

Agenda for a meeting of the Risk & Assurance Committee of the Waikato District Council to be held in Committee Room 1 & 2, 15 Galileo Street, Ngaaruawaahia on **THURSDAY, 31 AUGUST 2023** commencing at **9.30am**.

The meeting will open with a Karakia.

- 1. APOLOGIES AND LEAVE OF ABSENCE**
- 2. CONFIRMATION OF STATUS OF AGENDA**
Representatives from Audit New Zealand will be in attendance.
- 3. DISCLOSURES OF INTEREST**
- 4. CONFIRMATION OF MINUTES**
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7. **OTHER**

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8. **REPORTS FOR INFORMATION**

The following reports will be taken as read:

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The meeting will close with a Karakia.

A Risk & Assurance Zero Harm Site Visit will take place following the meeting at the Ngaaruawaahia Dog Pound.

GJ Ion
CHIEF EXECUTIVE

TERMS OF REFERENCE AND DELEGATION

| | |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reports to: | The Council |
| Chairperson: | External appointee – Mr Peter Stubbs |
| Membership: | Deputy Chairperson – Cr Janet Gibb Mayor Jacqui Church (<i>ex officio</i>) Deputy Mayor Carolyn Eyre Cr Marlene Raumati Cr Peter Thomson |
| Meeting frequency: | As required – no less than four times each year. |
| Quorum: | Four members |

Purpose:

The Risk and Assurance Committee is responsible for:

1. Considering and reviewing the adequacy of Council's risk management and internal control frameworks.
2. Monitoring and seeking assurance on the functioning of Council's risk management and internal control frameworks (including systems and processes).
3. Managing the independent auditor (internal and external) expectations and relationships.

Terms of Reference:

To achieve the above purpose the Audit and Risk Committee will:

1. Annually review council's risk management framework to ensure it is effective
2. Ensure the strategic risk register is current and relevant
3. Ensure Council has an effective internal control framework to identify and manage business risk (at the risk portfolio level)
4. Review Council's insurance programme for adequacy of risk mitigation
5. Review the effectiveness of Council's business continuity and disaster recovery planning and testing arrangements
6. Ensure Council has an effective framework in place to prevent, detect and investigate fraud-related issues
7. Ensure Council has an effective Health and Safety/Zero Harm framework in place to prevent, detect and investigate safety-related issues
8. Review the internal audit framework to ensure that appropriate organisational structures, authority, access, and reporting arrangements are in place
9. Approve the annual internal and external audit programme and related plans
10. Consider Council's annual report from a risk perspective, and subject to audit clearance, make recommendations to Council regarding adoption
11. Review audit reports (internal and external) and monitor management's implementation of audit recommendations
12. Keep Council informed on significant risk or audit issues raised and proposed actions
13. Meet regularly with independent auditors to gain assurance on the risk frameworks and the management of them

The Committee is delegated the following recommendatory powers:

1. The committee has no decision-making powers.
2. The committee may make recommendations to the Council and/or the Chief Executive
3. The committee may conduct and monitor special investigations in accordance with Council policy and approved budget, including engaging expert assistance, on matters within its terms of reference.

Administrative arrangements:

Meetings

The committee will meet at least four times each year. An extraordinary meeting may be called to review the annual report. The chairperson is required to call a meeting if requested to do so by the Council, or the Chief Executive.

A meeting plan, including dates and agenda items, will be agreed by the committee each year. The meeting plan will cover all the committee's responsibilities as detailed in these Terms of Reference.

For clarity, the Council's Standing Orders and Code of Conduct will apply to committee meetings and members.

Membership

Members are appointed for an initial term of no more than the three years that aligns with the triennial elections, after which they may be eligible for extension or reappointment.

The Council appoints external members of the committee; the terms of the appointment are to be recorded in a contract.

Attendance at meetings

Meetings can be held in person, by telephone, or by video conference in accordance with Standing Orders.

The Chief Executive, Executive Leadership Team members, and external audit representatives will be invited to attend each meeting, unless requested not to do so by the chairperson of the committee. The committee may also ask other Council employees, or other suitably qualified persons with interest or expertise in special topics, to attend committee meetings or participate for certain agenda items.

The committee will meet separately with both the internal and external auditors at least once a year.

Reporting

The committee will regularly, and at least once a year, report to the Council on its operation and activities during the year.

The report should include:

- a summary of the work the committee performed to fully discharge its responsibilities during the preceding year; and
- a summary of the Waikato District Council's progress in addressing the findings and recommendations made in internal and external audit reports, and the Auditor-General's reports (if applicable).

The committee may, at any time, report to the Chief Executive or the Council on any other matter it deems of sufficient importance to do so. In addition, at any time an individual committee member may request a meeting with the Chief Executive or the Council.

Assessment arrangements

The chairperson of the committee will initiate a review of the performance of the committee at least once every two years and present it to the Council. This will support the committee's philosophy of continuous improvement.

Review of Terms of Reference

The committee will review its Terms of Reference at least once a year. This review will include consultation with the Council.

Any substantive changes to the Terms of Reference will be recommended for approval by the committee to the Council.

| | |
|---------------------|----------------------------------------------|
| To | Audit & Risk Committee |
| Report title | Confirmation of Minutes |
| Date: | Thursday, 17 August 2023 |
| Report Author: | Elizabeth Saunders, Senior Democracy Advisor |
| Authorised by: | Gaylene Kanawa, Democracy Manager |

1. Purpose of the report

Te Take moo te puurongo

To confirm the minutes for a meeting of Audit & Risk Committee held on Monday, 19 June 2023.

2. Staff recommendations

Tuutohu-aa-kaimahi

THAT the minutes for a meeting of the Audit & Risk Committee held on Monday, 19 June 2023 be confirmed as a true and correct record.

3. Attachments

Ngaa taapirihanga

Attachment 1 – A&R Minutes – 19 June 2023

Minutes for a meeting of the Audit & Risk Committee of the Waikato District Council to be held in Council Chambers Galileo Street, Ngaruawahia on **MONDAY, 19 JUNE 2023** commencing at **9.30am**.

Present:

Mr P Stubbs (Chairperson)
Cr Gibb (Deputy Chairperson)
Her Worship the Mayor, Mrs JA Church
Deputy Mayor, Cr C Eyre
Cr P Thomson (from 12:02pm)

Attending:

Mr C Susan, Audit NZ
Ms K Maccown, Audit NZ

Mr G Ion (Chief Executive)
Ms A Diaz (Chief Financial Officer *(via audio-visual conference)*)
Mr G King (Chief Information Officer)
Mr C Morgan (General Manager, Community Growth)
Mrs S O’Gorman (General Manager, Customer Support)
Mr K Abbott (Executive Manager, Projects & Innovation)
Ms K Rhind (Senior Communities & Engagement Advisor)
Mrs L Shirley (Zero Harm Manager)
Mr D Tisdall (Risk Advisor)
Mr D Sharma (Contractor – Three Waters Reform)
Ms R Leahy (Democracy Advisor)

The Executive Manager, Projects & Innovation opened the meeting with a Karakia.

APOLOGIES AND LEAVE OF ABSENCE

Resolved: (Crs Gibb/Eyre)

That the Audit and Risk Committee accepts the apologies from:

- a. **Cr P Thomson for lateness; and**
- b. **Cr M Raumati for non-attendance.**

CARRIED

A&R2306/01

CONFIRMATION OF STATUS OF AGENDA

Resolved: (Crs Gibb/Eyre)

THAT the agenda for a meeting of the Audit and Risk Committee held on Monday, 19 June 2023 be confirmed:

- a. in accordance with Standing Order 9.4 the order of business be changed with the Reports taken in the following order: Agenda Item 6.3, Agenda Item 6.1, Agenda Item 6.7, Agenda Item 6.5, Agenda Item 6.4, Agenda Item 7.1, Agenda Item 7.2, Agenda Item 7.3, Agenda Item 6.6 and Agenda Item 6.2; and
- b. agrees all items therein be considered in open meeting, with the exception of those items detailed at agenda item 8 which shall be discussed with the public excluded; and
- c. all reports be received.

CARRIED

A&R2306/02

DISCLOSURES OF INTEREST

There were no disclosures of interest.

CONFIRMATION OF MINUTES

Resolved: (Her Worship the Mayor, Mrs JA Church/Cr Gibb)

THAT the minutes for a meeting of the Audit & Risk Committee held on Wednesday, 15 March 2023 be confirmed as a true and correct record.

CARRIED

A&R2306/03

ACTIONS REGISTER

The report was received [A&R2306/01 refers] and no discussion was held.

REPORTS

Deep Dive Community Expectations
Agenda Item 6.3

The report was received [A&R2306/02 refers], and the following discussion was held:

- The Community Engagement Strategy was currently under review. Once the final draft was complete, it would go out to Mana Whenua, Community Boards, and the wider community for feedback.
- The Chair requested that measurables that gauge the impact on the community be included in the Communications and Community Engagement Strategies.
- It was noted that the Waikato District had a diverse community and staff were interested in ascertaining how those communities determined success.

- Due to the vast geographical area of the district, Council had faced challenges engaging with the right Mana Whenua. Staff were trying to maintain and build on existing relationships.
- Staff were also working on a Maaori Engagement Strategy and framework.
- It was noted that despite robust community engagement, this did not always equate to community satisfaction in terms of delivery.

Resolved: (Mr Stubbs/Cr Gibb)

That the Audit and Risk Committee:

- requests the Communications and Engagement Team report back to the Audit & Risk Committee once the Communications and Community Engagement Strategies had been developed, including how and when impact would be measured.**

CARRIED

A&R2306/04

Chief Financial Officer Report
Agenda Item 6.1

The report was received [A&R2306/02 refers], and the following discussion was held:

- Council would deliver 45 per cent of the Capital Works budget this year, however, the national average was 65 per cent. It was noted that this was the first year Council had the works planned ahead of time.
- *The outstanding CAPEX works programme was being rolled into the next financial year, is this feasible?* Reports to the Infrastructure Committee showed a trend that works were being completed in a quicker time frame than past years.
- Staff reiterated they were confident in delivering the capital works projects in the next year due to the fact they were no longer affected by market constraints.

ACTION: An assessment of the EPMO performance to be included in the next year's external audit plan with Audit NZ.

- The Chief Financial Officer highlighted that the main concern with carry forwards budgets were that Council had lost the time-value of money, which in an inflationary environment was very important.
- *What if we have a year like 2023 and are affected by cyclones etc. and normal business is put on hold?* Part of the planning process now included risk mitigation of when and how works could start. For example, upcoming works did not involve a lot of earth works which meant they did not need to wait until the drier season.
- *In terms of team resourcing 'a team member leaving may impact on the business', is that a conservative impact?* There was a contingency plan in place to mitigate this. The challenge was that there was a new budgeting system in place and the team member leaving was the subject matter expert on that system. However, other staff had now been trained to use the system.

- Concern was raised about uncontrollable impacts on Council. It was noted that in the Central Government budget there was a focus on building resilience within the roading network.
- Discussion was held on how projects were categorised and reported on to the Infrastructure Committee.

ACTION: The Chairperson and Executive Manager, Projects & Innovation to discuss a project delivery report for the Audit & Risk Committee that tracks projects on a 'red, amber, green' basis.

Audit Plan for the year ending 30 June 2023

Agenda Item 6.7

The report was received [A&R2306/02 refers], and the following discussion was held:

- The Chairperson would like the Committee to be more involved in the Audit Plan process in future years.
- Audit NZ stated that there were two new financial standards being introduced.
- A discussion was held on auditing the Annual Plan and Long-Term Plan. It was noted that the audits would be carried out separately, with two engagements running at the same time.

Resolve: (Crs Gibb/Eyre)

That the Audit and Risk Committee approves the Audit Plan for the year ending Friday, 30 June 2023.

CARRIED

A&R2306/05

Cyber Security Update

Agenda Item 6.5

The report was received [A&R2306/02 refers], and the following discussion was held:

- With suppliers and contractors having increased access to Council information, systems like the Human Resources Information System had becoming increasingly important to Council.
- Overseas there had been a change in the tolerance towards data breaches and an increased appetite to sue organisations for data breaches.
- Cyber-attacks pose a significant risk to Council with most cyber-attacks being state sponsored. Organisations such as councils were not the intended target but were collateral damage.
- A request was made that future updates refer back to this paper and progress on meeting targets noted therein.

Resolved: (Her Worship the Mayor, Mrs JA Church/Cr Eyre)

That the Audit and Risk Committee:

- a. supports the plan to reduce the residual risk pertaining to Cyber Security.

CARRIED

A&R2306/06

Waikato District Council Zero Harm Update
Agenda Item 6.4

The report was received [A&R2306/02 refers], and the following discussion was held:

ACTION: The Zero Harm Manager to provide the Chairperson with a copy of the Health and Safety Governance Activity Plan.

- There was a legislative requirement to have a Safety Action Team that represents workers and held the organisation accountable.
- The review of the Zero Harm Safety Management identified gaps and highlighted opportunities for critical risk management and how that was reported to Governance.
- The external auditor encouraged the Zero Harm Team to refocus their attention to bow tie risk mitigation methods.
- Workplace violence remained a critical risk for Council, staff reported incidents of verbal abuse and threats.
- Since April 2023, there had been two incidents where staff were subjected to threats involving replica firearms. Both incidents were responded to differently by staff involved which led the Zero Harm Team to review the emergency response procedures for an armed intruder.
- Additionally, the next round of front counter safety training would take place in their usual workspace. This was because the response to an incident may be reliant on the layout of the workspace.
- During the audit process, Audit NZ raised a concern about the ability to complete the critical control verification for the workplace violence risk when the risk mitigation was based on behavioural controls on how staff respond.
- The Zero Harm Team had recommended to the Executive Leadership Team that an independent review be carried out on the 'workplace violence risk'.
- *Do we bench-mark against other councils and can we partner with other councils?* There was some opportunity for collaboration through Co-Lab, however, in terms of partnering on critical risk management, collaboration with other councils was limited.

The meeting adjourned at 11:00am and resumed at 11:12am.

Quality & Governance Assurance Update
Agenda Item 7.1

The report was received under [A&R2306/02 refers], and the following discussion was held:

- The staff led internal audit schedule would focus on specific internal processes.

Updated Future Work Plan
Agenda Item 7.2

The report was received [A&R2306/02 refers], and the following discussion was held:

- The Chairperson raised a concern that he could not attend the next Committee meeting and requested the date be changed. It was noted that the Committee meeting date was critical for the Annual Report.

ACTION: Democracy Team to work with the Chief Operating Officer and Chief Financial Officer to find an alternative Committee meeting date.

Register of Interests – Elected and Appointed Members
Agenda Item 7.3

The report was received [A&R2306/02 refers], and the following discussion was held:

- It was noted that all Councillors had returned their 'Pecuniary and Non-pecuniary interests' forms to the Democracy Team.

Independent Internal Audit Programme and Framework Report
Agenda Item 6.6

The report was received [A&R2306/02 refers], and the following discussion was held:

- A concern was raised that the Committee had no way of critiquing how staff came up with the internal audit programme and that under the Terms of Reference the Committee should be approving the programme.

ACTION: Future Internal Audit Programme reports to include staff analysis underpinning the internal audit plan.

- A concern was raised that five (5) internal audit projects had been identified but there was only budget for two.
- The 'Procurement', 'Contract Management' and 'Development Agreements' audits were recommended to be audited first. However, both were going through a transition period with technology systems, which meant they would not be audited for a further six (6) months.
- The Committee agreed to defer approving the internal audit programme until the next meeting.

Strategic Risk Register and Emerging Risks
 Agenda Item 6.2

The report was received [A&R2306/02 refers], and the following discussion was held:

- Concern was raised on the number of strategic risks increasing to 14. The Committee was limited by the number of meetings and Council was limited by resource to address and mitigate these risks.
- Concern was raised about combining or reducing the number of strategic risks. If 14 risks had been identified, then Council should not focus on some risks at the expense of others. It was noted that reducing the number of strategic risks did not mean the risk was not being managed by staff, however, it did mean that the Audit & Risk Committee would not have a deep dive into that risk.
- The Chief Executive advised that significant resource was put into the Audit & Risk Committee meetings. Increasing the number of meetings would result in extra resource put towards undertaking deep dives on the strategic risks rather than doing general BAU and mitigating the risks.
- Audit NZ acknowledged that some of the strategic risks were being monitored by Senior Management and suggested that a limited number of risks be reported to the Committee.
- A discussion was held on combining some of the strategic risks into one overall 'operational risk' that could be monitored by management and reported to the Committee.
- The Chairperson observed that there were three (3) risk categories; operational risks that were being monitored by Senior Management, risks that were important to the Committee to monitor through reporting, and significant risks that required deep dives.
- The Chairperson will meet with management to develop a framework whereby all 14 Strategic Risks will have oversight albeit the A&R Committee will deep dive on a number able to be supported with it's capacity.
- The Committee agreed to change the name to the 'Risk & Assurance Committee'.

Resolved: (Mr Stubbs / Cr Gibb)

THAT the Audit and Risk Committee:

- a. note that following agreement between the Chairperson and Management on the future framework for overseeing all 14 strategic risks, this framework will be presented to council for adoption.

THAT the Audit and Risk Committee recommends that Council:

- a. agree to change the Audit & Risk Committee's name to the Risk & Assurance Committee.

CARRIED

A&R2306/07

Cr P Thomson entered the meeting at 12:02pm during Agenda Item 6.2.

EXCLUSION OF THE PUBLIC

Resolved: (Crs Gibb/Eyre)

THAT the Audit and Risk Committee:

- a. exclude the public from the following parts of the proceedings of this meeting.**

The general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each 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 | Reason for passing this resolution in relation to each matter | Ground(s) under section 48(1) for the passing of this resolution |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Item number PEX 2 Confirmation of Minutes Item PEX 3.1 Fraud Declaration Item PEX 3.2 ComplyWith Legal Compliance Survey Results Item PEX 3.3 Register of Interests - Senior Staff Item PEX 3.4 Audit NZ Time with Committee | Good reason to withhold exists under Section 6 or Section 7 Local Government Official Information and Meetings Act 1987 | Section 48(1)(a) |

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 which would be prejudiced by the holding of the whole or relevant part of the proceedings of the meeting in public, as follows:

| Item No. | Section | Interest |
|---------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item PEX 3.1 Fraud Declaration | 7(2)(a) 7(2)(c)(ii) | To protect the privacy of natural persons, including that of deceased natural persons. To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information— (ii) would be likely otherwise to damage the public interest. |

| | |
|---------------------|-----------------------------------------|
| To | Rick and Assurance Committee |
| Report title | Actions Register – August 2023 |
| Date: | 31 August 2023 |
| Report Author: | Tony Whittaker, Chief Operating Officer |
| Authorised by: | Tony Whittaker, Chief Operating Officer |

1. Purpose of the report

Te Take moo te puurongo

To update the Risk and Assurance Committee on the actions arising from the previous meeting.

2. Staff recommendations

Tuutohu-aa-kaimahi

THAT the Risk & Assurance Committee receives the Actions Register for August 2023.

3. Attachments

Ngaa taapirihanga

Attachment 1 – Risk and Assurance Committee Actions Register August 2023.

