shower and WC facilities.

### **G4 – Ventilation**

- Ventilation systems form part of the compliance schedule for the building
- Extraction and fresh air replacement meeting NZBC requirements to habitable areas within the building.

### **G8, G9 – Artificial lighting and Electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements.

### **G10, G11 – GAS and Piped services**

- Gas supply and fixtures continue to perform as per building code requirements.

### **G12, G13 - Water supplies and Foul water**

- Water supply and plumbing systems within the building continue to comply with the performance requirements of the NZBC.

- Hot water supply as per the gas systems installed.
- Wastewater disposal is supplied to the SDC wastewater system (within carpark area)

#### **Water pressure to showers**

- Onsite investigation noted the water pressure supplied to the showers in the building was high.
- Example of this being when the shower within the Referees room was operated water pressure forced the water to be projected off shower partitions into the room and discharged to the floor waste gully and not the shower drain.
- See notes below regarding design learnings and possible drainage solutions.

#### **Shower Drainage**

- Issues noted in the drainage system associated with all showers in the building.
- Discussion with the management team noted when in full use the shower drains will block (silt, grit, grass debris etc) and overflow the shower areas discharging into the floor waste within the change rooms.
- Review of the consented documents noted trap sizing to the showers – 65mm dia.
- Use of showers as part of a sporting facility provides additional debris to the drainage system.
- On site inspection noted the following
  - Shower wastes appear installed as 65mm as per consented and as-built drawings
  - Silt strainers have been removed from several of the traps
  - Silt deposits can be seen built up within the shower drains indicating inundation
  - Water pressure in the showers appears to be excessive – high flow

**Design learning** – Within future sporting facilities look to improve the design of shower drainage systems to allow the transport of debris and grit to an external grit chamber (or the like) that can be mechanically cleared within a monitored maintenance regime.

The current solution requires manual clearing of filters on a very regular maintenance regime that does not appear to be practically implemented.

Further investigation is required regarding the current flooding issues within the change rooms that may involve the following

- Reinstall filters to the shower drains and ensure these are cleared on a more frequent timeframe.
- Investigate the reduction in water pressure and flow from the showers – reduce the pressure on the drainage system. Note flow may decrease with the increase in shower use.
- Alteration of the existing drainage system is not a realistic solution due to its position under the building and the associated foundations.

#### **G15 – Solid waste**

- Solid waste facilities are on site within the full sporting area complex
- Use of the SDC recycling and waste disposal system noted

### **5.7 Energy Efficiency – NZBC Clause H1**

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate.

The Building is deemed as an Outbuilding with intermittent use as per the Building Act and Code. Due to this the requirements of this clause of the Building code is extremely limited.



No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building.

## 6.0 Building Maintenance

### 6.1 Safety in Design

#### Services access

- As noted above services access design within the building is excellent with the incorporation of service corridors and plant room.
- Design allows for ease of servicing of above slab components
- See notes above regarding drainage issues from the showers.
- See notes below regarding the storage use within the plant room

#### Storage within the plant room

- Consented drawings noted the plant room to include storage which is problematic with the management of the building
- The plant room houses complex plumbing, mechanical and electrical systems all in operation.
- Site investigation noted storage within this area from building users appears uncontrolled and included items throughout the plant room including the following
  - Freezers
  - BBQ
  - Rugby scrummaging equipment
  - Chairs
  - General sports club equipment
- The storage of this equipment in this area could impact on the following
  - Service access to plant within the building
  - Damage to plant within the plant room
  - Reduced access in case of fire

**Design learning** – Incorporate adequate storage areas within future buildings in accordance with the needs of the occupiers. These should be separate from plant rooms. Design consultation will be required with those intended to use the building on completion to ensure this outcome is achieved.

### 6.2 Building Maintenance

All building maintenance carried out on the building is managed by the SDC facilities team. This involves the following

- Internal and external cleaning and wear and tear maintenance
- Maintenance and servicing to all plant within the building
  - Plumbing and drainage systems
  - Mechanical ventilation
  - Fire safety systems



## Commercial building review

### Building identification

Building details			
Building name	West Melton Community Centre	BC number	BC152662
Address	1165 – 1167 West Coast Road, West Melton		
Valuation	2354180000		
Review date	10/09/2024		
Carried out by	Andy Tyer		

### 1.0 Executive summary

As reported to the Audit and Risk Committee council has made the decision to exercise a precautionary approach regarding councils building stock and undertake inspections on selected council owned buildings to make clear any potential poor construction or mis-inspections.

The West Melton Community Centre will have been in operation as a community facility for 6 years in March next year. The building is generally performing well and is a substantial asset to the local community and the wider Selwyn District.

The function of the building is operating as it was intended with several performance issues identified within the following report. These require further investigation to establish if they are causing true building non-conformance and what learnings can be used in future design of the SDC building stock.

These are summarised as follows and are described as items for immediate action:

- Stadium fresh air ventilation system
  - The mechanical ventilation system installed to the stadium area is not being used to meet the requirements of supplying adequate ventilation to an activity space.
  - Further investigation needs to be completed to assess the suitability of this ventilation system as it is currently unused.
- External moisture ingress in the Southwestern corner of the building
  - Water ingress has been noted in the southwestern meeting spaces of the building.
  - Further investigation needs to be completed to assess the cause of this failure in the building envelope and methods developed to rectify.
- Floor coverings repair, replacement to vinyl tile system
  - Flooring tiles are lifting within the Western areas of the building
  - A solution needs to be established to either repair or replace this floor covering system.

See further design and construction learnings from this building within Section 2 following

### 2.0 Design and Construction Learnings

The following design and construction learnings can be taken from this project:

1. Within design ensure the selection of exterior cladding systems is robust and systems selected show proven in-service weathertight detailing, long term durability and low maintenance requirements. Take into consideration during selection ongoing maintenance and repair costs associated with cladding systems.
2. Suitable consideration of substrate condition prior to adhesion of floor covering systems.
3. Ensure the design of the ventilation system to the building is fit for purpose for the use of the building. Understand the expectations of the facility users and balance this with budget allowances.
4. Ensure allowance is made within the building regarding sound transmission and possible spaces that will need to be used in separation. Sound reduction construction to be considered in future buildings based on this analysis to reduce transmission between spaces as required.
5. Suitable selection of electrical fixtures within the building to ensure ease of maintenance and/or replacement when required.
6. Future use of the building to be considered within the design for the supply of storage areas for equipment and fixtures to be used within the building.
7. Intended use of the building to be considered regarding material selection and spatial allowances to stadium arena. See item 6.1 for examples.
8. Development and implementation of a standardised council wide maintenance schedule for buildings

### 3.0 Background

The West Melton Community Centre was designed in 2015 and consented ready for construction in June 2017. Construction was commenced once consented in 2018 with CCC issued for the building in March 2019.

The building is a community centre in high demand during peak timeframes and is made up of function and community lounges, meeting rooms, indoor sports stadium and all associated services related to the function of a building of this type (staff offices, ablution areas, changing rooms, commercial kitchen and meeting space facilities).

It also houses the West Melton Playcentre with a permanent space supplied and used by this organisation within the building.

The building is managed and operated by the Selwyn District Council – Venue and Events Team

Building consent application lodged	17 December 2015
Building consent issued	15 June 2017
Code compliance certificate application lodged	13 March 2019
Code compliance certificate issued	15 March 2019
Classified use (NZBC A1)	4.0 Communal Non-Residential: 4.0.2 Assembly Service and 4.0.3 Assembly Care (Playcentre)
Lawful established use Building regulations 2005 (Change of use)	CL – Crowd Large

**4.0 Building Act compliance****Compliance Schedule and BWoF – Sections 100 – 111 of the Building Act 2004**

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately – Main entrance of the building
- Building Warrant of fitness was current – Due date 14.12.24
- Means of escape from the building were being well maintained and free of obstacles
- Specified systems appeared to be undergoing required testing and monitoring
- Compliance schedule and records held off site with IQP – FFP – 2 Halls Place - Christchurch

See further information within the building's compliance schedule **R770829**

**5.0 Building Code Compliance**

The NZ building code clauses have been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

**5.1 Stability – NZBC Clauses B1 – B2**

The building is made up of a varying selection of structural construction techniques and systems involving the following:

- Insitu reinforced concrete foundations and floors
- Laminated timber structural system (CLT/ LVL) mainframes
- Structural steel mainframe systems
- Precast concrete mainframe systems
- Insulated roofing and wall system – Roof Logic Ultrathrem
- Shop front and Curtain wall – glazed panel systems

Construction systems are advanced in their complexity and the building appears to be performing structurally well with no obvious signs of movement, subsidence or distortion encountered within the site visit completed.

Cladding systems installed on the building appear to be generally performing to durability requirements of the building code where moisture ingress is not encountered. The areas noted where moisture movement extends past the weathertight envelope of the building durability may be an issue. See notes under Clause E2 of this report for further information.

Maintenance of cladding systems is noted as a requirement regarding the ongoing performance of these systems.

Currently the cedar cladding systems to the office area of the building appears to need maintenance as the building is now over 5 years in age and protective coatings will need be reapplied. Inspection of the system confirms this understanding.

### 5.2 Fire Safety - NZBC C clauses

At the time of the site visit fire safety systems were in place as required by the Code compliance certificate issued for the building. It also appears these are being maintained as required by the compliance schedule and the Building Warrant of Fitness in place for the building.

See comments above regarding the current Building Warrant of Fitness on the building at the time of the site visit. As noted the following areas were observed:

- Means of escape from the building was being well maintained and free of obstacles
- Active and passive fire safety systems were being suitably tested and maintained through the Building Warrant of Fitness system.

### 5.3 Access – NZBC clauses D1 – D2

Access to the building complies with the NZBC as it did when the Code Compliance Certificate was issued with full public and accessible access to the building provided.

Building is generally single level with limited stairs only to storage areas within the stadium arena. Stairs and handrails to these areas are incorporated within the viewing bleachers and meet the performance requirements of the NZBC.

Following items were observed as areas for consideration regarding building performance:

- Access to the building from parking facilities
- Access into the building from the exterior
- Access within the building
- Manifestations and signage supplied

All access routes showed excellent design considerations complying with the requirements of clause D1 of the NZBC.

### 5.4 Moisture Control – NZBC clauses E1 – E3

Generally, moisture control to the building appears to be performing well.

Summary of moisture control is noted below with areas requiring further consideration noted:

#### **E1 - Stormwater**

- Onsite stormwater soakage system installed to the southeastern corner of the site appears to be performing as required in rainfall events. No sign of failure within the soakpit area.
- Stormwater disposal systems on the building (gutters, downpipes) are functioning as required with no reports of failure by the building management team.
- See notes within E2 – external moisture regarding water ingress to the building in the southwestern corner. Investigation required to establish if this is an external cladding failure or a stormwater system overflow. Brief initial review points toward a cladding failure.

#### **E2 - External Moisture**

Exterior cladding systems installed to the building have been generally based on alternative solutions to meet building code requirements. These have been met using complex design systems and junctions with multiple claddings to the building.

Following is a sample of cladding observations on site:

- Insulated warm roof and wall systems – Roof logic Insulated Profiled metal
  - Proprietary cladding system supplying weathertightness, insulation and thermal bridging systems
  - Detailing appears to meet NZBC requirements – simple detailing generally.
  - No identified internal moisture issues within this system.
- Insulated warm roof membrane system – Roof logic membrane (insulated and uninsulated)
  - Proprietary cladding system supplying weathertightness, insulation and thermal bridging systems
  - Detailing appears to meet NZBC requirements
  - No identified internal moisture issues within this system.
  - Note – no access to the roof area made within the inspection.
- Vertical shiplap wall cladding on cavity
  - Proprietary cladding system with alternative solution junctions to windows and doors.
  - High maintenance requirements to this system in surface finishes.
  - Surface finish requirements to be maintained and sighted cladding at inspection noted maintenance is required.
- 9mm Eterpan flat sheet cladding system on cavity
  - Proprietary system detailed with alternative solution detailing in most junctions
  - Areas of failure noted with moisture ingress noted to Southwestern meeting rooms.
  - Additional investigation required to identify source of moisture entry and solutions.

**Design learning** – Selection at design stage of proven cladding systems showing in service weathertight detailing, long term durability and low maintenance requirements.

### E3 - Internal Moisture

- Internal areas of the building encountering internal moisture (Commercial kitchen, changing rooms and ablutions) have been well detailed to deal with internal moisture and appear to be performing well.
- Issues identified to direct fixed vinyl floor system to Scouts, Playcentre and meeting rooms on the Western face of the building
  - Vinyl tile system.
  - Extensive lifting and cupping of tiles.
  - Poor adhesion to the concrete substrate.
  - Issue identified throughout all areas where the tile has been installed.

**Design learning** – Consideration of substrate condition prior to adhesion of direct fix flooring systems

## 5.5 Safety Of Users – NZBC Clauses F1 – F9

Safety of Users clauses of the building code for consideration within the building are as follows:

### F4 – Safety from Falling

- Areas of height limited to storage/ viewing areas within the stadium arena
- Proprietary barrier systems in place and appropriate of the installation.

**F6, F7, F8 – Visibility in Escape Routes, Warning Systems and Signs**

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are all associated with the fire safety features of the building.
- These are all in place and operational as per the code compliance certificate and compliance schedule issued for the building in 2019.

**5.6 Services and Facilities – NZBC Clauses G1 – G15**

Services and facilities clauses of the building code for consideration within the building are as follows

**G1 – Personal Hygiene**

- Personal hygiene facilities (WC's, showers, basins etc) within the building meet the performance requirements of the building code.
- Numbers appear suitable for building considering reduction in available facilities due to some ablution areas being used for storage.
- All facilities detailed and constructed to meet performance requirements of G1.
- Accessible facilities supplied in suitable numbers and location.

**G3 – Food preparation**

- Commercial kitchen installed into the building with suitable detailing for surface finishes and fixtures in compliance with the NZBC.
- Feedback on the kitchen design being there are no issues in its operation with the following noted:
  - Suitable range of facilities in place – heating, cooling, freezing.
  - Overall size and dimensions suitable and working space excellent.
  - Storage areas suitable for the application.
- Other amenity facilities supplied within the building suitable in design and application (Watson Oakley and Playcentre – Kitchenette facilities).

**G4 – Ventilation**

- Feedback from building management team regarding ventilation to the building is summarised as follows:
  - Foyer Entrance
    - Initial heating design of the foyer area was not fit for purpose.
    - Originally warmer outside than inside during winter due to fresh air vents in this area.
    - Additional heat pumps and separation door installed to the foyer area to allow a suitable temperature in the winter months to be maintained.
  - Stadium
    - The large extractor units have never been used as it requires windows to be open and replaces inside air with external fresh air.
    - Not ideal on hot summer days with the introduction of heat to the stadium.
    - No circulation fans as part of the original design.
    - Large portable domestic fans purchased by the building management team and now used to circulate air within this space.
    - Heaters that are wall mounted in the stadium are noisy.
  - Exterior vents
    - Netting installed to vents on the roof has not been a success in stopping birds from accessing these areas.

- Issues are caused when birds are unable to escape and perish causing foul odours within the building.
- Building code requirements are summarised as follows
  - Functional requirement of the NZBC states the following
    - Spaces within *buildings* shall be provided with *adequate* ventilation consistent with their maximum occupancy and their intended use.
  - Performance requirement G4.3.1 of the NZBC states the following
    - Spaces within *buildings* shall have means of ventilation with *outdoor air* that will provide an *adequate* number of air changes to maintain air purity.
- Mechanical ventilation design for this building submitted and approved as part of the building consent application.
- Assuming compliance achieved with minimum requirements of the NZBC – as per the functional and performance requirements noted above.
- Construction monitored by design consultant with PS4 supplied at CCC regarding certification for this system as meeting building code.

**Design learning** – Consideration of a ventilation system to the building that is fit for purpose for the use of the building.

The mechanical ventilation system installed is not being used to meet the requirements of supplying adequate ventilation to an activity space. Further investigation needs to be completed to assess the suitability of this ventilation system as it is currently unused.

Establish the following

- Is there a misinterpretation in the use of the system by the building management team.
- Is the system suitable for the climate in which it is to be used.
- What were the client expectations, budget constraints and design considerations in the supply of this system

#### **G5 – Interior Environment**

- This code clause is relevant as the building is deemed as communal non-residential with an occupant load of over 250 people.
- Due to this a hearing loop was installed into the building and forms part of the compliance schedule and Building Warrant of Fitness.
- Accessible counter has also been supplied to the office administration area.

#### **G6 – Airbourne and Impact Sound**

- Although complying with minimum requirements of the building code the buildings sound transmission between differing areas causes issues in the daily use of the building.
- The use of some spaces within the building cannot be deemed as fit for purpose when other spaces are in use due to the noise transmission between areas.
- Examples of this issue are as follows
  - Stadium use (fitness class/ school prizegiving etc) and Watson Oakley room
  - Playcenter (4 days mornings per week) and Watson Oakley room
- Autex panelling has also been installed to meeting room areas of the building since the buildings opening to reduce sound reverberation within these spaces. This has been deemed a success regarding sound softening within meeting spaces.



**Design learning** – Consideration of the full use of the building to be made at design regarding sound considerations and spaces to be used in separation. Sound reduction construction to be considered in future buildings to reduce transmission between spaces as required.

#### **G8, G9 – Artificial lighting and Electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements.
- Following feedback from the management team for consideration regarding electrical fittings:
  - The replacement of an LED light bulb to a single fitting led to the discovery that the bulb could not be replaced, and the light fitting was no longer on the market.
  - Solution being all light fittings of that type where replaced.

**Design learning** – Suitable selection of electrical fixtures within the building to ensure ease of maintenance and/or replacement when required.

#### **G12, G13 - Water supplies and Foul water**

- Water supply and plumbing and drainage systems within the building continue to comply with the performance requirements of the NZBC.
- Wastewater disposal is supplied to an on-site pump station then connected to the SDC wastewater system.

#### **G15 – Solid waste**

- Building uses the SDC waste disposal system (supplied waste and recycling bins)
- Solid Waste noted as stored in a dedicated enclosed space in the carpark to the eastern side of the building.
- No issues noted by the management team.

### **5.7 Energy Efficiency – NZBC Clause H1**

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate. No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building.

## **6.0 Building Maintenance**

### **6.1 Safety in Design**

The following items have been identified as areas of possible improvement in the buildings design and functionality that could be taken into consideration in future build projects.

#### **General - Storage areas**

It was noted by the buildings management team that the building has a lack of storage spaces with the following observed during the site visit

- Spin cycles stored in one of the changing rooms
- Tables and chairs stored within one of the meeting rooms in the western area of the building.

Two platforms at each end of the bleachers were designed as storage areas but have not proved a practical solution for storage due to the height from the floor level and associated access. They have never been used for storage and remain as unused areas within the building.

#### **Stadium - Glass at ends of court**

Glazing at each end of the indoor court has proven problematic in excluding some groups from using the facility. Example being the cricket team is unable to practise indoors.

#### **Stadium - Court size – projection of portal legs**

The overall size of the building in relation to the court is tight especially taking into consideration the projection of the portal legs into the stadium space. Building management noted umpires on the edge of the court can catch themselves on these structural legs if not fully aware.

#### **Stadium - Concrete seat height**

It was noted there has been feedback from stadium users the bleacher seats are slightly too high for comfort of spectators.

#### **Stadium - Temporary Floor Coverings**

Carpet tiles supplied to cover the stadium floor (Approx 2m x 1m) work very well acoustically but require modification to allow them to fit around projections of the structural members of the building.

#### **Watson Oakley - Projector install**

The direction of the projector and the associated screen in this area has been installed in a location that restricts access to facilities and ablutions when in operation. Alternative position should be sought to allow better functionality of the area.

## 6.2 Building Maintenance

All building maintenance carried out on the building is managed and, in some instances, completed by the SDC - Venues and Events team who manage the facility

This involves the following

- Management of internal and external cleaning and wear and tear maintenance
  - Cleaning
  - Engagement of specialist contractors are required for building maintenance
- Management of maintenance and servicing to all plant within the building

**Design learning** – Development and implementation of a standardised council wide maintenance schedule for buildings.

# Commercial building review

## Building identification

Building details			
Building name	Foster Park Sports Hub	BC number	BC192046/ BC192450
Address	70 Broadlands Drive		
Valuation	2405526000		
Review date	9/10/2024		
Carried out by	Andy Tyer		

### 1.0 Executive summary

As reported to the Audit and Risk Committee council has made the decision to exercise a precautionary approach regarding the Councils building stock and undertake inspections on selected council buildings to make clear any potential poor construction or mis-inspections.

The Foster Park Sports Hub will have been in operation as a community facility for approx. 4 years at the time of this report. The building is performing well and is a substantial asset to the local community and the wider Selwyn District.

The building is operating as it was intended with no performance issues identified within this report. Positive learnings can be taken from the project as a whole and can be adopted in future design and construction projects of SDC building stock.

The following recommendations have been made on minor points raised within the review

- Application for an amendment to the compliance schedule for any altered and added specified systems within the building should be sought as per the requirements of Section 106 of the Building Act 2004.
- An audit of the buildings Building Warrant of Fitness should be completed to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained.

### 2.0 Design and construction learnings

The following design and construction learnings can be taken from this project:

1. The engagement of a suitably experienced project management team to represent SDC (The Principle) has benefited in the outcome of the project and in meeting client expectations within this design build contract.
2. In future if staff capabilities are not available within the SDC engagement of external consultants with suitable experience should be considered to fill this role within the project as was completed in this instance.
3. This project management team should be representing the principle from the initial design-build procurement process through concept design, full design, construction and practical completion.

4. Inclusion of suitably engaged SDC team members in the design process has benefited this project. These staff who are involved in the daily operations of the building ensure logistical items and systems are included in the design and construction of the building.
  - a. Excellent example within this project being the following
    - i. Supply of storage within the building that is fit for purpose.
    - ii. Supply of differing floor finishes allowing for mixed uses of the building.
    - iii. Suitable separation of areas of the building also allowing concurrent mixed use of the building.
5. Possibly consider exceeding minimum building code requirements in areas of accessibility.
  - a. Following example of improvements made to this building post CCC
    - i. the installation of hold open devices to fire protection systems. With these in place exceeding the minimum requirements of the building code the buildings use has been enhanced for accessible and able-bodied users.

### 3.0 Background

The Foster Park Sports Hub is a sports complex sized to accommodate eight basketball courts plus adjoining activity rooms, administration space, kitchen/ café, storage areas and associated ablutions. (approx. 8000m2 floor area)

The project was driven by its key advocate in John Reid who represented the Selwyn District Council within the project team. His drive ensured a building that was fit for purpose was designed, constructed and supplies ongoing excellent sporting facilities.

The building was constructed under two building consents. The first was issued to allow construction to begin in December 2019 that included the foundations and superstructure of the building. Consenting was assessed and processed by Christchurch City Council in conjunction with Selwyn District Council. The second consent was issued in April 2020 that covered the remaining components of the building – Architectural detailing – weathertightness – Fire safety – services etc.

A Code Compliance Certificate was issued for the first stage of works on their completion in October 2020. The second consent (allowing the full occupation and operation of the building) received its Code Compliance Certificate in April 2021.

The building opened in the same month.

Building consent application lodged – Consent 1 – BC192046	25 October 2019
Building consent application lodged – Consent 2 – BC192450	16 December 2019
Building consent issued – Consent 1 – BC192046	11 December 2019
Building consent issued – Consent 2 – BC192450	29 April 2020
Code compliance certificate application lodged – Consent 1 – BC192046	Not Received
Code compliance certificate application lodged – Consent 2 – BC192450	Not Received
Code compliance certificate issued – Consent 1 – BC192046	19 October 2020
Code compliance certificate issued – Consent 2 – BC192450	23 April 2021
Classified use (NZBC A1)	4.0 Communal Non-Residential: 4.0.2 Assembly Service
Lawful established use Building regulations 2005 (Change of use)	(CL) Crowd Large

#### 4.0 Building Act compliance

##### **All building work to have a building consent**

As per section 40 of the Building Act 2004 all building work deemed as building in NZ must obtain a Building Consent.

In this case the building was constructed under two building consents covering differing phases of the building. This is typical of a project of this size to allow an acceleration of the project program by splitting the design packages of the building. This allows the civils and structural works to be started whilst the remaining architectural and services areas of the building are completed within the design process.

This method carries some challenges regarding sequencing and co-ordination of works for the design team and contractor and for establishing compliance for the regulator. A close relationship is required between the project design lead co-ordinator and the BCA to ensure all areas of compliance are assessed over the two (or more) consents issued for the project.

There is also tight co-ordination required by the Project management team and the onsite BCA inspection team to ensure certification documentation is supplied for the correct consent in a timely manner and co-ordination is managed between consents. Example being fire design considerations in the structural design that may be covered in a later consent.

Conversation with the BCA team associated with the inspection of this building stated the following

- Processing of the consent was completed by the Christchurch City Council which caused logistical issues in document control and co-ordination of consent responses.
- A single point of contact was established within the SDC team who managed the consenting process
- Direct feedback from the point of contact being that future consents of this type would be beneficial to be completed in house by SDC if the resource is available.
- Consideration needs to be made to conflict of interest requirements for the SDC building control team.
- Inspections and certification were completed by the SDC inspections team.
- Generally completed under supervision due to competency of the team at the time of construction.

##### **Exemptions**

There have been 6 exemptions issued for this building regarding minor works where it was deemed by the TA a building consent was not required. The building management team had correctly sought and obtained exemptions for all these areas of work as allowed by the Building Act 2004.

It was noted that four of these exemptions had included alterations to specified systems and one to the occupant load of the building. The compliance schedule does not appear to have been amended to reflect these changes.

**Recommendation** – Application for an amendment to the compliance schedule for the altered and added specified systems within the building should be sought by the owner (SDC project management team) from the TA (SDC Building control team) as per the requirements of Section 106 of the Building Act 2004.

Alterations include the following

- Hold open devices installed
- Front door changes
- Backflow prevention
- Increase in occupant load
- Replacement of emergency lighting fittings

**Compliance schedule and BWoF – sections 100 – 111 of the Building Act 2004**

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately – Main entrance of the building
- Building Warrant of fitness was current – Due date 22.05.25
- Means of escape from the building were being well maintained and free of obstacles
- Specified systems appeared to be undergoing required testing and monitoring
- Compliance schedule and records held off site with IQP – FFP – 2 Halls Place – Christchurch
- Appears there are specified systems within the building not recorded on the compliance schedule

See further information within the building's compliance schedule **R770927**

**Recommendation** – An audit of the buildings Building Warrant of Fitness should be completed by the compliance team at SDC to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained.

**5.0 Building code compliance**

The NZ building code clauses have been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

**5.1 Stability – NZBC clauses B1 – B2**

The building is made up of a varying selection of structural construction techniques and systems involving the following:

- Insitu reinforced concrete foundations and floors
- Structural steel mainframe systems
- Precast concrete mainframe and exterior cladding systems
- Insulated roofing and wall system – Kingspan
- Conventional roofing systems
  - Proprietary membrane systems
- Proprietary cladding systems to isolated areas
  - ACM panel
  - Xpressclad
- Shop front and Curtain wall – glazed panel systems

Construction systems are advanced in their complexity and the building appears to be performing structurally well with no obvious signs of movement, subsidence or distortion encountered within the site visit completed.

Only issue noted by the building management team or through the onsite inspection regarding durability of products or systems within the building being the following:

- Fire Exit doors to the southern elevation of the building are timber clad. This finished was used for these items as the doors are sheltered under an external canopy. It has been noted these doors are deforming. This item is being actively monitored by the building management team. No issue currently.

Cladding systems installed on the building appear to be performing to durability requirements of the building code with no significant moisture ingress encountered recently as reported by the building management.

Maintenance of cladding systems is noted as a requirement regarding the ongoing performance of these systems.

## 5.2 Fire safety - NZBC C clauses

At the time of the site visit fire safety systems were in place as required by the code compliance certificate issued for the building. It also appears these are being maintained as required by the compliance schedule and the Building Warrant of Fitness in place for the building.

See comments above regarding the current Building Warrant of Fitness on the building at the time of the site visit. As noted the following areas were observed:

- Means of escape from the building was being well maintained and free of obstacles
- Active and passive fire safety systems were being suitably tested and maintained through the Building Warrant of Fitness system.

As noted above several alterations have been made to the fire safety systems within the building which have moved through the exemption process at SDC. Review of these exemption displayed applications were supplied to council with suitable technical application regarding fire design engineer input.

If completed the proposed recommendations regarding amendments to the compliance schedule and the completion of a BWoF audit will ensure all fire safety systems within the building are fit for purpose and functioning as required.

## 5.3 Access – NZBC clauses D1 – D2

Regarding access requirements to this public building the following items were observed as areas for consideration regarding building performance:

- Access to the building from parking facilities
- Access into the building from the exterior perimeter of the building
- Access within the building
- Manifestations and signage supplied

Access to and within the building complies with the NZBC as it did when the Code Compliance Certificate was issued with full public and accessible access to the building provided.

Access routes have been well designed with excellent consideration to accessible requirements. Minor alterations have been made to the building to improve accessible requirements and now exceed building code requirements since the issue of the code compliance certificate.

An example of this being the installation of hold open devices to fire doors within the building which improves accessibility through the building further than required by the NZBC. Feedback from building management has noted this has improved building user's experiences.

The building is on two levels with access to upper levels by way of stairs or lift, both of which meet building code requirements through compliance with D1/AS1, D2/AS1 and NZS 4121.

Building management noted that original stair nosing's were replaced with contrasting nosing's (more contrasting than those installed and compliant at the time of CCC) as part of a finding within an

accessibility audit undertaken on the building. This was the only issue identified through this external audit report.

#### **Design learning**

- Possibly consider the installation of hold open devices to fire protection systems in future design works as with these in place exceeding the minimum requirements of the building code the buildings use has been enhanced for both accessible and able-bodied users.

### 5.4 Moisture Control – NZBC clauses E1 – E3

Moisture control to the building is made up of the following:

#### **E1 - Stormwater**

- Stormwater disposal for the building has been incorporated into the sports centre complex as a whole and included in the civils design of the full area. Site inspection showed no sign of failure within the stormwater disposal system.
- Stormwater disposal systems on the building (gutters, downpipes) are functioning as required with no reports of failure by the building management team.

#### **E2 - External moisture**

- Exterior cladding systems are simple and robust. All products are proven in their historical performance, well detailed and appear well-constructed.
- Cladding and structure combined in concrete precast panels for much of the building.
- Other cladding systems include the following
  - Hardies flat sheet – soffits and feature areas
  - ACM panelling – feature areas only
  - Kingspan insulated panel system to roof and walls
  - Membrane roof linings – to isolated areas
  - Commercial Shopfront glazing
- Maintenance appears to have been completed ensuring ongoing performance of the cladding products (both roof and wall claddings).

#### **E3 - Internal moisture**

- Internal areas of the building encountering internal moisture (Commercial kitchen, changing rooms and ablutions) have been well detailed to deal with internal moisture and appear to be performing well.
- Warm roof system installed to the building shows excellent performance. Moisture issues encountered as part of the commissioning of the building now largely overcome.
- Minor penetration issues discussed in an isolated location on site are currently being actively managed.



**5.5 Safety of users – NZBC clauses F1 – F9**

Relevant safety of user's clauses of the building code for consideration within the building are as follows:

**F4 – Safety from Falling**

- Areas of height are limited to running track areas within the stadium arena and access within the administrative block of the building.
- Specifically designed barrier systems in place and appropriate of the installation. Example being the use of a precast concrete barrier system to the running track as a robust design solution.
- Well designed with full compliance demonstrated to the NZBC.

**F6, F7, F8 – Visibility in Escape Routes, Warning Systems and Signs**

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are all associated with the fire safety features of the building.
- These are all in place and operational as per the code compliance certificate and compliance schedule issued for the building in 2021.
- Discussion with building management on site noted there were issues with the emergency lighting operations through the initial occupation of the building. This issue has been rectified by the appropriate contractor who installed the emergency lighting system and is no longer a problem.
- It was also noted there have been minor alterations to the emergency lighting system that have also been documented through the exemption process. This will be finalised through the recommendations within this report regarding BWof Audits and compliance schedule amendments – see section 4.0 above.

**5.6 Services and facilities – NZBC clauses G1 – G15**

Services and facilities clauses of the building code for consideration within the building are as follows:

**G1 – Personal hygiene**

- Personal hygiene facilities (WC's, showers, basins etc) within the building meet the performance requirements of the building code.
- Numbers appear suitable for building and meet the performance requirements of the building code.
- All facilities detailed and constructed to meet performance requirements of G1.
- Accessible facilities supplied in suitable numbers and location and design to meet the requirements of G1/AS1. Suitably constructed to meet building code requirements.

**G3 – Food preparation**

- Kitchen installed into the building with suitable detailing for surface finishes and fixtures in compliance with the NZBC.
- Main kitchen area noted on drawings not described by the management team as a commercial kitchen. Rather as a canteen – tuck shop.
- Feedback on the kitchen design being there are no issues in its operation with the following noted:
  - Suitable range of facilities in place – heating, cooling, freezing.
  - Overall size and dimensions suitable.
  - Storage areas suitable for the application – comment made upper cupboards could be shallower for ease of use.
  - Generally, not often in operation - not currently fully utilised – at time of inspection used as storage area.

- Other amenity facilities supplied within the building suitable in design and application (Kitchenette facilities).

#### **G4 – Ventilation**

- Ventilation systems split within the building as follows
  - Office/ reception areas have a ventilation and temperature control system for comfort of building occupants. Exceeding NZBC requirements.
  - Sports courts areas meet the performance requirements of G4.3.1 only with suitable extraction replacement system and associated Co2 monitoring.
  - Feedback from the building management team noted this was a suitable system for the function of the building.
- Mechanical ventilation design for this building submitted and approved as part of the building consent application. No significant alterations to the system since time of issue of CCC.

#### **G5 – Interior environment**

- This code clause is relevant as the building is deemed as communal non-residential with an occupant load of over 250 people.
- Due to this a hearing loop was installed into the building and forms part of the compliance schedule and Building Warrant of Fitness.
- Accessible counter has also been supplied to the office administration area forming part of the accessible facilities within the building.

#### **G6 – Airbourne and Impact Sound**

- No issues noted by the building management team regarding sound transmission between operational spaces.
- Building not designed to restrict the transmission of sound, and the building users are not concerned.
- Meets the expectations of the building users.

#### **G8, G9 – Artificial lighting and electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements.
- Noted within minor variations to the building consent emergency lighting fixtures substituted due to supply issues with the supply of the original products specified.
- As per previous building assessment it is important to ensure suitable selection of electrical fixtures within the building for ease of maintenance and/or replacement when required. See report completed for the West Melton Community Centre and issues regarding replacement light fittings.
- Difficult to control with the current supply market.

#### **G12, G13 - Water supplies and foul water**

- Water supply and plumbing and drainage systems within the building continue to comply with the performance requirements of the NZBC as established at issue of building consent and CCC.
- Water supply to the building as per NUO and backflow to the system forms part of the compliance schedule for the building. As per consent requirements the backflow at the boundary – protecting the NUO supply – is monitored as part of the building warrant of Fitness.
- Wastewater disposal is supplied to the SDC wastewater system - system servicing Rolleston
- No issues supplied by the building management team.
- Exemption completed for a small drainage alteration to the building since CCC.

**G15 – Solid waste**

- Building uses the SDC waste disposal system (supplied waste and recycling bins)
- Solid Waste storage in a dedicated enclosed space to the eastern elevation of the building.
- No issues noted by the management team.
- Suitably design and operational.

**5.7 Energy efficiency – NZBC clause H1**

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate. No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building.

No issues noted by the building management team through onsite discussions.

**6.0 Building maintenance****6.1 Safety in design****Services access**

- Services access design within the building is excellent with the incorporation of service corridors, external and internal service areas, and fall arrest systems as required.
- Design allows for ease of servicing of all systems within the building.

**Storage**

- As discussed on site with the design management team storage on site has been well designed and incorporated into the building.
- This was driven by the SDC project team as part of the design to ensure expectations were met regarding the building use and associated storage needs.

**Design learning** – Full engagement of the SDC building users is required within the design process to ensure expectations of the client are fully developed within the design of the building. In this case the dedication of the project lead – John Reid – has provided an outstanding sporting amenity for the community.

**6.2 Building maintenance**

Building maintenance carried out on the building is managed by the SDC facilities team and the onsite building management team. This involves the following

- Internal and external cleaning and wear and tear maintenance
- Excellent safety in design incorporated into the building with full fall arrest systems and monkey toe access areas supplied to the building to allow ease of maintenance for the building.
- Maintenance and servicing to all plant within the building
  - Plumbing and drainage systems
  - Mechanical ventilation
  - Fire safety systems

- Building management team has an excellent understanding of the operational requirements and therefore the maintenance needs of the building.
- The building appears to be extremely well maintained through this input from onsite management and the SDC facilities team.



## Commercial building review

### Building identification

Building details			
Building name	Greenpark Community Centre	BC number	BC142752
Address	156 Greenpark Road		
Valuation	2404017100		
Review date	7/10/2024		
Carried out by	Andy Tyer		

### 1.0 Executive summary

As reported to the Audit and Risk Committee council has made the decision to exercise a precautionary approach regarding councils building stock and undertake inspections on selected council owned buildings to make clear any potential poor construction or mis-inspections.

The Greenpark Community Centre has been listed as a building to be reviewed.

This building will have been in operation as a community facility for 10 years in March 2025. The building has suffered ongoing performance issues since it was constructed with several reports undertaken by SDC to investigate internal moisture issues.

The building is currently undergoing remediation works to rectify issues identified regarding thermal bridging within the building.

As noted within this report other issues have been identified that will need to be addressed to allow the building to become the substantial asset to the local community and the wider Selwyn District it was intended.

The following items require further investigation to establish if they are causing true building non-conformance and are summarised as follows:

- Waste water treatment security
  - Review the current access to the wastewater treatment system and install locked lids or the like to ensure the system is secure and not presenting a danger to public.
  - This needs to be considered an immediate action item
- Means of Escape from Fire
  - As part of the current building consent process assess the means of escape from fire for the building against the current Building Code requirements as required by Section 112 of the Building Act.
  - Prior to opening the building to the public undertake a Building Warrant of Fitness audit.
- Accessibility
  - As part of the current building consent process assess the accessibility requirements for the building against the current Building Code requirements as required by Section 112 of the Building Act.

- Ventilation system
  - Review the ventilation systems within the building and install ventilation to the kitchen area as per the requirements of the original building consent for the building.
- External Cladding installation and maintenance
  - Undertake a weathertightness audit of the building assessing current exterior cladding systems for performance.
- Structural Steel
  - Review the protective coatings of the exposed structural steel components of the building for deterioration and rectify as required.
  - Review the landing of external structural steel on foundations and rectify as required.

See further design and construction learnings from this building within Section 2 following

## 2.0 Design and construction learnings

The following design and construction learnings can be taken from this project:

This construction project was undertaken as a design build contract with a selected designated contractor engaged to design and construct the building. As per the findings of this and other reports it can be established the design build parameters of this contract were not fit for purpose and the product supplied has not met the expectations of the principle (SDC).

How the design build contractor was selected has not formed part of this report.

The following learnings can be taken from this project:

1. A robust procurement and engagement process is required for the selection of Design Build contractors.
2. A suitable contract is required to deliver a design build project.
3. A clear scope of works must be supplied as part of the design build process clearly outlining the expectations of SDC.
4. Safety in design should be engaged within the design process to ensure principle requirements are met.
5. Skilled principle representation must be engaged to ensure robust design solutions are supplied and construction outcomes delivered.

### 3.0 Background

The existing Greenpark Community Centre was constructed in 2015 to replace the original hall that was demolished following the Canterbury earthquakes. The design and construction of the project was supplied to a local contractor to complete as part of a Design Build contract

An application for building consent was supplied to the SDC building team in December of 2014 and construction was started on supply of the Building Consent in March 2015. Code Compliance Certificate was issued in March 2016.

Performance issues have been encountered within the building regarding thermal bridging of the cold rolled structural steel members through the thermal envelope of the building. Specialist reports have been undertaken at the request of the SDC to confirm the thermal bridging issues and supply viable solutions.

The building is managed by the Selwyn District Council and is currently closed due to remediation works underway to deal with these performance issues. A building consent has been lodged to complete these works.

Building consent application lodged	17 December 2014
Building consent issued	11 March 2015
Code compliance certificate application lodged	29 October 2015
Code compliance certificate issued	1 March 2016
Classified use (NZBC A1)	4.0.2 Assembly service
Lawful established use Building regulations 2005 (Change of use)	CL (Crowd Large)

#### 4.0 Building Act compliance

##### **All building work to have a building consent**

As noted above within the building background the Greenpark Community Centre has had issues regarding meeting the performance requirements of the building code. Several in depth reports have been completed to establish the extent of the problems with the building and a solution regarding remediation works appears to be underway.

These remediation works that are currently underway have been delayed as a building consent is applied for the undertake the full extent of the works.

At the time of this report the building consent application was with the SDC Building Control team. A request for further information has been supplied to the applicant requesting information to allow code compliance to be demonstrated.

Currently the building is be closed to the public and all work on site has ceased.

##### **Compliance schedule and BWoF – Sections 100 – 111 of the Building Act 2004**

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

Currently the building is not in public use and discussions with SDC staff involved in the management of the building have indicated the BWoF inspection and reporting process has been suspended due to this.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately – Main entrance of the building.
- Building Warrant of fitness was not current – Due date 09.11.23 – As noted above BWoF suspended due to the building closure.
- Specified systems required testing and monitoring on hold.
- Compliance schedule and records held off site with IQP – FFP – 2 Halls Place - Christchurch

See further information within the building's compliance schedule **R770647**

#### 5.0 Building code compliance

The NZ building code clauses have been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

##### 5.1 Stability – NZBC clauses B1 – B2

The building is made up of a selection of structural construction techniques and systems involving the following:

- Insitu reinforced concrete foundations and floors.
- Timber framed construction – Entry, Meeting, Storage, Ablution areas.
- Cold rolled steel mainframe systems with timber framed infill – Multipurposed Room.

The construction systems are reasonably simple in their complexity however the execution of these systems appears to have been inadequate within both the initial design and on-site construction.

This has caused performance issues within the building that if left unaddressed will cause on going issues and possible failure of the structural integrity of the building.



Following is a list of areas of concern regarding building and product structural and durability performance within this project:

- Exterior wall and soffit claddings.
- Roof cladding – Flashings incorrectly installed.
- Protective coating systems to exterior structural steel.
- Landing of structural steel to foundation.
- Foundation remediation – cutting of the slab – reduced reinforcing cover.
- Roof design – thermal breaching of the roof space.

All of these items are likely to cause issues in the building meeting its minimum structural and durability requirements of the NZBC unless addressed.

Also note the selection of the following items within a public building is likely to cause premature failure of these systems dependant on the use of the building.

- Exterior joinery systems specified and installed as a residential suite system.
- Design and install of residential internal doors.
- Design and install of residential hardware to internal and external joinery.
- Design and install of a residential kitchen system to the building.

Please also refer to comprehensive building reports already completed for this building for the SDC regarding failure of the building regarding thermal bridging.

#### **Design learning**

Ensure selection of suitable materials and construction methods within the design of a public building.

### 5.2 Fire safety - NZBC C clauses

At the time of the site visit fire safety systems were in place as required by the Code Compliance Certificate issued for the building.

As noted previously specified systems are not currently being maintained as required by the compliance schedule due to the building being closed to the public and the Building Warrant of Fitness currently on hold.

Review of the supplied documents within SDC records show the following

- Emergency lighting PS3 supplied for emergency lighting within the building – fire report states this is not required.

Review of the issued building consent noted the following points for current consideration:

- Occupant load set at 150 being a discretionary value based on the building use. Calculated occupant load (based on usage and floor areas) being 195 – as per fire report.
- Means of escape set through storage cupboard with doors opening against the direction of escape.
- Hardware specified to doors on escape routes do not appear to be installed – panic bars etc.
- Location of the fire alarm panel could not be established at the time of inspection – assumed in storage cupboard.
- Seating layouts detailed in the fire report are included in the compliance schedule but not within the building regarding signage as described in the fire report.

**Recommended Action**

As part of the Building Consent application a Section 112 assessment (Building Act 2004) of the building should be undertaken to establish current means of escape from the building will comply as near as reasonably practicable with current building code requirements.

Prior to opening the building for public use undertake a Building Warrant of Fitness audit to establish the following

- All specified systems within the building are listed within the compliance schedule including all required performance, maintenance and reporting requirements.
- All specified systems within the building are operational and compliant with the requirements of the compliance schedule.
- Means of escape within the building meet building code requirements.

**5.3 Access – NZBC clauses D1 – D2**

Building is single level with the following items observed as areas for consideration regarding building performance:

- Access to the building from parking facilities
- Access into the building from the exterior
- Access within the building
- Manifestations and signage supplied

Absolute minimum accessible compliance levels have been achieved for this building. These are less than those approved as part of the building consent.

Examples of this minimum compliance are as follows:

- Retro-fitted ramps have been supplied to the main entrance. Exterior pavement appears to have been installed at a lower level than that described on the building consent requiring ramp installation.
- Pavement area to vehicle access appears to have never been completed and is unsuitable for access.
- No designated accessible parking can be located on site.
- Accessible WC facilities are not currently compliant with D1/AS1 or NZS 4121 due to use of residential suite fixtures.

**Design learning**

Ensure design documents display and construction outcomes provide suitable compliance for access to and within a public building.

**Recommended Action**

As part of the Building Consent application a Section 112 assessment (Building Act 2004) of the building should be undertaken to establish accessibility to and within the building complies as near as reasonably practicable with current building code requirements.

Prior to opening the building again for public use undertake an accessibility audit of the building to establish the following:

- Building Code compliance regarding the requirements of clauses D1, and G1 of the NZBC

## 5.4 Moisture Control – NZBC clauses E1 – E3

The following observations have been made regarding moisture control to the building:

**E1 - Stormwater**

- Onsite stormwater disposal is supplied as per the building consent proposal with disposal discharged to an existing swale on site. No sign of failure with this system.
- Stormwater disposal systems on the building (gutters, downpipes) appear to be functioning as required with no clear evidence of failure.

**E2 - External moisture**

Exterior cladding systems installed to the building are a combination of acceptable and alternative solutions to meet building code requirements. These have been met using standard construction systems which have been inadequately detailed within construction documents and inadequately installed on site.

Exterior cladding observations on site:

- CHH plywood sheets – texture shadowclad – Wall Cladding
  - Proprietary cladding system has not been installed as per manufacturer's instructions
  - The effectiveness of the cavity construction to the cladding system is questionable in areas due to poor alignment with foundations.
  - It appears on isolated walls there has been no cavity installed and the product appears direct fixed.
  - Junction and flashing detailing and general installation shows inadequate consideration and workmanship.
  - Penetrations to the cladding (Services) have not been suitably considered and detailed. Construction installation is inadequate.
- Vertical Corrugate Coloursteel – direct fixed – 0.4mm - Wall cladding
  - Proprietary cladding system with good credentials when installed correctly. In this instance the product installation shows inadequate workmanship.
  - Head flashings and cladding junctions poorly constructed.
- James Hardie flat sheet - soffit linings – direct fixed
  - Product substitution from the consented documents – no variation or amendment sighted.
  - Proprietary cladding system with good credentials when installed correctly.
  - In this instance the product installation shows inadequate workmanship.
  - Product buckling, warping and moving. Indicated inappropriate support and fixings.
- Veedek Coloursteel – direct fixed – 0.4mm - Roof cladding
  - Proprietary cladding system with good credentials when installed correctly. In this instance the product installation shows inadequate workmanship.
  - Fixings and flashings demonstrate inadequate detailing and workmanship.
  - 0.4mm system extended as a roofing product.

Exterior Joinery observations on site:

- Aluminium exterior joinery
  - Residential suite – not suitable for a public building application
  - This suite of exterior joinery is as per the consented documents.
  - Assume client approved system.

**Design learning**

- Ensure the selection at design stage of proven cladding systems showing in service weathertight detailing, long term durability and limited maintenance requirements.
- Ensure the selection at design stage of suitable exterior joinery and hardware systems for the project.
- Ensure suitable project management (client representative) is undertaken throughout construction to ensure quality of workmanship.

**E3 - Internal moisture****1.0 Thermal Bridging**

Ongoing issues have been identified in this building regarding the control of internal moisture within the multi-purpose room.

Thermal bridging issues have been identified due to the cold rolled structural steel system penetrating through the thermal envelop of the building without suitable thermal breaks either designed or installed as part of the project.

This issue is ongoing with remediation work being undertaken and summarised as follows:

- Specialist technical reporting on the moisture issue – currently two specialist reports completed with similar outcomes and recommendations.
- Formal council reporting on the issue.
- Building consent currently being sought to complete remedial works.
- Application currently being processed by external contractor.
- Request for further information supplied to applicant.

**2.0 Internal moisture detailing – wet areas**

Review of the building supplied the following findings:

- Internal wet areas of the building have been constructed based on residential techniques.
- This is not as per the supplied construction documents where coving to vinyl was detailed.
- Note the detailing supplied in the consent documents is inadequate and not conclusive of construction requirements.

**Design learning**

- Ensure design professions engaged to complete design works can supply suitable construction solutions that mitigate internal moisture issues.
- Ensure construction documents are clear in their detailing of internal finishes regarding internal moisture control and are fit for purpose for a public building.

**5.5 Safety of users – NZBC clauses F1 – F9**

Safety of users clauses of the building code for relevant consideration within the building are as follows:

**F6, F7, F8 – Visibility in escape routes, warning systems and signs**

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are all associated with the fire safety features of the building.
- As noted within sections 4.0 and 5.2 of this report active and passive safety systems are not currently being tested or monitored due to the closure of the building.
- As per previous sections it is recommended these are audited, tested, upgraded and maintained prior to the building being reopened to the public.

- Please note PS3 documentation has been located within the CCC documents stating emergency lighting systems within the building.
- Recommended these are assessed as part of the building audit to establish if this certification is for illuminated exits signage or emergency lighting systems and if these are required to be added to the compliance schedule. Note that photo luminescent signage was specified within the consent application.