Risk & Assurance Committee: Action Register – August 2023

| # | Action | Owner | Date Assigned | Date Due | Status |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Business Resilience deep dive to include learnings from Covid pandemic. | Executive Manager, Projects & Innovation | September 2022 | September 2023 | Complete. The Business Resilience deep dive in this agenda includes an attachment. |
| 2 | Provide material examples of risk management in action in future Committee reports. | Executive Manager, Projects & Innovation | December 2022 | September 2023 | Noted. The Covid response debrief is an example included in this agenda. |
| 6 | Committee to receive report once Communications and Community Engagement Strategies have been developed, demonstrating how impact would be measured. | Executive Manager, Communications & Engagement | June 2023 | December 2023 | Noted. |
| 7 | An assessment of the EPMO performance to be included in next year's audit plan. | CFO | June 2023 | | Noted. We are in the process of developing an internal audit programme based on risk, and what components will be externally briefed. |
| 8 | The Chair and Executive Manager, Projects & Innovation to discuss a project delivery report for the Infrastructure Committee that tracks projects on a 'red, amber, green' basis. | Executive Manager, Projects & Innovation | June 2023 | September 2023 | Complete. The Chair has met with staff and agreed approach. The first report will be presented to the Infrastructure Committee 27 th September. |
| 9 | The Zero Harm Manager to provide the Chair with a copy of the Health and Safety Governance Activity Plan. | ZH Manager | June 2023 | September 2023 | Complete. |
| 11 | Future Internal Audit Programme is driven from an organisation strategic risk assessment. | Executive Manager, Projects & Innovation | June 2023 | December 2023 | Noted. The programme will be available at the December meeting now that the internal audit resource has commenced. |
| 12 | The Chair to meet with staff to find a way forward that balanced the capacity of the Committee and the Committee's interest in overseeing all 14 Strategic Risks. | COO | June 2023 | September 2023 | Complete. Strategy confirmed by Council at 17 th July Council meeting. |
| 14 | Staff to explain implications of non-compliance for the animal control team in | General Manager Customer Support | June 2023 | February 2024 | Noted. |

| # | Action | Owner | Date Assigned | Date Due | Status |
|---|-----------------------------------------------------|-------|---------------|----------|--------|
| | the next ComplyWith Legal Compliance Survey report. | | | | |

| | |
|---------------------|---------------------------------------|
| To | Risk & Assurance Committee |
| Report title | Chief Financial Officer Report |
| Date: | 31 August 2023 |
| Report Author: | Alison Diaz, Chief Financial Officer |

1. Purpose of the report

Te Take moo te puurongo

This report aims to keep the Risk & Assurance Committee abreast of risks and issues that could impact council and its stakeholders from a financial perspective.

2. Executive summary

Whakaraapopototanga matua

Water Reforms Long Term Plan (LTP) Impact

Parliament has now passed the Water Services Entities Amendment legislation with royal assent received 22 August 2023. This particular Act amends related legislation and will have a significant impact on the way Council consults and plans for the 2024-2034 LTP. Two other water reform related bills are being considered in the house currently and are anticipated to be enacted prior to the end of August.

LTP guidance for the local government sector is due the week commencing 4 September. Indicative transition advice for councils transferring post 1 July 2024 is as follows:

- Water supply, wastewater and stormwater groups of activities will be included in the LTP for the first two years only (2024/25 and 2025/26).
 - Significant forecasting assumption on the date of transfer will be required to be disclosed in the LTP along with the implications and significant risks involved in the transfer and how Council intends to manage those implications. For example, stranded overhead treatment etc.
 - The Consultation Document must state that water services are to transfer to a Water Services Entity (which one and on what date) and that the transfer is not a matter for consultation.
 - There is no requirement to include the three waters activities in the Infrastructure Strategy.
 - Changes to the Significance and Engagement Policy as a consequence of water reforms do not require consultation.
-

- The balanced budget requirement (projected operating revenues must meet projected operating expenses) in section 100 of the LGA, does not apply if the losses are in relation to the water reforms.
- Funding Impact Statements are not required to include cost and revenues from the transfer process.
- Removing three waters will impact the calculation of Uniform Annual General Charges under the Local Government (Rating) Act 2002. Temporary relief is provided from operating within the 30 percent cap until 1 July 2027.

It should be noted that Entity establishment dates are not required to be specified under regulation until February 2024. If established partway through a financial year, for the purpose of disclosures in the LTP, Annual Plan and/or the Annual Report, Council would need to treat as though we are providing the services for the full year.

Detailed accounting advice (PwC) regarding financial statements and disclosures is expected to be updated following royal assent. A timeframe for delivery of this advice has not been confirmed.

The Water Services Legislative Bill covers development contributions (DC's) and while not an LTP required Policy, to ensure developers who lodge consents in 2024/25 and 2025/26 pay a fair contribution towards three waters infrastructure, Council's DC Policy will still need to include ten years of growth-related three waters capital works.

In addition to the DC related considerations, asset planning for three waters is advised to mitigate the risk of reforms not proceeding, or to ensure any new entity understands the assets they are inheriting.

In terms of possible legislative repeal, there is a risk that councils will not be prepared to include waters information beyond the second year of the LTP. It is also unclear whether any unspent Better-off Funding grant payments would be rescinded. In our case, repeal of the waters legislation would have a significant impact on our ability to fund, in particular, wastewater infrastructure required to service growth as well as limit our capacity to increase levels of service for other activities such as transportation.

Other new legislation LTP considerations:

The Natural and Built Environments Act and Spatial Planning Act to be enacted by the end of August will require Council to document an assumption for the stand-up of our Regional Planning Committee, regarding the date of transition and any budgets required to support this work. Establishment of Regional Planning Committees will be staged over three tranches, no decisions have been made regarding timing at this point and is expected to occur post-election.

Audit fees

The Committee will be aware that the recently advised audit fees proposed for local government have increased, in some cases significantly, across the sector. Discussions with Audit New Zealand are ongoing. The Committee will be briefed once a way forward is determined.

3. Staff recommendations **Tuutohu-aa-kaimahi**

THAT the Risk & Assurance Committee receives the Chief Financial Officer report for August 2023.

4. Attachments **Ngaa taapirihanga**

There are no attachments to this report.

| | |
|---------------------|-------------------------------------------------------------------|
| To | Risk and Assurance Committee |
| Report title | Strategic Risk Register and Emerging Risks August 2023 |
| Date: | 31 August 2023 |
| Report Author: | David Tisdall – Risk Advisor |
| Authorised by: | Tony Whittaker - Chief Operating Officer |

1. Purpose of the report

Te Take moo te puurongo

To update the Risk & Assurance Committee (“the Committee”) on the current risk activity and strategic and emerging risks.

2. Executive summary

Whakaraapopototanga matua

This report details:

- Strategic Risk Activity Update
- Strategic Risk Projected Treatment Implementation.
- Emerging Risks

In the last quarter, a review of strategic risks and treatment was conducted, The ten (10) Strategic risks are tracking on or near to plan.

The treatment action plans for the following risks have been delayed as follows:

- Zero Harm – resource constraints resulting from additional work to address items raised in the independent audit.
- Community engagement – resignation of key staff and reprioritisation of constrained resources to the LTP.

A reassessment of the Government Policy and Legislative Reform strategic risk as part of the deep dive has resulted in a significantly greater residual risk being reported. Refer to the Deep Dive for this risk for details.

3. Staff recommendations Tuutohu-aa-kaimahi

THAT the Risk & Assurance Committee receives the Strategic Risk Register & Emerging Risks for August 2023.

4. Discussion Matapaki

4.1 Strategic Risk Activity Update

In the last quarter we have:

- Appointed Gopikrishna Mohanarangam as Senior Risk Advisor to replace David Tisdall.
- Approved 13 of the 14 strategic risks with Council,
- Approved Strategic Risk Appetite statements for all approved strategic risks,
- Undertaken deep dives on two strategic risks, Business Resilience and Government Policy and Legislative Reform.

4.2 Key Performance Indicators (KPIs) for the Community expectations strategic risk

To assist with tracking the “Community engagement” strategic risk specific Key Performance Indicators (KPIs) are proposed. These metrics will provide insights into residents' satisfaction, engagement feedback, and the effectiveness of community involvement in decision-making processes.

Proposed KPIs:

- Residents Satisfaction Survey (Existing): Measure overall community satisfaction with local government services and initiatives, assessing understanding, communication, and willingness to engage.
- Pulse Survey on Engagement Feedback for Projects Post-Implementation: Capture real-time feedback on community engagement following project implementation to identify areas for improvement.
- Pulse Survey to Community Boards, Committees, and Mana Whenua on Project Engagement: Gather feedback from stakeholders on the effectiveness of the engagement during projects.

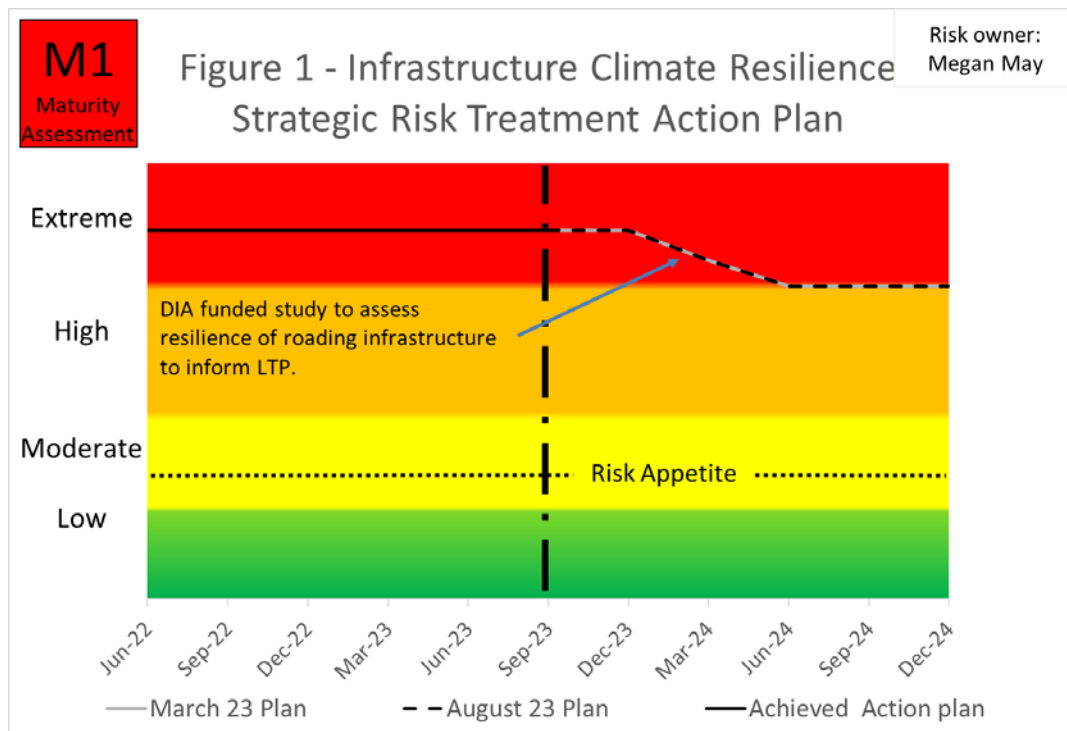
KPIs enable data-driven decision-making and tracking, addressing community needs and minimizing misalignment of risks. Regular monitoring allows for proactive risk mitigation, identifying emerging issues before they escalate. Surveys optimize engagement strategies, reducing additional costs from ineffective processes.

4.3 Te Tiriti o Waitangi Strategic Risk

Following the Council meeting on 17th July to approve the strategic risks, further discussion on the Te Tiriti o Waitangi strategic risk was requested to refine wording.

The subsequent focus group with Councillors concluded a deep dive is needed to gain a better understand of what the key risk or uncertainty is for the strategic priority of partnering with Maaori. This deep dive will be carried out once the executive Maaori role is appointed.

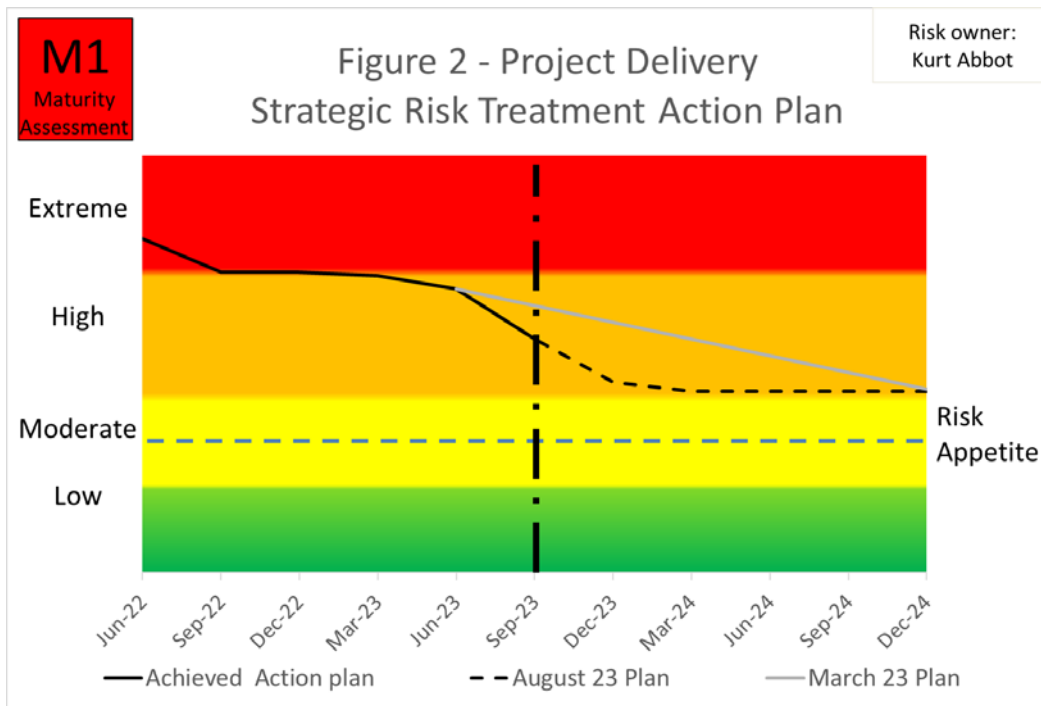
4.4 Strategic Risk treatment action plans timelines



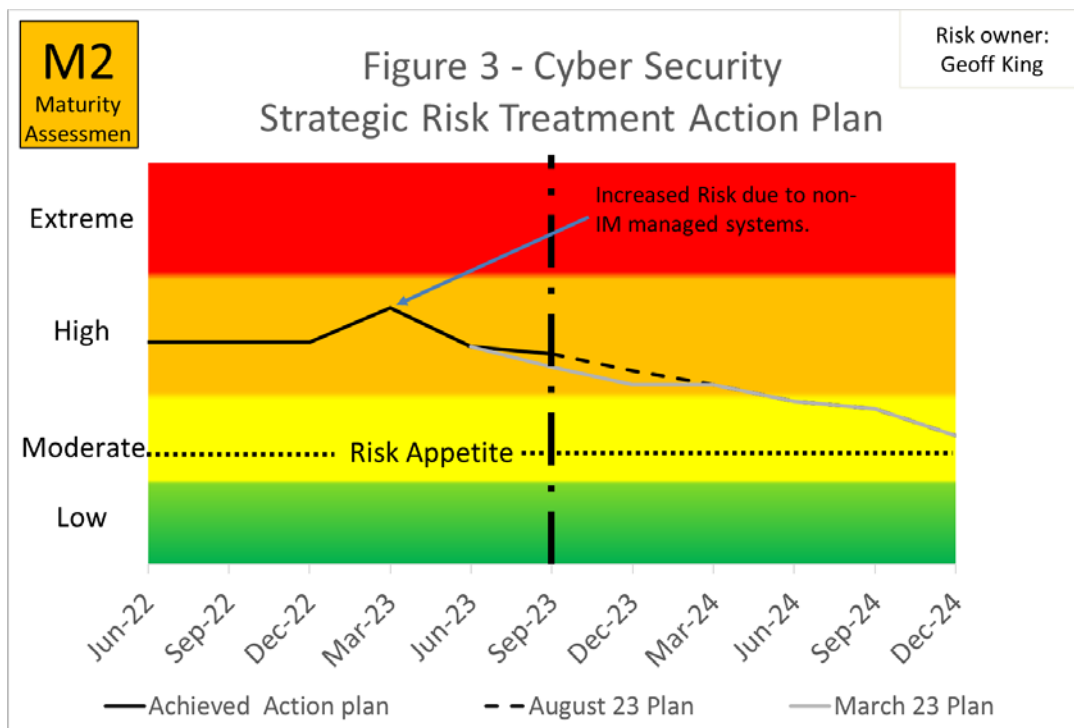
Infrastructure Climate Resilience – Asset maintenance – roading maintenance programme is limited by availability of Waka Kotahi subsidy funding and general rate affordability. This has resulted in maintenance programmes being delayed.

Water infrastructure is funded from targeted rates. Additional pressure on maintenance of water assets is expected following the delay to the three waters reform.

Climate impacts – additional studies are required to understand the impact of climate events on asset effectiveness to determine what capital investment is required to improve resilience.

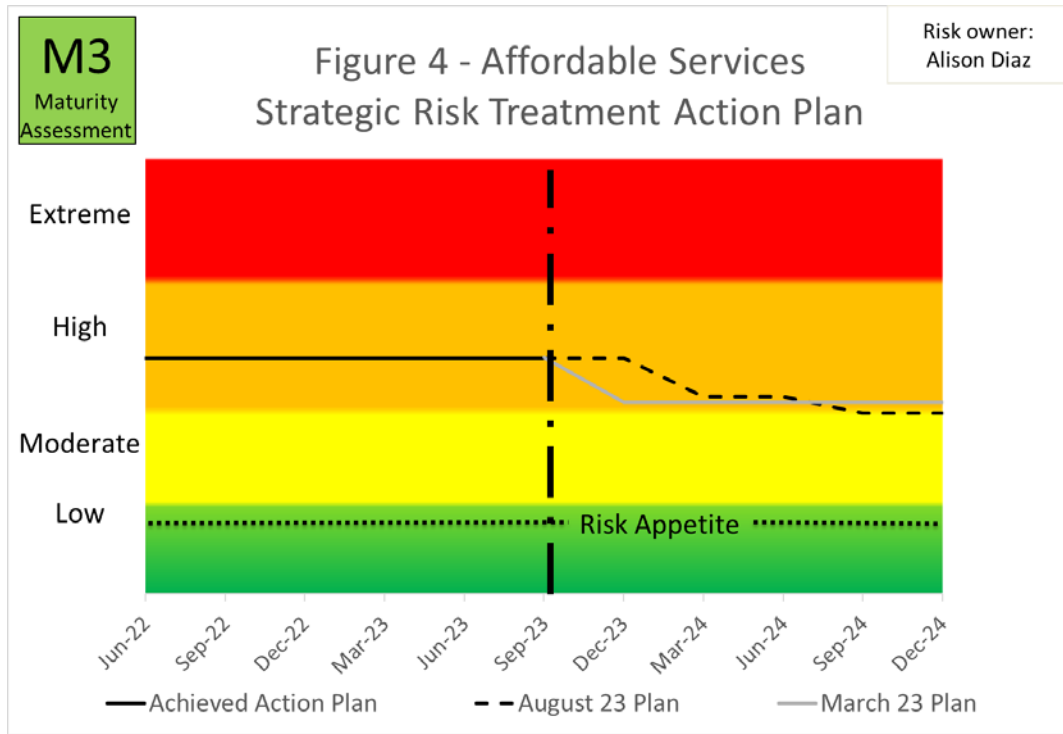


Project delivery – Several new initiatives have been imbedded within the business during the last quarter. The effectiveness of these have exceed expectations resulting in a lower than projected risk profile. We will continue to test this progress and to validate the success over the past few months.