#### 5.6 Services and facilities – NZBC clauses G1 – G15

Services and facilities clauses of the building code for relevant consideration within the building are as follows:

##### **G1 – Personal hygiene**

- Personal hygiene facilities (WC's, basins etc) within the building meet the minimum performance requirements of the building code. Four unisex facilities supplied one of which is accessible. C/AS1 requires 5 for an occupant load of 150. Assumption made numbers are suitable for the building use based on other community hall examples that fall outside the parameters of G1/AS1 but have been proven to meet users' needs of the building.
- Inadequate detailing of the personal hygiene spaces supplied within the building consent documents. Constructed spaces are then supplied based on a residential application – no coving to floor coverings.
- Accessible facilities supplied in suitable numbers and location.
- Accessible facilities do not appear to comply with the requirements of G1/AS1 or NZS4121 regarding fixtures. Appears residential suites have been installed to the building.

##### **G3 – Food preparation**

- Kitchen installed into the building appears based on a residential application.
- Detailing within the consent application was minimal regarding surface finishes and construction requirements.
- Considering the age of the building – 10 years of in-service history - the kitchen facilities appear to be in good condition. Assume due to minimum use of the building.
- Ventilation to the kitchen area has not been installed. This was part of the building consent submission and within the approved consent documents.

##### **G4 – Ventilation**

- Ventilation has been supplied to the building (G4.3.1 – fresh air supply) using the minimum code requirements with 5% opening and natural ventilation to the internal spaces.
- Ventilation to spaces exposed to foul air (G4.3.2/ G4.3.3 - moisture, fumes etc) has been supplied in a domestic like application – ceiling extract fans with minimal information supplied on performance.
- Site inspection identified the following:
  - No ventilation supplied to the kitchen.
  - Appears ventilation from WCs supplied directly to exterior.
- Ventilation not recorded on the compliance schedule. Note within the processing checklist as follows.
  - The mechanical extract system is comparable to a domestic system and therefore not required to be assigned to a compliance schedule.
  - Contradicts the Form 5 issued for the building requesting commissioning certs for ventilation systems.

**Recommended Action**

Install ventilation to the kitchen areas as per the original consented documents.

Prior to opening the building again for public use undertake a Building Warrant of Fitness audit to establish the following

- Review the ventilation systems within the building and include on the compliance schedule if required.

**G5 – Interior environment**

- Hearing loop – The buildings occupant load sits under 250 people deeming hearing loops not required for this building.
- There is no reception counter or desk within this building. No accessible equivalent facility is required.

**G8, G9 – Artificial lighting and electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements.
- No alteration appears to have been completed to the building since the issue of the CCC.

**G12, G13 - Water supplies and foul water**

- Existing water supply (bore system) retained on site from the original building.
- Water supply and plumbing and drainage systems within the building continue to comply with the performance requirements of the NZBC as per the supplied CCC.
- No backflow required to the building – Form 5 requested Backflow certification although the compliance schedule items listed did not detail backflow as a specified system within the building.
- Hot water system appears to be supplied from gas instant hot water system fixed to the southern elevation of the building – See E2 comments regarding penetrations to the cladding system.
- Other plumbing systems exiting the building on the southern elevation also penetrate the cladding (see E2 notes) with minimal protection of these services.
- Wastewater disposal is supplied to an on-site treatment system. Dripper disposal supplied to dedicated fields – as noted within design supplied with the BC application.
- No as built drainage plans supplied showing the location of the treatment system and associated effluent field. Drainage varies from the issued consent documents.
- Access to this waste water system through risers to treatment chambers is unprotected. Loose fitted cobble type lids open to the treatment areas – Primary and secondary chambers. Safety concern due to the public use of the area.

**Recommended Action**

Review the security of the wastewater treatment system to restrict access to the public.

**G15 – Solid waste**

- No solid waste storage areas identified on site or noted within the consent application.
- At the time of inspection the building was not in use.
- Unsure how solid waste is dealt with on site.

**5.7 Energy efficiency – NZBC clause H1**

Energy efficiency of the building currently meets NZBC requirements as per the issued Code Compliance Certificate for the building.

No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building although alterations may be required to the thermal envelope of the building to mitigate the thermal bridging issues.

Reasonable to assume this will be considered as part of the building consent application for this remediation works.

**6.0 Building maintenance****6.1 Safety in design**

Review of the consent documents issued for this building confirm it is reasonable to assume the following points within the design process:

- There was no safety in design considerations made within the design of this building.
- Technical input from the principle (SDC) to the design brief, the design team and the design approval was inadequate.

**6.2 Building maintenance**

The building is currently closed to the public. Maintenance in regarding to remediation works is currently underway.



# Commercial building review

## Building identification

Building details			
Building name	Lincoln Events Centre	BC number	BC091239
Address	15 Meijer Drive, Lincoln		
Valuation	2404000701		
Review date	11/10/2024		
Carried out by	Andy Tyer		
1.0 Executive summary			
<p>As reported to the Audit and Risk Committee council has made the decision to exercise a precautionary approach regarding the Councils building stock and undertake inspections on selected council buildings to make clear any potential poor construction or mis-inspections.</p> <p>The Lincoln Events Centre will have been in operation as a community facility for approx. 14 years at the time of this report. The building is generally performing well and is a substantial asset to the local community and the wider Selwyn District.</p> <p>The key function of the building is as a community centre, and it is operating as it was intended. There are several performance issues identified within the following report. These require further investigation to establish if they are causing true building non-conformance and what learnings can be used in future design of the SDC building stock.</p> <p>These are summarised as follows and are described as items for immediate action:</p> <ul style="list-style-type: none"> <li>• An audit of the buildings Building Warrant of Fitness should be completed by the compliance team at SDC to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained.</li> <li>• Undertake a signage survey of the building regarding the placement of exit signage regarding means of escape from fire. Inspection noted exit signage within the stage area is lacking.</li> <li>• Review the entry door threshold heights to the building through all entrances and alter to meet building code requirements at a minimum or to achieve a level entry proposal.</li> <li>• Review the slip resistance of the polished concrete surfaces at the entrances to the building and provide solution to slippery surfaces when wet.</li> <li>• Review the mechanical ventilation system within the building to ensure the following:             <ul style="list-style-type: none"> <li>○ Suitable fresh air ventilation is supplied to the Kitchen Hall Serving area</li> <li>○ Ventilation to kitchen areas removing fumes is meeting building code compliance when in use.</li> <li>○ All mechanical ventilation systems are recorded within the compliance schedule for the building</li> </ul> </li> </ul>			



- Complete the investigation into the deterioration of the coating system to feature aerated concrete panels attached to the external faces of the building. Undertake maintenance as required.
- On site inspection noted leaves and debris protruding from overflow outlets in upper-level gutter systems. Maintenance item to be addressed to ensure correct operation of stormwater systems.

See further design and construction learnings from this building within Section 2 following

## 2.0 Design and construction learnings

The following design and construction learnings can be taken from this project:

1. Possibly consider the installation of hold open devices to high traffic public use doors in future design works. With these in place exceeding the minimum requirements of the building code the buildings use can be enhanced for both accessible and able-bodied users.
2. Engagement and input from the SDC building management and operations staff is required within the design process to ensure expectations of the client are fully developed within the design of the building. Storage facilities and building maintenance requirements generally appear to be lacking within community facilities.
3. It is yet to be established if the building is to be incorporated into the civil defence strategy for the Selwyn district. If this is required structural upgrades will be required to achieve the required Importance level. In future if buildings are to be used for civil defence requirements the building should be specifically designed for this use.

## 3.0 Background

The Lincoln Events Centre was designed in 2009 and consented ready for construction in Jan 2010. Construction was commenced once consented in 2010 with CCC issued for the building in October 2011.

The building is a community centre in high demand during peak timeframes and is made up of a combined hall and indoor sports stadium, community lounges, meeting rooms, all associated services related to the function of a building of this type (staff offices, ablution areas, changing rooms, commercial kitchen and meeting space facilities).

The building is managed and operated by the Selwyn District Council – Venue and Events Team. Maintenance on the building is managed by the SDC Facilities team.

Building consent application lodged	11 November 2009
Building consent issued	14 January 2010
Code compliance certificate application lodged	Not Received
Code compliance certificate issued	28 October 2011
Classified use (NZBC A1)	4.0 Communal Non-Residential 4.0.2 Assembly Service
Lawful established use Building regulations 2005 (Change of use)	(CL) Crowd Large

#### 4.0 Building Act compliance

##### **All building work to have a building consent**

As per section 40 of the Building Act 2004 all building work deemed as building in NZ must obtain a Building Consent.

In this case the building was constructed under a single building consent covering the full extent of the project. Building appears to have been constructed over the western boundary of the allotment as per the Civils drawings for the development.

Following observation

- Building consent was issued under a section 75 notice (Condition added to the building consent) Building over two or more allotments

##### **Compliance schedule and BWoF – Sections 100 – 111 of the Building Act 2004**

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately – Main entrance of the building
- Building Warrant of fitness was current at the time of inspection (1.10.24) but due for renewal – Due date 10.10.24
- Means of escape from the building were being well maintained and free of obstacles
- Specified systems appeared to be undergoing required testing and monitoring
- Compliance schedule and records held off site with IQP – FFP – 2 Halls Place – Christchurch
- Appears there may be specified systems within the building not recorded on the compliance schedule – HVAC system to spin room installed since the issue of the compliance schedule.

See further information within the building's compliance schedule **R770349**

**Recommendation** – An audit of the buildings Building Warrant of Fitness should be completed by the compliance team at SDC to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained.

#### 5.0 Building Code compliance

The NZ building code clauses have been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

##### **5.1 Stability – NZBC clauses B1 – B2**

The building is made up of a varying selection of structural construction techniques and systems involving the following:

- Insitu reinforced concrete foundations and floors
- Structural steel mainframe systems
- Precast concrete mainframe and exterior cladding systems
- Proprietary cladding systems to isolated areas
  - Alucabond

- Ventclad
- Xpressclad
- Conventional roofing systems
  - Profiled metal
  - Proprietary membrane systems
- Shop front and Curtain wall – glazed panel systems

Construction systems are advanced in their complexity and the building appears to be performing structurally well with no obvious signs of movement, subsidence or distortion encountered within the site visit completed.

Cladding systems installed on the building appear to be performing to durability requirements of the building code with no significant moisture ingress encountered recently as reported by the building management.

Maintenance of cladding systems is noted as a requirement regarding the ongoing performance of these systems. Maintenance requirements for the exterior cladding systems are listed as annual and are listed within the building consent documents.

The coating systems to feature aerated concrete panels attached to the exterior precast panel system show signs of surface finish deterioration. Discussions with the building management team noted this is an area currently under investigation.

#### **Recommendations**

Complete the investigation into the deterioration of the coating system to feature aerated concrete panels attached to the external faces of the building. Undertake maintenance as required.

### 5.2 Fire safety - NZBC C clauses

At the time of the site visit fire safety systems were in place as required by the code compliance certificate issued for the building. The systems in place were designed to meet the acceptable solutions of the building code at the time of issue of the building consent. Review notes the occupant load for the building was restricted (1000 max) to exclude the requirement for sprinklers within the building. This being due to the lack of water supply within the Lincoln township to service a sprinkler system.

The occupant load limitation is displayed on the compliance schedule and within the building on signage. This signage has been installed and maintained and notes the limitation's set out within the building consent and the associated code compliance certificate for the building.

Discussion with the building management team noted they were aware of the occupant load limitations and actively enforced this limitation.

See comments above within section 4 regarding the current Building Warrant of Fitness on the building at the time of the site visit. As noted the following areas were observed:

- Means of escape from the building was being well maintained and free of obstacles
- Active and passive fire safety systems were being suitably tested and maintained through the Building Warrant of Fitness system.

It also appears the active and passive systems are being maintained as required by the compliance schedule and the Building Warrant of Fitness in place for the building.

Isolated areas within the building appeared to be lacking exit signage giving clear indication of the means of escape from the building.

Ares included the following

- Back of stage
- Mezzanine Stores

#### **Recommendations**

Undertake a signage survey of the building regarding the placement of exit signage regarding means of escape from fire.

### 5.3 Access – NZBC clauses D1 – D2

Regarding access requirements to this public building the following items were observed as areas for consideration in building performance:

- Access to the building from parking facilities
- Access into the building from the exterior perimeter of the building
- Access within the building
- Manifestations and signage supplied

Access to and within the building generally complies with the NZBC as it did when the Code Compliance Certificate was issued with full public and accessible access to the building provided. Access routes have been designed with good consideration to accessible requirements.

- Carparks located suitably in good location from the entrance to the building
- Access route to the building suitable surface finish and gradients
- Access routes within the building comply with the requirements of D1/AS1 – see notes below regarding areas of concern.
- No lift supplied to the building – Upper levels storage only
- Facilities supplied to entrance reception and ablutions to meet G1 and G5 requirements of the NZBC.

#### **Issues identified by the site visit include the following**

- Both main entrances to the building have a threshold at the entrance that exceeds the 20mm maximum as identified in D1/AS1 and within NZS 4121. Appears external levels were incorrectly installed providing an approx. 40mm step in the entrance over the installed level entry grates.
- Discussions with the management team at the facility have noted instances where this has caused issues for users of the building who are relying on wheelchair access.
- Accessible ablution facilities are situated on an accessible route within the building but require manoeuvring through several sets of double doors to access these facilities.
- Slip resistance needs to be improved at the entrances to the building as surfaces become slippery during wet weather. Extension of existing entrance mats or the like to be considered.

#### **Recommendation**

- Review the threshold entrance to the building through all entrances and alter to meet building code requirements at a minimum or to achieve a level entry proposal.
- Review the slip resistance of the polished concrete surfaces at the entrances to the building and provide solution to slippery surfaces when wet.

#### **Design learning**

- Possibly consider the installation of hold open devices to doors in future design works as with these in place exceeding the minimum requirements of the building code the buildings use can be enhanced for both accessible and able-bodied users.

#### 5.4 Moisture Control – NZBC clauses E1 – E3

Moisture control to the building is made up of the following:

##### **E1 - Stormwater**

- Stormwater disposal for the building has been incorporated into the complex as a whole and is included in the civils design of the full area. Site inspection showed no sign of failure within the stormwater disposal system.
- Discharge of stormwater to the NUO disposal system for the Lincoln township. No onsite soakage system used.
- Stormwater disposal systems on the building (gutters, downpipes) are functioning as required with no reports of failure by the building management team.
- On site inspection noted leaves and debris protruding from overflow outlets in upper-level gutter systems. Maintenance item to be addressed to ensure correct operation of stormwater systems.

##### **E2 - External moisture**

- Exterior cladding systems are simple and robust. All products are proven in their historical performance, well detailed and appear well-constructed.
- Moisture ingress issues encountered as part of the commissioning of the building now largely overcome as discussed with the building management team.
- Appears these were due to moisture penetration through ventilation penetrations to the roof cladding. Evidence shown in markings to ceiling tiles within the stadium.
- Cladding and structure combined regarding wall cladding in concrete precast panels for much of the building.
- Other cladding systems include the following
  - Hardies flat sheet – soffits and feature areas
  - ACM panelling – feature areas only
  - Profiled metal roof cladding
  - Membrane roof linings
  - Commercial Shopfront glazing
- Maintenance appears to have been completed ensuring ongoing performance of the cladding products (both roof and wall claddings).

##### **E3 - Internal moisture**

- Internal areas of the building encountering internal moisture (Commercial kitchen, changing rooms and ablutions) have been well detailed to deal with internal moisture and appear to be performing well.
- Well detailed for a public building expecting heavy usage.
- Cold roof system installed to the building shows suitable performance. No thermal bridging noted within the building.

#### 5.5 Safety of users – NZBC clauses F1 – F9

Relevant safety of user's clauses of the building code for consideration within the building are as follows:

##### **F4 – Safety from Falling**

- Areas of height are limited to the gallery floor area above the stadium and access within the upper-level storage blocks of the building.
- Specifically designed barrier systems in place and appropriate of the installation.

- Well designed with full compliance demonstrated to the NZBC.

#### **F6, F7, F8 – Visibility in Escape Routes, Warning Systems and Signs**

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are all associated with the fire safety features of the building.
- These are all in place and operational as per the code compliance certificate and compliance schedule issued for the building in 2011.
- As per comments with the fire safety section of this report signage indicating means of escape appear to be lacking in isolated areas.
- See the recommendation under the fire safety section of this report for recommendations.

### 5.6 Services and facilities – NZBC clauses G1 – G15

Services and facilities clauses of the building code for consideration within the building are as follows:

#### **G1 – Personal hygiene**

- Personal hygiene facilities (WC's, showers, basins etc) within the building meet the performance requirements of the building code.
- Numbers appear suitable for building and meet the performance requirements of the building code. Note during inspection several areas of ablutions were closed with the building still performing regarding the number of facilities supplied.
- All facilities detailed and constructed to meet performance requirements of G1.
- Accessible facilities supplied in suitable numbers and location and design to meet the requirements of G1/AS1. Suitably constructed to meet building code requirements.
- Access to the assessable facilities comply with the requirements of the NZBC but anecdotal evidence from the building management team noted there are often issues dealing with double doors into these facilities by users. See comments within D1 commentary for possible design learnings.

#### **G3 – Food preparation**

- Kitchen installed into the building with suitable detailing for surface finishes and fixtures in compliance with the NZBC.
- Main kitchen area noted on drawings (Hall Serving Kitchen) described by the management team as a commercial kitchen used regularly by building users (wedding catering etc).
- Feedback on the kitchen design being there are minimal issues in its operation with the following noted:
  - Suitable range of facilities in place – heating, cooling, freezing.
  - Overall size and dimensions suitable.
  - Storage areas suitable for the application
- Site inspection noted there is no ventilation supplied to the kitchen space – Excluding a domestic type rangehood. No fresh air supply. See G4 ventilation for further comment.
- Other amenity facilities supplied within the building suitable in design and application
  - Three facilities serving Lounge areas (1 – 3) Kitchenette facilities.

#### **G4 – Ventilation**

- Feedback from building management team regarding ventilation to the building is summarised as follows:
  - Admin and Lounge areas
    - Spaces are suitably temperature controlled
  - Hall/ Stadium
    - Stadium area is often too cool or too hot depending on the external temperature.

- Stadium area only supplied with radiant heating which is inadequate to heat the space
  - Limits the use of the stadium for trade shows, church groups as the area is not suitably heated and repeat hire is often not forthcoming.
- Building code requirements are summarised as follows
  - Functional requirement of the NZBC states the following
    - Spaces within *buildings* shall be provided with *adequate* ventilation consistent with their maximum occupancy and their intended use.
  - Performance requirement G4.3.1 of the NZBC states the following
    - Spaces within *buildings* shall have means of ventilation with *outdoor air* that will provide an *adequate* number of air changes to maintain air purity.
- Ventilation has been supplied to the building (G4.3.1 – fresh air supply) achieved to the requirements of the NZBC – as per the functional and performance requirements noted above. PS1 design from a Powell Fenwick – CPEng engineers.
- Appears the kitchen Hall Serving area has been excluded from the original ventilation design. This area of the building does not appear to be serviced by any ventilation systems supplying fresh air.
- Ventilation to spaces exposed to foul air (G4.3.2/ G4.3.3 - moisture, fumes etc) appear to have been supplied to ablution areas as part of the building consent but not kitchen areas.
- Site inspection identified the following:
  - Ventilation supplied to the kitchen areas using domestic type extraction.
  - Ventilation supplied to the spin class as per building consent issued in 2016. Confirmation required this system is included in the compliance schedule.

#### Recommendation

- Review the mechanical ventilation system within the building to ensure the following
  - Suitable fresh air ventilation is supplied to the Kitchen Hall Serving area
  - Ventilation to kitchen areas removing fumes is meeting building code compliance when in use.
  - All mechanical ventilation systems are recorded within the compliance schedule for the building

#### G5 – Interior environment

- This code clause is relevant as the building is deemed as communal non-residential with an occupant load of over 250 people.
- Due to this a hearing loop was installed into the building and forms part of the compliance schedule and Building Warrant of Fitness. Totally underutilised as per comments from the building management team.
- Accessible counter has also been supplied to the office reception area forming part of the accessible facilities within the building.

#### G6 – Airbourne and Impact Sound

- No issues noted by the building management team regarding sound transmission between operational spaces.
- Building not designed to restrict the transmission of sound, and the building users are not concerned.
- Meets the expectations of the building users.

**G8, G9 – Artificial lighting and electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements.
- As per other building assessments within this project it is important to ensure suitable selection of electrical fixtures within the building for ease of maintenance and/or replacement when required. See report completed for the West Melton Community Centre and issues regarding replacement light fittings.
- Difficult to control with the current supply market and with the age of this building. Likely fixtures within the building are already outdated.

**G12, G13 - Water supplies and foul water**

- Water supply and plumbing and drainage systems within the building continue to comply with the performance requirements of the NZBC as established at issue of building consent and CCC.
- Water supply to the building as per NUO
- Backflow to the building forms part of the compliance schedule for the building. Backflow not located at the site inspection
- Wastewater disposal is supplied to the SDC wastewater system - system servicing Lincoln
- No issues supplied by the building management team.

**G15 – Solid waste**

- Building uses the SDC waste disposal system (supplied waste and recycling bins)
- Solid Waste storage in a dedicated enclosed space to the eastern elevation of the building.
- No issues noted by the management team.
- Suitable design and operational.

**5.7 Energy efficiency – NZBC clause H1**

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate in 2011. No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building.

No issues noted by the building management team through onsite discussions excluding the temperature control within the building. This is a G4 issue as the thermal envelop of the building meets building code requirements.

**6.0 Building maintenance****6.1 Safety in design****Services access**

- Services access design within the building is good with the incorporation of access to ventilation systems – within ceiling grid system.
- Design allows for reasonable ease of servicing of all systems within the building.

**Storage**

- As discussed on site with the building management team storage on site is not well incorporated into the building.



- Storage areas are generally supplied on the upper level
- Due to its position on the upper level these areas are not well utilised.
- Additional storage has been supplied within a remote building on site approx. 300m from the events centre
- Discussion with the management team noted this was not a suitable solution.
- Several areas on the ground floor designated as changing rooms are currently being used as storage.

#### **Building Use**

- Yet to be established if the building is to be incorporated into the civil defence strategy for the Selwyn District.
- If required the building will need structural upgrade to achieve the required Importance Level.
- Feedback from the SDC Project team being that any strengthening work has been deferred from the previous two LTPs and is not planned for completion currently.
- Building not originally designed for this use and structural integrity needs to be assessed if use to be altered.

**Design learning** – Full engagement of the SDC building users is required within the design process to ensure expectations of the client are fully developed within the design of the building. Storage facilities generally appear to be lacking within community sporting facilities.

**Recommendation** – Structural assessment of the building required if to be upgraded to an emergency response centre.

### 6.2 Building maintenance

Building maintenance carried out on the building is managed by the SDC facilities team and the onsite building management team. This involves the following

- Internal and external cleaning and wear and tear maintenance
- Maintenance and servicing to all plant within the building
  - Plumbing and drainage systems
  - Mechanical ventilation
  - Fire safety systems
- Building management team has an excellent understanding of the operational requirements and therefore the maintenance needs of the building.
- The building appears to be extremely well maintained considering the age of the building (approx. 15 years) through this input from onsite management and the SDC facilities team.



## Commercial building review

### Building identification

Building details			
Building name	Leeston Library and Medical Centre	BC number	BC081268
Address	57 – 59 High Street, Leeston		
Valuation	2416009200		
Review date	30/10/2024		
Carried out by	Andy Tyer		

### 1.0 Executive summary

As reported to the Audit and Risk Committee Council has made the decision to exercise a precautionary approach regarding the Councils building stock and undertake inspections on selected council buildings to make clear any potential poor construction or mis-inspections.

The Leeston Library and Medical Centre will have been in operation as a community facility for approx. 15 years at the time of this report since it was refurbished from its previous use as the Selwyn District Council office building in 2009.

The building is not performing well due to the following issues identified both within this report and previous investigations by the SDC Facilities, Major Projects and Asset Management teams.

- The building has been deemed as earthquake prone and has an earthquake prone registration attached to the building as notified to MBIE.
- The exterior cladding systems of the building are failing with concerns that this may be causing structural integrity issues with the building.
- Services within the building are coming to the end of life and replacement of service systems are ongoing. Currently Ventilation and Air Conditioning systems.

The building is currently operating as it was intended as a Public Library and Medical Centre whilst dealing with the performance issues identified.

The Asset Planning team within the SDC are aware of the issues the building is facing and are actively working toward solutions to manage these. The most viable solution may be replacement, redevelopment or refurbishment. Investigation of options is currently ongoing.

The following recommendations have been made on points raised within this review. These require further investigation to establish the extent of non-conformance.

These are summarised as follows and are described as items for immediate action:

- Complete an invasive building inspection assessment of the areas of concern to assess the full extent of the structural and weathertight issues associated with the building. Please note this investigation should also assess any secondary loadings on the structure associated with building services.

This investigation should form part of the basis for assessing the viability of repairs to the building and also consider the earthquake upgrades that will be associated with this work.

Structural assessment should also be completed (if not already) to establish structural upgrade requirements for the building to allow it to exit the earthquake prone building designation.

Please note discussion with the building control team within SDC would be advised when investigating the viability of the building upgrade to establish triggers for earthquake prone, fire safety and accessibility requirements in any upgrade works.

- An audit of the buildings Building Warrant of Fitness should be completed to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained. Updates of the mechanical ventilation systems should be possible at that stage.
- Further investigation is required to establish if it is viable to remove the gas suppression system from the building as it appears to be no longer required. This will supply cost savings regarding ongoing IQP inspection, maintenance and reporting costs associated with the system as well as costs associated with its general maintenance.

## 2.0 Design and construction learnings

There are no design or construction learnings to be taken from this project. This is due to the following reasons:

- Design and construction works were completed over 15 years ago to what was internal upgrades only.
- The project was completed within an existing building (assume constructed in the 1960s) that is now nearing its end of functional life.

## 3.0 Background

The Leeston Library and Medical Centre is as the name suggests the library and medical centre servicing the Leeston township and surrounding area.

The building, since its original construction in 1969 as the home of the Ellesmere County Council has undergone several extensions and alterations during its lifetime. Its final internal alteration was completed in 2009 to transform the building from a council office to the Leeston Library and Medical Centre.

The Medical centre takes up the original building footprint constructed in 1969 with the library component in an extension to that original area that was completed in the 1990s.

The final alteration to form the library and medical centre was internal works only, designed in 2008 with the building consent lodged with the Selwyn District Council later that year in September. Consent was approved in November with work completed on the alterations in late 2008 and early 2009.

A Code Compliance was issued for the building in March 2009

Building consent application lodged	15 September 2008
Building consent issued	5 November 2008
Code compliance certificate application lodged	4 March 2009
Code compliance certificate issued	13 March 2009
Classified use (NZBC A1)	5.0 - Commercial
Lawful established use Building regulations 2005 (Change of use)	WL – Working Low

#### 4.0 Building Act compliance

##### **Compliance schedule and BWoF – sections 100 – 111 of the Building Act 2004**

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately – Main entrance of the building – Library area.
- Building Warrant of fitness was current at the time of inspection and due for renewal on the 01.07.25
- Means of escape from the building was being suitably maintained and free of obstacles
- Specified systems appeared to be undergoing required testing and monitoring
- Compliance schedule and associated records are held off site with IQP – FFP – 2 Halls Place – Christchurch
- Appears there may be specified systems within the building not recorded on the compliance schedule – HVAC systems appear to have been altered or replaced as these systems end their functional life and are upgraded.

See further information within the building's compliance schedule **R770167**

##### **Recommendation**

An audit of the Building Warrant of Fitness should be completed to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained.

Updates of the mechanical ventilation systems may be possible at that stage to allow these to be incorporated into the compliance schedule as an amendment.

**5.0 Building code compliance**

The NZ building code clauses have been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

**5.1 Stability – NZBC clauses B1 – B2**

The building is made up of a varying selection of construction techniques and systems due to its age and various alteration and additions made throughout its lifecycle:

Included are the following

- In situ reinforced concrete foundations and floors
- Structural steel and laminated timber mainframe systems
- Precast and insitu concrete mainframe and exterior cladding systems
- Various cladding systems to differing areas of the building including
  - Brick Veneer
  - Direct fixed flat sheet and plaster
- Conventional roofing systems
  - Profiled metal
  - Membrane systems
  - Architectural canopies
- Shop front and Curtain wall – glazed panel systems

Construction systems are advanced in their complexity however the building appears to be nearing the end of its functional life.

The building has been deemed earthquake prone and has the required notification attached to the building making public aware of this fact. It appears the EQP assessment on the building has supplied varying outcomes to the two differing areas of the building – Library (approx. 1990 construction) and Medical Centre (approx. 1960 Construction) – regarding percentage of assessment.

Cladding systems installed on the building appear to be failing with significant moisture ingress noted to the interior of the building. Visible deterioration within the building of ceiling and wall linings showing moisture ingress indicates possible roof structure damage.

There is also visible deterioration to exterior wall cladding systems indicating there may be possible structural deterioration to wall frame systems. This deterioration appears to have been accelerated due to vandalism of the building.

Discussion on site with the management team noted there had been a ban on roof access due to deterioration of the roof system and the risks involved in accessing the roof.

**Recommendation**

Complete an invasive building assessment to establish the full extent of the structural and weathertightness issues associated with the building. The assessment should also assess any secondary loadings on the roof structure by services to the building.

This investigation could form part of the basis for assessing the viability of repairs to the building whilst also considering the earthquake upgrades that will be triggered by this work. Assuming structural assessment has been completed for the building regarding the requirements to exit the earthquake prone building designation.

Please note discussion with the building control team within SDC would be advised when investigating the viability of the building upgrade to establish triggers for earthquake prone, fire safety and accessibility requirements.

## 5.2 Fire safety - NZBC C clauses

At the time of the site visit fire safety systems were in place as required by the code compliance certificate issued for the building. It also appears these are being maintained as required by the compliance schedule and the Building Warrant of Fitness in place for the building.

See comments above regarding the current Building Warrant of Fitness on the building at the time of the site visit.

The following points were observed within the inspection:

- Means of escape from the building was being suitably maintained as per the issued code compliance requirements.
- Active and passive fire safety systems were being suitably tested and maintained through the Building Warrant of Fitness system.
- There is a gas suppression system currently installed in the building which is largely redundant as the items it was protecting have been removed.

### Recommendation

Further investigation is required to establish if it is viable to remove the gas suppression system from the building as it appears to be no longer required. This will supply cost savings regarding ongoing IQP inspection, maintenance and reporting costs associated with it as well as costs associated with its general maintenance.

## 5.3 Access – NZBC clauses D1 – D2

Regarding access requirements to this public building the following items were observed as areas for consideration regarding building performance:

- Access to the building from parking facilities
- Access into the building from the exterior perimeter of the building
- Access within the building
- Manifestations and signage supplied

Access to and within the building complies with the NZBC as it did when the Code Compliance Certificate was issued with full public and accessible access to the building provided. This includes both areas of the building – Library and the Medical Centre.

- Access from carparks to main entry meets NZBC requirements – Designated accessible parking noted.
- Suitable entry to the building supplied at the main entrance – Level entry through auto doors at both the library and the medical centre meeting code requirements at the time of the last assessment with alterations completed in 2009.
- Access within the building meets code requirements. The building is single level, and it is assumed Building Act - Section 112 requirements were assessed through the last regulatory review of the building as part of the completed building work in 2009.
- Accessible building based on historical code requirements. Single level building with suitable facilities meeting minimum requirements of the building code due to age of the building.

**5.4 Moisture Control – NZBC clauses E1 – E3**

Moisture control to the building ...

**E1 - Stormwater**

- Stormwater disposal for the building has been in place since the building was constructed. No alterations were completed to the disposal system within the 2009 alterations. Assume disposal is to the Leeston township stormwater disposal system. Site inspection showed no sign of failure within the stormwater disposal system – no indication of ponding or flooding.
- Stormwater disposal systems on the building (gutters, downpipes) should be considered as failing as they will form part of the complex flat roof system forming the roof of the building.
- Assessment of these element should form part of the invasive building inspection recommended to be completed on the building.

**E2 - External moisture**

- As noted within the durability section of this report cladding systems associated with the building are currently failing.
- This includes the roof linings – assume the roof to the building is a membrane system on a ply base as per anecdotal discussion with builder on site – not possible to access the roof.
- Age of this system is not known but it is unlikely it was altered in the 2009 alteration of the building. Likely to be over 25 years old and therefore entering the end of functional life regarding durability. This is evident through the current moisture issues with the building.
- Appears roof is a complex flat roof system through viewing of drawings and viewing of building from ground level.
- As per previous recommendation invasive testing is required to the building to establish the full extent of the damage to the roof and wall claddings.

**E3 - Internal moisture**

- Internal wet areas within the building suitably detailed through historical systems that don't appear to have been upgraded as part of the previous alterations.
- Meets minimum building code requirements.
- As with the remainder of the building areas appear to be nearing the end of functional life.

**5.5 Safety of users – NZBC clauses F1 – F9**

Safety of users clauses of the building code for consideration within the building are as follows:

**F6, F7, F8 – Visibility in escape routes, warning systems and signs**

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are all associated with the fire safety features of the building.
- These are all in place and operational as per the code compliance certificate and compliance schedule issued for the building in 2009.
- As per previous recommendations an audit of the Building Warrant of Fitness and compliance schedule for the building should be completed to confirm specified systems are current and suitably monitored.

**5.6 Services and facilities – NZBC clauses G1 – G15**

Services and facilities clauses of the building code for consideration within the building are as follows:

**G1 – Personal hygiene**

- Personal hygiene facilities (WC's, showers, basins etc) within the building meet the performance requirements of the building code.
- Numbers appear suitable for the building and meet the performance requirements of the building code. Discussions with site management staff did not indicate additional facilities were required or there was ever a shortage of facilities.
- A review of the existing building prior to the alterations made in 2009 indicate no Clause G1 facilities were added or deducted from the original building when it was converted to a Library/ Medical centre. All facilities are in the same or similar location.
- It can be assumed as the building was existing that Building Act Section 112 considerations were made in the assessment of the building in its updated version during its design and regulatory review. Note the work would have been considered as an alteration to an existing building (Section 112 Building Act) and not a change of use (section 115 Building Act).
- All facilities detailed and constructed to meet performance requirements of Clause G1. As noted above Section 112 assumed to have been considered as several facilities appear unaltered from original or existing.

**G3 – Food preparation**

- Kitchen facilities supplied within the building are limited to the following
  - Community kitchenette facility within the library – within community room.
  - Staff kitchenette facilities within the medical centre
- As per personal hygiene requirements section 112 appears to have been used in the design and regulatory review of the upgrades in 2009 with existing facilities reused in areas.
- Suitable in design to meet minimum building code requirements.

**G4 – Ventilation**

- Mechanical ventilation design for this building submitted and approved as part of the building consent application in 2009.
- Due to the age of the ventilation system and the deterioration of the building replacements and alterations to the system appear to have been made since the issue of the Code Compliance Certificate.
- Also note a Form 12A is displayed at the entrance of the building dated 2019 from an IQP covers Mechanical Ventilation and Air Conditioning systems to the whole building. This IQP differs from the IQP listed on the current 2024 Building Warrant of Fitness.
- As noted above within the BWoF section of this report an audit is required on the building to establish what current ventilation systems are in the building and if they match the compliance schedule items.
- Accessibility of the systems mounted on the roof is currently an issue with the structural stability of the roof in question.
- Roof assessment to include structural integrity regarding the support of Mechanical Ventilation and Air conditioning systems located on the roof.

**G5 – Interior environment**

- Accessible counter facilities supplied in both areas of the building
- Medical centre has extended the counter to supply separation due to Covid requirements. The area is still meeting the performance requirements of G5 regarding accessible needs in a reception area.



- No hearing loops supplied in the building. Nil required due to occupant loads – Library occupant load 107.

#### **G8, G9 – Artificial lighting and electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements.

#### **G12, G13 - Water supplies and foul water**

- Water supply and plumbing and drainage systems within the building continue to comply with the performance requirements of the NZBC as established at issue of building consent and Code Compliance Certificate.
- Note that services within the building appear to not have undergone major alterations within the 2009 building alterations.
- Wastewater disposal is supplied to the SDC wastewater system - system servicing Leeston township.
- No issues supplied by the building management team regarding water supplies or wastewater disposal.
- Water supply to the building as per NUO and backflow to the system forms part of the compliance schedule for the building.
- As per previous sections the recommendation for an audit of the Building Warrant of Fitness for the building will review the position of the backflow system within the building and separation between the library and the Medical Centre.

#### **G15 – Solid waste**

- Building uses the SDC waste disposal system (supplied waste and recycling bins) for standard waste produced in the building.
- Medical waste disposal via specialist bin waste system used by the operational staff.
- Solid Waste storage in a dedicated space outside the building. Adopted but not designed in the building upgrades.
- No issues noted by the management team.
- Suitably operational.

### **5.7 Energy efficiency – NZBC clause H1**

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate. No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building.

Building is aged and can be assumed to meet code requirements only from the time of the last upgrade.

## **6.0 Building maintenance**

### **6.1 Safety in design**

Appears to have been little consideration regarding safety in design within the building upgrades completed in 2009 which is reasonable to expect for building work of that period.

Assumption made that the existing building was upgraded to meet minimum client requirements and utilising the existing building structure and services in meeting budget requirements.

## 6.2 Building maintenance

Building maintenance carried out on the library area of the building is managed by the SDC facilities team and the onsite building management team. This involves the following

- Internal and external cleaning and wear and tear maintenance
- Maintenance and servicing to all plant within the building
  - Plumbing and drainage systems
  - Mechanical ventilation
  - Fire safety systems

It was not possible to establish who managed the building maintenance carried out on the medical facility within the building at the time of inspection.

Brief discussions with the operational staff of the medical facility noted they are looking to expand their services within the building and are currently speaking to SDC asset management staff about this proposal.



## Commercial building review

### Building identification

Building details			
Building name	Lincoln Library	BC number	BC130122
Address	22 Gerald Street - Lincoln		
Valuation	2405613800		
Review date	4/11/2024		
Carried out by	Andy Tyer		

### 1.0 Executive summary

As reported to the Audit and Risk Committee council has made the decision to exercise a precautionary approach regarding the Councils building stock and undertake inspections on selected council buildings to make clear any potential poor construction or mis-inspections.

The Lincoln Library will have been in operation as a community facility for approx. 10 years at the time of this report. The building is generally performing well and is a substantial asset to the local community and the wider Selwyn District. The key function of the building is as a community library, and it is operating as it was intended.

There are several performance issues identified within the following report.

These require further investigation to establish if they are causing true building non-conformance and what learnings can be used in future design of the SDC building stock.

These are summarised as follows and are described as items for immediate action:

- An audit of the buildings Building Warrant of Fitness should be completed to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained. Audit should be completed as part of the standard BWoF audit programme.
- Continue current investigations being completed by the project team at SDC to find a solution to the structural steel coating system failure.
- Review the function of the auto door on the northern elevation of the building to ensure it is fit for purpose regarding security, operation and accessibility requirements.
- Undertake an investigation into the ventilation system within the building to establish the following:
  - Is there a misinterpretation in the use of the system by the building management team.
  - Is the system suitable for the situation and climate in which it is to be used.
  - What were the client expectations, budget constraints and design considerations in the supply of this system
  - What can be completed to control temperature and ensure suitable ventilation within the open space of the library using natural ventilation.
- Undertake an investigation into the sound reverberation issues within the building to establish if there is a design solution to improve sound control in the building.
- Investigate if the floor mounted flush boxes can be repaired or replaced to provide a more robust electrical supply system within the library

- Continued investigation into drainage issues within the building to establish a suitable long-term solution to blockage issues.
- Investigate the possibility of supplying additional storage within the building to allow the suitable storage of activity material and cleaning products.

## 2.0 Design and construction learnings

The following design and construction learnings can be taken from this project:

1. Initiate robust quality assurance systems within the project management of future projects to ensure the specified construction methods and systems as suitable for the environment and they are supplied and constructed in accordance with the design specifications.
2. Ensure the design of the ventilation system to the building is fit for purpose for the use of the building. Understand the expectations of the facility users and balance this with budget allowances.
3. Consideration of the full use of the building to be made at design regarding sound considerations and spaces to be used in separation. Sound reduction construction to be considered in future buildings to reduce or control transmission to meet the building users expectations as they are likely to exceed building code requirements.
4. Ensure suitable lighting design to be completed on future buildings to meet user requirements rather than minimum building code requirements.
5. Selection of electrical fixtures (in this case floor mounted electrical boxes) to be suitably robust to meet usage needs.
6. Selection of water reduction and auto stop taps fittings to public usage buildings as a standard design consideration.
7. Ensure suitable areas are incorporated into the buildings design to deal with solid waste storage and disposal.
8. Ensure suitable areas are incorporated into the buildings design to deal with general storage required for the activities of the building.
9. Ensure long term maintenance requirements of the building are incorporated into the design of the building.

## 3.0 Background

The Lincoln Library was designed in 2012 and consented ready for construction in April 2013. It replaced the existing library on the site which was demolished as part of the project and the new building is currently the library servicing the Lincoln township and surrounding area.

Construction was commenced in 2014 with CCC issued for the building in March 2015.

The building is a library in high demand and is made up largely of a single open space with all associated services related to the function of a building of this type (staff offices, ablution areas).

The building is managed and operated by the Selwyn District Council – Arts, Culture and Lifelong learning team. Maintenance on the building is managed by the SDC Facilities team.

Building consent application lodged	28 January 2013
Building consent issued	11 April 2013
Code compliance certificate application lodged	23 February 2015
Code compliance certificate issued	17 March 2015
Classified use (NZBC A1)	5.0.1 Commercial
Lawful established use Building regulations 2005 (Change of use)	CL – Crowd Large – Occupant Load 249

#### 4.0 Building Act compliance

##### **Compliance schedule and BWoF – Sections 100 – 111 of the Building Act 2004**

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately – Main entrance of the building
- Note the lawful established use for the building is listed on the BWoF as CS(Crowd Small). The building has an occupant load of 249 as per the current BWoF so needs to be designated as CL (Crowd Large).
- Latest version of the Compliance schedule states CL (Crowd Large) correctly.
- Also note the building consent was issued under a fire report with an occupant load of 98. Additional building consents were applied for and approved to alter compliance schedule items as follows
  - Occupant load – additional means of escape - 2020
  - Auto doors to building – 2016.
- Building Warrant of fitness was current at the time of inspection and due for renewal on due date 31.01.25
- Means of escape from the building were being well maintained and free of obstacles. Note as per the additional load to the building an additional escape route has been installed. All completed within updated building consents and amended compliance schedules.
- Specified systems appeared to be undergoing required testing and monitoring
- Compliance schedule and records held off site with IQP – FFP – 2 Halls Place – Christchurch

See further information within the building's compliance schedule **R770560**

##### **Recommendation**

An audit of the buildings Building Warrant of Fitness should be completed by the compliance team at SDC to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained. All currently appears correct.

Audit should be completed as part of the standard compliance schedule/ BWoF audit programme.

#### 5.0 Building code compliance

The NZ building code clauses have been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

**5.1 Stability – NZBC clauses B1 – B2**

The building is made up of a varying selection of structural construction techniques and systems involving the following:

- In situ reinforced concrete foundations and floors
- Structural steel mainframe systems
- Precast concrete feature panels and exterior cladding systems
- Conventional roofing systems
  - Profiled metal systems
- Proprietary cladding systems in complex design
  - 0.55mm Coloursteel profiled metal roofing – 7.5 deg – 885m<sup>2</sup>
  - 0.40mm Coloursteel profiled metal soffit linings
  - 0.40mm Coloursteel profiled metal exterior cladding
  - Metalwork screening systems – over cladding
  - Feature precast concrete panels – feature areas only to lower level
  - Aluminium louvers
- Commercial Shop front joinery systems – glazed panel systems with associated functioning windows and doors.

Construction systems are advanced in their complexity and the building appears to be performing structurally well with no obvious signs of movement, subsidence or distortion encountered within the site visit completed.

Durability issues have been noted regarding the performance of the structural steel components of the building exposed to external moisture.

- Paint system installed appears to be failing with corrosion evident in numerous areas over the building.
- If this deterioration is to continue structural stability of the building will be affected.

**Recommendation**

Continue current investigations being completed by the project team at SDC to find a solution to the structural steel coating system failure.

**Design learning**

Initiate robust quality assurance systems within the project management of future projects to ensure the specified construction methods and systems are suitable for the environment and they are supplied and constructed in accordance with the design specifications.

Note – This is an easy statement to make. A difficult statement to complete within our current construction industry.

**5.2 Fire safety - NZBC C clauses**

At the time of the site visit fire safety systems were in place as required by the code compliance certificate issued for the original building and additional works completed through additional building consent processes since then (see notes in section 4.0 above).

The occupant load limitation (currently 249) was fully understood by the management team in the building and its increase was driven by them due to the buildings use varying from the original scope. This was due to the introduction of reading and activity groups as part of the function of the library.

See comments above within section 4.0 regarding the current Building Warrant of Fitness on the building at the time of the site visit. As noted the following areas were observed:

- Means of escape from the building was being well maintained and free of obstacles
- The building is a simple design as a single fire cell with exits from the building directly to safe place positions.
- Active and passive fire safety systems were being suitably tested and maintained through the Building Warrant of Fitness system.

### 5.3 Access – NZBC clauses D1 – D2

Regarding access requirements to this public building the following items were observed as areas for consideration regarding building performance:

- Access to the building from parking facilities
- Access into the building from the exterior perimeter of the building
- Access within the building
- Manifestations and signage supplied

Access to and within the building complies with the NZBC as it did when the original Code Compliance Certificate was issued with full public and accessible access to the building provided.

The original building consent supplied swinging entry doors to the building (double action) that were replaced by auto doors through a building consent in 2016. This system was intended to increase building usability but as per discussions with the management team on site has been problematic with the following observations supplied

- Auto doors to the southern edge of the building (two sets of doors within the lobby) require regular maintenance.
- Auto swing door has functional issues and is often required to be wedged in the open position.

Within the building access routes have been well designed with good consideration to accessible requirements simplified by the simple design of the building as generally a single open space.

The layout of the shelving and furniture has been positioned to meet public accessible requirements.

#### **Recommendation**

Review the function of the auto door on the northern elevation of the building to ensure it is fit for purpose regarding security, operation and accessibility requirements.

### 5.4 Moisture Control – NZBC clauses E1 – E3

#### **E1 - Stormwater**

- Assumption made the stormwater disposal for the building has been incorporated into the Lincoln Township disposal system although there was no indication within the original building consent documents how stormwater systems were managed.
- Site inspection showed no sign of failure within the stormwater disposal system.
- Stormwater disposal systems on the building (gutters, downpipes) are functioning as required with no reports of failure by the building management team.

**E2 - External moisture**

- Exterior cladding systems are complex in design and based almost entirely on alternative solutions in meeting the requirements of the building code. High risk in the design of the building.
- Generally chosen products are proven in their historical performance as individual elements but used in the detailed junctions designed within this building they are not.
- No current failures of cladding systems noted due to detailing failures.
- Cladding systems include the following
  - 0.55mm Coloursteel profiled metal roofing – 7.5 deg – 885m2
  - 0.40mm Coloursteel profiled metal soffit linings
  - 0.40mm Coloursteel profiled metal exterior cladding
  - Metalwork screening systems – over cladding
  - Feature precast concrete panels – feature areas only to lower level
  - Commercial Shopfront glazing
  - Aluminium louvers
  - Structural Steel features – see durability issues
- Maintenance appears to have been completed helping with the ongoing performance of the cladding products (both roof and wall claddings).
- Comments from the library management team noted maintenance of some systems is difficult due to the architectural design of the building – noted louvers and screens as difficult items for precision cleaning.
- Minor moisture issues encountered as part of the commissioning of the building regarding a single roof repair are now complete.

**E3 - Internal moisture**

- Internal areas of the building encountering internal moisture (Staff kitchenette and ablutions area) have been well detailed to deal with internal moisture and appear to be performing well.
- Thermal bridging detailing for the building are based on complex alternative solutions. Insitu foam systems applied to structural steel elements.
- These currently appear to be performing to code requirements.

**5.5 Safety of users – NZBC clauses F1 – F9**

Safety of users clauses of the building code for consideration within the building are as follows:

**F6, F7, F8 – Visibility in escape routes, warning systems and signs**

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are all associated with the fire safety features of the building.
- These are all in place and operational as per the code compliance certificate and compliance schedule issued for the building in 2015 and updated as required with alterations to systems within the building.
- See previous notes regarding these updates.

**5.6 Services and facilities – NZBC clauses G1 – G15**

Services and facilities clauses of the building code for consideration within the building are as follows:



**G1 – Personal hygiene**

- Personal hygiene facilities (WC's, basins) within the building meet the performance requirements of the building code.
- Numbers suitable for building based on discussion with operational staff and use requirements from patrons on a daily basis – no shortage of facilities. Acceptable solution requirements are not met with the increase in occupant load to 249. Lacks one Female WC.
- Considering public toilet facilities are supplied within the services kiosk adjacent to the building and operational staff information supplied have confirmed suitable numbers performance requirements of G1 can be considered met.
- All facilities detailed and constructed to meet performance requirements of G1.
- Accessible facilities supplied in suitable numbers and location within the facility.
  - Separate accessible facilities supplied – WC facilities.

**G3 – Food preparation**

- Kitchen installed into the building with suitable detailing for surface finishes and fixtures in compliance with the NZBC.
- Kitchenette only to staff area – in area designated as interview room within consent application.
- Feedback from the operational staff regarding the kitchen facilities as per following:
  - Minimal for staff in operation of the building.
  - As with the rest of the building lacking storage facilities.