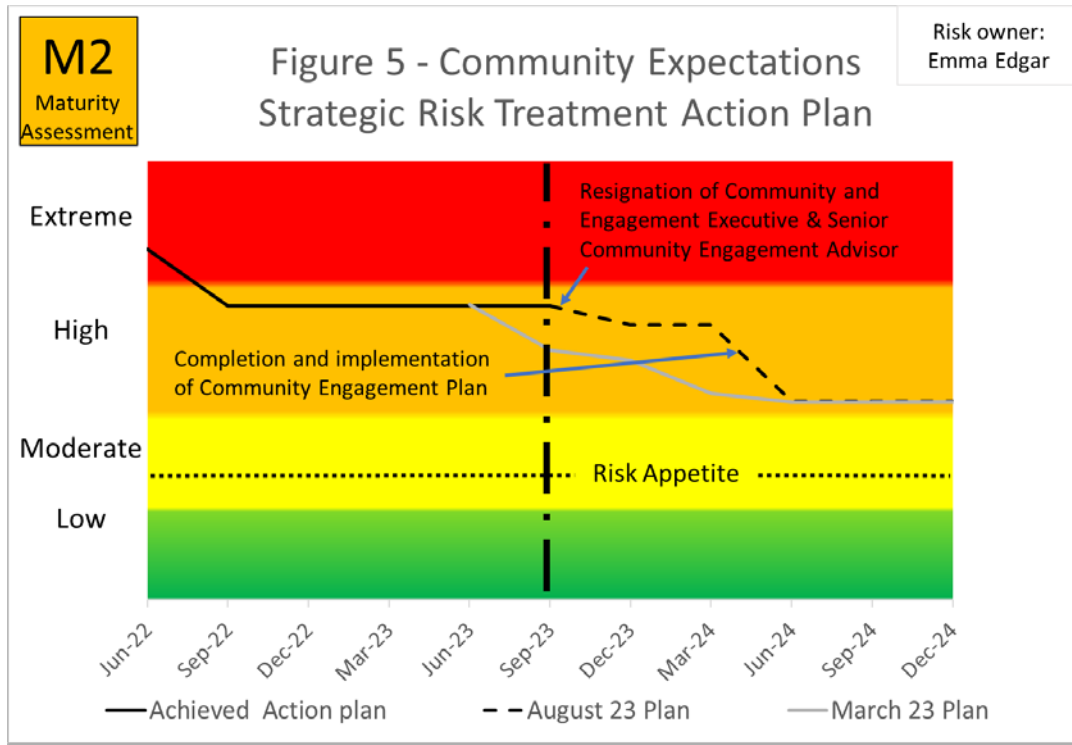
Cyber security – Recent initiatives within the cyber security improvement programme have addressed 21 audit actions. The remaining actions will be addressed as follows:

- By Dec-23: 4 audit actions
- By June 23: 11 Audit Actions (2 jointly owned by IM & P&I. 3 owned by P&C)
- By June-25: 1 Audit Action
- Date TBC: Audit Actions (1 owned by P&C)

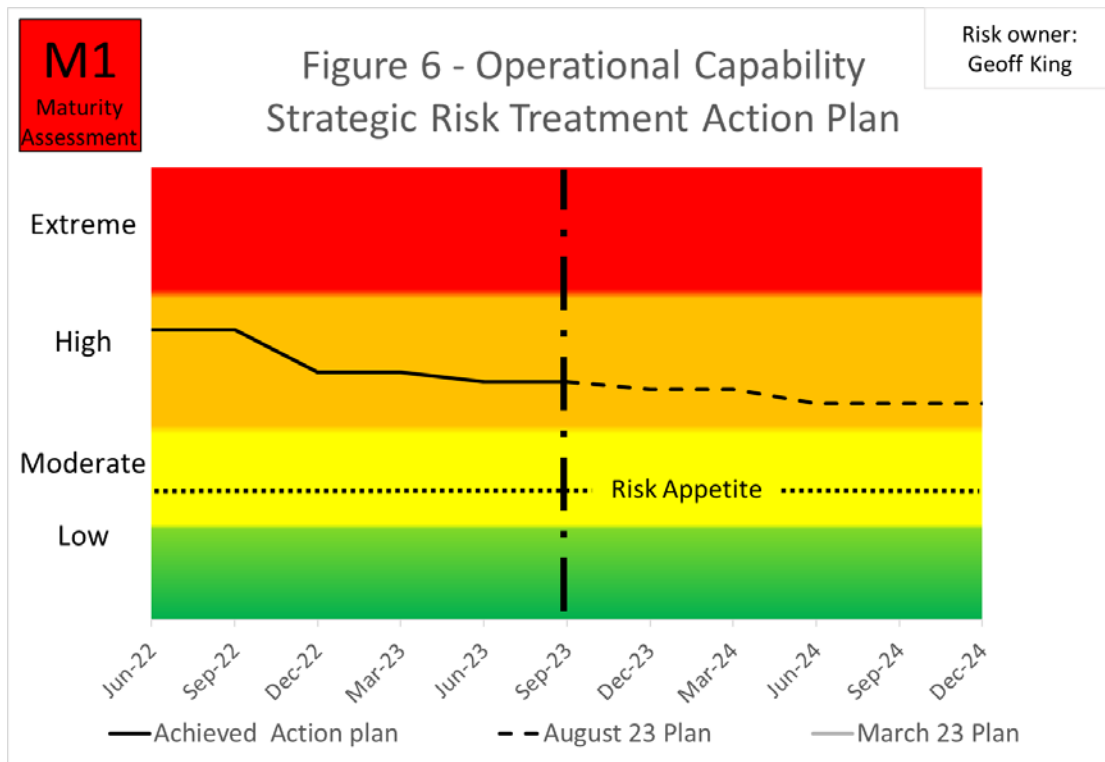


Affordable services – As Council is primarily funded through rates, there is a strong correlation between service delivery and rates. While discussions on levels of service are ongoing and yet to be finalised, current discussions reflect an improvement in a level of service is desired.

This would result in additional rates requirements. The long-term plan provides an opportunity to increase awareness of how rates are impacted by LTP projects and levels of service. Early community engagement will be challenging within current LTP timeframes which could heighten reputation risk.

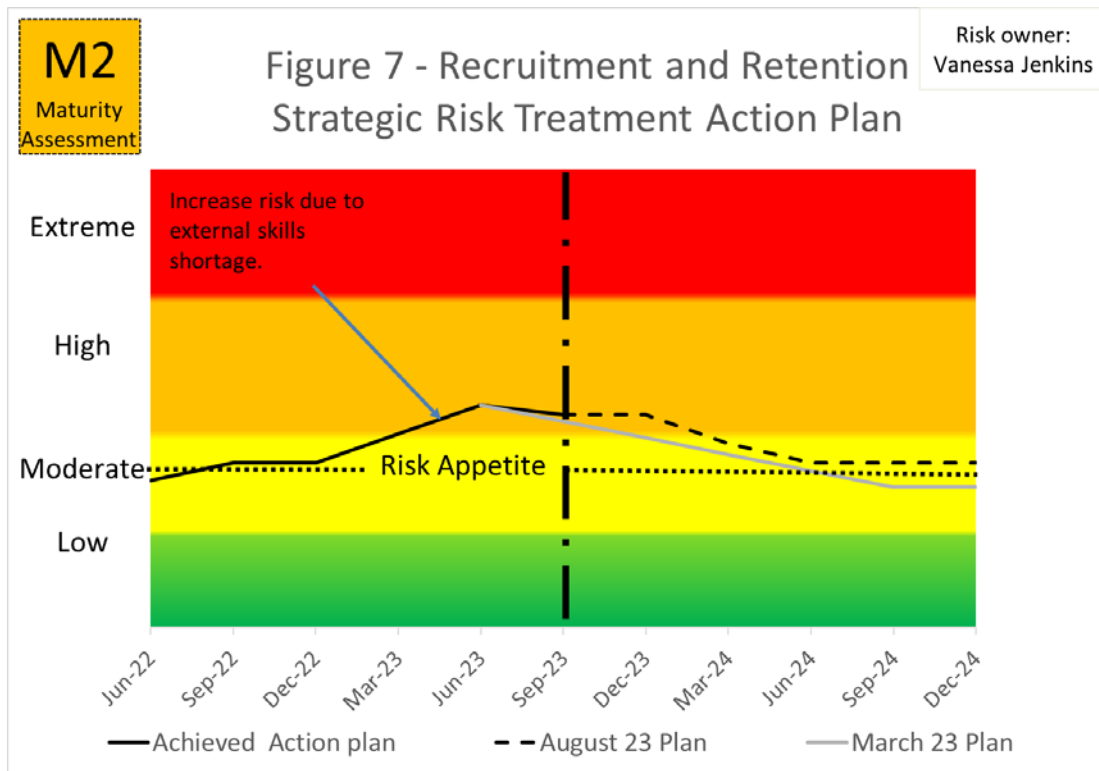


Community expectations – Development of the community engagement strategy and framework have been delayed due to staff resignations and reallocation of available resource to the LTP. As discussed in section 4.2 work has progressed to develop KPIs to inform progress in this risk area.



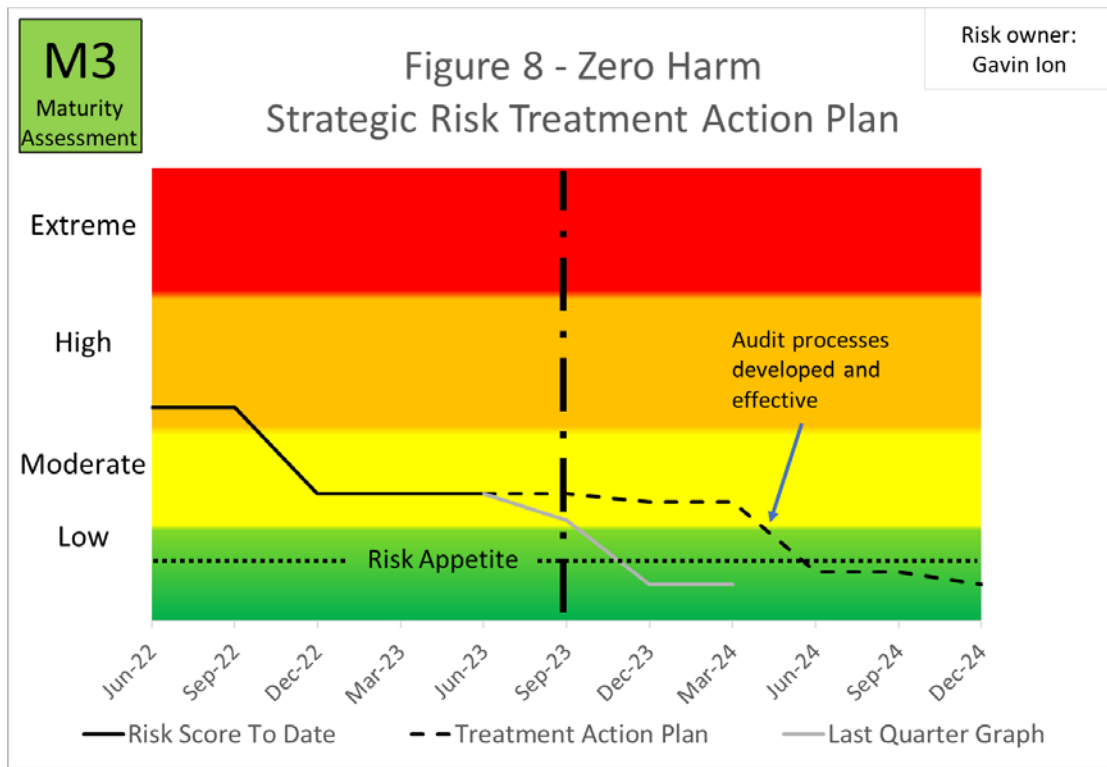
Operational Capability – The existing treatment work programme is expected to reduce the risk to moderate over the next two years with a focus on learning and development and a specialist team.

Work will continue to review and monitor these treatments and determine gaps. There is expected to be an increased reliance on our People and Capability system to manage the level of change required to manage this risk.



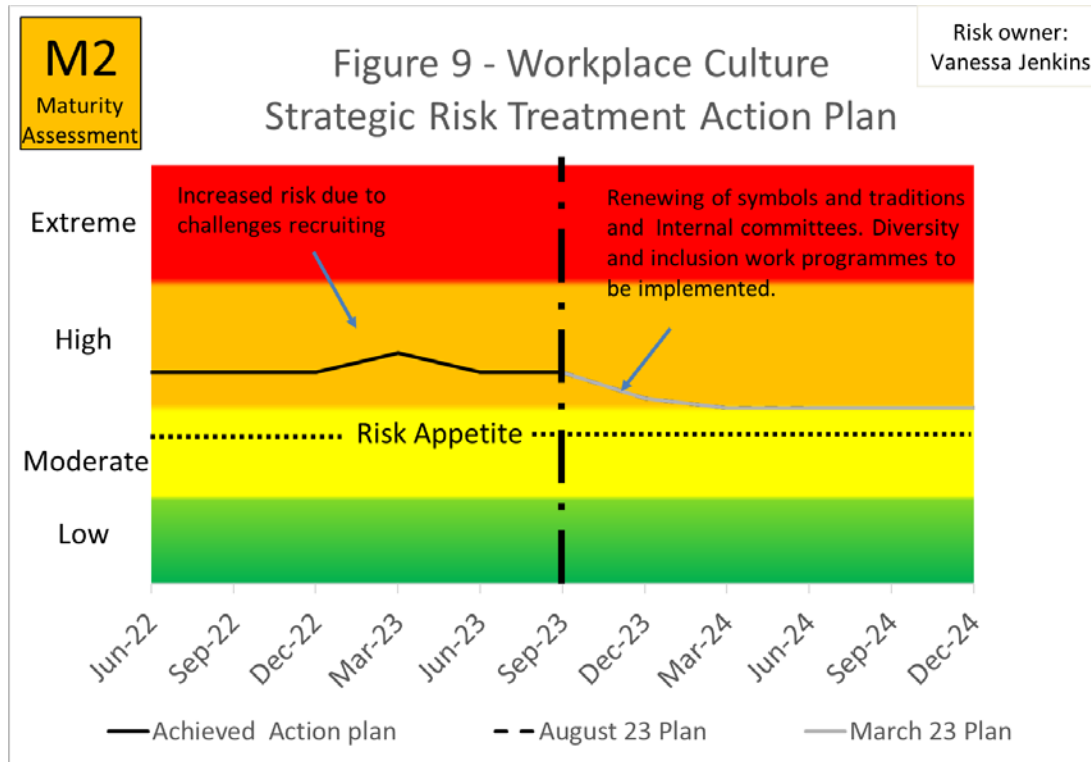
Recruitment and retention – Due to increased remuneration demands within the market, Council may be required to review its remuneration budget to maintain competitiveness.

This may also necessitate future initiatives, such as the enhancement of healthcare or other opportunities to improve the employee value proposition (e.g 5-week leave policy). This would have an impact on rates to our communities.



Zero Harm- Following the Zero Harm external audit, several major and minor non-conformances have led to a review of the effectiveness of the existing strategic risk treatments in place.

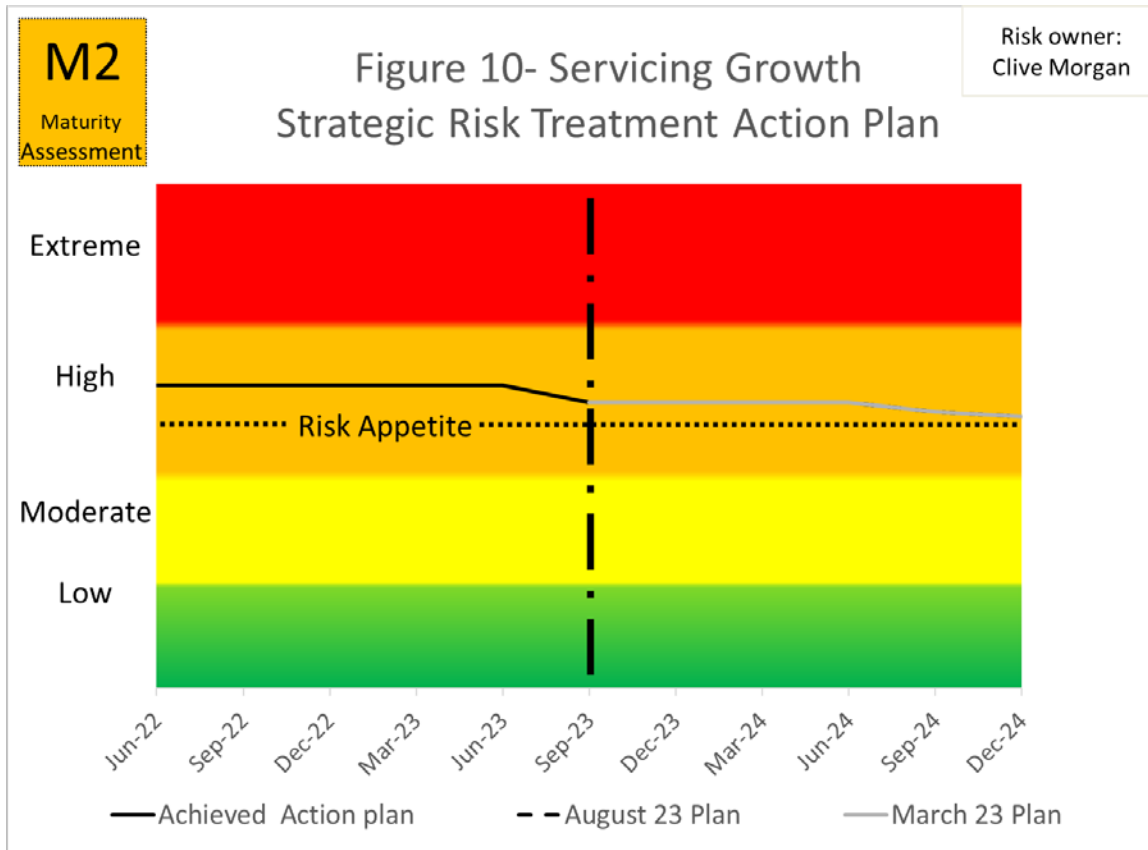
The most material of these is how the effectiveness of our Zero harm treatments are being reviewed, particularly relating to the critical controls. Work is already underway to address this which has resulted in a delay to the risk being brought within appetite.