**G4 – Ventilation**

- Overview of the ventilation to the building is summarised as follows:
  - Mechanical ventilation is supplied to the building in limited areas as follows
    - Staff working areas
    - Ablution areas
    - Entrance lobby
    - Air curtain to northern entry
  - Natural Ventilation - opening windows supplied to the following:
    - Open library area – approx. 80% of the building
  - Temperature Control supplied to the building as follows:
    - Heating and cooling supplied within mechanical vented areas with HVAC system
    - Underfloor heating to open area in the library space.
    - No cooling supplied to the open library area
- Building code requirements are summarised as follows
  - Functional requirement of the NZBC states the following
    - Spaces within *buildings* shall be provided with *adequate* ventilation consistent with their maximum occupancy and their intended use.
  - Performance requirement G4.3.1 of the NZBC states the following
    - Spaces within *buildings* shall have means of ventilation with *outdoor air* that will provide an *adequate* number of air changes to maintain air purity.
- Ventilation design for this building submitted and approved as part of the building consent application. Combines natural and mechanical ventilation systems.
- Assuming compliance achieved based on the minimum requirements of the NZBC – as per the functional and performance requirements noted above.
- PS1 design not located within file but mechanical drawings supplied as part of consent submission from reputable engineer consultants.
- Feedback from the library management team as follows
  - Mechanical ventilation to the areas serviced is suitable for purpose.
  - Natural ventilation to the open area is not a practical solution for the following reasons:

- Allows birds into the building
- Does not control the thermal gain from sunlight into the building causing excessively hot temperatures to some areas.
- Underfloor heating system does not allow cooling of the building.
- Heat buildup in areas of the building due to thermal gain is a Health and Safety issue.

The natural mechanical ventilation system installed is not controlling temperature within the building to a suitable level or is being utilised as opening windows is not desirable for the building users.

- Note this is outside the requirements of the building code as air movements and extract of foul air has been satisfied within the design.
- Further investigation needs to be completed to assess the suitability of this ventilation system as it is currently unused.

#### **Recommendation**

Undertake an investigation into the ventilation system within the building to establish the following:

- Is there a misinterpretation in the use of the system by the building management team.
- Is the system suitable for the climate in which it is to be used.
- What were the client expectations, budget constraints and design considerations in the supply of this system
- What can be undertaken to control temperature and ensure suitable ventilation within the library open space area.

**Design learning** – Ensure the design of the ventilation system to the building is fit for purpose for the use of the building. Understand the expectations of the facility users and balance this with budget allowances.

#### **G5 – Interior environment**

- The original building was designed with an occupant load of 89 and therefore did not require a hearing loop to be installed to the building. The upgrade in the occupant load is based at 249 which is also below the threshold of 250. No hearing loop within this building.
- Accessible counter has been supplied as required by this building code clause.

#### **G6 – Airbourne and Impact Sound**

- Building code requirements regarding sound transmission is limited to transmission between habitable spaces of household units. This building sits outside any formal mandatory requirements for sound considerations regarding building code requirements.
- However, in discussion with the library operations team sound transmission within the open area of the library causes issues in the daily use of the building in the reverberation of sound around the building.
- Acoustic treatment has been applied to the ceiling in the form of panelling systems and architectural design elements. There was no evidence of specialist sound design within the consent documents.

**Design learning** – Consideration of the full use of the building to be made at design regarding sound considerations and spaces to be used in separation. Sound reduction construction to be considered in future buildings to reduce transmission within and between spaces as required to meet the building users expectations as they are likely to exceed building code requirements.

#### **Recommendation**

Undertake an investigation into the sound reverberation issues within the building to establish if there is a design solution to improve sound control in the building.

**G8, G9 – Artificial lighting and electrical**

- Electrical supply to the building continues to perform as per building code requirements at the time of CCC.
- Following feedback from the library management team for consideration regarding electrical supply and associated fittings:
  - The original lighting design to the building was not fit for purpose (not enough light for the use of the building) and lighting upgrades have been completed on the building since it was opened.
  - Upgrades were completed based on a specialist lighting review carried out by a local consultant.
  - Lighting supply met the minimum performance requirements of the NZBC at the time of CCC but user expectations in this case exceeded these needs.
  - Bollards containing lighting to the exterior of the building have condensation and functional issues caused by this. Ongoing issue being dealt with as a service maintenance log with the facilities team.
  - Electrical and data supply within floor boxes have proved problematic in the following:
    - Floor box construction is failing due to use
    - Data supply from these publicly accessible facilities needs to be checked to ensure suitable (limited) access to public users

**Design learning**

Suitable lighting design to be completed on future buildings to meet user requirements rather than minimum building code requirements.

Electrical fixtures (in this case floor mounted electrical boxes) to be suitably robust to meet usage needs.

**Recommendation**

Investigate if the floor mounted flush boxes can be repaired or replaced to provide a more robust electrical supply system within the library

**G12, G13 - Water supplies and foul water**

- Water supply and plumbing and drainage systems within the building continue to comply with the performance requirements of the NZBC as they did at the time of CCC
- Water supply is from the SDC supply and protected with backflow as per the compliance schedule item.
- Wastewater disposal is supplied to a manhole connection to the SDC wastewater system on the southern elevation of the building.
- Plumbing systems are minimum within the building for the use of the building
- Feedback from the library management team noted the following
  - Investigations completed since the issue of the Code Compliance Certificate have established falls of the wastewater drainage system are extremely minimal and have caused blockage issues in the past.
  - Auto taps fixtures have not been installed to public usage areas which would be beneficial to reduce the likelihood of flooding when taps are left on.

**Design learning**

Selection of water reduction and auto stop taps fittings to public usage buildings as a standard design consideration.

**Recommendation**

Continued investigation into drainage issues within the building to establish a suitable long-term solution to blockage issues.

**G15 – Solid waste**

- No designated solid waste storage areas identified on site or noted within the consent application.
- Building uses the SDC waste disposal system (supplied waste and recycling bins)
- Bins located in public area outside the building.

**Design learning**

Ensure suitable areas are incorporated into the buildings design to deal with solid waste storage and disposal.

**5.7 Energy efficiency – NZBC clause H1**

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate. No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building.

No issues noted by the building management team through onsite discussions.

**6.0 Building maintenance****6.1 Safety in design**

The following items have been identified as areas of possible improvement in the buildings design and functionality that could be taken into consideration in future build projects.

**General - Storage areas**

It was noted by the buildings management team that the building has a lack of storage spaces with the following observed during the site visit

- Cleaners sink and area loaded with equipment due to lack of space.
- Chairs stacked and stored within the public library space.
- Storage limited to cupboard areas within the building.
- Staff facilities lack storage spaces.

Appears there was a lack of consideration within the design of the building for the current function of a library regarding the activities and events now undertaken as part of an operational library. With these events and activities come items requiring storage when not in use.

**Design learning**

Ensure suitable areas are incorporated into the buildings design to deal with general storage required for the activities of the building.

**Recommendation**

Investigate the possibility of supplying additional storage within the building to allow the suitable storage of activity material and cleaning products.

## 6.2 Building maintenance

Maintenance carried out on the building is managed by the SDC facilities team in conjunction with the library management team.

This involves the following:

- Internal and external cleaning and wear and tear maintenance
- Maintenance and servicing to all plant within the building
  - Plumbing and drainage systems
  - Mechanical ventilation – including separate kiosk on site
  - Fire safety systems
- The library building management team has an excellent understanding of the operational requirements and therefore the maintenance needs of the building.
- The building appears to be well maintained through this input from onsite management and the SDC facilities team.
- There are ongoing issues with the building regarding durability requirements of the protective coating systems to the structural steel systems within the building. This issue will form a major consideration in the maintenance of the building moving forward.

### Design learning

Ensure long term maintenance requirements of the building is incorporated into the design of the building. In this instance the cleaning maintenance of the louver system supplied to the northern elevation cause issues regarding appropriate cleaning



# Commercial building review

## Building identification

Building details			
Building name	Te Ara Ātea	BC number	BC190949
Address	56 Tennyson Street, Rolleston		
Valuation	2405400102		
Review date	6/11/2024		
Carried out by	Andy Tyer		

### 1.0 Executive summary

As reported to the Audit and Risk Committee council has made the decision to exercise a precautionary approach regarding the Councils building stock and undertake inspections on selected council buildings to make clear any potential poor construction or mis-inspections.

Te Ara Ātea will have been in operation as a community facility for approx. 3 years at the time of this report. The building is performing well and is a substantial asset to the local community and the wider Selwyn District.

The building is operating as it was intended with limited current performance issues identified within this report. These require further investigation to establish if they are causing true building non-conformance and what learnings can be used in future design of the SDC building stock.

These are summarised as follows and are described as items for immediate action:

- Continue the current investigation into the performance issues of the mechanical ventilation systems within the building.
- Review the solid waste disposal system supplied within the building for possible improvements in capacity.

### 2.0 Design and construction learnings

The following design and construction learnings can be taken from this project:

1. Complexity of design adds to maintenance requirements for the building during its functional life. These costs need to be understood at the design phase of the building to ensure they can be incorporated into the ongoing budget allowances for the maintenance of the building.
2. Consider the use of nominated subcontractors within SDC commercial projects to ensure suitable design solutions are installed into SDC assets that can be maintained using established reputable industry relationships.

3. Lighting designs are required to reflect the building users' needs with their input required at the design phase to ensure expectations are fully understood and incorporated into the building.
4. Costs regarding the maintaining of a building of this scope and complex design need to be incorporated into the annual budget allowances allocated to the building to ensure this work is completed and the asset is protected.

### 3.0 Background

Te Ara Ātea is a multi-function cultural and community centre in Rolleston. It includes performance spaces, workshop, meeting rooms, art and museum exhibitions and a modern library.

Te Ara Ātea means unobstructed trail to the world and beyond. The name expresses a notion that this building is a place for learning, gathering, connecting, exploring and celebrating the district's heritage and people.

The building was designed in 2018-19 and consented ready for construction in Dec 2019. Construction was commenced in early 2020 with the Code Compliance Certificate issued for the building in November 2021

The building is managed and operated by the Selwyn District Council – Arts, Culture and Lifelong learning team. Maintenance on the building is managed by the SDC Facilities team.

Building consent application lodged	4 June 2019
Building consent issued – Original consent	3 December 2019
Building consent issued – Amendment 2	16 December 2020
Code compliance certificate application lodged	27 October 2021
Code compliance certificate issued	23 November 2021
Classified use (NZBC A1)	5.0.1 Commercial
Lawful established use Building regulations 2005 (Change of use)	(CL) Crowd Large

### 4.0 Building Act compliance

#### **Building work not to be carried out without consent – Section 40 of the Building Act 2004**

As per section 40 of the Building Act 2004 all building work deemed as building in NZ must obtain a Building Consent.

In this case the building was constructed under a single building consent with the following points for consideration:

- Processing of the consent was completed by the Selwyn District Council BCA.
- The original consent was issued for the building in December 2019
- Amendment 1 to the consent issued April 2020
- Amendment 2 to the consent issued December 2020
- Certification requirements of the building were well established within the issued Form 5.
- Inspections and certification were completed by the SDC inspections team.
- A preconstruction meeting was held in Feb 2020
- Inspections completed by the SDC team between Mar 2020 – Nov 2021

- Code Compliance Certificate was issued on 23rd Nov 2021
- Inspections and certification generally completed under supervision due to competency of the team at the time of construction with oversight by the Senior BCO who processed the consent.

### Exemptions

There has been 1 exemption issued for this building (Ex222935) regarding minor works where it was deemed by the TA a building consent was not required (Expansion of the library stack areas and additional staff desks). The building management team had correctly sought and obtained exemptions for this area of work as allowed by the Building Act 2004.

It was noted that this exemption had included alterations to specified systems and the compliance schedule appears to have been amended to reflect these changes.

### Compliance schedule and BWoF – Sections 100 – 111 of the Building Act 2004

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately – Main entrance of the building
- Building Warrant of fitness was current – Due date for renewal 23.11.24
- Means of escape from the building were being well maintained and free of obstacles
- Specified systems appeared to be undergoing required testing and monitoring
- Compliance schedule and records held off site with IQP – FFP – 2 Halls Place – Christchurch
- A BWoF audit was completed on the 5.7.23 by SDC compliance team – No issues noted

See further information within the building's compliance schedule **R770946**

## 5.0 Building code compliance

The NZ building code clauses have been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

### 5.1 Stability – NZBC clauses B1 – B2

The building is made up of a varying selection of construction techniques which are all generally advanced and complex in their design and involve the following:

- Insitu reinforced concrete structural foundations
- Insitu reinforced concrete floors to ground and first floor (comfloor system to first floor)
- Complex structural steel mainframe systems including circular columns
- Timber framed infill to structural steel systems.
- Insulated roofing system – Warm roof – PIR panel system with membrane
- Alternative design cladding systems to external walls
  - Revealshield on substrate – direct fixed
  - Profiled aluminium rainscreen cladding
- Aluminium facade – glazed panel systems – including joinery components

Construction systems are advanced in their complexity and the building appears to be performing structurally well with no obvious signs of movement, subsidence or distortion encountered within the site visit completed.



Durability of products are also currently performing to building code requirements. Note the building has only been in operation for three years.

Consideration needs to be made to the maintenance requirements of this building which are additional to more conventional buildings due to complex construction systems and materials used. Maintenance needs to be continued to ensure the durability of materials are maintained to meet performance code requirements.

#### **Design learning**

Complexity of design adds to maintenance requirements for the building during its functional life. These costs need to be understood at the design phase of the building to ensure they can be incorporated into the ongoing budget allowances for the maintenance of the building.

### 5.2 Fire safety - NZBC C clauses

At the time of the site visit fire safety systems were in place as required by the code compliance certificate issued for the building. It also appears these are being maintained as required by the compliance schedule and the Building Warrant of Fitness in place for the building.

The building was designed using the C/VM2 means of compliance with the building modelled for fire safety systems which have been incorporated into the design.

See comments above regarding the current Building Warrant of Fitness on the building at the time of the site visit.

As noted the following areas were observed:

- Means of escape from the building was being well maintained and free of obstacles
- Active and passive fire safety systems were being suitably tested and maintained through the Building Warrant of Fitness system
- Passive systems (penetrations to fire separations) appear to be well constructed and labelled to form part of ongoing compliance schedule and Building Warrant of Fitness audit inspections.

### 5.3 Access – NZBC clauses D1 – D2

The following items were observed regarding access requirements to this public building as areas for consideration regarding building performance:

- Access to the building from parking facilities
- Access into the building from the exterior perimeter of the building
- Access within the building
- Manifestations and signage supplied

Access to and within the building complies with the NZBC as it did when the Code Compliance Certificate was issued with full public and accessible access to the building provided.

Access routes have been well designed with excellent consideration to accessible requirements.

The building is on two levels with access to upper levels by way of stairs or lift, both of which meet building code requirements through compliance with D1/AS1, D2/AS1 and NZS 4121.

Feedback within the site inspection from the building management team being the following regarding access within the building.

- Building users are happy with access to and within the building – no complaints.
- Access routes appear to be well designed.

- Auto sliding doors servicing the entrance of the building requires unexpected high amounts of servicing. Usage is high due to the building's popularity.

Secondary access routes also meet building code requirements with service stairs in place and maintenance access routes installed to the building to allow excellent access to all serviceable areas of the building. Example being the roof access system installed within the server room onto monkey toe systems to allow access to the roof.

#### 5.4 Moisture Control – NZBC clauses E1 – E3

##### **E1 - Stormwater**

- Stormwater disposal for the building has been incorporated into the town centre complex as a whole and included in the civils design of the full area.
- Site inspection showed no sign of failure within the stormwater disposal system.
- Stormwater disposal systems on the building (gutters, downpipes) are functioning as required with no reports of failure by the building management team.
- Stormwater systems within the roof structure are complex and advanced and all based on alternative solution in their design – Siphonic design for all stormwater collected on the roof.
- Stormwater is carried inside the building for disposal into civils outlets at the lower level.
- No allowance for additional overflow (external scuppers) within the roof disposal design despite simple areas for its incorporation as an additional means of stormwater control.
- Overflow from this roof stormwater system is fully reliant on internal overflow outlets (secondary means of disposal incorporated into the design) within the internal gutter system meaning maintenance of the system is important.
- Current observations noted the system was in good condition with maintenance appearing to be ongoing for the building in this respect.

##### **E2 - External moisture**

- Exterior cladding systems are complex in design and construction on this building. Products selected and installed combine proven and unproven systems in NZ in their historical performance.
- Cladding systems appear well detailed and well-constructed.
- Cladding systems include the following
  - Insulated panel system to roof – membrane system over with complex flashing and junction systems.
  - Facade wall cladding system – specific design using products proven and unproven in the NZ market.
    - Facade glazing and joinery system
    - Rainscreen louvers
    - Direct fix substrate with alternative solution membrane
- Maintenance on the wall cladding systems was underway at time of inspection
- Ongoing maintenance in line with product requirements will be required to ensure ongoing performance of the cladding products (both roof and wall claddings).
- As discussed with building management team minor issues regarding moisture penetrating the building as part of commissioning now overcome – appears these issues regarding water ingress through louver ventilation system.

##### **E3 - Internal moisture**

- Internal areas of the building encountering internal moisture (Staff and performance kitchenette, ablutions, cleaners' cupboards) have been well detailed to deal with internal moisture and appear to be performing well.

- Warm roof system installed to the building shows good performance. No moisture issues encountered through thermal bridging.

#### 5.5 Safety of users – NZBC clauses F1 – F9

Safety of users clauses of the building code for consideration within the building are as follows:

##### **F4 – Safety from Falling**

- Areas of height are within the upper level of the building and the associated open viewing areas.
- Specifically designed barrier systems are in place and are appropriate for the installation.
- Well designed with full compliance demonstrated to the requirements of Clause F4 of the NZBC.

##### **F6, F7, F8 – Visibility in escape routes, warning systems and signs**

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are generally associated with the fire safety and features of the building.
- Accessible signage also in place as required for this building.
- These are all in place and operational as per the code compliance certificate and compliance schedule issued for the building in 2021.

#### 5.6 Services and facilities – NZBC clauses G1 – G15

Services and facilities clauses of the building code for consideration within the building are as follows:

##### **G1 – Personal hygiene**

- Personal hygiene facilities (WC's, basins etc) within the building meet the performance requirements of the building code.
- Numbers appear suitable for building and meet the performance requirements of the building code.
- All facilities detailed and constructed to meet performance requirements of G1.
- Accessible facilities supplied in suitable numbers and location and design to meet the requirements of G1/AS1. Suitably constructed to meet building code requirements.

##### **G3 – Food preparation**

- Food prep areas within the building as follows
  - Kiosk/ Cafe installed within the building. Appears to be within the original consent.
  - Kitchenette only to staff area and to the performance space
- Food prep areas installed into the building with suitable detailing for surface finishes and fixtures in compliance with the NZBC.
- Licencing supplied to the Kiosk/ Café as required.

##### **G4 – Ventilation**

- Mechanical ventilation design for this building was submitted and approved as part of the building consent application.
- Assuming compliance achieved to the requirements of the NZBC – as per the performance requirements of the code and based on client expectations.
- Construction monitored by design consultant with PS4 supplied at Code Compliance regarding certification for this system as meeting building code requirements.
- As discussed with the facilities team that manage the maintenance of the building the following issues have been encountered regarding ventilation to the building
  - Ventilation system commissioned as part of the practical completion certificate
  - Issues have been ongoing with the poor performance of the ventilation system installed

- General performance of components of the system combined with the thermal gain the eastern face of the building experiences is causing issues.
- Investigations currently underway to find the issue with the system and a solution.

#### **Recommendation**

Continue the current investigation into the performance issues of the mechanical ventilation systems within the building to establish a solution.

#### **Design Learning**

Consider the use of nominated subcontractors within SDC commercial projects to ensure suitable design solutions are installed into SDC assets that can be maintained using established reputable industry relationships.

#### **G5 – Interior environment**

- Although the building sits outside the requirements of Clause 5.3.5 of the NZBC (See limits on application of this clause that excluding commercial buildings – Libraries) a hearing loop is listed on the compliance schedule for the building.
- Accessible counter has also been supplied to the office administration area forming the reception to the building and becoming part of the accessible facilities within the building.

#### **G8, G9 – Artificial lighting and electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements at the time the Code Compliance Certificate was issued.
- Feedback from the building management team noted the following regarding lighting levels
  - Lighting levels within book shelving areas was not suitable for use at practical completion of the building.
  - Lighting plan consented did not meet client requirements – Client needs exceed NZBC requirements.
- Note similar issues experienced at Lincoln Library where fittings were upgraded to improve lighting levels after the completion of the building.
- Lighting levels also altered in this building after completion with replacement of fixtures at the request of the building users.
- Feedback from the building management team also noted the following regarding lighting maintenance
  - Due to the size and shape of the building access to lighting fixtures is difficult for replacement. Lights may be left extinguished until there are enough to justify the access requirements to complete replacements.
- As per previous building assessments it is important to ensure suitable selection of electrical fixtures within the building for ease of maintenance and/or replacement when required. See report completed for the West Melton Community Centre and issues regarding replacement light fittings.
- Difficult to control with the current supply market.

#### **Design Learning**

Lighting designs required to reflect the building users needs with their input required at the design phase to ensure expectations are fully understood.

#### **G12, G13 - Water supplies and foul water**

- Water supply and plumbing and drainage systems within the building continue to comply with the performance requirements of the NZBC as established at issue of building consent and CCC.
- No changes noted to the systems since the issue of the CCC.
- Water supply to the building as per NUO and backflow to the system forms part of the compliance schedule for the building.

- As per consent requirements the following backflow systems are installed within the building and tested as part of Code Compliance certification.
  - Backflow at the irrigation system (Variation to original consent)
  - Backflow to the sprinkler system
  - Backflow to the underfloor heating system
- Wastewater disposal is supplied to the SDC wastewater system through the civil design for the building. Wastewater treatment system servicing Rolleston.
- Systems within the building as per hydraulic engineer design and construction review.
- Issues supplied by the building management team regarding plumbing and drainage systems as follows:
  - Blockage issues ongoing from basins and WCs – Investigations already completed show there are poor falls to drainage systems from the building to the NUO junction completed as part of building construction.
  - Issues with instant hot water taps – Investigations completed show fixture selection of the tapware requires additional maintenance.
  - Appears these are ongoing issues that have no easy resolution as concluded through completed investigations.

#### **G15 – Solid waste**

- Building uses the SDC waste disposal system (supplied waste and recycling bins)
- Solid waste storage is supplied in a dedicated space within the building on the lower level (Refuse room).
- Consideration made and designed within the building.
- Issues noted by the management team being the space is not large enough for the waste produced in the building.

#### **Recommendation**

Review the solid waste disposal system supplied within the building for possible improvements in capacity.

#### 5.7 Energy efficiency – NZBC clause H1

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate. No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building.

No issues noted by the building management team through onsite discussions.

#### 6.0 Building maintenance

##### 6.1 Safety in design

#### **Services Access**

- Generally, access to services within the building is good with the incorporation of services rooms and external and internal service areas as required.
- Design allows for ease of access for the servicing of systems within the building within allocated plant rooms or the like.
- Full internal roof access, monkey toe and fall arrest systems have been supplied to allow servicing of stormwater systems in this area as well as all roof mounted services.

- Appears access has been supplied behind external rainscreen louvers. Feedback from operations team note this is not a practical solution regarding maintenance to the exterior of the building.

#### **Storage**

- As discussed on site with the building management team storage on site has been suitably designed and incorporated into the building.
- It was noted on site that storage of library associated equipment is encroaching within some service areas which currently is orderly but will need to be monitored. This comment was also noted within the latest Building Warrant of Fitness audit completed on the building.

### 6.2 Building maintenance

#### **Maintenance and Cleaning**

- As discussed with the building management team the maintenance required of the building is difficult due to the size, scope and complexity of the building.
- Example being as follows
  - the servicing of lighting fixtures at height
  - the internal cleaning of exposed elements above voids
  - The external washdown requirements of the louvered rainscreen system

#### **Design learning**

Costs regarding the maintaining of a building of this scope and complex design need to be incorporated into the annual budget allowances allocated to the building to ensure this work is completed and the asset is protected.



## Commercial building review

### Building identification

Building details			
Building name	Darfield Medical Centre	BC number	BC120649
Address	159 Horndon Street, Darfield		
Valuation	2418011400B		
Review date	29/10/2024		
Carried out by	Andy Tyer		

### 1.0 Executive summary

As reported to the Audit and Risk Committee Council has made the decision to exercise a precautionary approach regarding the Councils building stock and undertake inspections on selected council buildings to make clear any potential poor construction or mis-inspections.

The Darfield Medical Centre will have been in operation as a community facility for 11 years in December 2024. The building is generally performing well and is a substantial asset to the local community and the wider Selwyn District.

The function of the building as a medical centre is operating as it was intended with several performance issues identified within the following report. These require further investigation to establish if they are causing true building non-conformance and what learnings can be used in future design of the SDC building stock.

These are summarised as follows and are described as items for immediate action:

1. Stormwater disposal – On-site soakage failure
  - Investigation required to establish issues with the stormwater soakage system on site with the target to remedy the issue.
2. Means of Escape from the building
  - Further investigation is required to assess if the means of escape from the building that exits between the treatment rooms is in compliance with Clause D1 of the NZBC for its intended use.
3. Slip resistance to flooring
  - Investigate slip resistance of the vinyl flooring within the operational medical areas for suitability. Feedback from staff being that when the surface is wet a slip hazard is present.
4. Building maintenance requirements.
  - Clarify the responsibilities of the lease agreement regarding maintaining the building to ensure a robust maintenance system is in place for all key components of the building.
5. Undertake maintenance as required to the building with the following a list of items currently needing attention.
  - Complete exterior maintenance to the cladding systems of the building
  - Repair window latches with broken fittings.
  - Undertake maintenance to the parking line markings and pavement seal.

- Investigate pipe leak in the roof space and rectify quickly – underway as per the facilities team response.
  - Investigate the following plumbing and drainage issues identified and rectify.
    - Hose tap at the front of the building has a substantial leak.
    - Hot water supply within the building appears to be extremely slow (example being - staff room hot water ran for 4 minutes before luke warm water was supplied)
    - Drainage issue to Nurse Room 1 from the hand wash sink.
    - Other drainage issues noted due to ongoing blocked WC and sinks.
6. BWOF Audit
- An audit of the buildings Building Warrant of Fitness should be completed to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained.
  - Investigation required into the function of the generator attached to the building and if this is required to be added to the compliance schedule for the building.

See further design and construction learnings from this building within Section 2 following

## 2.0 Design and construction learnings

The following design and construction learnings can be taken from this project:

- Full engagement of the building users is required within the design process to ensure expectations of the client are fully developed within the design of the building.
- Establishment of a maintenance regime for the building when in commercial lease to ensure all key components are being suitably managed and maintained.

## 3.0 Background

The Darfield Medical Centre is a community medical centre run by a private medical supplier from a SDC owner building. It is a purpose build medical centre made up of reception, waiting and consultation areas coupled with treatment, medication and procedure areas within the building. Also included are staff facilities, suitable ablution and service systems.

The building is set out in two wings connected through the Nursing station, practise manager areas and is approx. 250m<sup>2</sup> on a single level.

The building was constructed under a single building consent that was issued on the 25 September 2012 and processed by the SDC building control team. Inspections were undertaken within the construction of the building and a Code Compliance Certificate was issued for the building on the 19 December 2013. The compliance schedule was also issued for the building at that time.

Building consent application lodged	27 April 2012
Building consent issued	25 September 2012
Code compliance certificate application lodged	19 June 2013
Code compliance certificate issued	19 December 2013
Classified use (NZBC A1)	5.0.1 Commercial
Lawful established use	WL – Working Low
Building regulations 2005 (Change of use)	



#### 4.0 Building Act compliance

##### **Compliance schedule and BWoF – Sections 100 – 111 of the Building Act 2004**

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately – Main entrance of the building in the foyer between auto doors.
- Building Warrant of fitness was current – Due date for renewal 24.07.25
- Means of escape from the building were being well maintained and free of obstacles – see issues with one means of escape listed below.
- Specified systems appeared to be undergoing required testing and monitoring
- Compliance schedule and records are held off site with IQP – FFP – 2 Halls Place – Christchurch
- Electrical generator noted as attached to the building for emergency power. This is not recorded on the Compliance Schedule – see recommendations regarding this item.
- See further information within the building's compliance schedule **R770496**

**Recommendation** – An audit of the buildings Building Warrant of Fitness should be completed by the compliance team at SDC to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained. Note it appears no alterations to the specified systems have been completed but the following needs to be considered.

Investigation required into the function of the generator attached to the building and if this is required to be added to the compliance schedule for the building.

As per the Compliance Schedule handbook issued by MBIE the following needs to be considered

“An emergency power system is required to be listed on a compliance schedule where the system is installed for the purposes of supplying emergency power to any of the specified systems 1–13”

#### 5.0 Building code compliance

The NZ building code clauses have been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

##### 5.1 Stability – NZBC clauses B1 – B2

The building is made up of a selection of structural construction techniques and systems involving the following:

- Insitu reinforced concrete foundations and floors
- Timber framed mainframe structural systems with structural steel components included.
- Conventional roofing systems
  - Profiled metal roof at a consistent pitch
- Proprietary wall cladding systems
  - Proprietary plaster system on substrate on a cavity
  - Linea or similar weather board system to feature cladding areas.
- Standard aluminium joinery systems – Suitable for application.

Construction systems are simple in their complexity and the building appears to be performing structurally well with no obvious signs of movement, subsidence or distortion encountered within the site visit completed.

Following issues noted by the building management team or through the onsite inspection regarding durability of products or systems within the building being the following:

- Cladding systems installed on the building appear to be performing to durability requirements of the building code with no significant moisture ingress encountered recently as reported by the building management. However, these exterior cladding systems require maintenance in the form of washdown and paint application to allow durability requirements to continue.
- Several of the exterior aluminium joinery units in the building have broken window latches that do not allow a full seal of the joinery unit. Maintenance of these units are required to allow the building to perform as intended.

#### **Recommendation**

- Complete the required exterior maintenance to the cladding systems of the building
- Repair window latches with broken fittings to allow full operation of the system.

#### 5.2 Fire safety - NZBC C clauses

At the time of the site visit fire safety systems were in place as required by the code compliance certificate issued for the building. It also appears these are being maintained as required by the compliance schedule and the Building Warrant of Fitness in place for the building.

See comments above regarding the current Building Warrant of Fitness on the building at the time of the site visit. As noted the following areas were observed:

- Active and passive fire safety systems were being suitably tested and maintained through the Building Warrant of Fitness system.
- Means of escape from the building was being well maintained as per the issues code compliance requirements.
- It was noted the Means of escape (external exit) as per the fire report is through a garden to a safe place. Review of this access route is required as discussion on site noted it is used as a route to the Hospital area for doctors and not solely as an emergency means of escape.
- As per the current acceptable solution for this type of building (C/AS2) the following must be considered  
"Escape routes shall comply with NZBC Clause D1. Ramps, stairs, ladders, landings, handrails, doors, vision panels and openings shall comply with Acceptable Solution D1/AS1 – Section 3.1.4"
- Further investigation is required to bring the means of escape that exits the building between the treatment rooms into compliance with Clause D1 of the NZBC.
- Also note there is a clash in the joinery units making up the exit door and the adjoining window that needs to be addressed as part of the following recommendation.

#### **Recommendation**

- Further investigation is required to bring the means of escape that exits the building between the treatment rooms into compliance with Clause D1 of the NZBC.

### 5.3 Access – NZBC clauses D1 – D2

Regarding access requirements to this public building the following items were observed as areas for consideration regarding building performance:

- Access to the building from parking facilities
- Access into the building from the exterior perimeter of the building
- Access within the building
- Manifestations and signage supplied

Access to and within the building complies with the NZBC as it did when the Code Compliance Certificate was issued with full public and accessible access to the building provided.

- Access from carparks to main entry meets NZBC requirements – Designated accessible parking noted. As with the exterior of the building maintenance is required to parking markings.
- Suitable entry to the building is supplied at the main entrance – Level entry through auto doors.
- Entry to the treatment room (at the rear of the building) meets minimum requirements with metal ramp installed. Assume this is as per the supplied Code Compliance Certificate.
- Exit from the building from the means of escape between treatment rooms requires investigation – See comments above within fire safety.
- Access within the building meets code requirements. Single level building.

#### Recommendation

- Maintenance is required to the parking line markings.

### 5.4 Moisture Control – NZBC clauses E1 – E3

#### E1 - Stormwater

- Stormwater disposal systems on the building (gutters, downpipes) are functioning as required with no reports of failure by the building management team.
- Stormwater disposal for the building is onsite as per a soakage system designed and approved at consent and CCC.
- Feedback from the medical centre management team being is the soakage system fails constantly (within all rain events) causing surface flooding within the carparks of the building.
- This has been ongoing for a long period of time.
- Flooded carparks cause issues with the operation of the building regarding the following
  - Emergency vehicle access is restricted to the treatment loading area when flooded
  - If frozen the carpark becomes a safety hazard with further vehicle restrictions
  - Staff carparking restricted when flooded

#### Recommendation

- Investigation required to establish issues with the on-site stormwater soakage system with the target to remedy the issue.

#### E2 - External moisture

- Exterior cladding systems are simple and robust.
- Suitable for the application and products are proven in their historical performance.
- Cladding systems include the following
  - Profiled metal roof at consistent pitch
  - Proprietary plaster system on substrate on cavity
  - Linea or similar weather board system to feature cladding areas.
- Standard aluminium joinery systems – Suitable for application.

- Maintenance does not appear to have been completed recently to the exterior of the building to ensure ongoing performance of the cladding products (both roof and wall claddings).
- Exterior cladding systems are showing signs of deterioration.
  - The paint finish to weatherboards and scribes is failing.
  - Moss and lichen growth on plaster and roofing systems.
  - Vegetation growth to gardens in contact with the buildings cladding systems.

#### Recommendation

- Complete maintenance requirements to the external claddings of the building.

#### E3 - Internal moisture

- Areas of the building encountering internal moisture (Treatment room, Medication room, Procedure Room, laundry Kitchenette and ablutions) have been well detailed to deal with internal moisture and appear to be performing well.
- Note the hand washing sinks within the consultation rooms are deemed an alternative solution that are performing well regarding meeting moisture requirements of Clause E3. No splashbacks installed to these units (silicon joint only to painted wall linings) and fitted over carpeted areas. No sign of failure.
- Feedback from medical staff noted the vinyl flooring system become slippery when wet in the treatment and operational rooms.

#### Recommendation

- Investigate slip resistance of the vinyl flooring for suitability.

### 5.5 Safety of users – NZBC clauses F1 – F9

Safety of users clauses of the building code for consideration within the building are as follows:

#### F6, F7, F8 – Visibility in escape routes, warning systems and signs

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are all associated with the fire safety features of the building.
- These are all in place and operational as per the code compliance certificate and compliance schedule issued for the building in 2013.

### 5.6 Services and facilities – NZBC clauses G1 – G15

Services and facilities clauses of the building code for consideration within the building are as follows:

#### G1 – Personal hygiene

- Personal hygiene facilities (WC's, showers, basins etc) within the building meet the performance requirements of the building code.
- Numbers are suitable for the use of the building (based on G1/AS1) and meet the performance requirements of the building code. Discussion with the operational staff within the building noted there is never a shortage of facilities.
- All facilities detailed and constructed to meet performance requirements of G1.
- Accessible facilities supplied in suitable numbers and location and design to meet the requirements of G1/AS1. Suitably constructed to meet building code requirements.
- Baby change facilities also supplied exceeding code requirements.

#### G2 – Laundering

- Laundering facilities supplied to this building although not required under the Building Code.
- Facilities supplied exceed G2/AS1 requirements regarding space and function.

**G3 – Food preparation**

- Kitchen installed into the building with suitable detailing for surface finishes and fixtures in compliance with the NZBC.
- Small kitchenette only as detailed within meeting room.
- Used as staff facilities as well as an area for meetings.

**G4 – Ventilation**

- Mechanical ventilation design for this building submitted and approved as part of the building consent application. No significant alterations to the system since the time of issue of the Code Compliance Certificate.
- Use of mechanical and natural ventilation systems to meet the minimum requirements of the building code.
- Areas without natural ventilation (External opening windows) have a mechanical fresh air system installed which forms part of the compliance schedule.
- Opening windows form part of the ventilation solution to meet code compliance which is not always a practical solution and suitable use of this system is weather dependant.
- Due to latches being broken on windows and no seal being achieved ventilation to some areas requiring natural ventilation is occurring by default.
- Temperature control within the building is supplied by heat pumps and/ or heaters in areas without mechanical ventilation system installed.
- Note – Heaters installed to treatment rooms behind patient chairs.

**G5 – Interior environment**

- Accessible counter has been supplied to the reception administration area forming part of the accessible facilities within the building.
- No hearing loop required within this building due to building use and occupant load.

**G6 – Airbourne and Impact Sound**

- Appears consulting rooms have sound treatment to walls and doors for privacy requirements that exceed minimum building code requirements.
- District Nurse room (as per consent) now councillor room has no sound provisions and is adjacent to the waiting room.
- Minor change in use of rooms has caused privacy issues within the operation of the building.
- Difficult to design for changing situations and differing use of areas of the building.

**G8, G9 – Artificial lighting and electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements.
  - As per previous building assessment it is important to ensure suitable selection of electrical fixtures within the building for ease of maintenance and/or replacement when required. See report completed for the West Melton Community Centre and issues regarding replacement light fittings.
  - Difficult to control with the current supply market.
  - Light switch within laundry at exit of the building controls all lighting within the building. Master switch assumed by building operations team for use on leaving the building to turn off all lights. No identification markings have been installed to determine this switch is a master switch operating all lighting within the building. Therefore, this has been operated when building still in use.
- Minor issue in operation of the building that needs to be discussed with the building tenant who queried the requirement for this function.

**G12, G13 - Water supplies and foul water**

- Water supply and plumbing and drainage systems within the building continue to comply with the performance requirements of the NZBC as established at the issue of building consent and Code compliance certificate.
- Water supply within the building appears based on a standard supply system without the use of ring mains or the like. Water dispersal especially hot supply is required to a number of areas throughout the building and it appears the current system is struggling to meet the needs for the building. See issues described below regarding hot water supply.
- Water supply to the building as per NUO and backflow to the system forms part of the compliance schedule for the building. As per consent requirements the backflow at the boundary – protecting the NUO supply – is monitored as part of the building warrant of Fitness.
- No back flow within the building itself. No areas deemed as high risk with gap separation in place to fixtures.
- Wastewater disposal is supplied to on-site wastewater disposal system as per consent documents (Oasis Clearwater). System appears serviced regularly as per the requirements of a tertiary treatment system. Management of this servicing not defined at time of inspection.
- Treatment field identified as per consent documents adjacent to southern carpark.
- Issues identified on site include the following requiring immediate action:
  - It appears there is a small leak within pipework in the ceiling of the building above the nurses station:
    - ceiling tiles are discoloured and damaged
    - on investigation it appears there is a leak in a pipe joint in the ceiling space
    - Needs further investigation and a solution quickly
    - Facilities team informed of the issue immediately following the site inspection.
    - Action underway to rectify the issue.
    - Issue identified a lack of understanding regarding the lease agreement for the building and the responsibilities for building maintenance and the associated management and cost distribution.
- Issues identified on site include the following requiring less urgent action:
  - Hose tap at the front of the building has a substantial leak.
  - Hot water supply within the building appears to be extremely slow (example being - staff room hot water ran for 4 minutes before lukewarm water was supplied)
  - Drainage issue to the Nurse Room 1 from the hand wash sink.
  - Other drainage issues noted due to blocked WC and sinks.

**Recommendation**

- Investigate pipe leak in the roof space and rectify as an urgent item – underway at time of report writing.
- Investigate the following plumbing and drainage issues identified and rectify:
  - Hose tap at the front of the building has a substantial leak.
  - Hot water supply within the building appears to be extremely slow (example being - staff room hot water ran for 4 minutes before luke warm water was supplied)
  - Drainage issue to the Nurse Room 1 from the hand wash sink.
  - Other drainage issues noted due to blocked WC and sinks.

- SDC Commercial Management and Facilities team informed of all these issues and the stormwater disposal issue on the day of the inspection.

#### **G15 – Solid waste**

- Building uses the SDC waste disposal system (supplied waste and recycling bins) for standard waste produced in the building.
- Medical waste disposal via specialist bin waste system used by the operational staff.
- Solid Waste storage in a dedicated enclosed space to the southern elevation of the building adjacent to the inward and outward goods area.
- No issues noted by the management team.
- Suitably operational.

#### **5.7 Energy efficiency – NZBC clause H1**

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate. No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building.

No issues noted by the building management team through onsite discussions.

### **6.0 Building maintenance**

#### **6.1 Safety in design**

##### **Services access**

- Services within the building are reasonably simple. Access to these services within the building suitable for a building of this scope.
- The use of suspended ceilings where services appear to be run generally within the ceiling spaces allows suitable access for maintenance as required.
- Example of this being the simple discovery of the bleeding pipework during the inspection. Discovery and rectification are simple with damage reduced to the replacement of several ceiling tiles only.

##### **Building Maintenance**

- Building is a simple design of a single level.
- Generally no roof access required in the maintenance of this building and exterior maintenance can be carried out from ground level with limited and simple access requirements at height.

##### **Storage**

- As discussed on site with the design management team storage on site is suitable for the use of the building.

##### **Building Layout**

- As discussed with the staff operating the building the layout of the building makes workflow difficult in situations when a patient is treated in the Procedure Room.
- Generally, this patient will require ongoing monitoring and due to the procedure room being located away from the Nurse Station and the associated Treatment Rooms staff are unable to service both areas at once.
- Query the input of trained medical staff in the design of the layout of the building.

**Design learning** – Full engagement of the building users is required within the design process to ensure expectations of the client are fully developed within the design of the building.

## 6.2 Building Maintenance

### Interior

- Internally the building is kept clean and tidy as expected of a medical facility
- Signs of wear and tear showing within the building with minor paint defects etc that are to be expected of a building of approx. 12 years of age.
- General maintenance review required.

### Exterior

- Appears limited maintenance completed recently on the building regarding exterior systems.
- Exterior cladding systems are showing signs of deterioration.
  - Paint finished systems to weatherboards and scribes failing.
  - Moss and lichen growth on plaster and roofing systems.
  - Vegetation growth to gardens in contact with the building.
- Exterior paving (asphalt etc) is showing signs of lifting, buckling and deterioration. Line marking is fading with general wear – Maintenance required to these systems.
- Unable to determine who was responsible for this at the time of the inspection through discussions with the medical operations team on site.

### Services

- Wastewater disposal system appears to be undergoing suitable reviews and checks
- Stormwater disposal system appears to have been failing for a long period of time
- Specified systems within the building appear to be monitored within the BWof system within the building. BWof is current and in need of a regulatory audit.
- Unable to determine who was responsible for the overview of the services of the building at the time of inspection and discussions on site.

### Recommendation

- Clarify the responsibilities of the lease agreement regarding maintaining the building to ensure a robust maintenance system is in place for all key components of the building.





# Commercial building review

## Building identification

Building details			
Building name	Selwyn Health Hub – Te Whatu Ora	BC number	Various – See below
Address	3 Norman Kirk Drive, Rolleston		
Valuation	2405345000		
Review date	19/11/2024		
Carried out by	Andy Tyer		
1.0 Executive summary			
<p>As reported to the Audit and Risk Committee Council has made the decision to exercise a precautionary approach regarding the Councils building stock and undertake inspections on selected council buildings to make clear any potential poor construction or mis-inspections.</p> <p>The Selwyn Health Hub will have been in operation as a community health hub since August 2021 with the opening of the first tenant in the building Pacific Radiology. Evexias Physiotherapy was issued CCC in Mar 2022 and began operation and Te Whatu Ora occupied their space within the building in October 2022. There is currently a building consent application with the SDC for a medical centre in the building and it assumed this facility will become operational in 2025.</p> <p>The function of the building as a multi disciplined health centre is operating as it was intended with minor performance issues identified within the following report. These require further investigation to establish if they are causing true building non-conformance and what learnings can be used in future design of the SDC building stock.</p> <p>These are summarised as follows and are described as items for immediate action:</p> <ol style="list-style-type: none"> <li>1. BWOF Audit <ul style="list-style-type: none"> <li>o An audit of the buildings Building Warrant of Fitness should be completed to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained.</li> <li>o Investigation required into the function of the generator attached to the building and if this is required to be added to the compliance schedule for the building.</li> </ul> </li> <li>2. Continue to discuss the access issues caused by school pick up and drop off with the tenants of the building. Appears the issue has slowed recently. Note that this access issue will affect ambulance access if required at a time under peak traffic load.</li> <li>3. Clarify the responsibilities of the lease agreement regarding maintaining the building to ensure a robust maintenance system is in place for all key components of the building.</li> </ol> <p>See further design and construction learnings from this building within Section 2 following</p>			

## 2.0 Design and construction learnings

The following design and construction learnings can be taken from this project:

- Consider the use of nominated subcontractors within SDC commercial projects to ensure suitable design solutions are installed into SDC assets that can be maintained using established reputable industry relationships.
- Establishment of a maintenance regime for the building when in commercial lease to ensure all key components are being suitably managed and maintained and all involved understand their role in maintaining the building (Tenants and SDC).

## 3.0 Background

Toka Hāpai Selwyn Health Hub was built by the Selwyn District Council to provide increased capacity for health services in the area as the district grows. This building project formed part of the Town Centre Master Plan for Rolleston and has been in operation since 2021 as tenants within the building completed fitouts within the base build project.

Building consent application lodged – Base Build - BC191412	31 July 2019
Amendment to last lodged	7 Aug 2020
Building consent application lodged – Fitout physio 1 - BC212239	6 Sept 2021
Building consent application lodged – Fitout physio 2 – BC240022	9 Jan 2024
Building consent application lodged – Fitout Radiology unit - BC202260	6 Oct 2020
Building consent application lodged – Fitout Te Whatu Ora - BC202639	18 Nov 2020
Building consent application lodged – Medical Centre - BC241900	4 Nov 2024
Building consent issued – Base Build - BC191412	8 November 2019
Amendment to last Issued	14 Oct 2020
Building consent issued – Fitout physio 1 - BC212239	27 Oct 2021
Building consent issued – Fitout physio 2 – BC240022	27 Mar 2024
Building consent issued – Fitout Radiology unit - BC202260	21 Jan 2021
Building consent issued – Fitout Te Whatu Ora - BC202639	30 Mar 2021
Building consent issued – Medical Centre - BC241900	TBC
CCC application lodged – Base Build - BC191412	4 May 2021
CCC application lodged - Fitout physio 1 - BC212239	23 Feb 2022
CCC application lodged – Fitout physio 2 – BC240022	19 July 2024
CCC application lodged – Fitout Radiology unit - BC202260	21 Jun 2021
CCC application lodged - Fitout Te Whatu Ora - BC202639	7 Sept 2022
CCC application lodged - Medical Centre - BC241900	TBC
Code compliance certificate issued - Base Build - BC191412	14 June 2021
Code compliance certificate issued - Fitout physio 1 - BC212239	2 Mar 2022

Code compliance certificate issued– Fitout physio 2 – BC240022	6 Aug 2024
Code compliance certificate issued – Fitout Radiology unit - BC202260	31 Aug 2021
Code compliance certificate issued - Fitout Te Whatu Ora - BC202639	5 Oct 2022
Code compliance certificate issued - Medical Centre - BC241900	TBC
Classified use (NZBC A1)	3.0 Communal Residential 3.0.3 Community Care
Lawful established use Building regulations 2005 (Change of use)	(CL) Crowd Large

#### 4.0 Building Act compliance

##### All building work to have a building consent

As per section 40 of the Building Act 2004 all building work deemed as building in NZ must obtain a Building Consent. In this case the building was constructed under a base build consent and a number of fit-out building consents as listed above. Please note the fitout consents are still currently active in some cases as the building is not yet fully occupied – See BC241900 for the proposed medical centre within the building.

This approach is typical of a project of this size to allow construction of the base build to be completed while occupants of differing areas of the building are established. The shell of the building is constructed with each occupant/ tenant then completing a specific fitout of the building to suit their needs under separate consents. In this case this methods appears to have been managed through the project management team very well with co-ordination of tenant requirements incorporated into base build design and program of construction.

Note it is critical specified systems altered or added within the building are updated as required with fitout consents to ensure the compliance schedule for the building is current. See following area regarding compliance schedules for further information concerning this building.

##### Exemptions

There have been 2 exemptions issued for this building regarding minor works where it was deemed by the TA a building consent was not required. The building management team had correctly sought and obtained exemptions for these areas of work as allowed by the Building Act 2004.

##### Compliance schedule and BWoF – Sections 100 – 111 of the Building Act 2004

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately – Main entrance of the building
- Building Warrant of fitness was current – Due date 11.07.25
- Means of escape from the building were being well maintained and free of obstacles
- Specified systems appeared to be undergoing required testing and monitoring
- Compliance schedule and records held off site with IQP – FFP – 2 Halls Place – Christchurch
- Review of the current compliance schedule notes the latest alterations or additions to specified systems completed as part of a building consent completed on the building has been updated within the latest version of the compliance schedule.

See further information within the building's compliance schedule **R770935**

**Recommendation** – As regulatory audit of the Building Warrant of Fitness has not yet been completed since the building began operation. This should be completed by the compliance team at SDC to ensure all specified systems within the building are being suitably monitored, maintained and recorded. Also confirm if the generator on site should form part of the compliance schedule as part of this audit.

## 5.0 Building code compliance

The NZ building code clauses have been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

**Note** - Two of the three tenants were interviewed as part of this report. These being Pacific Radiology and Evexias Physiotherapy. Although a meeting time was prepared for the Te Whatu Ora team this was unable to be completed. The Te Whatu Ora tenancy was only observed at the public reception.

### 5.1 Stability – NZBC clauses B1 – B2

The building is made up of a varying selection of structural construction techniques and systems involving the following:

- Combined Insitu and precast reinforced concrete foundations and floors
- Structural steel mainframe systems
- Precast concrete exterior cladding systems
- Insulated roof panel system
- Conventional roofing systems
  - Proprietary membrane systems over reinforced concrete substrate
- Proprietary cladding systems to walls of the building as detailed
  - Aluminium Composite Panel
  - Nuwall proprietary cladding
  - Profiled metal cladding – upper roof level only
  - Aluminium louvers
- Shop front Aluminium – glazed panel systems and joinery

Construction systems are advanced in their complexity and the building appears to be performing structurally well with no obvious signs of movement, subsidence or distortion encountered within the site visit completed.