Workplace Culture - Expected impacts to this strategic risk are as follows:

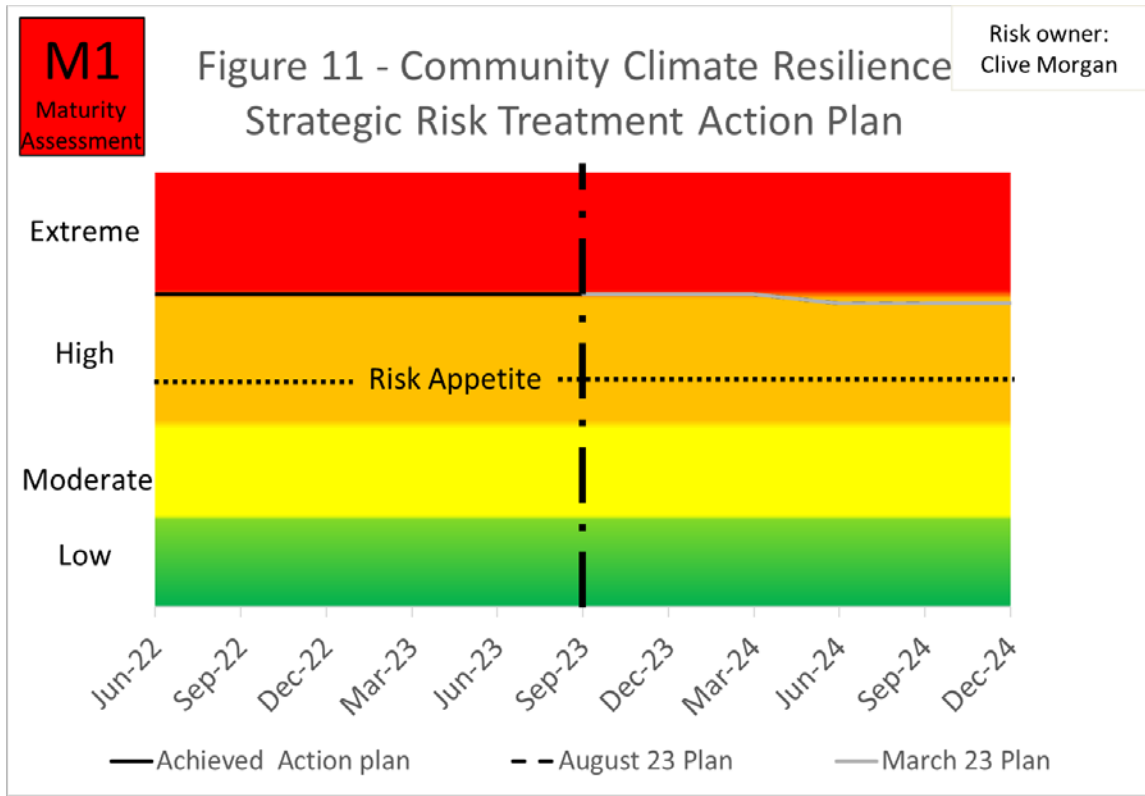
- increased demand on resource to accommodate internal digital transformation.
- a need to take on unskilled workers and upskill.
- future for local government and change to senior leadership and elected members.

Due to current recruitment challenges existing staff are taking on greater responsibilities and development opportunities. This is leading to pressure in certain areas which will reflect in an increase in uncertainty (Risk) around workplace culture.

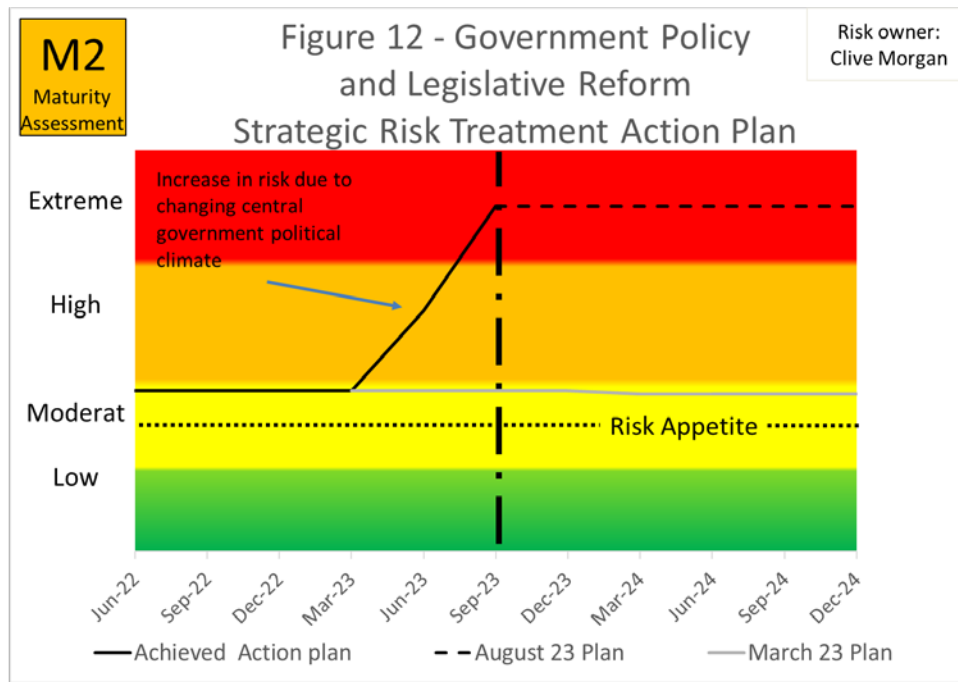


Servicing Growth - Significant progress in understanding the barriers and limitations to our growth forecasting and its utilisation across the business. The state of our data quality is a key constraint and investment is required to improve this.

Improved data quality will provide significant benefits to our business in its approach to managing growth and the investment in infrastructure. Additional capability to analyse and provide insights is needed to better use forecasts to inform critical decisions around investment and growth management.



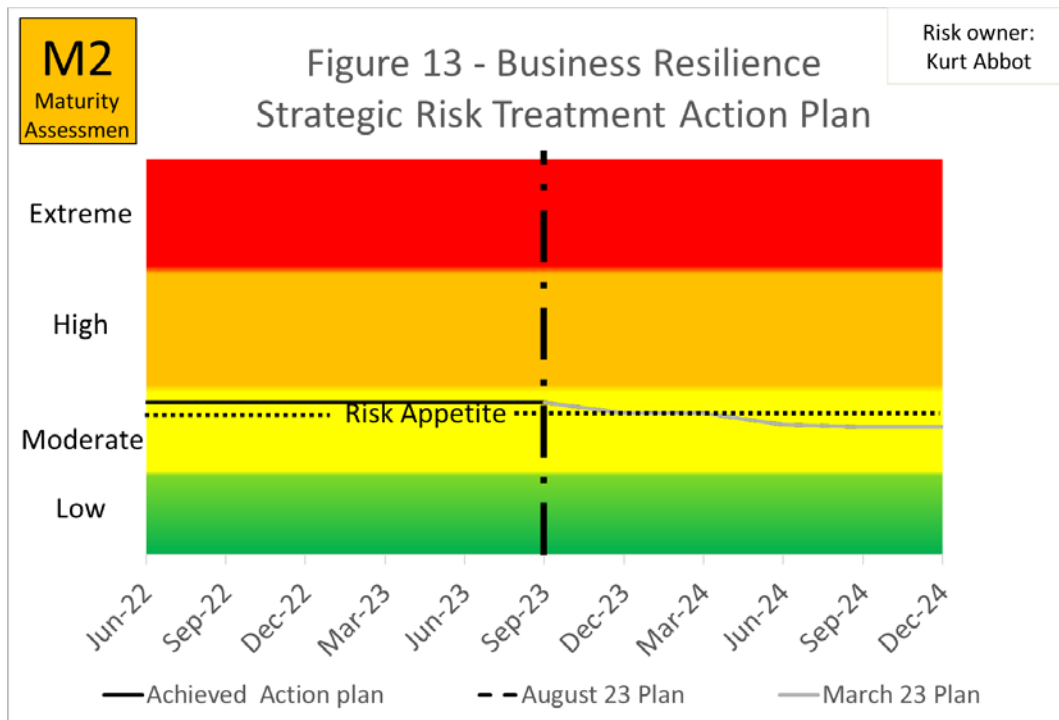
Community Climate Resilience - Actively working with communities to build community resilience and Marae resilience plans. A framework for these plans is being developed to ensure sustainable delivery.



Government Policy and Legislative Reform – The ‘extreme’ scores are indicative of the significant uncertainty surrounding government reforms, driven by the possibility of a government change on October 14, 2023.

This uncertainty pertains to the fate of ongoing reforms and policy statements initiated by the current administration, a matter that remains unresolved until both the election results and any subsequent shifts in policy direction by the incoming government are clarified.

Consequently, the extreme risk score presented below is intrinsically linked not only to the projected government transition but also, and more prominently, to the escalated level of uncertainty.



Business Resilience - The activities to move this risk within appetite are part of the Resilience work programme listed below. These two actions are currently underway.

- Audit of essential and high priority services business continuity plans - To ensure practicality and effectiveness of plans. (underway).
- Robust testing of essential and high priority services - To ensure real world application of plans and adjust as necessary. (underway). Refer to the Deep Dive for Business Resilience for more details.

4.5 Top Risk mitigation action monitoring – Reporting by exception

Below are key treatment programmes for some of the strategic risks. Only programmes that are Amber or Red are shown.

Table 1 - Top risk mitigations

| Top Risk | Measure/ Action | Status | Tracking indicator | Exec Owner | Status comment |
|---------------------|-------------------------------------------------------------|-------------|--------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cyber Security | Remediation of non-IM managed cloud systems (PR-22173) | Planning | A | Tony Whittaker | Plan is to progress over 2023 to 2025 years. Plan under development. |
| Cyber Security | Disaster Recovery Plan (PR-21135) | Planning | A | Geoff King | Plan is to progress during 2023/24 year. Plan under development. |
| Cyber Security | 2023/24 Lifecycle Upgrades (PR-22171) | Planning | A | Geoff King | Target is phased implementation through to June-24. Plan under development. |
| Cyber Security | Advanced Threat Protection (Sophos / Mailmarshal -> Defend) | Planning | A | Geoff King | Design work commenced. Target is to progress during 2023/24 year. Plan under development. |
| Zero Harm | Strategic Improvement plan delivery | Delayed | A | Gavin Ion | Resignation of Zero Harm advisor has had an impact. Plan in place for 23/24. |
| Business resilience | Deep dive into essential service business continuity plans | In progress | A | Kurt Abbot | Work has begun with deep dive into essential service BCPs, however due to Jan & Feb weather events, Business Resilience Advisor has been redeployed to the Response and Recovery teams. This work is scheduled to recommence this month. |

4.6 Emerging Risks

The emerging risks outlined below are areas where considerable change is expected and for which management wish to keep the Committee abreast of activity:

4.6.1 Local government in community resilience

There is a shift in local government focus from the traditional service delivery model to a wellbeing and community-centric model. This change in direction is driven by the wellbeing focus of the Local Government Act.

In response to this our role in building community resilience will require increased collaboration with other entities, including those that will be servicing at a regional rather than district level. This increased reliance on external partnerships may expose the organization to potential risks, such as a misalignment of goals and objectives, increased contract risk with new entities and legal obligations around emergency management.

The existing Regional Leadership Group, established in response to Covid, presents a good opportunity for the increased collaboration needed to address the complex challenges facing our district.

4.6.2 Trust in government

Declining voter turnout is evidence of a reduced level of engagement with local government. This brings with it the obvious challenge of how council can effectively hear the voice of the community and their needs.

However, there appears to be a more fundamental issue that is maybe better characterised as increased discontentment, disenfranchisement of the public and in some cases anger and hostility, rather than simply an apathy towards local government.

The impacts of increased criminal behaviour and civil unrest within New Zealand are being felt within the Waikato district, and there may be a need to review how communities are being engaged with to address this. Last minute introduction of bills, such as those aimed at lowering the voting age in Local Government Elections, may negatively impact trust in both central and local government.

4.6.3 Government reform – Future for local government

The Committee is familiar with the central government lead review of Local Government. The review considered roles, functions, and partnerships; representation and governance; and funding and financing.

Elevated levels of uncertainty exist regarding the potential impact on council functions. There is a degree of uncertainty around how enforceable recommendations of the review will be on local government.

We are keeping staff informed as part of our strategy to mitigate the risk of staff movement in this employment climate.

The central government elections also create uncertainty. Different political parties have alternate views on the 3 Waters Reform for example which would have significant implications for our ratepayers.

4.6.4 Consent volume change

Building companies are scaling down in response to the economic downturn and supply chain issues. The number of building consents granted in 2022/23, at 1634, was 37.6% below the prior year. If consent numbers continue to reduce, and growth reduces below planned levels there is a financial risk of “stranded assets”.

This is where infrastructure projects that have been financed on the assumption of increased growth, and therefore more rates. Additionally, fixed rate mortgages are likely to come into play and have a knock-on effect on consenting numbers.

4.6.5 Inflationary & Affordability Pressures

Staff are monitoring ratepayer payments as a test of affordability. The timing of general and water rates are trending below prior years resulting in the remission of penalties being used when ratepayers commit to direct debits or payment arrangements.

We will continue to monitor and work with inflationary pressures. Floating lines and reprioritisation are tools available to Council.

The combination of inflation, affordability and local government elections is likely to challenge the long-term plan process. Additionally, if the recession lasts longer than anticipated there may be a significant difference to the demand in council services requiring us to be agile in our responses.

5. Next steps **Ahu whakamua**

Planned activities for the next quarter include:

- Handing over to the new Risk Advisor
- Continuing the Deep dive programme

6. Attachments **Ngaa taapirihanga**

Appendix 1 – 2023 Strategic risk register

| Risk Title | Infrastructure Climate resilience | Community Climate resilience | Community expectations | Government policy and legislative reform | Business resilience | Project delivery | Workplace culture |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk Owner | Megan May | Kurt Abbot | Emma Edgar | Clive Morgan | Kurt Abbot | Kurt Abbot | Vanessa Jenkins |
| Cause | <p>Due to</p> <ul style="list-style-type: none"> Aging infrastructure with an increased vulnerability due to climate change, Reduced renewal timeframe and increased design requirements impacting funding when assets need to be replaced, Insufficient resource to fulfil required maintenance schedules | <p>Due to</p> <ul style="list-style-type: none"> Increasing climate impacts, Communities holding council accountable for climate relief, Diverse and conflicting needs of communities | <p>Due to</p> <ul style="list-style-type: none"> Communities not understanding the role of local government, Community apathy and willingness to engage, Communities not understanding the value of connecting with council, Council not understanding what is important to our communities and how they want to be engaged with or the role they want to play | <p>Due to</p> <ul style="list-style-type: none"> Lack of insight, Inadequate planning, or Unable to execute plans to adapt (Inadequate adaptability) | <p>Due to</p> <ul style="list-style-type: none"> Lack of planning, Unprioritized work programmes, and/or Untested plans | <p>Due to</p> <ul style="list-style-type: none"> Lack of capacity, Lack of capability (Planning and management practices) | <p>Due to</p> <ul style="list-style-type: none"> Lack of change readiness (Poor leadership and/or ineffective change management), Poor internal culture within the workforce (Poor hiring or induction) |
| Risk | There may be a lack of resilience in council assets | Council may be unable to support communities to adapt to climate impact | There may be a misalignment between the Council and community regarding what is wanted and how engagement occurs | Council may be unable to adapt to structural and legislative changes | There may be a lack of resilience in council operations | Council may be unable to deliver key services and projects | There may be a misalignment of staff to business values, direction, and strategy |
| Consequence | <p>Resulting in</p> <ul style="list-style-type: none"> Failure to deliver on LOS, Zero harm caused to contractors, staff, and communities, Financial loss/ increased cost to replace assets, Reputational damage. | <p>Resulting in</p> <ul style="list-style-type: none"> Significant public scrutiny, Community holding council accountable, Financial impact - Increased emergency support required. | <p>Resulting in</p> <ul style="list-style-type: none"> Held to account for things we're not accountable for, Additional costs from ineffective engagement, Reduced trust in local government. | <p>Resulting in</p> <ul style="list-style-type: none"> Council being financially disadvantaged, Additional resource pressures, Council experiencing significant disruption. | <p>Resulting in</p> <ul style="list-style-type: none"> Significant disruption to business function. | <p>Resulting in</p> <ul style="list-style-type: none"> Time, quality, and cost requirements of project delivery not met. | <p>Resulting in</p> <ul style="list-style-type: none"> Business outcomes being significantly impacted, Degradation of internal culture Reduced productivity, Zero harm, mental wellbeing. |

| Risk Title | Recruitment and Retention | Operational Capability | Te Tiriti o Waitangi – On hold for further review | Zero Harm | Cyber Security | Affordable services | Servicing Growth |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk Owner | Vanessa Jenkins | Geoff King | Gavin Ion | Gavin Ion | Geoff King | Alison Diaz | Clive Morgan |
| Cause | <p>Due to</p> <p>External factors such as:</p> <ul style="list-style-type: none"> Industry competition and employment rates and/or, Being unable to compete with salary expectations. <p>Internal factors such as:</p> <ul style="list-style-type: none"> Limited internal development opportunities, Perceived or actual council culture, Lack of appropriately supported training, Inexperienced workforce | <p>Due to</p> <ul style="list-style-type: none"> Inadequately trained or experienced people, Ineffectively designed and maintained, systems and processes, High demand on staff to adopt new systems | <p>Due to</p> <ul style="list-style-type: none"> Lack of clarity of who the appropriate Mana Whenua is, Poor partnerships with Iwi/ Mana Whenua and engagement fatigue among Mana Whenua, Insufficient support (Capability and capacity) internally and within Mana Whenua and Iwi | <p>Due to</p> <ul style="list-style-type: none"> Poor or inactive health and safety systems, Non-compliance with legislative requirements, Inadequate governance/ management of shared health and safety responsibilities with other PCBUs | <p>Due to</p> <ul style="list-style-type: none"> Cyber-attack or unauthorised access, Damage to privileged information, Reduced data integrity, Lack of compliance with process, Inappropriate management of suppliers | <p>Due to</p> <ul style="list-style-type: none"> Planning assumptions being misaligned with desired or perceived outcomes, Prevailing economic conditions, Communities not always considering that rates are the primary source of funding for the services they are requesting | <p>Due to</p> <ul style="list-style-type: none"> Incorrect use of projections by the business (assumptions and/or limitations not being allowed for), Forecasting being poor, Forecasting being limited to "best guess" estimates and unable to predict significant change in trends, An inability to financially provide for growth infrastructure in time |
| Risk | Council may be unable to recruit or retain suitable resource (Staff or consultants) | Council may Lack of operational capability (People, processes, and systems) within the business | Council may fail to give effect to Te Tiriti o Waitangi | Council may be unable to identify and manage hazards to staff and public | Council may not have adequate protection of council, staff, and community information | There may be a disparity between funding and cost | There may be a misalignment between observed growth and how council services it |
| Consequence | <p>Resulting in</p> <ul style="list-style-type: none"> Business outcomes being impacted, Zero harm - mental pressure on teams. | <p>Resulting in</p> <ul style="list-style-type: none"> Being unable to meet key business needs, <ul style="list-style-type: none"> Customer engagement, Business resilience, Optimal service level, Failure to deliver on agreed service levels. | <p>Resulting in</p> <ul style="list-style-type: none"> Partnership and relationship damage and increased distrust in local government, Delivery of key projects impacted/ delayed, Failure to meet legislative and governance obligations, Failure to meet LOS/ ability to operate (Resource consents not approved). | <p>Resulting in</p> <ul style="list-style-type: none"> Significant harm is caused to workers, or others, Financial impact, Reputational damage, Business disruption. | <p>Resulting in</p> <ul style="list-style-type: none"> Significant financial, reputational, and or business impact. | <p>Resulting in a</p> <ul style="list-style-type: none"> Failure meet LOSs, Failure to deliver LTP project, Failure to meet other financial obligations (i.e. contributions towards partners). | <p>Resulting in</p> <ul style="list-style-type: none"> Failure to meet LOS (Decay in LOS), Funding allocation becoming unmanageable, Community disruption from key projects not being prioritised, Stranded assets (Over investment in lead infrastructure). |

| | |
|---------------------|---------------------------------------------------------------------------------------|
| To | Audit & Risk Committee |
| Report title | Strategic Risk Deep Dive Report – Government Policy and Legislative Reform |
| Date | 31 August 2023 |
| Report Author | Vishal Ramduny, Strategic Initiatives and Partnerships Manager |
| Authorised by | Clive Morgan, General Manager Community Growth |

1. Executive summary Whakaraapopototanga matua

This Deep Dive report aims to provide an opportunity for the Audit and Risk Committee to understand how management view risks and to assesses control actions and mitigation procedures. This report relates to the strategic risk *Government Policy and Legislative Reform* as follows:

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Due to <ul style="list-style-type: none"> • Lack of insight, • Inadequate planning, or • Unable to execute plans to adapt (inadequate adaptability). | Council may be Unable to adapt to structural and legislative changes. | Resulting in <ul style="list-style-type: none"> • Council being financially disadvantaged. • Additional resource pressures. • Council experiencing significant disruption. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. Staff recommendations Tuutohu-aa-kaimahi

THAT the Audit and Risk Committee receives the Strategic Risk Deep Dive – Government Policy & Legislative Reform report.