Cladding systems installed to the building appear to be performing to durability requirements of the building code with no significant moisture ingress encountered recently as reported by the current tenants of the building.

Maintenance of cladding systems is noted as a requirement regarding the ongoing durability performance of these systems.

### 5.2 Fire safety - NZBC C clauses

At the time of the site visit fire safety systems were in place as required by the code compliance certificate issued for the building. It also appears these are being maintained as required by the compliance schedule and the Building Warrant of Fitness in place for the building.

See comments above regarding the current Building Warrant of Fitness on the building at the time of the site visit. As noted, the following areas were observed:

- Means of escape from the building was being well maintained and free of obstacles

- Active and passive fire safety systems were being suitably tested and maintained through the Building Warrant of Fitness system.

### 5.3 Access – NZBC clauses D1 – D2

Regarding access requirements to this public building the following items were observed as areas for consideration regarding building performance:

- Access to the building from parking facilities
- Access into the building from the exterior perimeter of the building
- Access within the building
- Manifestations and signage supplied

Access to and within the building complies with the NZBC as it did when the Code Compliance Certificate was issued with full public and accessible access to the building provided.

Access routes have been well designed with excellent consideration to accessible requirements. The building is on two levels with access to upper levels by way of stairs or lift, both of which meet building code requirements through compliance with the performance requirements of clauses D1, D2 and NZS 4121.

Feedback within the site inspection from the building tenants being the following regarding access within the building.

- Building users are happy with access to and within the building – no complaints.
- Access routes appear to be well designed.
- Issues were noted with parking and traffic access during school drop off and pick up at peak timeframes. This issue is not caused by building users but parents dropping off or collecting children from the neighbouring school using the carpark area while waiting.

#### **Recommendation**

Continue to discuss the access issues caused by school pick up and drop off with the tenants of the building. Appears the issue has slowed recently. Note that this access issue will affect ambulance access if required at a time under peak traffic load.

### 5.4 Moisture Control – NZBC clauses E1 – E3

#### **E1 - Stormwater**

- Stormwater disposal for the building has been incorporated into the Rolleston town disposal system with prior attenuation systems installed and included in the civils design of the area.
- Site inspection showed no sign of failure within the stormwater disposal system.
- Stormwater disposal systems on the building (gutters, downpipes) are functioning as required with no reports of failure by the building tenant's.
- Stormwater systems within the roof structure are complex and advanced. All involving internal gutters and internal overflow systems.
- Current observations noted the system was in good condition with maintenance appearing to be undertaken for the building in this respect.

#### **E2 - External moisture**

- Exterior cladding systems are complex in design and construction on this building. Products selected and installed are proven systems in NZ in their historical performance.
- Cladding systems appear well detailed and well-constructed and all deemed alternative solutions to the performance requirements of the NZBC.

- Cladding systems include the following
  - Precast concrete exterior cladding systems
  - Insulated roof panel system
  - Conventional roofing systems
    - Proprietary membrane systems over reinforced concrete substrate
  - Proprietary cladding systems to walls of the building as detailed
    - Aluminium Composite Panel
    - Nuwall proprietary cladding
    - Profiled metal cladding – upper roof level only
    - Aluminium louvers
  - Shop front aluminium – glazed panel and joinery systems
- Ongoing maintenance in line with product requirements will be required to ensure ongoing performance of the cladding products (both roof and wall claddings).
- As discussed with tenants in the building no current issues regarding moisture penetrating the building as part external cladding systems – appears moisture issues to date in the building concern ventilation system installation.

### **E3 - Internal moisture**

- Internal areas of the building encountering internal moisture (Staff Kitchenettes, ablutions and medical operational areas) have been well detailed to deal with internal moisture and appear to be performing well.
- Frustration was discussed with the management team at Evexias Physio where E3 requirements enforced by the BCA varied between the two consent applications regarding floor finishes adjacent to wash hand basins.
- Warm roof system installed to the building shows good performance.

## **5.5 Safety of users – NZBC clauses F1 – F9**

Safety of users clauses of the building code for consideration within the building are as follows:

### **F4 – Safety from Falling**

- Areas of height are limited to stair areas within the building and falling issues have been suitably designed in these areas to meet F4 performance requirements.

### **F6, F7, F8 – Visibility in Escape Routes, Warning Systems and Signs**

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are all associated with the fire safety features of the building and accessible signage.
- These are all in place and operational as per the code compliance certificates and compliance schedule issued for the building and its associated area fitouts.
- Fire safety and accessible signage is all in place for the building.

## **5.6 Services and facilities – NZBC clauses G1 – G15**

Services and facilities clauses of the building code for consideration within the building are as follows:

### **G1 – Personal hygiene**

- Personal hygiene facilities (WC's, showers, basins etc) within the building meet the performance requirements of the building code.
- Numbers appear suitable for building and meet the performance requirements of the building code.
- All facilities detailed and constructed to meet performance requirements of G1.

- Accessible facilities supplied in suitable numbers and location and design to meet the requirements of G1/AS1. Suitably constructed to meet building code requirements.

**G3 – Food preparation**

- Food prep areas within the building as follows
  - Kitchenettes only to staff areas within tenancies.
- Food prep areas installed into the building with suitable detailing for surface finishes and fixtures in compliance with the NZBC.

**G4 – Ventilation**

- Mechanical ventilation design for this building was submitted and approved as part of the original building consent application (base build) and updated as required with fitout consents.
- Assuming compliance achieved to the requirements of the NZBC – as per the performance requirements of the code and based on client expectations.
- Construction monitored by design consultant with PS4 supplied at Code Compliance regarding certification for this system as meeting building code requirements.
- As discussed with the two of the three tenants within the building the following issues have been encountered regarding ventilation to the building
  - Issues have been ongoing with the poor performance of the ventilation system installed
  - Currently system performing suitably with the introduction of a new contractor controlling the system.

**Design Learning**

Consider the use of nominated subcontractors within SDC commercial projects to ensure suitable design solutions are installed into SDC assets that can be maintained using established reputable industry relationships.

**G5 – Interior environment**

- Accessible counter has been supplied to the reception administration area forming part of the accessible facilities within the building.
- No hearing loop required within this building due to building use.

**G8, G9 – Artificial lighting and electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements
- No issues identified by the tenants of the building.
- Note – lighting and electrical systems as per the fitout consents instigated by the tenants of the building.

**G12, G13 - Water supplies and foul water**

- Water supply and plumbing and drainage systems within the building continue to comply with the performance requirements of the NZBC as established at issue of building consent and CCC.
- Water supply to the building as per NUO and backflow to the system forms part of the compliance schedule for the building. As per consent requirements the backflow at the boundary – protecting the NUO supply – is monitored as part of the building warrant of Fitness. Also backflow to upper level tenancy as per compliance schedule information.
- Wastewater disposal is supplied to the SDC wastewater system - system servicing Rolleston.

**G15 – Solid waste**

- Building uses the SDC waste disposal system (supplied waste and recycling bins) for standard waste produced in the building.
- Medical waste disposal via specialist bin waste system used by the operational staff in each tenancy.
- Solid Waste storage in a dedicated enclosed space within tenancies.

- No issues noted by the tenants of the building.
- Suitably operational.

#### 5.7 Energy efficiency – NZBC clause H1

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate. No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building.

No issues noted by the Tenants within the building during onsite discussions

### 6.0 Building maintenance

#### 6.1 Safety in design

##### Services access

- Services access design within the building is excellent with the incorporation of service stairs, external and internal service areas, and fall arrest systems as required.
- Design allows for ease of servicing of all systems within the building.

##### Storage

- Storage systems within each tenancy has been incorporated into each fitout to suit the building user's needs.
- No issues noted.

#### 6.2 Building maintenance

##### Interior

- Internally the building is kept clean and tidy as expected of a medical facility within tenancies accessed as part of the site visit – note access was not possible within the operations area of the Te Whatu Ora tenancy.
- No visible signs of wear and tear showing within the building due to the age of the building.
- General internal cleaning undertaken by the tenant as confirmed by those interviewed as part of this report.

##### Exterior

- Appears maintenance is being completed on the building regarding exterior systems.
- No deterioration apparent to the exterior cladding systems currently – Assume due to age of building.
- Unable to determine who was responsible for the exterior maintenance of the building at the time of the inspection through discussions with the tenants on site.

##### Services

- Specified systems within the building appear to be monitored within the BWof system within the building. BWof is current and in need of a regulatory audit.
- Unable to determine who was responsible for the services maintenance of the building at the time of the inspection through discussions with the tenants on site.
- Confusion regarding the ventilation system as differing contractor now in use for maintenance on the building from the contractor listed on the BWof.



**Recommendation**

- Clarify the responsibilities of the lease agreement regarding maintaining the building to ensure a robust maintenance system is in place for all key components of the building.



# Commercial building review

## Building identification

Building details			
Building name	Selwyn Aquatic Centre	BC number	Various – see following
Address	71 Broadlands Drive, Rolleston		
Valuation	2405526000D		
Review date	22/11/2024		
Carried out by	Andy Tyer		

### 1.0 Executive summary

As reported to the Audit and Risk Committee council has made the decision to exercise a precautionary approach regarding the Councils building stock and undertake inspections on selected council buildings to make clear any potential poor construction or mis-inspections.

The Selwyn Aquatic Centre will have been in operation as a community facility for over 11 years at the time of this report. The building is functioning well and is a substantial asset to the local community and the wider Selwyn District.

The building is operating as it was intended with several performance issues already identified within previous findings and others within this report.

The following recommendations have been made within the review

- An audit of the buildings Building Warrant of Fitness should be completed to ensure all specified systems within the building are recorded on the compliance schedule and are being suitably maintained. Audit should be completed as part of the standard BWoF audit programme.
- Review the fire safety signage within the building identifying means of escape against fire report requirements to confirm all is in place as per the last building consent for the building.
- Continue the replacement regime regarding corroded stainless-steel fixings within the building as per previous specialist reports.
- Establish a strong maintenance regime for the building clearly outlining the responsibilities of all involved in maintaining the building to ensure all differing areas of consideration are covered.

### 2.0 Design and construction learnings

The following design and construction learnings can be taken from this project:

1. Built environments such as encountered within an indoor swimming pool facility require specialist construction systems to deal with the environment. Quality management systems are required to be robust and extensive in these construction projects to ensure design works are clear and concise to deal with the additional risk projects of this complexity deliver. Install suitable quality management systems within construction projects to attempt to control errors in design or construction as experienced within the stainless-steel fixing issue encountered within this project.

2. Within design ensure the selection of exterior cladding systems is robust and systems selected show proven in-service weathertight detailing, long term durability and low maintenance requirements. Take into consideration during selection ongoing maintenance and repair costs associated with cladding systems.
3. Consider the use of nominated subcontractors in the design and construction of SDC buildings regarding specialist systems (eg HVAC and ventilation) to ensure ongoing monitoring and maintenance of these systems are completed by contractors holding the correct attributes to ensure a facility is constantly functional and operational.
4. Engagement of the SDC building operators is required within the design process to ensure expectations of the client are fully developed within the design of the building. Operational expertise needs to be sought by operators of the complex plant requirements of this type of building to ensure the day to day and long-term plant dominated functions of the building can be completed with efficiency and safety in mind.

### 3.0 Background

The Selwyn Aquatic Centre began its life through design and construction completed between 2011 and 2013. This was the first phase of what was to become a two phase construction project due to the building being extended with an additional pool and administration facilities during the 2019 to 2022 period.

The facility is now a swimming complex sized to accommodate five public swimming pools plus adjoining administration space and associated public facilities. It caters to over 3000 patrons per day and is an extremely busy facility throughout its functional workload.

The building is complex in its design due to the nature of its operation as a pool facility and the associated plant required to operate a building of this type.

Building consent application lodged – Original Build – BC111034	6 Sept 2011
Building consent application lodged – Fire System upgrade – BC151885	28 Sept 2015
Building consent application lodged – Office Addition – BC171188	7 June 2017
Building consent application lodged – Building Extension – BC190998	11 June 2019
Amendment to last received	24 June 2020
Building consent issued – Original Build – BC111034	19 January 2012
Building consent issued – Fire System upgrade – BC151885	26 Oct 2016
Building consent issued – Office Addition – BC171188	30 Aug 2017
Building consent issued – Building Extension – BC190998	11 Oct 2019
Amendment to last issued	9 Dec 2020
CCC application lodged – Original Build – BC111034	Nil
CCC application lodged – Fire System upgrade – BC151885	21 Dec 2016
CCC application lodged – Office Addition – BC171188	31 Jan 2018
CCC application lodged – Building Extension – BC190998	17 Aug 2021

Code compliance certificate issued - Original Build – BC111034	8 May 2013
Code compliance certificate issued - Fire System upgrade – BC151885	22 Dec 2016
Code compliance certificate issued - Office Addition – BC171188	21 Feb 2018
Code compliance certificate issued - Building Extension – BC190998	17 Jan 2022
Classified use (NZBC A1)	Communal Non-Residential – Assembly Service
Lawful established use Building regulations 2005 (Change of use)	CL – Crowd Large

#### 4.0 Building Act compliance

##### All building work to have a building consent

As per section 40 of the Building Act 2004 all building work deemed as building in NZ must obtain a Building Consent. In this case the building was constructed under an original consent in 2012 and has been upgraded on three occasions through differing building consents. These range in scope from fire safety system upgrades to building extensions and alterations.

Note it is critical specified systems altered or added within the building are updated as required with fitout or alteration consents to ensure the compliance schedule for the building is current. See the following area regarding compliance schedules for further information concerning this building.

##### Exemptions

There have been three exemptions issued for this building regarding minor works where it was deemed by the TA a building consent was not required. The building management team have sought and obtained exemptions for these areas of work as allowed by the Building Act 2004.

##### Compliance schedule and BWoF – Sections 100 – 111 of the Building Act 2004

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately – Reception area of the building
- Building Warrant of fitness was current – Due date 06.05.25
- Means of escape from the building were being well maintained and free of obstacles
- Specified systems appeared to be undergoing required testing and monitoring
- Compliance schedule and records held off site with IQP – FFP – 2 Halls Place – Christchurch
- Review of the current compliance schedule notes the latest alterations or additions to specified systems undertaken as part of a building consent through works completed on the building has been updated within the latest version of the compliance schedule.
- Current version dated 09.06.22.

See further information within the building's compliance schedule **R770452**

**Recommendation** – An audit of the buildings Building Warrant of Fitness should be completed by the compliance team at SDC to confirm all specified systems within the building are recorded on the compliance schedule and are being suitably inspected and maintained.

## 5.0 Building code compliance

The NZ building code clauses have been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

### 5.1 Stability – NZBC clauses B1 – B2

The current building is made up of a varying selection of structural construction systems due to the type of building and the fact it has been constructed over two major construction projects using differing construction techniques within the designs.

The original building is made up of a varying selection of structural construction systems as follows:

- Combined Insitu and precast reinforced concrete foundations and floors
- Structural steel mainframe systems
- 200 series blockwork structural walls
- Precast concrete exterior cladding systems
- Insulated roof panel system - Kingspan
- Conventional roofing systems
  - Proprietary membrane systems over reinforced concrete substrate
  - Profiled metal cladding
- Proprietary cladding systems to walls of the building as detailed
  - Aluminium Composite Panel – leading edge fins
  - Profiled metal cladding - horizontal
  - 20mm Vertical cedar cladding
  - 9mm Fibre cement board – claddings and soffits
- Shop front Aluminium – glazed panel systems and joinery
- Curtain wall aluminium joinery system
- Specialist pool construction systems
- Advanced building services supplying the pool requirements of the building that includes water controls in quality and temperature and air pressure control within the building to allow management of internal moisture.

The extension building is also made up of a varying selection of structural construction systems as follows:

- Combined Insitu and precast reinforced concrete foundations and floors
- Laminated timber (LVL) and Structural steel mainframe systems
- Precast concrete exterior cladding systems
- Insulated roof and wall panel system – secondary structure and cladding
- Conventional roofing systems
  - Proprietary membrane systems over reinforced concrete substrate
- Proprietary cladding systems to walls of the building as detailed
  - Stotherm plaster system
- Shop front Aluminium – glazed panel systems and joinery
- Specialist pool construction systems
- Advanced building services supplying the pool requirements of the building that includes water controls in quality and temperature and air pressure control within the building to allow management of internal moisture. Note these systems differ from those within the original building.

Construction systems are advanced in their complexity with the complexity varying between the differing construction projects that make up the building.

Structural issues were raised by the contractor as part of the building consent works that extended the building under BC190998. These were regarding structural bracing systems that were not installed in the original consent works under BC111034. This issue was rectified within the building extension works as variations to the contract at a cost to the SDC.

Durability issues have also been observed within the original building since its construction due to deterioration of stainless-steel fixings within the structural fixings in the building. Extensive reporting from building specialists has been completed regarding this issue with reports to council outlining this issue completed and presented.

An ongoing replacement and upgrade project appears to be in place regarding rectifying this issue. Note an exemption from the requirement for a building consent was issued for this upgrade works in 2020.

Cladding systems installed to the building appear to have been preforming to durability requirements of the building code with no significant moisture ingress encountered recently as reported by the building management team. However, maintenance of these systems are required as there are signs of deterioration within several of the systems on the building.

See Clause E2 comments for further observations regarding exterior cladding systems.

#### **Recommendation**

Continue the replacement regime regarding corroded stainless-steel fixings within the building as per previous specialist reports.

Establish a strong maintenance regime for the building clearly outlining the responsibilities of all involved in maintaining the building to ensure all differing areas of consideration are covered.

#### **Design learning**

Built environments such as encountered within an indoor swimming pool facility require specialist construction systems to deal with the environment. Quality management systems are required to be robust and extensive in these construction projects to ensure design works are clear and concise to deal with the additional risk projects of this complexity deliver.

Install suitable quality management systems within construction projects to attempt to control errors in design or construction as experienced within the stainless-steel fixing issue and the non-completion of bracing elements in the roof encountered within this project.

### 5.2 Fire safety - NZBC C clauses

At the time of the site visit fire safety systems were in place as required by the code compliance certificate issued for the building. It also appears these are being maintained as required by the compliance schedule and the Building Warrant of Fitness in place for the building.

See comments above regarding the current Building Warrant of Fitness on the building at the time of the site visit. As noted, the following areas were observed:

- Means of escape from the building was being well maintained and free of obstacles
- Active and passive fire safety systems were being suitably tested and maintained through the Building Warrant of Fitness system.
- See comments within Clause F8 review regarding signage assessment.

**5.3 Access – NZBC clauses D1 – D2**

Regarding access requirements to this public building the following items were observed as areas for consideration regarding building performance:

- Access to the building from parking facilities
- Access into the building from the exterior perimeter of the building
- Access within the building
- Manifestations and signage supplied

Access to and within the building complies with the NZBC as it did when the Code Compliance Certificate was issued with full public and accessible access to the building provided.

Access routes have been well designed with excellent consideration to accessible requirements. The building generally on a single level with altered levels only within the service areas of the building.

Feedback within the site inspection from the building management team being the following regarding access within the building.

- Building users are happy with access to and within the building – no complaints.
- Access routes appear to be well designed.
- Possible additional works will be completed to allow better access to the pools by those with accessibility requirements. This work appears to be in excess of building code requirements.

**5.4 Moisture Control – NZBC clauses E1 – E3****E1 - Stormwater**

- Stormwater disposal for the building has been incorporated into the Rolleston town disposal system and included in the civils design of the area.
- Site inspection showed no sign of failure within the stormwater disposal system.
- Stormwater disposal systems on the building (gutters, downpipes) are functioning as required with no reports of failure by the building management team.
- Stormwater systems within the roof structure are complex and advanced. All involving internal gutters and associated symphonic stormwater disposal systems.
- Current observations noted the system was in good condition with maintenance appearing to be undertaken for the building in this respect.

**E2 - External moisture**

- Exterior cladding systems are complex in design and construction on this building. Products selected and installed are generally proven systems in NZ in their historical performance.
- Cladding systems appear well detailed and well-constructed
- All deemed alternative solutions to the performance requirements of the NZBC.
- Cladding systems include the following – over both areas of the building
  - Precast concrete exterior cladding systems
  - Insulated roof and wall panel system
  - Conventional roofing systems
    - Proprietary membrane systems over reinforced concrete substrate
    - Profiled metal cladding
- Proprietary cladding systems to walls of the building as detailed
  - Stotherm plaster system
  - Aluminium Composite Panel – leading edge fins
  - Profiled metal cladding - horizontal
  - 20mm vertical cedar cladding – question suitability to this type of building

- 9mm Fibre cement board – claddings and soffits
- Shop front Aluminium – glazed panel systems and joinery
  - Curtain wall aluminium joinery system
  - Shop front aluminium – glazed panel and joinery systems
- As discussed with the onsite building management team there are no current issues regarding moisture penetrating the building as part external cladding systems.
- Maintenance of cladding systems is noted as a requirement regarding the ongoing durability performance of these systems.
- Current wear and deterioration of cladding systems observed as follows
  - ACM panel system sealant joints showing signs of deterioration.
  - Cedar cladding systems showing signs of cupping and in need of treatment
  - Polystyrene plaster system showing signs of wear due to impact by cricket balls or the like during its in-service life.

#### **Recommendation**

Maintenance regime is required to be established for the exterior cladding systems of the building to ensure all areas of the building are monitored and remedied as required.

#### **Design Learning**

Within design ensure the selection of exterior cladding systems is robust and systems selected show proven in-service weathertight detailing, long term durability and low maintenance requirements. Take into consideration during selection ongoing maintenance and repair costs associated with cladding systems. Query the selection of a timber cedar cladding on a building of this type due to its ongoing maintenance requirements.

#### **E3 - Internal moisture**

- Warm roof system installed to the building shows good performance.
- Combines with the following system to control internal moisture.
- Specialist building design regarding Clause E3 performance requirements due to the use of building as an indoor pool facility and the internal moisture requirements to consider as follows
  - Ventilation system controls air pressure within the building to control the transport of internal moisture.
  - Testing in place to monitor internal moisture levels within the building – constant monitoring completed by the building management team in controlling the function of the ventilation system.
- Internal areas of the building encountering normal internal moisture challenges (Staff Kitchenettes, ablutions, changing rooms, showers family rooms and operational areas) have been well detailed to deal with internal moisture and appear to be performing well.

#### **5.5 Safety of users – NZBC clauses F1 – F9**

Safety of users clauses of the building code for consideration within the building are as follows:

#### **F4 – Safety from Falling**

- Areas of height are limited to minor bleacher areas within the pool facility regarding public access. These areas have been suitably designed in these areas to meet F4 performance requirements.
- Areas of height within the services areas of the building have been well designed to meet secondary access and industrial safety requirements with SID allowances also in place to ensure safe use of the building.



**F6, F7, F8 – Visibility in Escape Routes, Warning Systems and Signs**

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are all associated with the fire safety features of the building and accessible signage.
- These are all in place and operational as per the code compliance certificates and compliance schedule issued for the building and its associated area fitouts.
- Accessible signage is all in place for the building.
- Fire safety signage needs to be reviewed in conjunction with the fire report for the latest works completed on the building – appears signage is missing in some areas.

**Recommendation**

Review the fire safety signage within the building identifying means of escape against the latest fire report requirements to confirm all signage is in place.

**5.6 Services and facilities – NZBC clauses G1 – G15**

Services and facilities clauses of the building code for consideration within the building are as follows:

**G1 – Personal hygiene**

- Personal hygiene facilities (WC's, showers, basins etc) within the building meet the performance requirements of the building code.
- Numbers appear suitable for building and meet the performance requirements of the building code.
- Feedback from the building management team noted facilities are under constant use but numbers are suitable.
- Family rooms are always in demand and at times in short supply but sit outside minimum building code requirements. A first world problem.
- All facilities detailed and constructed to meet performance requirements of G1.
- Accessible facilities supplied in suitable numbers and location and designed to meet the requirements of G1/AS1 therefore suitably constructed to meet building code requirements.

**G3 – Food preparation**

- Food prep areas within the building as follows
  - Kitchenettes only to staff area within the building.
  - No café, commercial kitchen or public facilities.
- Food prep areas installed into the building with suitable detailing for surface finishes and fixtures in compliance with the NZBC.

**G4 – Ventilation**

- The ventilation system within this building is a major contributor to the function of the facility.
- This system controls the following
  - Pool water temperature
  - Air temp within the building
  - Air pressure within the building – to control moisture management within the building
- There are two ventilation systems in place within the building using differing design solutions.
  - The existing system within the original building
  - The new system within the extension
- As reported by the buildings operational team there is continual manipulation of the system required between the two systems to keep the building operational.
- Due to this specialist plant operation, it is imperative there is a contractor available to assist in the ongoing function and maintenance of the system.

- As discussed on site with the operation team the following attributes are imperative in this contractor
  - Urgency in undertaking actions
  - Excellent communications
  - Solutions driven
- Current contractor in place holds these attributes
- Previous contractors have not which has caused unnecessary operational issues.
- Note also the issues identified with stainless steel corrosion of fixings holding ventilation fixtures in place within the corrosive internal environment. Issue appears to being addressed with an ongoing replacement program.

#### **Design Learning**

Consider the use of nominated subcontractors in the design and construction of SDC buildings regarding ventilation systems to ensure ongoing monitoring and maintenance of these systems are completed by contractors holding the correct attributes to ensure a facility is constantly functional and operational.

#### **G5 – Interior environment**

- Accessible counter has been supplied to the reception administration area forming part of the accessible facilities within the building.
- Hearing loop installed within the building as required within this building due to the buildings use and occupant load.

#### **G8, G9 – Artificial lighting and electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements
- No issues identified by the management team of the building excluding the issues already identified with stainless steel corrosion of fixings holding electrical fixtures in place within the corrosive internal environment.
- Issue being addressed with ongoing replacement program.

#### **G12, G13 - Water supplies and foul water**

- Water supplies servicing the operation of the pools fall outside building code requirements.
- Pool water control systems within the building are complex with design issues identified by the Building Management team regarding the current systems. As noted these outside the scope of building code compliance but could be considered as design learnings as follows:
  - Filter removal from plant room impossible without full destruction of the filter
  - Sand extraction from filters has been challenging with an operations team retro fix solution installed to the building.
  - Flooding issues are identified and under constant supervision in power cut circumstances within the plant room due to the elevation of the plant room in relation to pool water levels.
- Backflow prevention is installed to protect potable water supplied within the building from the pool operational water systems. Locations listed on the compliance schedule.
- Water supply systems regarding building code requirements limited to the plumbing and drainage systems in place to deal with potable water supplies and foul water disposal.
- All in place and operational as per the issue of the latest CCC for the building.
- Issues identified by the building management team regarding male urinals and constant blockages associated with them.
- This issue is in hand with the building management team with the urinals likely to be removed and replaced with another means of waste disposal.

**Design Learning**

Likely to be advantageous in the long-term running of the building to have the involvement of operations team members in the design of specialist systems within the building to supply operational know how to the process.

**G15 – Solid waste**

- Building uses the SDC waste disposal system (supplied waste and recycling bins)
- Solid Waste storage in a dedicated enclosed space to the south/eastern elevation of the building.
- No issues noted by the management team excluding the difficult operation of the architecturally featured cedar clad access door to the area.

**5.7 Energy efficiency – NZBC clause H1**

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate. No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building.

No issues noted by the building management team through onsite discussions

**6.0 Building maintenance****6.1 Safety in design****Services access**

- Services access design within the building is excellent with the incorporation of service areas, corridors, external and internal service areas, and fall arrest systems as required.
- Design allows for ease of servicing of all systems within the building but as noted earlier could have been improved with operator input within the design of the building regarding the complex and specific pool supply systems (both water – (heating and cooling) and the associated ventilation systems).
- Noted within the FEB design for the building regarding fire safety that consideration was made on the placement of smoke detection systems to ensure ongoing maintenance can be achieved. Not placed over the pools. Demonstrates SID considerations made within the later designs of the building.

**Design learning**

Engagement of the SDC building operators is required within the design process to ensure expectations of the client are fully developed within the design of the building. Operational expertise needs to be sought by operators of the complex plant requirements of this type of building to ensure the day to day and long-term plant dominated functions of the building can be completed with efficiency and safety in mind.

**6.2 Building maintenance**

Building maintenance carried out on the building is managed through a combination of inputs from the following staff within the SDC.

- SDC facilities team
- Onsite Building Management team.

**This involves the following**

- Internal cleaning and wear and tear maintenance
- External maintenance and cleaning of the building.
- Maintenance and servicing to all plant within the building
  - Specialist pool systems and mechanical ventilation
  - Plumbing and drainage systems
  - Fire safety systems
- The onsite building management team has an outstanding understanding of the operational requirements of the building regarding the pool facilities and associated operational needs.
- The buildings plant requirements in this area appears to be extremely well managed and maintained through this input from onsite management.
- Discussions on site revealed there is a need to clarify the roles of the operations team on site and the SDC facilities team to ensure the roles and requirements for maintaining this building are clear and understood by all involved.

**Recommendation**

- Establish a strong maintenance regime for the building clearly outlining the responsibilities of all involved in maintaining the building to ensure all differing areas of consideration are covered.



# Commercial building review

## Building identification

Building details			
Building name	Selwyn District Council Headquarters	BC number	Various - See following
Address	2 Norman Kirk Drive, Rolleston		
Valuation	2405350100		
Review date	3/12/2024		
Carried out by	Andy Tyer		
1.0 Executive summary			
<p>As reported to the Audit and Risk Committee council has made the decision to exercise a precautionary approach regarding the councils building stock and undertake inspections on selected council buildings to make clear any potential poor construction or mis-inspections.</p> <p>The Selwyn District Council Headquarters will have been in operation as a community building for approx. 17 years at the time of this report. The building is performing well for a building of its age and is a substantial asset to the local community and the wider Selwyn District.</p> <p>The key function of the building is as a council administrative building undertaking all local government requirements for the District of Selwyn and in doing so housing council staff and completing council operations for the district. It is currently operating as it was intended.</p> <p>There are several performance issues identified within the following report.</p> <p>These are summarised as follows:</p> <ul style="list-style-type: none"> <li>• An audit of the buildings Building Warrant of Fitness should be completed as scheduled in 2025 to confirm all items identified within the 2024 audit have been reviewed and actioned.</li> <li>• A request to SDC (the TA) is supplied to extend the life of the temporary (now permanent) building installed to the southern end of the existing building as required by Section 114(2) of the Building Act 2004.</li> <li>• The ongoing maintenance regime of the building should be reviewed and modified if required then continued for all key components of the building to ensure all areas of the building are monitored and proactively remedied as required.</li> </ul>			

## 2.0 Design and construction learnings

The following design and construction learnings can be taken from this project:

1. Incorporation of robust and proven construction systems within building design allows for reduced maintenance requirements to buildings through the life of the building.  
In this case the example being the predominant use of precast concrete panels as cladding systems to the building.

## 3.0 Background

The Selwyn District Council Headquarters was designed in 2006 by Athfield Architects with the design intention for the structure to become a group of buildings settled within the local Canterbury landscape. As described by the architects the building is "A combination of form and materials to provide a strong and unique identity which will develop through natural weathering to create a subtle richness of colour and texture synonymous with the natural hues of the landscape".

The original areas of the building are approx. 17 years of age at the time of this report and appear to have met the architect's brief.

An application for building consent was submitted for the construction of the building in August of 2006 and consented ready for construction in November 2006. It replaced and consolidated the Selwyn District Council buildings in other parts of the district to a single operational hub and was occupied in late 2007.

The building is in high demand and is made up of several pods housing council staff and includes all associated services related to the function of a building of this type (reception, meeting rooms, council chambers, staff offices, staff facilities and ablution areas). It was extended in 2019 due to the expansion of the council as reflected by the growing district it serves.

Building consent application lodged – Original Build – BC061302	3 August 2006
Building consent application lodged – Additions and alterations - BC190951	13 June 2019
Building consent issued – Original Build – BC061302	24 November 2006
Building consent issued – Additions and alterations - BC190951	26 July 2019
CCC application lodged – Original Build – BC061302	4 October 2007
CCC application lodged – Additions and alterations - BC190951	9 June 2020
Code compliance certificate issued - Original Build – BC061302	2 November 2007
Code compliance certificate issued - Additions and alterations - BC190951	21 September 2020
Classified use (NZBC A1)	5.0.1 Commercial
Lawful established use	WL (working low)
Building regulations 2005 (Change of use)	

**4.0 Building Act compliance****All building work to have a building consent**

As per section 40 of the Building Act 2004 all building work deemed as building in NZ must obtain a Building Consent.

In this case the building was constructed under an original consent issued in 2006 and has undertaken a single significant upgrade and extension through the public facing central areas in 2019 that included structural strengthening of the building to improve earthquake resilience.

Another minor building consents was completed in 2017 regarding the install of hold open devices to fire doors.

There is a building consent due for application by the facilities team for another minor alteration to the building regarding the separation of the executive space within the building from public access. This work will be involving the realignment of access doors within the building and the associated fire safety, ventilation and accessible facility adjustments require due to these changes.

**Exemptions**

There have been three exemptions issued for this building regarding minor works where it was deemed by the TA a building consent was not required. The building management team have sought and obtained exemptions for these areas of work as allowed by the Building Act 2004. This includes works such as alterations to entrance doors, modification to backflow prevention and alterations to door locks.

Further to the exemptions supplied above an exemption was supplied for temporary office space within a relocatable building situated to the southern end of the original building. It has been noted the PS1 design for this building is limited to a 3-year life span of the building and the exemption states a two-year occupation of the proposed building. Noting the exemption was issued in 2017 the specified life of the building has been exceeded.

A resource consent was applied for and approved in 2021 to deem this building a permanent structure and discussions at the time established no additional building work was required to address durability requirements. This decision has not been formally endorsed and it is recommended a request to SDC (the TA) is supplied to extend the life of this building as required by Section 114(2) of the Building Act 2004.

It is critical specified systems altered or added within the building are updated as required with fitout or alteration consents to ensure the compliance schedule for the building is current. It appears this has been largely completed through the alterations and associated consents and exemptions completed to the building. See the following area regarding compliance schedules and the 2024 Building Warrant of Fitness audit for further information concerning this building.

**Compliance schedule and BWoF – sections 100 – 111 of the Building Act 2004**

Within the building are specified systems (life safety systems) that make up the compliance schedule of the building. These systems are inspected, maintained and reported on within the buildings warrant of fitness regime completed for the building as required by the Building Act 2004.

During the building inspection the following was noted regarding the building warrant of fitness.

- Building Warrant of fitness was displayed appropriately – Reception area of the building in the wind lobby at the main entrance.
- Building Warrant of fitness was current – Due date 02.11.2025
- Means of escape from the building were being well maintained and free of obstacles
- Specified systems appeared to be undergoing required testing and monitoring
- Compliance schedule and records held off site with IQP – FFP – 2 Halls Place – Christchurch

- Review of the current compliance schedule notes the latest alterations or additions to specified systems undertaken as part of a building consent through works completed on the building has been updated within the latest version of the compliance schedule.
- BWof Audit completed by the SDC compliance team on the building on the 7<sup>th</sup> of June 2024 that identified a large number of corrections required.
- Following comment supplied within the recommendations as part of that audit  
“Satisfied on reasonable grounds that the findings do not necessitate a notice to fix in this instance due to the fact they are routine maintenance items, and the building owner is proactively addressing them, and all life safety systems are fully functional”.
- Discussions with the facilities team confirmed issues are underway in correction with a number completed already. As per the audit findings the annual audit scheduled for June 2025 will review corrections.
- Several to be included in the proposed building consent application for minor alterations to the building with supply imminent.

See further information within the building's compliance schedule **R770264**

#### Recommendation

- An audit of the buildings Building Warrant of Fitness should be completed as scheduled in 2025 to confirm all items identified within the 2024 audit have been reviewed and actioned.
- A request to SDC (the TA) is supplied to extend the life of the temporary (now permanent) building installed to the southern end of the existing building as required by Section 114(2) of the Building Act 2004.

### 5.0 Building code compliance

The NZ building code clauses have been summarised as set out below with key points added to the relevant sections to reflect the on-site inspection findings supplied in this report.

#### 5.1 Stability – NZBC clauses B1 – B2

The building is made up of a varying selection of structural construction techniques and systems with the original building of 2006 and the alteration and extension works completed in 2020 using similar construction systems and products.

These involve the following:

- Combined Insitu and precast reinforced concrete foundations and floors
- Structural steel mainframe systems with timber framed infill systems
- Feature precast concrete systems providing structural elements and exterior cladding systems
- Conventional roofing systems
  - Proprietary membrane systems timber framed and lined substrates
  - Profiled metal cladding including alternative solution flashing and finishing systems.
- Alternative solution cladding systems to walls of the building as detailed
  - Feature precast
  - Site specific mild steel metal rainscreen cladding system – on cavity
  - Macrocarpa Battens – louvers
  - Lawson Cypress weatherboards – on cavity
  - Lawson Cypress vertical rainscreen – on cavity
  - Timber trims as detailed – claddings and soffits



- Shop front Aluminium – glazed panel systems and associated joinery

Construction systems are advanced in their complexity and the building appears to be performing structurally well with minimal signs of movement, subsidence or distortion encountered within the building. However, there are areas of movement within the building that can be determined as formed as part of the seismic events from 2011.

Discussions with the SDC building management team noted the building has been assessed for earthquake resilience and has not been deemed as earthquake prone.

An investigation was completed in 2018 prior to the upgrade and extension of the central executive area of the building to establish earthquake resilience of the buildings. This was completed in recognition of the buildings required importance levels regarding emergency response.

This investigation and resulting building upgrades in 2019 resulted in the following outcomes regarding earthquake resilience:

- 100% NBS - IL4 – Executive pod 2019 extension
- 70% NBS – IL4 – Council Chamber, Customers Services Area and Generator room
- 45% of IL2 – Offices and remainder of the building.

It should be noted any proposed alteration works to the building in the future should take into consideration the current earthquake ratings (as listed above) within the design scope and look for improvements to meet current standards as far as reasonably practicable.

Cladding systems installed on the building appear to be performing to durability requirements of the building code with no significant moisture ingress encountered recently as reported by the building management.

Maintenance of cladding systems is noted as a requirement regarding the ongoing performance of these systems. Maintenance requirements for the exterior cladding systems of the building is critical to their durability performance especially in the following instances

- Timber cladding systems – replacement of protective coating systems if used in the first instance and ongoing review of timber members for any deterioration.
- High complexity cladding junctions that are common over the building require monitoring for deterioration in sealant, backing gaskets or the like.

### **Design Learning**

Incorporation of robust and proven construction systems within building design allow for reduced maintenance requirements to buildings through the life of the building. In this case the example being the predominant use of precast concrete panels as cladding systems to the building.

## **5.2 Fire safety - NZBC C clauses**

At the time of the site visit fire safety systems were in place as required by the code compliance certificate issued for the building. It also appears these are being maintained as required by the compliance schedule and the Building Warrant of Fitness in place for the building.

See comments above regarding the current Building Warrant of Fitness on the building at the time of the site visit. As noted, the following areas were observed:

- Means of escape from the building was being well maintained and free of obstacles
- Active and passive fire safety systems were being suitably tested and maintained through the Building Warrant of Fitness system.
- Fire related issues identified within the BWof audit are currently being proactively addressed.

### 5.3 Access – NZBC clauses D1 – D2

Access requirements to this public building are summarised through the following items for consideration regarding building performance:

- Access to the building from parking facilities
- Access into the building from the exterior perimeter of the building
- Access within the building
- Manifestations and signage supplied

Access to and within the building complies with the NZBC as it did when the Code Compliance Certificates were issued for the building and its later upgrade with full public and accessible access to the building provided.

Access routes have been well designed with excellent consideration to accessible requirements. The building is generally on a single level. Egress items identified within the BWof audit regarding access are currently being addressed and can be noted as minor items under review.

Feedback within the site inspection from the building management team being the following regarding access within the building.

- Building users are generally happy with access to and within the building however access doors and associated card swipe systems can cause issues with accessible users.
- It was noted that accessible routes supplying access to WC facilities will be affected by security and access requirements within the building as the public reception area is to be segregated from the executive spaces of the building.

A building consent application is imminent regarding the installation of additional public facilities within the building to ensure this restricted access proposal to public will not restrict suitable availability of accessible WC facilities.

### 5.4 Moisture Control – NZBC clauses E1 – E3

Moisture control to the building is made up of the following:

#### **E1 - Stormwater**

- Stormwater disposal for the building has been incorporated into the complex as a whole and is included in the civils design of the full area (swale disposal). Site inspection showed no sign of failure within the stormwater disposal system.
- Stormwater disposal systems on the building (gutters, downpipes) are functioning as required with no reports of failure by the building management team.
- Review of the building design regarding stormwater disposal systems (gutter, downpipes, overflows) and on-site inspections show these systems are complex in design and maintenance of these systems is critical to their ongoing correct function.

#### **E2 - External moisture**

- Exterior cladding systems are complex in design and construction on this building.
- Products selected and installed are generally bespoke site-specific designs with complex cladding junctions both within and between cladding systems.
- These are generally based on proven systems in NZ in their historical performance with bespoke additions or inclusions to design.
- Cladding systems appear well detailed and well-constructed.
- Generally all are deemed as alternative solutions to the performance requirements of the NZBC.
- Cladding systems include the following

- Conventional roofing systems
  - Proprietary membrane systems on timber framed and lined substrates
  - Profiled metal cladding
  - Complex junctions and finishings to both systems.
- Alternative solution cladding systems to walls of the building as detailed
  - Feature precast concrete panel systems
  - Site specific mild steel metal rainscreen cladding system - cavity
  - Macrocarpa Battens – louvers
  - Lawson Cypress weatherboards - cavity
  - Lawson Cypress vertical rainscreen - cavity
  - Timber trims as detailed – claddings and soffits
- Shop front Aluminium – glazed panel systems and joinery
- As discussed with the onsite building management team current issues regarding moisture penetrating the building as follows:
  - Single minor roof leak to the cleaner's room in the eastern end of the building. Assumption due to the age of the building general maintenance issues and not an inspection or design issue.
- Maintenance of cladding systems is noted as a requirement regarding the ongoing durability performance of these systems.
  - Timber cladding systems – replacement of protective coating systems if used in the first instance and ongoing review of timber members for any deterioration.
  - High complexity cladding junctions that are common over the building need to be monitored for deterioration in sealant, backing gaskets or the like.
- No current wear and deterioration of cladding systems observed during site inspection – please note roof access was not achieved.

#### Recommendation

Maintenance regime is required to be continued/established for the exterior cladding systems of the building to ensure all areas of the building are monitored and remedied as required.

#### E3 - Internal moisture

- Conventional cold roof system installed to the building shows good performance. No issues noted of thermal bridging within the building. Construction detailing show suitable thermal break in the building and isolation of thermal envelop regarding the external cladding.
- Internal areas of the building encountering normal internal moisture challenges (Staff Kitchenettes, ablutions, changing and shower rooms) have been detailed to deal with internal moisture and appear to be performing well.

#### 5.5 Safety of users – NZBC clauses F1 – F9

The Safety of users clauses of the building code for consideration within the building are as follows:

##### F6, F7, F8 – Visibility in Escape Routes, Warning Systems and Signs

- The relevant clauses of the Building Code regarding the safety of users for this building (F6, F7, F8) are associated with the fire safety features of the building and accessible signage.
- These are all in place and operational as per the code compliance certificates and compliance schedule issued for the building and its associated area fitouts.
- Accessible signage is all in place for the building including hearing loop signage.
- Fire safety signage needs to be reviewed in conjunction with the BWof audit results and this is currently underway.
- See BWof notes supplied earlier in this report or the BWof audit itself for further information.

## 5.6 Services and facilities – NZBC clauses G1 – G15

Services and facilities clauses of the building code for consideration within the building are as follows:

**G1 – Personal hygiene**

- Personal hygiene facilities (WC's, showers, basins etc), numbers and construction, within the building meet the performance requirements of the building code.
- All facilities detailed and constructed to meet performance requirements of G1.
- Accessible facilities supplied in suitable numbers and location and designed to meet the requirements of G1/AS1 therefore suitably constructed to meet building code requirements.
- Issues have been identified that require additional facilities to be supplied due to the buildings proposed segregation requirements for security. With additional security access-controlled doors it is proposed to isolate the executive pod the existing accessible facilities will not available to public.
- Building consent to be submitted to add accessible facilities for the public within the building with existing accessible facilities to be used by staff.

**G3 – Food preparation**

- Food prep areas within the building as follows
  - Kitchen and kitchenette facilities to staff area within the building.
  - No café, commercial kitchen or public facilities.
- Food prep areas installed into the building with suitable detailing for surface finishes and fixtures in compliance with the NZBC.

**G4 – Ventilation**

- Feedback from building management team regarding ventilation to the building is summarised as follows:
  - Maintenance is continually required on the system but it is currently functioning well.
  - Issues generally encountered relate to users within the building altering setting of the ventilation and temperature control systems and associated fluctuations occurring.
  - Currently undertaking preventative maintenance of the auto window mechanisms and the carbon dioxide monitors.
- Building code requirements are summarised as follows
  - Functional requirement of the NZBC states the following
    - Spaces within *buildings* shall be provided with *adequate* ventilation consistent with their maximum occupancy and their intended use.
  - Performance requirement G4.3.1 of the NZBC states the following
    - Spaces within *buildings* shall have means of ventilation with *outdoor air* that will provide an *adequate* number of air changes to maintain air purity.
- Ventilation has been supplied to the building as per the original build in 2006 and the additions and alterations (completed in 2020) to the requirements of the NZBC (G4.3.1 – fresh air supply) as per the functional and performance requirements noted above. Certified as complying through the supply of the Code Compliance Certificate.
- Ventilation system uses natural ventilation systems (opening windows) within the supply of ventilation to the building and CO2 levels are monitored within the system.
- As noted above the system is maintained and is currently operating as required.
- Ventilation to spaces exposed to foul air (G4.3.2/ G4.3.3 - moisture, fumes etc) appear to have been supplied to ablution areas as part of the building consent.

- As per the BWof audit completed on the building further investigation needs to be completed to ensure the small areas identified within that report are suitably ventilated for the use of the area.
- See recommendations within the BWof area for actions on this work. Currently underway under as confirmed with the facilities team managing this building.

**G5 – Interior environment**

- Accessible counter has been supplied to the reception administration area forming part of the accessible facilities within the building.
- Hearing loop installed within the building as required within this building due to the buildings use and occupant load and forms part of the compliance schedule.

**G8, G9 – Artificial lighting and Electrical**

- Electrical supply and artificial lighting continue to perform as per building code requirements.

**G10, G11 – GAS and Piped services**

- Gas supply and fixtures continue to perform as per building code requirements.

**G12, G13 - Water supplies and Foul water**

- Water supply and plumbing systems within the building continue to comply with the performance requirements of the NZBC.
- Backflow prevention in place and being monitored as part of the compliance schedule reporting requirements.

**G15 – Solid waste**

- Building uses the SDC waste disposal system (supplied waste and recycling bins)
- Solid Waste storage in a dedicated enclosed space to the eastern elevation of the building.
- No issues noted by the management team.

**5.7 Energy efficiency – NZBC clause H1**

Energy efficiency of the building currently meets NZBC requirements as it did at the issue of the Code Compliance Certificate. No fundamental changes to the building since that assessment regarding insulation or energy requirements of the building.

No issues noted by the building management team through onsite discussions

**6.0 Building maintenance****6.1 Safety in design****Services access**

- Services within the building are reasonably complex with ventilation systems and water reticulation systems bespoke to the building design.
- Access to these services within the building suitable for a building of this scope.

**Building Maintenance**

- Building can be deemed generally as single level with access systems installed to the roof area for suitable safe access.
- Maintenance of the building is complex due to the bespoke design of the building regarding exterior cladding systems and service systems associated with the building.

**Storage**

- As discussed on site with the design management storage on site is suitable for the use of the building and is constantly altering with the needs on the community the building service es.

**6.2 Building maintenance**

Maintenance carried out on the building is managed by the SDC facilities team. This involves the following:

- Internal and external cleaning and wear and tear maintenance
- Maintenance and servicing to all plant within the building
  - Plumbing and drainage systems
  - Mechanical ventilation
  - Fire safety systems
- The building appears to be well maintained through this input from the SDC facilities team.
- Due to the age of the building (approx. 17 years to the original sections of the building) the building is nearing the end of its serviceable life regarding several functional areas of the building including items such as ventilation systems and exterior cladding systems.
- An ongoing proactive maintenance regime needs to be installed to ensure the building continues to function as it should for staff and visitors.

**Recommendation**

Maintenance regime is required to be established for all key components of the building to ensure all areas of the building are monitored and remedied proactively as required.

**RESOLUTION TO EXCLUDE THE PUBLIC****Recommended:**

*'That the public be excluded from the following proceedings of this meeting. The general subject matter to be considered while the public is excluded, the reason of passing this resolution in relation to the matter, and the specific grounds under Section 48(1) of the Local Government Official Information and Meetings Act 1987 for the passing of this resolution are as follows:*

General subject of each matter to be considered		Reasons for passing this resolution in relation to each matter	Ground(s) under Section 48(1) for the passing of this resolution	Date information can be released
1.	Minutes	Good reason to withhold exists under Section 7	Section 48 (1) (a)	
2.	Internal Audit Update			
3.	Compliance Update			Indefinite

This resolution is made in reliance on Section 48(1)(a) of the Local Government Official Information and Meetings Act 1987 and the particular interest or interests protected by Section 6 or Section 7 of that Act or Section 6 or Section 7 or Section 9 of the Official Information Act 1982, as the case may require, which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public are as follows:

1	Enable any local authority holding the information to carry out, without prejudice or disadvantage, commercial activities; or  Enable any local authority holding the information to carry on without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	Section 7(2)(h)  Section 7(2)(i)
2	prevent the disclosure or use of official information for improper gain or improper advantage.	Section 7(2)(j)
3	The withholding of the information is necessary to maintain legal professional privilege	Section 7(2)(g)

2. that appropriate officers remain to provide advice to the Committee.'

Unuhia, unuhia  
Te pou, te pou  
Kia wātea, kia  
wātea  
Āe, kua wātea

Remove, uplift  
The posts  
In order to be  
free  
Yes, it has been  
cleared