3. Background Koorero whaimaarama

New Zealand follows a system of government known as a unitary state, where the central government holds significant power and legal authority over the local government (territorial local authorities and regional councils).

Therefore, keeping abreast of government policy and legislative reform is essential for Waikato District Council (WDC) because we operate in a legal framework governed by the Local Government Act 2002.

Central government delegates certain functions and responsibilities to councils. These responsibilities include infrastructure management, water and wastewater services, land-use planning, community services, public transport, and environmental protection, among others. Whilst Council (and local government in general) has autonomy in decision-making within our areas of responsibility, we are subject to central government oversight and must operate within a legal framework.

Discharging its responsibilities is always challenging because councils have limited revenue sources compared to the central government as we primarily rely on property rates, user fees, and some grants from the central government. Additionally, there is always a risk of 'unfunded mandates' from central government to local government where certain functions are devolved to councils with no concomitant funding support.

As a council we need to keep abreast of any legislative and policy changes from central government to be able to respond accordingly. This includes national policy statements (NPS) and government policy statements (GPS) – key one being the recently announced (17 August 2023) GPS on Land Transport.

The current government (at the time of this report being written) has initiated a suite of reform initiatives since it came into power in 2017. The key ones for this strategic risk deep dive report relate to:

- Local government reform
- Resource management reform
- Three Waters Reform

Such reforms can have a significant impact on our business because they impact on how we operate. This in turn can have major resourcing implications for council either for human resources or financial resources. There are myriad other legislative and policy changes that Council needs to be wary of (especially as we end of the current term of government and start with a new after 14 October).

There are teams in Council which monitor changes in government policy as part of BAU. However, if needed a team of key staff will need to come together to respond to such changes and report to ELT and Council on a periodic basis. This has been identified as a further risk treatment.

The heightened risk associated with government legislative and policy reforms is associated with the unknowns emanating from a change in government. A change in government may also bring opportunities for local government but we will not know what these are until they are announced.

As a Council it will be challenging advocating on our own as any government may prefer engaging with a grouping of councils at a sub-regional or regional level. We, as a sub-region and region, are in a sound position to do this through some of the key regional and sub-regional strategic partnerships Council is part of.

4. Discussion Matapaki

Legislative and policy reforms can have significant impact on WDC. Being aware of proposed changes allows us to plan and adapt accordingly.

By monitoring these changes WDC can stay informed about proposed legislation and provide feedback, participate in the decision-making process (through formal submission processes and through relevant discussion fora) and express concerns, challenges, and opportunities to inform the reform process.

Ever since local government reform, resource management reform and three waters reform were initiated by government, WDC has been an active participant in these initiatives through submissions and participation in various fora. We have (and will continue) to monitor these (and other) reform initiatives and have a say in the policy direction of government through the relevant consultation processes. By providing input and feedback, we can shape legislation and policies to better reflect the needs and aspirations Council and our communities.

WDC is an active member of Local Government New Zealand which is the authoritative national body to advocate for councils across the country in ensuring the needs and priorities of their communities and residents are heard at the highest levels of central government.

We are also an active member in various regional and sub-regional initiatives both a political level and staff level which provides an additional opportunity for us to work with partner councils or government agencies in advocating our interest to inform

4.1 Current state of play

Whilst WDC remains an active participant and influencer the government legislative and policy reform discourses through consultative and advocacy processes, it is important to note that final decisions on any legislative or policy changes ultimately rest with central government (and the ruling party of the day).

New Zealand has a three-year term for both central and local government which is short and not conducive for stability for either central government or local government. This results in a great deal of uncertainty for council. Whilst we do our best to advocate for and influence reforms, by design we must react to central government legislative and policy decisions. This reactive mode is even more pronounced now in the lead up to national election in October 2023 with the prospect of a change in government.

Government has also recently released a GPS on Land Transport which includes a \$20b transport plan. This has resulted in split reactions from across the political spectrum especially due to a 12c hike in fuel taxes during a cost-of-living crisis. However, this may also be a logical funding stream to address transport challenges.

The heightened level of uncertainty with regards to what happens to reforms and policy pronouncements started by the current government are therefore all up in the air presently until we know the outcome of the elections and any new policy direction from the government of the day.

Uncertainty with the direction of reforms

Due to a dynamic political environment leading up to central government elections in October, there is a very real possibility of a centre-right coalition after the elections of 14 October 2023. Consequently, several of the reform initiatives progressed by the current (centre left) government may take on a different flavour with a new government.

Although WDC has participated in various consultative processes on local government reform, RMA reform and Three Waters reform (and have made our positions clear on each of these) we have limited ability to predict exactly how these reforms will pan out should there be a change of government in October 2023.

Consequently, our reactive status to any legislative or policy change should we have a new government after 14 October 2023 is now heightened. WDC and other territorial authorities will be limited in its ability to influence government policy. It is acknowledged though that our level of influence may best be done at a sub-regional and regional level as any government would prefer engaging with a grouping of territorial authorities rather than individual ones.

Ability of business to respond due to skills shortage

Recruiting and retaining staff in the current economic and policy climate is a challenge due to a very fluid labour market driven in part by a sluggish New Zealand economy and the lure of better salaries and opportunities in other countries.

According to Massey University's latest research (August 2023), a third of New Zealand's workers are thinking of quitting their jobs and moving to Australia. In the year to last September 2022, there was a provisional net migration loss of 10,200 people to Australia.

The Australian Bureau of Statistics maintains quarterly data which shows that in the year to the end of March 2023, 38 430 New Zealanders arrived in that country with the intention of staying permanently. Concomitantly, Statistics New Zealand data over the same period indicates that an estimated 6800 Australians arrived in New Zealand. That means 31,630 more Kiwis left to head to Australia than Australians coming to live here during the year ending March 2023.

The point here is that a trend has emerged in the country which may have implications for Council in so far as staff retention is concerned. However, conversely, inward migration presents an opportunity for the country (and Council) provided the right skills can be recruited for key sectors and roles.

Ensuring that WDC is sufficiently resourced to respond and give effect to any government changes in legislation and policy directives may therefore be very challenging in the current economic climate.

4.2 Existing strategies or mechanisms in place to monitor the risk

Whilst it is acknowledged that WDC will be in reactive mode because of what happens after national government elections there are strategies and mechanisms in place both within Council and at a regional and sub-regional level which help ensure that we keep abreast of emerging reform discourses and that we are ready to respond to central government decisions. Please refer to the register in appendix A for the detail.

4.2.1. Internal mechanisms

Internally, there are mechanisms in place which enable Council to participate, advocate and respond to government reform initiatives and/or legislative and policy decisions. These include:

- Relevant teams whose operations are regulated by existing or proposed legislation and policy directive are involved in the relevant processes.
- The Executive Leadership Team who has oversight on the Strategic Risk Register.
- The Audit and Risk Committee – which maintains oversight on strategic risks.
- Council committees and Council – to whom staff seek direction from and seek sign-off on submissions or feedback relating to legislative reforms or government policy directives.
- The Office of the Mayor – which has oversight on a Government Relations Strategy and Action Plan together with the Chief Executive and the Strategic Initiatives and Partnerships team. Additionally, the Office of the Mayor is in the process of recruiting for a Mayoral Strategic Advisor who will also need to keep abreast of impending policy changes or policy directives.

Additionally, being involved in regional and sub-regional partnership initiatives also provides an important platform for WDC to express its views and positions on government reform and policy direction. These are highlighted below.

4.2.2. External mechanisms

- Chief Executive advocacy

The Chief Executive has been instrumental in providing risk management oversight on matters relating to government initiatives, exerting influence, and affecting change or ensuring support from relevant partners. Examples of these include:

- Advocacy with central government regarding our northern boundary during the COVID lockdowns.
 - Three waters reform – Sharing and contributing Council’s position on Three Waters reform with key stakeholders including the Department of Internal Affairs (DIA).
 - Ability to solicit support and intent to improve relationships with other parties (e.g., Waikato-Tainui) to increase influence over central government (e.g., Three Waters entity discussions).
 - Advocacy with Waka Kotahi on relevant transport matters within the remit of existing Council responsibilities (e.g., roading maintenance challenges and strategic transport initiatives).
 - The Chief Executive’s awareness of the importance of succession planning ensures that appropriate handover will take place through a mix of relational and formal/ functional connections to mitigate any risks when the existing Chief Executive’s term ends in June 2025. The handover period to a new Chief Executive will happen over a three-month period before June 2025.
 - Risk effectiveness rating – Moderate.
 - Waikato Mayoral Forum
 - This is a forum for the mayors in the region to provide a consolidated voice on matters relevant to the region with central government.
 - Triennial agreement – The Local Government Act 2002 requires an Agreement between all local authorities within each region after each triennial general election. This Triennial Agreement sets out the protocols for communication and co-ordination amongst the authorities during the triennium, so all parties work collaboratively, maximise efficiency and promote wellbeing in their communities. The 2022-2025 Waikato Regional Triennial Agreement presents an opportunity to ensure that councils in the region understand and are aligned on key issues.
 - There is an intent for a regional work programme to drive activities to benefit the region that may required input from central government.
 - Advocacy on the decision-making process.
 - Risk effectiveness rating – Low to Moderate
 - COLAB
 - A Council Controlled Organisation (CCO) owned by councils in the Waikato region to drive efficiencies (e.g., collective procurement and contracting across the region with a focus on geospatial projects and services, roading assets, regional transport modelling, regional infrastructure technical specifications, shared valuation data).
 - The organisation has been instrumental in bringing together councils in the region to inform the local government reform discourse and has also had engagements with the government-appointed Future for Local Government panel to advocate on behalf of Waikato councils).
-

- It is starting to establish other relationships with government departments (Ministry for Business, Innovation and Employment (MBIE) and Department for Internal Affairs (DIA).
 - Risk effectiveness rating – Moderate (partially in place)
 - Future Proof
 - Future Proof | Te Tau Tiitoki is a joint project set up to consider how the Hamilton, Waipaa and Waikato sub-region should develop into the future.
 - Key members include Waikato District Council, Hamilton City Council, Waipaa District Council, Waikato Regional Council, iwi, Auckland Council (the latter for Hamilton to Auckland corridor matters) and central government.
 - We are connected to central government through the Future Proof Implementation Committee (governance body) itself and at a staff level through the Future Proof Chief Executives Advisory Group (CEAG) and the Senior Managers Steering Group (SMSG).
 - Future Proof was established to ensure that the three partner territorial local authorities and the regional council worked together with the then New Zealand Transport Agency (NZTA) to ensure integrated landuse planning to secure funding for the Waikato Expressway.
 - Whilst the partnership has delivered on a sub-regional strategy to secure government funding for the Waikato Expressway, it has not been successful in securing funding in areas of growth and development (housing, growth management, three waters and transport investment) although work has commenced on a partnership deal concept with central government.
 - Risk effectiveness rating – Moderate.
 - Future Proof Public Transport Sub-Committee (previously the Te Huia Sub-Committee)
 - Instrumental in securing funding for the Te Huia trial and railway station construction in Hamilton and Raahui Pookeka | Huntly and Rotokauri (The Base).
 - Now working on implementing the Hamilton-Waikato Metropolitan Transport Programme Business Case, advocacy for the continuation of Te Huia and Vehicle Kilometre Reduction initiatives in Hamilton and the northern Waikato.
 - Good links with the Ministry of Transport and KiwiRail.
 - Advocacy with central government for the continuation of Te Huia but this is dependent on ongoing government funding and government policy direction on public transport.
 - Risk effectiveness rating – Moderate.
-

- Waikato Regional Leadership Group
Connection to central government departments at a regional level.
- Lessons from a review of past successes and challenges e.g., the Waikato Mayoral Forum and the Waikato expressway
- There are scenario planning opportunities in all the above initiatives to further influence government reform.
- Risk effectiveness rating – Low at a central government level but moderate to high at a regional level.

4.3. Appropriateness of existing resource allocation

The appropriateness of existing resource allocation for WDC must be put into context. The district is home to 90,000 people. It is predicted that we will grow by another 14,000 people over the next decade. However, when we factor in geographic size (covering an area of 25,500 square kilometres) the district does not have a large economy of scale.

We have very dispersed and unique communities some of whom have their own aspirations (expressed in Local Area Blueprints (community plans). Additionally, we maintain over 1872 kilometres of sealed roads and over 450,000 hectares of land. We have a very small ratepayer base compared to Hamilton city which has a much smaller geographic area yet is home to 185,000 people.

From a human resource perspective, WDC only employs 316 full-time employees:

- 75 part-time employees.

In so far as responding to government reforms is concerned, the three primary reform initiatives that this strategic risk report is responsible for (i.e., local government, resource management and three waters reform) are resourced through existing teams within the organisation as follows:

- Local government – Strategic Initiatives and Partnerships team
- Resource Management – Planning and Policy team
- Three Waters – Waters team (Waters Reform Manager and Waters Manager)

Management oversight for all these reforms is provided by the Executive Leadership Team. Political oversight is provided by Council as well as the Waters Governance Board (the latter in the case of Three Waters reform).

However, there are myriad other legislative and policy changes that Council needs to be wary of. There are teams in Council which monitor changes in government policy as part of BAU. However, if needed a team of key staff will need to come together to respond to such changes and report to ELT on a periodic basis. This has been identified as a further risk treatment.

Whilst resourcing for responding to these reforms has thus far been appropriately managed by these teams, the key test will be in the implementation of any final government determination on these initiatives. As mentioned earlier, whilst we have been proactive in informing these initiatives, we now must wait and see what decisions are made by a new government on these reforms.

Should these reforms proceed in anyway, Council will need to remain agile to respond to them (an assumption already being factored into the long-term planning for 2024-2034).

Government support and resourcing for legislative and policy reform will remain critical especially if there are significant implications for councils.

The Community Growth Group of Council activity monitors government reform processes and announcements and will work with relevant groups in the organisation to respond to such changes.

4.4. Strategic risk causes and consequences

The following information outlines the causes and consequences associated with this strategic risk:

| Cause/ Consequence | Description | Associated Treatment Title (spreadsheet column H) |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cause: Lack of insight | Lack of insight can be caused by not being aware or being involved in key government-initiated processes associated with legislative changes and policy reforms. | Participation in central government consultative processes and key stakeholder engagement |
| Cause: Inadequate planning | Not preparing adequately by identified the probable change/s and ensuring that the organisation is appropriately resourced to respond to them. | Assessment of affordability changes through the long-term plan process. |
| Cause: Unable to execute plans to adapt (Inadequate adaptability) | Ensuring that we remain flexible and agile in our planning to respond to changing circumstances or new policy directives. | Periodic reassessment of implications of legislative reform. |
| Consequence: Council being financially disadvantaged, | Council not being able to afford implementing changes to give effect to central government legislative and policy reforms due to unaffordability. | The Long-Term Plan and Annual Plan processes provide an opportunity for Council to assess affordability to address implications of legislative changes or government mandates. Advocacy can be undertaken directly with central government (through relevant statutory consultation processes or by Council being proactive and requesting a meeting with the relevant minister) and through Local Government New Zealand as the body representing local government. |

No appropriate staffing resources to effect changes either due to a shortage of staff or shortage of skills.

Consequence: Additional resource pressures,

A total rest is required to respond to central government legislative and policy changes causing significant disruption to our business

Consequence: Council experiencing significant disruption.

Alignment of Council's "People and Capability" function to current and potential future needs of the organisation in terms of participating in, and responding to, national and regional strategic planning and legislative reforms.

This treatment impacts the likelihood of the risk by ensuring adequate numbers of staff, with diverse, flexible skills, including negotiation and persuasion, and the ability to provide value in a variety of planning and governance frameworks.

Council's Chief Executive (CE) is committed to building a relationship with Wellington to facilitate open communication and ensure the organisation receives timely information and has opportunity for response and contribution.

Regular contact is held with Central Government ministers and with key managers in different government departments. Issues are also raised with relevant senior government officials and ministers through the Future Proof Growth and Development partnership. Council's participation in relevant submission processes associated with the strategic risk also helps highlighting key issues to central government.

This treatment impacts the likelihood of the risk by assisting in the timely communication of information and developments.

Virtual team of staff to monitor and respond to government policy changes and report periodically to both ELT and Council.

4.5. Direct and in-direct risks

In addition to the above causes and consequences several direct and in-direct risks have been identified and considered as part of the risk assessment process.

| Risk Portfolio | Risk Description |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Direct risk - Resourcing to implement central government legislative and policy directives | Financial and human resources required to implement |
| Indirect risk – Final decision on legislative and/or policy reform is out of Council's control | Council can influence but cannot predict the outcome of central government policy decisions especially at a time when it is likely that we may have a change in government. |

4.6. Interconnected strategic risks

Associated strategic risks that may have an impact or be impacted by this strategic risk have been considered as part of the risk assessment process.

| Interconnect Risk Title | Association |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business resilience strategic risk | The inability of the business to be resilient in the face of a significant incident will affect its ability to implement government legislative and policy reform decisions should those overlap. |

4.7. Risk Assessment

With consideration to the above discussion, the following Likelihoods and Consequences have been assessed.

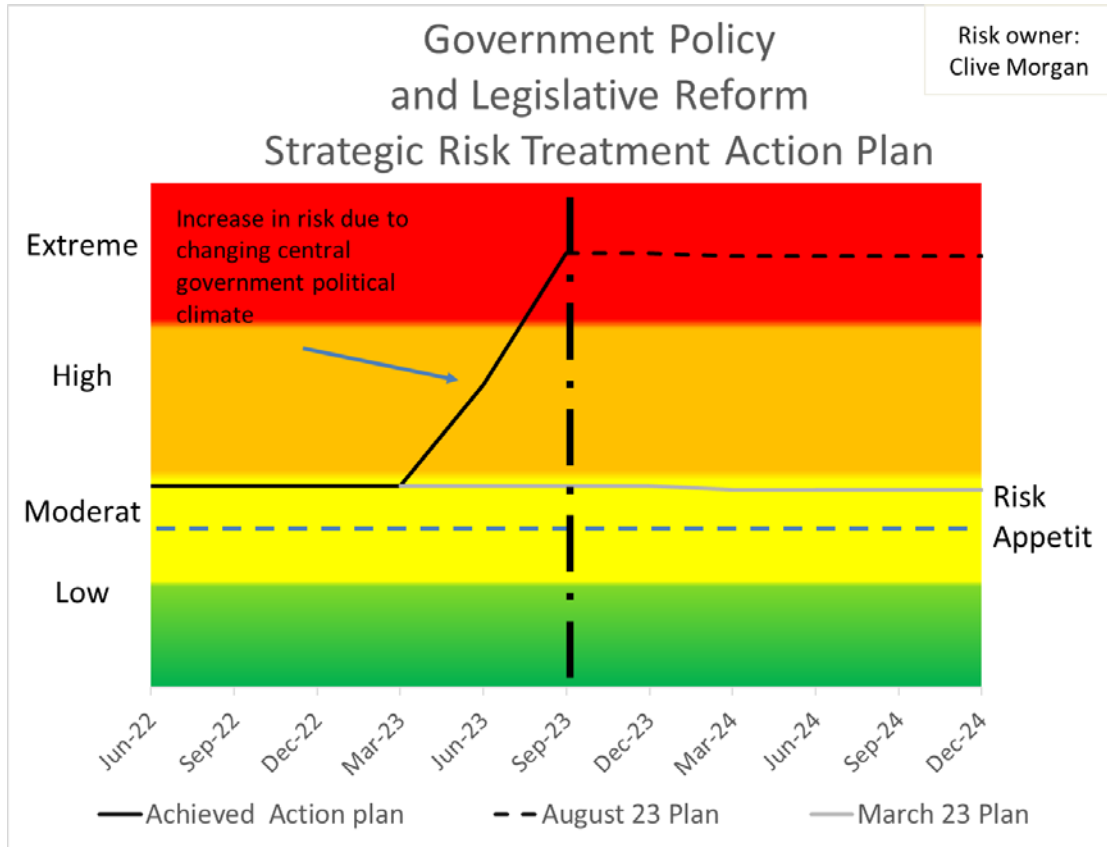
The 'extreme' scores relate to the fact that there is a great deal of uncertainty with regards to the direction of government reforms because of the very real possibility of a change in government on 14 October 2023.

The heightened level of uncertainty with regards to what happens to reforms and policy pronouncements started by the current government are therefore all up in the air presently until we know the outcome of the elections and any new policy direction from the government of the day.

The extreme risk score arrived at below is therefore associated with this heightened level of uncertainty rather than a change in government as policy pronouncements from a new government may also bring opportunities for Council that we are not yet aware of.

| Risk Assessment | Likelihood | Consequence | Risk Score |
|-------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Inherent Risk (Without Treatments) | Expected; Almost certain occurrence in the foreseeable future | Breach of policy, process or legislation requiring external investigation and resulting in significant tangible loss through civil or criminal prosecution and or significant damage to reputation. | Extreme |

| | | | |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------|
| Residual Risk (With Treatments) | Expected; Almost certain Breach of policy, process or legislation requiring external investigation and occurrence in the foreseeable future | requiring external investigation and resulting in a tangible loss through civil or criminal prosecution and some damage to reputation. | Extreme |
| | Risk Appetite | | Moderate |



5. Consideration Ahu whakamua

Due to the uncertainty with what happens to government reforms due to a possible change in government on 14 October 2023 it is important for staff to brief elected members when any information becomes available on decisions relating to these from the government of the day.

A Government Relations Strategy (and related action plan) has been developed to guide the Mayor, Deputy Mayor, and the Chief Executive in their interactions with government ministers and officials.

Staff will continue to monitor the implementation of this strategy pre and post elections in October to retain oversight of the issues identified in this strategic risk assessment. We will also provide a periodic report to relevant staff and to Council on any government pronouncement that will have major institutional implications for our organisation so that we can be prepared to respond accordingly.

It will be difficult for Council to engage on a unilateral basis with any new government soon after it is formed to a) understand emerging policy direction b) continue advocating its position on the various local government reform initiatives and/or c) to highlight support that may be required to implement any new legislative policy direction.

This may best be done at a regional and sub-regional level for which we are fortunately to have enduring partnership already in place for us to voice challenges and opportunities collectively with other councils.

Additionally, there are opportunities for further alignment with other stakeholders in sectors that have influence. These include:

- The Property Council
- New Zealand Institute of Economic Research
- Establishment of a Rural Forum
- Iron Duke Partners (government and public policy advisory firm)
- Future Proof communications and marketing
- Increase our profile in the media
- Utilising statistics to better define our profile

Our mayor, in her role, will nevertheless continue to advocate on her part with relevant central government ministers and members of parliament.

6. Conclusion

Whakamutunga

In summary, keeping a watch on government legislative reform is crucial for maintaining democratic accountability, safeguarding rights, promoting transparency, and ensuring that the government's actions align with the best interests of its citizens. It empowers individuals and groups to actively participate in the democratic process and contribute to a more just and well-functioning society.

Council has been proactive in informing and participating in various government reform initiatives since these have been announced but we are not in a 'holding pattern' due to the possibility of a change in government. We need to remain engaged with the government of the day to ensure that we are not caught off guard in responding to forthcoming legislative and policy changes.

We as an individual council are limited in our abilities to influence government. This advocacy would best be done at a sub-regional and regional level. However, our mayor will continue her best endeavours to engage with relevant government ministers as part of her role.

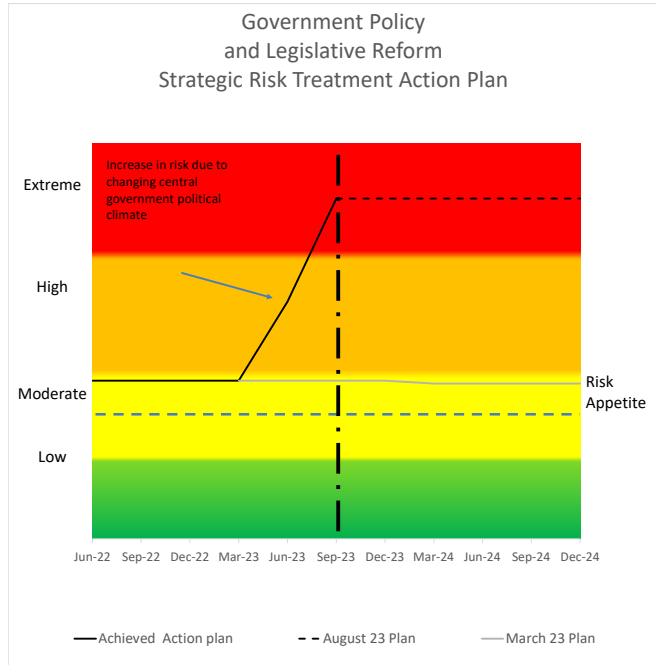
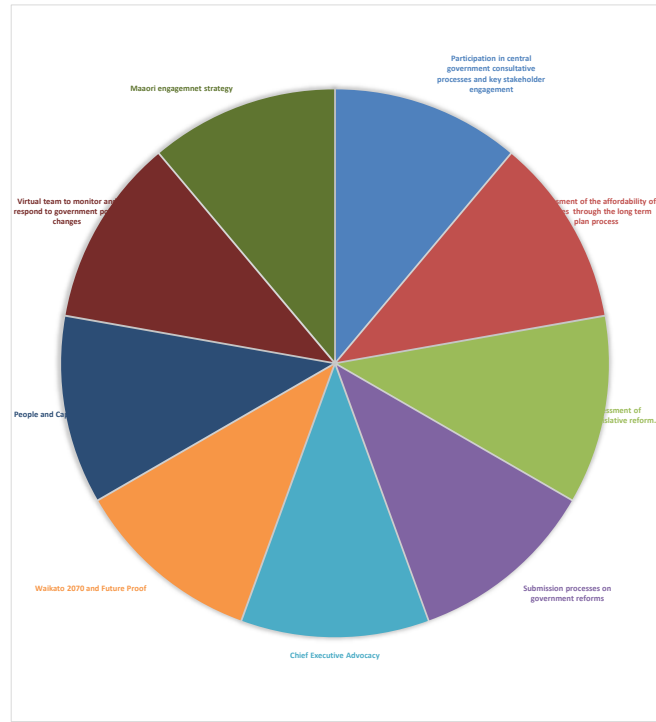
7. Attachments

Ngaa taapirihanga

Attachment One – Strategic Risk Treatment Action Plan

Government policy and legislative reform - Strategic Risk Control Plan Tool

| Cause | | Risk | Consequence | Inherent Risk | | | Treatment | | | | | Treatment Effectiveness | | | |
|-----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|---------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Because of ... | | There might be... | Resulting in ... | Likelihood | Consequence | Factor | Treatment Title | Treatment Description | Recommended Treatment | Control Type | Treatment Effectiveness | Rationale for Treatment Effectiveness | Status | Actions to Implement Treatments | Estimated Timeframe for Implementation |
| Due to •Lack of insight •Inadequate planning, or •Unable to execute plans to adapt (inadequate adaptability) | | Council may be unable to adapt to structural and legislative changes | Resulting in •Council being financially disadvantaged, •Additional resource pressures, •Council experiencing significant disruption. | 5 | 5 | Extreme | | Specific - Clearly define the plan, aligning it to the identified risk. Make it meaningful and appropriate to achieve a desired outcome. | Importance (10/5/2) has: Critical and essential - 10 Significant role- 5 Minimal impact - 2 | (Preventative, Detective, Corrective) | Measurable: How will you measure the plan – with e.g. a business case, audit, survey? Relevant: Identify the causes or consequences being addressed The effectiveness of the plan should be | High - H Medium - M Low - L | | Achievable: Due to existing resource constraints is the expected timeframe to get the treatment effectiveness "High" and "In Place" reasonable? | Timely: Expected date to be Inplace and Maximum score. |



| | | | | | | | | | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Participation in central government consultative processes and key stakeholder engagement | TREATMENT MC00135 Council participates in relevant government-initiated consultation on legislative and policy reforms. We are also a key stakeholder in the Waikato Mayoral Forum, COLAB, Future Proof (which includes central government as a partner) and the Waikato Regional Leadership Group (which leads the regional social and economic recovery from COVID-19). Through these initiatives Council proactively contributes to a single voice for the Waikato region and for the Hamilton- Waikato sub region to central government in advancing desired planning outcomes and/or responses for the Waikato district. Council has two governance meetings a year with Waikato Tainui as part of its Joint Management Agreement Committee obligations. This treatment impacts the likelihood of the risk by capitalising on relationships with partners (including other councils in the region) and by being part of a collaborative governance approach. | 10 | Detective | Submissions and feedback and participation | Risk of disunity at both a regional and sub-regional level on responding to government reform where possible. | M | Review with CE on effectiveness on the following: -Waikato Mayoral Forum - Low to Moderate -COLAB - Moderate / Partially In Place - Future Proof - Moderate -Waikato Regional Leadership - Low for central government, Moderate to High for Regional. | In Place | Both the Mayor and the Chief Executive are represented on the relevant sub-regional and regional fora wherein issues concerning government reforms or funding for growth can be discussed. Our submission on some of the government reform initiatives have been shared with relevant Future Proof partners. | Dec-23 |
| Assessment of the affordability of changes through the long term plan process | TREATMENT The Long Term Plan and Annual Plan processes provide an opportunity for Council to assess affordability to address implications of legislative changes or government mandates. Advocacy can be undertaken directly with central government (through relevant statutory consultation processes or by Council being proactive and requesting a meeting with the relevant minister) and through Local Government New Zealand as the body representing local government as a whole. | 10 | Long term plan | Key assumptions related to government reforms not being considered as part of the long term plan process. | Assumed that the LTP process will be robust enough for council to assess affordability to meet central government policy directive and our community outcomes. Key assumptions related to government reforms are being considered as part of the process. | M | | In Place | This is a watching brief. The 2024-2024 LTP process has commenced. The LTP is expected to be adopted in June 2024. However we should have a fairly good idea of the new government's policy direction on the key reform initiatives by then or during the course of 2024. | |
| Periodic reassessment of implications of legislative reform. | TREATMENT MC00490 The Long Term Plan (LTP) and Annual Plan process provide a basis for an assessment of legislative and other external and internal influences on the business. This includes an scan of the contextual environment (horizon scan) which is used to inform these plans. This treatment impacts the likelihood of the risk by ensuring Council is adequately informed of developments at a national and regional level which may have implications for the district. It provides a set process to accommodate currency of information to inform future landuse, infrastructure and corporate planning. | 10 | Long term plan | Extenuating circumstance not been adequately considered in the LTP process. | We've completed an environmental scan to inform the 2024-2024 LTP which has been workshopped with our elected members and supplemented with a follow-up workshop on emerging trends with Pōhā. | M | | In Place | This has been completed and supplemented with work done by Pōhā to inform the LTP scene setting and operational context. | Jun-23 |
| Submission processes on government reforms | TREATMENT MC00491 Council keeps abreast of relevant Government's legislative pronouncements and becomes involved through the submissions process to advocate Council's best interest. This often includes presenting the submission to relevant Select Committees. This treatment impacts the likelihood of the risk by ensuring that Council not only has the required information regarding developments but an avenue to respond to/influence outcomes. | 10 | Detective | Submissions process and reports to Council | Council does not participate in submission processes resulting in its position not being heard. | M | Feedback provide/ submissions made on local government, RMA reform, three waters and inter regional rail over the last 6 months. WDC is in a good position to provide ongoing feedback on these processes over the next year as they progress. However, we can only remain largely reactive on these matters until we know how a new government may want to progress these reforms. | In Place | This has been done in accordance with consultation processes set by the relevant legislative process. We will keep a watching brief as a new government may decide to approach the reform initiative started by the incumbent (as at 31 August 2023) differently. | Jun-23 |
| Chief Executive Advocacy | TREATMENT MC00492 Council's Chief Executive (CE) is committed to building a relationship with Wellington to facilitate open communication and ensure the organisation receives timely information and has opportunity for response and contribution. Regular contact is held with Central Government ministers and with key managers in different government departments. Issues are also raised with relevant senior government officials and ministers through the Future Proof Growth and Development partnership. Council's participation in relevant submission processes associated with the strategic risk also helps highlighting key issues to central government. This treatment impacts the likelihood of the risk by assisting in the timely communication of information and developments. | 10 | Detective | Monitoring implementation of Government Relationship Strategy | A poor relationship with Wellington would mean that we cannot advocate on the issues affecting Council. | M | We've completed partnership assessment for the Chief Executive which has forged a more targeted engagement with relevant central govt depts. | In Place | The Chief Executive has strong ties with relevant regional directors (e.g. Waka Kotahi and Kainga Ora). | Jun-23 |
| Waikato 2070 and Future Proof | TREATMENT MC00500 Waikato 2070 (District Growth and Economic Development Strategy) The purpose of Waikato 2070 is to provide the Council with a strategic spatial framework for development planning. Waikato 2070 links to the District Plan Review, the Long Term Plan, the Infrastructure Strategy and the Integrated Land Transport Strategy. As a partner to Future Proof, Council also participates in informing the Future Proof Growth and Development Strategy. Council is also a member on the Waikato Plan, the Regional Transport Committee, the Regional Connections Committee, the Te Huiā Sub-Committee and the Rapid Rail Working Group which ensures that strategic land use and infrastructure planning is aligned and appropriately informed from a district perspective. This treatment impacts the likelihood of the risk by ensuring Council has an integrated strategic framework for regulation and growth related decision making. This assists with better economies of scale and enables provision of affordable infrastructure. The strategy is subject to periodic review. | 10 | Detective | Review of Waikato 2070 and Future Proof as needed | Lack of alignment between Council's growth strategy and sub-regional and regional initiatives. | M | We have developed a Government Relations Strategy and Action Plan for the Mayor, Deputy Mayor and the Chief Executive. A session with Iron Duke to advise Council on how to strengthen its relationship with Wellington is scheduled for later in 2023. | In Place | The Government Relations Strategy and Action Plan are live documents which are monitored regularly. They form a basis for Councils engagement with government both pre and post elections 2023. | Jun-23 |
| People and Capability | TREATMENT MC00568 Alignment of Council's "People and Capability" function to current and potential future needs of the organisation in terms of participating in, and responding to, national and regional strategic planning and legislative reforms. This treatment impacts the likelihood of the risk by ensuring adequate numbers of staff, with diverse, flexible skills, including negotiation and persuasion, and the ability to provide value in a variety of planning and governance frameworks. | 10 | Detective | Assessment of People and Capability function at critical milestones in the reform process | Council not resourced to respond to government legislative and policy changes. | L | The final Future for Local Government report was released in June 2023 recommends significant capacity and capability resourcing requirements for local government to better meet the needs of iwi, hapū and Māori to address well being and equity challenges in our community. | In Place | Depending on how direction that the next government may want to take on local government reform, it is prudent to assume that there will be changes and that the organisation needs to be better equipped to respond to this. We have an existing JMAC with Waikato Tainui and Ngati Maniapoto which forms the basis of a co-governance system for resource management with iwi. | |
| Virtual team to monitor and respond to government policy changes | TREATMENT There are teams in Council which monitor changes in government policy as part of BAU. However, it may be necessary for a team of key staff to come together to respond to such changes and report to ELT on a periodic basis. | 10 | Detective | Reports to ELT and Council as required | Council not institutionally prepared to respond to legislative and policy changes. | M | The Community Growth group in Council actively monitors government legislative and policy changes from an LGA, RMA and LGA perspective. This will continue but it is acknowledged that a periodic assessment of such changes would need to be done to ensure that staff, ELT and Council are aware of these and are able to respond accordingly. | Partially In Place | Periodic assessment of legislative and policy changes has been elevated due to a heightened uncertainty on government policy direction. | Dec-25 |
| Maori engagement strategy | Development of a Maori engagement strategy which includes an assessment of councils current ability to meet Maori development outcomes. | 10 | Detective | Appointment of the Executive Manager Maori Partnerships | Council unable to engage with iwi, hapū and maori on matters pertinent to them and that need Council and government attention. | L | The development of a terms of reference for Council's engagement with mana whenua and the establishment of mana whenua forums is subject to the appointment and related work programme action by the Executive Manager for Maori Partnerships. | Not In Place | Recruitment for the Executive Manager: Maori Partnerships was underway as at 1 July 2023. | Dec-23 |

| | |
|---------------------|--------------------------------------------------------------|
| To | Risk & Assurance Committee |
| Report title | Strategic Risk Deep Dive Report – Business Resilience |
| Date | 9 August 2023 |
| Report Author | Kurt Abbot, Executive Manager Projects & Innovation |
| Authorised by | Tony Whittaker, Chief Operating Officer |

1. Executive summary
Whakaraapopotanga matua

The Deep Dive report aims to provide an opportunity for Governance (the Risk & Assurance Committee) to gain a true understanding of how the Executive Leadership Team view risk and to assess control actions and mitigation procedures.

This report relates to the Business Resilience strategic risk:

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Due to <ul style="list-style-type: none"> • Lack of planning • Unprioritized work programmes, and/or • Untested plans. | There may be a lack of resilience in council operations | Resulting in significant disruption to business function |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

Our focus from the many mitigations against this risk is ensuring the continuity of essential and high priority services during times of significant disruption. The prioritised activities to bring this risk within appetite as part of the Resilience work programme are listed below:

1. Audit of essential and high priority services business continuity plans – To ensure practicality and effectiveness of plans. (underway)
2. Robust testing of essential and high priority services – To ensure real world application of plans and adjust as necessary. (underway).

The response from these two activities will inform system, process, and training actions to further enhance our capacity, capability, and resilience. The audit and testing, together with delivery of any actions, is intended to provide the Committee with assurance that the framework and application of such is effective.

Attached to this report is reflections and lessons learned from Council's broader Covid-19 response (Attachment One). This is attached as an example of how Council's business resilience framework responded to the real-life situation of the pandemic. This provides assurance that the framework does support us to deliver as intended.

2. Staff recommendations Tuutohu-aa-kaimahi

THAT the Audit and Risk Committee receives the Strategic Risk Deep Dive – Business Resilience report.

3. Background Koorero whaimaarama

Business resilience is the ability of an organisation to withstand and adapt to unexpected disruptions while continuing to deliver essential services or operations.

Council is responsible for delivering essential services to our communities. Any disruption to these services can have significant impacts on community well-being, together with our legislative requirements.

The inclusion of business resilience on the strategic risk register reflects Council's commitment to identifying, evaluating, and addressing potential threats and vulnerabilities that could affect our ability to deliver these services. This proactive approach allows the organisation to develop mitigation strategies and contingency plans to enhance resilience and preparedness for future challenges.

When considering business resilience, the organisation is arranged into categories of focus, through the Resilience framework – essential, high priority and other.

4. Definitions Whakamaarama

| | |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Significant disruption | An unplanned event that renders multiple business functions/facilities inoperable, interfering with the organisations ability to deliver essential services and requiring an all of organisation response |
| Disruption | An unplanned event that renders a business function/facility inoperable interfering with the organisation's ability to deliver an essential business service |
| Business Continuity Plan (BCP) | A document outlining how a business unit will continue to operate during an unplanned disruption |

| | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Essential services <i>(Refer Attachment 2)</i> | Council identified functions (both internal and external) which are delivered, facilitated, or supported by Council to provide key health, safety, or wellbeing outcomes to Communities e.g., clean water, transport, waste management, animal control. |
| High Priority Services <i>(Refer Attachment 2)</i> | Council identified functions (both internal and external) which are delivered, facilitated, or supported by Council to provide high priority but not essential health, safety, or wellbeing outcomes to Communities e.g., consents, inspections, monitoring. |
| Critical Processes | Key processes that enable essential services provision |
| Recovery | The process of returning to business-as-usual operation. |
| OBCP | Organisation-wide Business Continuity Plan, which has been constructed to prioritise continuity of essential services and high priority processes in the event of a significant business disruption. |

5. Discussion Matapaki

5.1 Current state of play

Council's Organisation-wide Business Continuity Plan (OBCP) has been constructed to prioritise continuity of essential services and high priority processes in the event of a significant business disruption.

Disruption events may be short or long-term and natural or man-made e.g., storms, floods, security incidents, fires, earthquakes, hazardous chemical spills or other environmental pollutants, explosions, extended power or communication outages, drought conditions, or pandemic outbreaks.

If a disruption interferes with Council's ability to conduct business, the OBCP will be implemented to collectively prioritise activities at an organisational level. Teams will then use their individual plans to determine how to effectively deliver prioritised services to assist with continuity and recovery.

The OBCP contains a list of all essential services, high priority processes and key internal service providers. These services and functions will be prioritised above all other operations in the event of a significant business disruption (refer to Attachment 2).

Technology

In the case of interruption to information technology services, response activities would be activated to expedite technology restoration and sustain the business during its absence.

Modern work practice relies on access to technology both for office-based and field workers. This reliance will only continue to increase into the future, as the digital roadmap is rolled out.

For all technology-based processes there has been a manual workaround identified and these are detailed in individual team business continuity plans.

Council's Information Management Team's business continuity plan sets out risk mitigation and preventative activities, which minimise the impacts of an IT disruption. These include:

- Contracts with key vendors
- Data backups and recovery
- Security measures to manage cyberattacks

In addition, a regional group to respond to significant cyber incidents has been formed with other Councils in the Waikato region. This provides additional capability and capacity to recover from a disruptive incident. Council uses Colab's (Waikato Local Authority Shared Services) Cybersecurity Incident Response Plan for cyber security response.

Activities in the IM Roadmap further enhance our business resilience, particularly with the migration of key services and applications to cloud environments.

People and processes

Council's ability to function means that we are required to have plans in place to address:

- Individual capacity to cope with constant change internally and externally (change fatigue).
- Our ability to deliver services because of sickness, vacancies, or wellbeing impacts on our staff.
- To address single points of failure.

5.2 Strategic risk causes and consequences.

The following information outlines the causes and consequences associated with this strategic risk:

| Cause/ Consequence | Description | Associated Treatment Title (See Attachment Three) |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cause: Lack of planning | <p>A lack of comprehensive planning, an unprioritised work programme, and untested contingency plans can lead to substantial disruptions in the organisation's business function.</p> <p>Without proper planning, the organisation may struggle to identify and address potential risks, leaving it vulnerable to unexpected challenges.</p> | <p>Business Continuity Planning</p> <p>Cyber Security</p> <p>Employee Wellness and Resilience</p> <p>Incident Preparedness and Response</p> <p>Civil Defence Emergency Management (CDEM)</p> <p>Risk Management Framework</p> <p>Internal Audit</p> <p>Annual Resilience Work Programme</p> <p>Risk Culture Programme</p> |
| Cause: Unprioritised work programme | <p>An unprioritised work programme can lead to inefficiencies, missed deadlines, and a lack of focus on critical tasks.</p> | <p>Internal Audit</p> <p>Annual Resilience Work Programme</p> <p>Risk Culture Programme</p> |
| Cause: Untested plans | <p>Untested plans may fail to hold up in real-world scenarios, exacerbating the impact of disruptions.</p> | <p>Cyber Security</p> <p>Incident Preparedness and Response</p> <p>Internal Audit</p> <p>Annual Resilience Work Programme</p> |
| Consequence: Significant disruption to business function | <p>These shortcomings in preparedness can hinder the organisation's ability to maintain operations and respond effectively to incidents.</p> <p>It is within Council's influence to structure and implement the associated treatments to address this risk.</p> | |

5.3 Direct and in-direct risks.

In addition to the above causes and consequences several direct and in-direct risks have been identified and considered as part of the risk assessment process.

Direct risks

| Risk Portfolio | Risk Description | Direct/In-Direct |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Technical Reputation/Image Financial Business Continuity People | Cybersecurity Threats: Council stores sensitive data, including ratepayer information, financial records, and operational data. Cyberattacks, data breaches, or ransomware incidents can directly disrupt services, compromise data security, and damage Council's reputation. | Direct |
| Financial People Reputation/Image Business Continuity | Financial constraints: Budget constraints and fiscal challenges can directly impact Council's ability to maintain critical services, invest in infrastructure, and implement resilience measures. | Direct |
| Infrastructure | Infrastructure failure: Aging or poorly maintained infrastructure can lead to direct disruptions in services, transportation, and utilities, affecting the well-being of our communities. | Direct |
| All risk portfolios | Natural disasters: New Zealand is prone to various natural disasters, such as earthquakes, floods, and storms. These events can directly impact Council's infrastructure, services, and personnel, leading to significant disruptions and challenges. | In-direct |

5.4 Interconnected strategic risks.

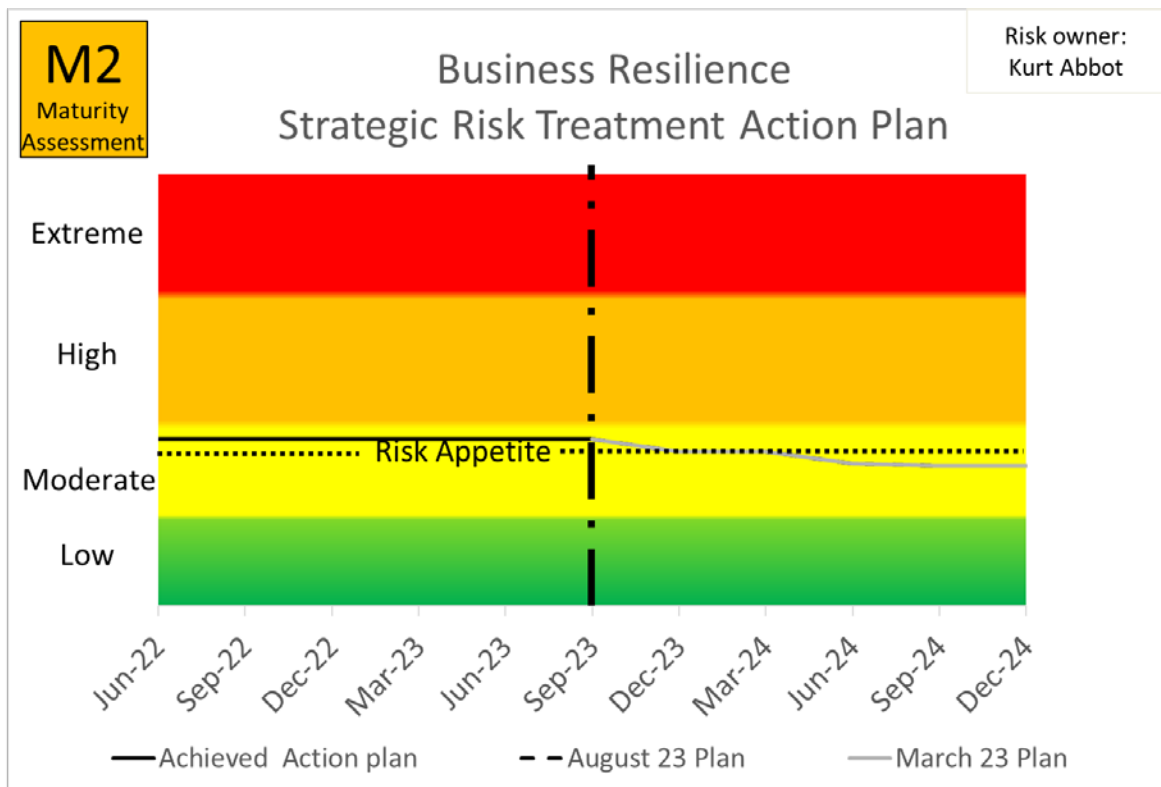
Associated strategic risks that may have an impact or be impacted by this strategic risk have been considered as part of the risk assessment process:

| Interconnect Risk Title | Association |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cyber Security | IT systems are unavailable for business operations. |
| Government Policy & Reform | Resource required for implementation of government legislative and policy reform decisions could impact on our ability to deliver Council services. |
| Operational Capability | Council's ability to fill key roles with people who have the appropriate skills and experience could impact on our ability to deliver key services of Council. |
| Recruitment & Retention | Our ability to recruit and retain people in key positions could mean that key services may not be fully resourced. |
| Workplace Culture | Our culture impacts significantly on our employee experience – both of which directly influence the engagement of our people. |

5.5 Risk Assessment

With consideration to the above discussion, the following Likelihoods and Consequences have been assessed:

| Risk Assessment | Likelihood | Consequence | Risk Score |
|-------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------|
| Inherent Risk (Without Treatments) | Strong probability of occurrence in the foreseeable future / History of frequent occurrence | Essential services are unavailable causing customer disruption (> 1 day) | Extreme |
| Residual Risk (With Treatments) | Feasible; a possibility of occurrence / History of casual occurrence | Essential services are unavailable causing customer disruption (< 4 hours) or non-essential services are unavailable (<3 days) | Moderate |
| Risk Appetite | | | Moderate |



The prioritised activities to bring this risk within appetite as part of the Resilience work programme are listed below. These two actions are currently underway.

1. Audit of essential and high priority services business continuity plans – To ensure practicality and effectiveness of plans. (underway)
2. Robust testing of essential and high priority services – To ensure real world application of plans and adjust as necessary. (underway)

6. Consideration Ahu whakamua

Current actions are detailed in the Resilience work programme, therefore no further funding or resource are required to progress. However, there is currently a vacancy in this team for the role of Resilience Advisor, which is the role that will focus on delivering these priority actions. Recruitment is underway.

7. Conclusion Whakamutunga

In line with the Business Resilience risk appetite statement, Council's focus is on ensuring the continuity of essential and high priority services during times of significant disruption.

At a high level, key actions to mitigate this risk are detailed in the Business Resilience Strategic Risk Control Plan Tool (refer Attachment Three).

Prioritised activities to bring this risk within appetite are underway, as part of the Resilience work programme:

| Activity | Action to be undertaken |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Audit of essential and high priority services business continuity plans | Action plans developed to address any gaps identified by the audit. |
| Robust testing of essential and high priority services | <p>Ensure that these business continuity plans are robust and that the identified plans and fit for purpose and realistic.</p> <p>Ensuring these plans are consistent with and tested against associated plans e.g., IM Disaster Recovery Plan, incident management framework.</p> <p>Ensuring that gaps in service provision are understood and that service providers are identified and engaged to address these gaps.</p> |

8. Attachments Ngaa taapirihanga

Attachment One – Covid-19 Learnings

Attachment Two – Essential and High Priority Services

Attachment Three – Strategic Risk Treatment Action Plan

Summary of Covid learnings

As the pandemic in New Zealand evolved council undertook several surveys with staff to ascertain and gauge wellbeing. This coupled with other anecdotal and measurable information informed improvement programmes and changes to various process, policies and systems. Below is a summary of some of those learnings that have been extracted from historic council reports and updated comments made in Italics.

Remote Working

The organisation was already progressing mobility to enable a way of working whereby 'the district is our office' however the need to provide remote working capabilities for more staff quickly surfaced during business continuity planning. Many staff members were familiar and comfortable with remote working but for a large majority it was a new experience.

This activity triggered the vast majority of change and opportunities which in parallel also created the biggest benefit to business resilience.

Remote working has been adopted by council through new policies, processes, systems and tools. This reflected the new expectations of the workforce but also provided the added benefit of having staff able to work from anywhere when faced with an event of significant disruption.

To achieve an effective and efficient remote workforce (flexible working) the advancement of many other resilient activities have been prioritised through our strategic plan (Our Plan). This includes moving IT systems to the cloud and changing processes to be fully digital.

The flexible working policy, processes and systems are currently being reviewed to ensure appropriateness and effectiveness.

Communication & Updates

Regular organisational wide communications and updates to staff were key to ensuring everyone understood what was happening in the organisation as the lockdown was enforced and so teams could adjust their roles and ways of working to support response and day-to-day objectives. It was also clear that regular communications between/across teams (and 'checking in') was important from a general staff wellbeing perspective as they worked from their homes.

The learnings of the event and isolation from teammates was rolled into the flexible working policy and expected behaviours. This has now become business as usual with teams, however a review and relaunch of policy and frameworks is currently underway to ensure the intent and effectiveness of the flexible working frameworks are being met.

Safety & Wellbeing

The general safety and wellbeing of fellow colleagues, customers, and residents was at the forefront of staff members minds as evidenced in the feedback, and the need to continue to be vigilant with hygiene and social distancing (whilst providing services) is a key aspect of

recovery in line with Government's COVID-19 guidelines. Learning from experiences regarding flexibility and remote working (see below) many see an opportunity to capitalise and improve staff wellbeing further (e.g. better work-life balance).

Once again, this has been included and implemented through flexible working policies and processes. This has also proven a valuable recruitment tool as workforce expectations have changed. In addition to these changes to wellbeing work programmes to support and mitigate risks with flexible and remote working arrangements.

Flexibility & Agility

Closing offices, Council buildings, and customer facing centres forced the organisation very quickly to adopt new ways of working to continue to provide (limited) services and continue driving internal initiatives and projects. Whilst business continuity planning was already underway the need to move quickly and be agile was paramount once Government announced a move to Alert Level 4 with many staff also performing roles outside of their 'business as usual' (for example Civil Defence). This experience has reinforced to many teams and staff that council can be flexible and agile in nature whilst meeting its obligations to the district.

While the above statement remains true, the increased frequency of significant events has resulted in the sustainability of the existing system being questioned. A review and assessment will be included within the 2023/24 LTP

People & Culture

The unique situation provided by the pandemic and the lockdown scenarios provided the opportunity for many staff to learn new skills (e.g. use of digital tools and video conferencing) and also compelled many in the organisation to develop a model of 'high trust' whereby people were supported to do the 'right thing' in support of organisational outcomes. One example of this is allowing staff to take desktop computers home where needed so they could connect and continue to work during lockdown.

The impact of the event led to the review and implementation of an employee experience strategy. This has a particular focus on the processes, frameworks and behaviours required to build resilient staff members within the changed, flexible working environment.

A key area of focus identified and implemented was people leadership. Skills, tools, guidelines and support have been provided to people leaders to lead through the flexible working environment.

Collaboration & Innovation

The need to be flexible and agile in a constrained environment has allowed staff to be innovative and 'think outside of the square'. The widespread use of videoconferencing to allow teams and staff members to connect and collaborate (not just within council but with other partner councils and organisations) has proved invaluable, including Council meetings conducted via Zoom and the recording being made available via Council website to maintain democracy obligations.

As discussed elsewhere the covid experience advanced many new and already planned opportunities. In particular the flexible working arrangements has spawned many resilient activities which have now been prioritised through the strategic plan (Our Plan). This includes moving IT systems to the cloud and changing processes to be fully digital. Specific to collaboration new tools have been embedded but we have also pushed integration of systems and data with partners to minimise single points of failure.

Business Continuity & Risk Management

As the threat of a pandemic increased prior to lockdown, and through the Incident Management Team framework, accelerated business continuity planning commenced. This resulted in updated business continuity plans across the organisation which were able to be invoked quickly once the Government issued the state of emergency in March 2020. Feedback suggests capitalising on this momentum is key to ensure we grow our business continuity and risk management capabilities further.

This was achieved with a revision of business continuity plans which is undertaken annually. The next phase of this maturity is to now undertake detailed audits and tests of each specific plan to ensure practicality and effectiveness.

Business Process & Quality Management

Many staff have fed back that having access to an extensive library of processes available via Promapp (accessible via the web/internet connection) was beneficial especially in a period of being physically disconnected from their teams and fellow colleagues. Equally, there is an opportunity identified to continue improving our business processes and some of these are being tackled as part of recovery initiatives (e.g. project planning and delivery).

As discussed elsewhere the covid experience advanced many new and already planned opportunities. In particular the flexible working arrangements has spawned many resilient activities which have now been prioritised through the strategic plan (Our Plan). This includes moving IT systems to the cloud and changing processes to be fully digital. Monitoring of the quality of processes to ensure seamless flexible working is ongoing and has also been identified as critical in the effective and efficient onboarding of new staff and consultants. For effective business continuity focus in this area has been prioritised.

ESSENTIAL AND PRIORITY SERVICES

The tables below outline Waikato District Councils 'essential services' and 'non-essential priority services' which must be prioritized above all other operations in the event of a significant disruption.

Details of the service/function and how responsible teams / parties intend to continue to perform them in the event of a disruption are included in the team business continuity plans. Recovery of software and infrastructure are included in the Information Management Disaster Recovery Plan.

| AREA | SERVICE / FUNCTION | CUSTOMER | Service type |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| Animal Control | Collection of dogs impounded by the public | External | Essential |
| | Dog Aggression - Current Attacks and Rushing | External | Essential |
| | Dog Pound Services – Cleaning /feeding dogs/euthanizing dogs. Ensuring supply of food and disinfectant | External | Essential |
| | Stock On roads – Current | External | Essential |
| | Stock pound – feeding and care of animals, ensuring supply of feed | External | Essential |
| | Wandering Dogs priority to packs and aggressive behaviour | External | Essential |
| | Welfare – Immediate threat to life | External | Essential |
| Building Quality | Dangerous and Insanitary building inspections | External | Essential |
| | Perform building inspections | External | Priority |
| | Review building consent applications | External | Priority |
| Civil Defence & Emergency Management | Respond to Incident or Emergency | External | Essential |
| Community Projects | Undertake site inspections of contracted work (critical infrastructure and public safety). | External | Priority |
| Consents | Perform site inspections for all new constructions. | External | Priority |
| | Perform site inspections for Council owned assets | External | Priority |
| | Process resource consent applications | External | Priority |
| Contact Centre | Afterhours calls: Receive & Answer Phone Calls into the Council 0800 492 452 after business Hours | External | Essential |
| | Receive & Answer Phone Calls into the Council 0800 492 452 during business Hours Monday - Thursday 8am till 5pm, Friday 9am till 5pm | External | Essential |
| Contracts & partnering | Support Contract Managers to manage Contracts (safety critical contracts) | Internal | Priority |
| Customer Delivery | Support delivery of customer information and essential services | External | Priority |
| Environmental Health | Respond to Public Health Concern - Immediate danger to health complaints (request from MOH, MPI). | External | Essential |
| Facilities | Building Security & Fire Alarms via ADT | External | Essential |
| | Emergency building maintenance | External | Essential |
| | Maintenance of Public Toilets | External | Essential |
| | Maintenance and cleaning of the Ngaruawahia Office facilities | Internal | Essential |
| | Fleet Maintenance | Internal | Priority |
| Finance | Accounts Payable | Internal | Priority |
| | Process customer direct debits through the bank and daily cashflow management | External | Priority |

| | | | |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| Finance | Process customer direct debits through the bank and daily cashflow management | External | Priority |
| | Process payroll | Internal | Priority |
| IM Network & Support | Datacentre management (Email, Storage, Tech one, Back-ups and Citrix environments) | Internal | Essential |
| | Manage telecommunications | Internal | Essential |
| | Provision and maintenance of IM hardware | Internal | Essential |
| Legal | Provision of legal advice (including research and drafting of legal documents) to all parts of the organisation including LGOIMA response | Internal | Essential |
| Open Spaces | Tree safety inspections | External | Essential |
| | Waste removal from parks, reserves, and public facilities | External | Essential |
| | Infrastructure safety inspections e.g. inspections of parks, toilets etc. where required to ensure controls to manage risk are still in place. | External | Priority |
| Records | Records, courier and mail management and hard copy essential document retrieval. | Internal | Priority |
| Roading | Provision of planned and unplanned roading maintenance | External | Essential |
| | Provision of roading network inspection and analysis (ad-hoc inspections linked to customer experience, contract management, long term planning of network config, meetings with effected parties) | External | Essential |
| | Response to roading service requests | External | Essential |
| Solid Waste | Co-ordinate and monitor kerbside refuse and recycling services and transfer stations | External | Essential |
| | Prepare and complete monthly invoicing for solid waste contractors | External | Essential |
| Special Infrastructure Projects via Watercare Services Ltd | Operation and maintenance of drinking water, wastewater, and storm water services | External | Essential |
| Venues & Events | Cemeteries Services (burials) | External | Essential |

Business Resilience - Strategic Risk Treatment Action Plan

| Risk description | | | Risk Assessment | | | | | | | | | |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------|-----------------|-------------|---------|-----------------------------|-------------|----------|-------------------|-------------|----------|---------------|
| Cause | Risk | Consequence | Inherent Risk | | | Current Residual Risk score | | | Target Risk score | | | Risk Appetite |
| Due to ... | There might be... | Resulting in ... | Likelihood | Consequence | Factor | Likelihood | Consequence | Factor | Likelihood | Consequence | Factor | |
| Due to • Back of planning. • Deprioritized work programmes, and/or • Distorted plans. | There may be a lack of resilience in council operations | Resulting in • Significant disruption to business function | 4 | 5 | Extreme | 3 | 3 | Moderate | 3 | 2 | Moderate | Moderate |

BUSINESS RESILIENCE - TREATMENT PLAN

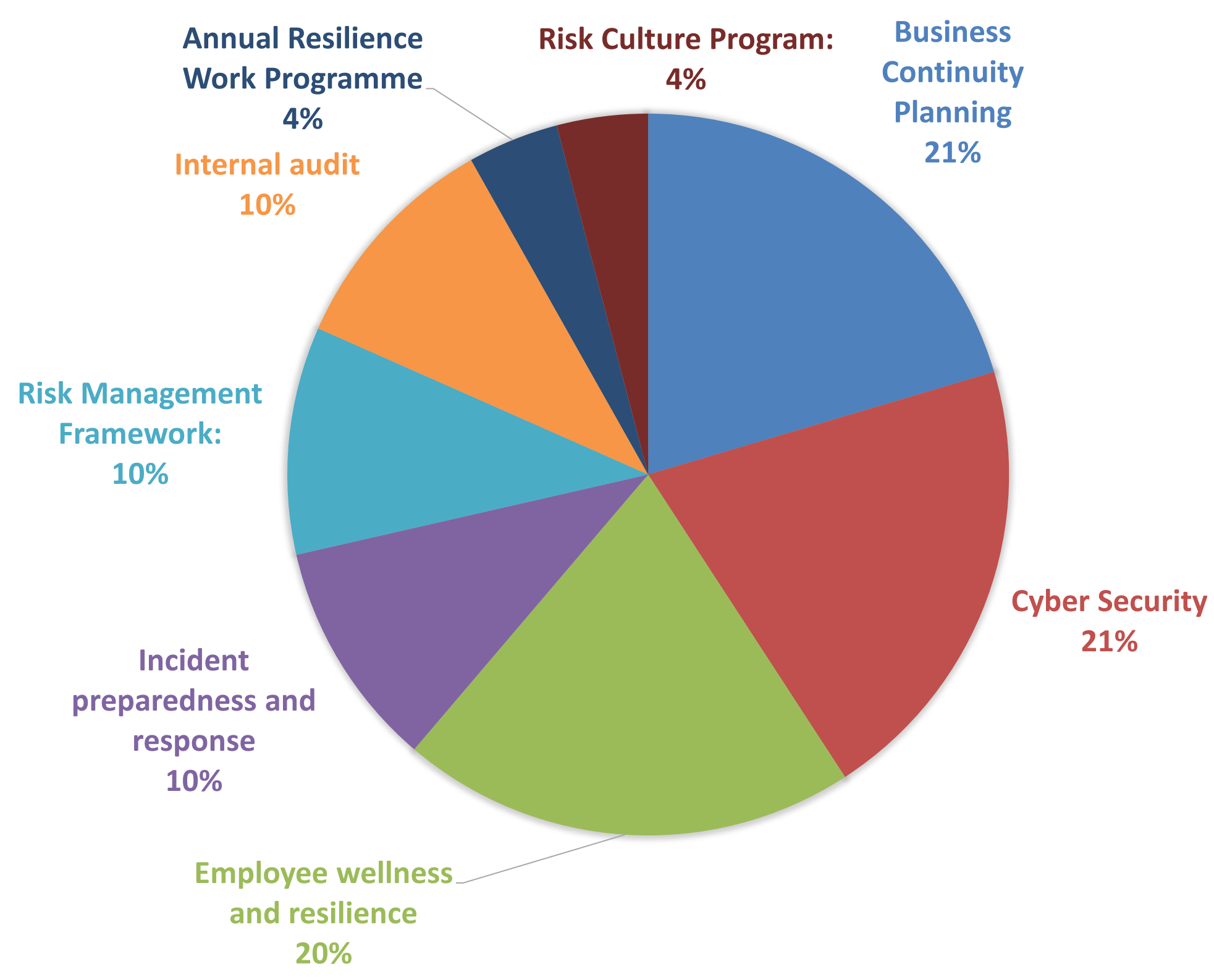


Figure 1 - Relative importance of each treatment.

Business Resilience Strategic Risk Treatment Action Plan

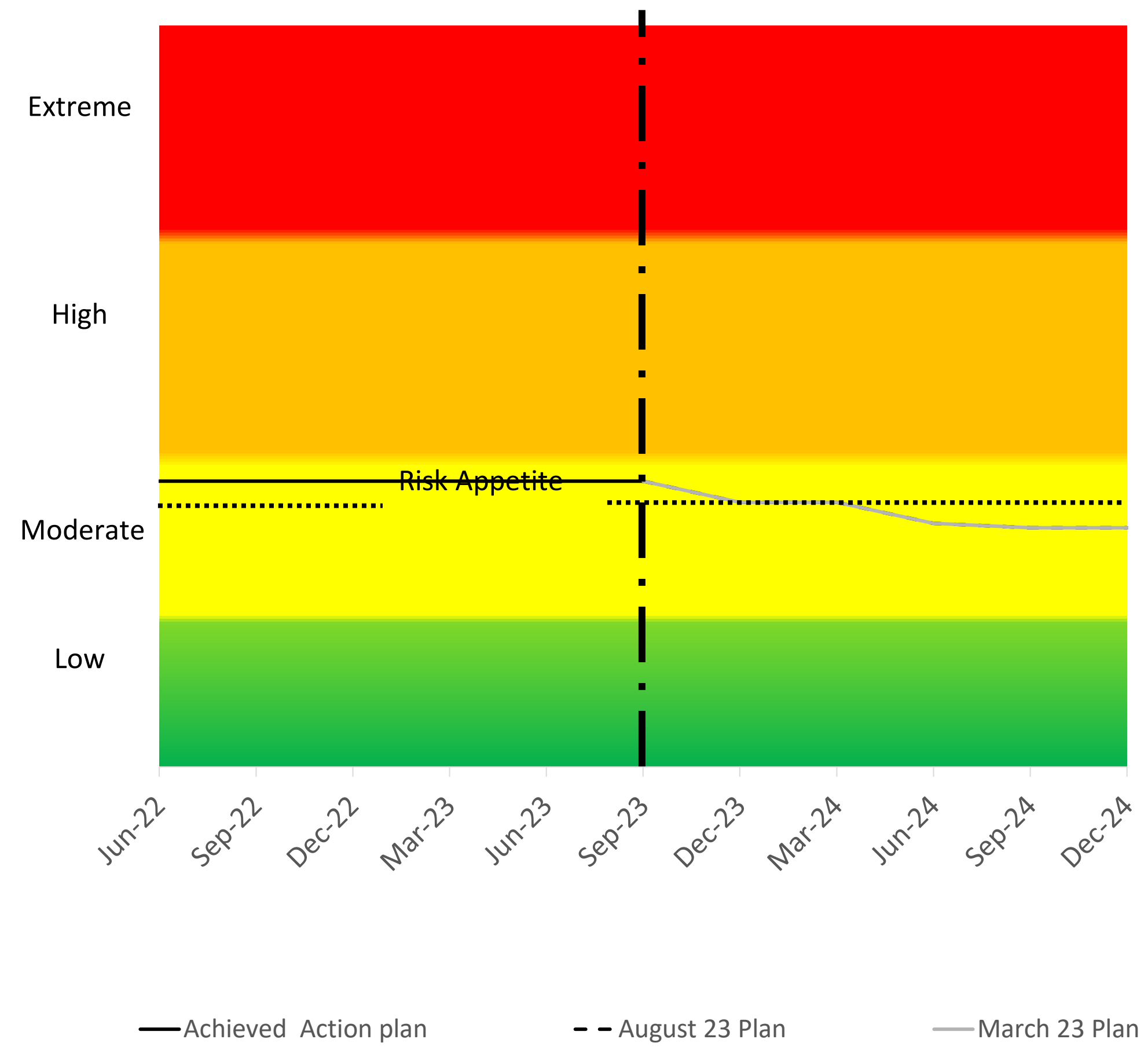


Figure 2 - Treatment action plan

Business Resilience - Strategic Risk Treatment Action Plan

| Treatment | | | | | | | | | | |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------|
| Recommended Treatment | | | | | Treatment Effectiveness | | | | | |
| Treatment Title | Treatment Description | Treatment importance (10/5/2) | Control Type | | Treatment Effectiveness | Rationale for Treatment Effectiveness | Status | Actions to implement Treatments | Estimated Timeframe for Implementation | |
| | Specific - Clearly define the plan, aligning it to the identified risk. Make it meaningful and appropriate to achieve a desired outcome. | Treatment is/ has: Critical and essential - 10 Significant role- 5 Minimal impact - 2 | (Preventative, Detective, Corrective) | Measurable: How will you measure the plan – with e.g. a business case, audit, survey? The effectiveness of the plan should be measured towards revising the risk rating after implementation. | Relevant: Identify the causes or consequences in the risk description being addressed. | High - H Medium - M Low - L | | Achievable: Due to existing resource constraints is the the expected timeframe to get the treatment effectiveness "High" and "In Place" reasonable? | Timely: Expected date to be Inplace and Maximum score. | |
| Business Continuity Planning | Council's Resilience team work directly with business owners of Essential & High Priority services to ensure there are robust and consistent business continuity plans in place. Robust testing of essential and high priority services will take place to ensure real world application of plans and adjust as necessary. We will increase the scope of business continuity test to: - Include more robust testing of IT systems - create self-assessment criteria for teams to test their own BCPs outside of annual BC test. | 10 | Preventative | Internal audit | Lack of planning; | M | Internal focus on BAU interruptions (i.e. sick leave) . - Teams have the processes in place to be resilient. However, there's a need for a small subset for prolonged detailed coaching. This treatment will ensure the business continuity plans are relevant, realistic and consistent. | In Place | Resource not in place - recruitment underway | Jun-24 |
| Cyber Security | Council's Information Management Team's business continuity plan sets out risk mitigation and preventative activities, which minimise the impacts of an IT disruption. These include: - Contracts with key vendors - Data backups and recovery - Security measures to manage cyberattacks There is also focus on three control components: - Process controls - People controls - Technology Controls In addition, a regional group to respond to significant cyber incidents has been formed with other Councils in the Waikato region. This provides additional capability and capacity to recover from a disruptive incident. Council uses Colab's (Waikato Local Authority Shared Services) Cybersecurity Incident Response Plan for cyber security response. Activities in the IM Roadmap further enhance our business resilience, particularly with the migration of key services and applications to cloud environments. | 10 | Preventative/ Detective/ Corrective | AuditNZ IS Controls Audit ALGIM LG Cyber Security Audit ALGIM Information & Records Management Audit Firewall Vulnerability & Penetration Test | Lack of planning; Unprioritised work programmes | L | Whilst notable improvements have been made (eg 21 Audits Actions cleared this quarter), Council has an Audit Actions backlog going back to 2016. As per the ALGIM Cyber security assessment Council is scored at the lower end of High Risk. 3 Year Cyber Security Improvement plan in place to address this over a 3 year period. | Partially In Place | 3 Year Cyber Security Improvement plan through to 31-Dec-2025 to address. | Dec-25 |
| Employee wellness and resilience | Council's ability to function means that we are required to have plans in place to address: - Individual capacity to cope with constant change internally and externally (change fatigue). - Our ability to deliver services because of sickness, vacancies, or wellbeing impacts on our staff. - To address single points of failure. | 10 | Detective | Annual employee survey New starter - 7 day and 90 day checkin process Exit surveys Zero Harm engagements (safety conversations - work/home safety and wellbeing) | Lack of planning; Unprioritised work programmes | H | Reporting of the outcomes of each of the measures to the Executive Leadership team on a regular basis. | In Place | | Jun-25 |
| Incident preparedness and response | The Incident Management Framework (Business Continuity) is designed to respond to incidents significantly affecting business with the potential to have an effect on the community. This may occur prior to escalation to CDEM response or simultaneously where different management teams are required to manage different impacts. Consistency in our approach to incidents and emergencies as an organisation means we have the ability to manage an event of any size, undertaken as a matter of scalability. Should an incident escalate and require a significant CDEM response all we would be required to do is increase the response capability. The alignment of our business continuity with CDEM practices means the training we undertake, the language we use and how we respond to our community is done efficiently and effectively to reduce the overall impact. | 5 | Corrective | Internal audit of IMT framework; after action reporting | Lack of planning | H | History of effectiveness of the process. Ensures our Incident Management Framework is fit for purpose | In Place | | Dec-23 |
| Risk Management Framework: | Risk Management Framework: Councils Risk Management Framework includes policy, processes, support, tools, templates and user guides. The Framework details organisational expectations and best practice risk management behaviours across all levels of the business. | 5 | Preventative | Internal audit | Unprioritised work programmes | H | Risk management framework undergoes an annual review to ensure it's up to date and relevant. It is currently written to align with the ISO 31000 standard | In Place | | Dec-23 |
| Internal audit | Auditing of processes and business continuity plans will be undertaken by the Resilience team. Audit of essential and high priority services business continuity plans will be undertaken to ensure practicality and effectiveness of plans. | 5 | Detective | Internal audit work programme | Lack of planning; Unprioritised work programmes; Untested plans | L | Internal audit will be used to give assurance that plans and processes are robust. | In Place | | Dec-23 |
| Annual Resilience Work Programme | Annual Resilience Work Programme The programme is developed to address priority activities outlined through the CDEM capability assessment, the organisational change requirement and continuous improvement initiatives. It includes key pieces of work such as: • Community Response & Resilience Planning • Strategic Planning for Recovery • Business continuity planning • Public Education This treatment impacts the consequence of disruptive events by increasing community preparedness, incorporating risk mitigation and response into community planning activities and through the contingency planning process. | 2 | Preventative | Exercises and activation of plans. Exercises are externally assessed on an annual basis. Activations are debriefed and correct action plans developed. | Lack of planning; Unprioritised work programmes; Untested plans | M | Work programmes need to be updated. | In Place | | Sep-24 |
| Risk Culture Program: | Risk Culture Program: The program aims to progress Councils risk culture by enabling an appropriate and consistent approach to risk taking and encouraging the use of risk practices to inform decision making. It focuses on educating teams on risk purpose, organisational risk appetite and application of risk practices. This treatment impacts the likelihood by providing employees a greater level of understanding of appropriate risk practice and promoting the benefits of proactive risk management and continuity planning. It also addresses the consequences of the risk through developing organisational processes associated with contingency planning. | 2 | Preventative | Maturity score scale | Unprioritised work programmes | L | Existing Maturity score - M1: Risk management practices are not documented and rely on the dedicated efforts of a few individuals. There is no or limited awareness of the value of enterprise risk management by senior business leaders with decision making being wholly subjective and opinion-based. As a result, overall business performance is largely determined by 'chance' and may vary greatly from expected outcomes. | Not In Place | Development of work programme for risk maturity is needed. | Mar-25 |

| | |
|---------------------|--------------------------------------------------------------|
| To | Risk and Assurance Committee |
| Report title | WDC Zero Harm Safety Management System (ZHSMS) Review |
| Date: | 14th August 2023 |
| Report Author: | Lynn Shirley, Zero Harm Manager |
| Authorised by: | Gavin Ion, Chief Executive |

1. Purpose of the report

Te Take moo te puurongo

To present a review of the Council's Zero Harm Safety Management System (ZHSMS) to ensure its continuing suitability, adequacy, and effectiveness. As Council is using AS/NZS ISO 45001 ("the Standard") as its health and safety management system framework, this review has been undertaken in accordance with Section 9.3 of the Standard.

2. Executive summary

Whakaraapopototanga matua

The management review attempts to provide an overview of the status of Council's evolving safety management system and highlights areas that have been developed and those that are currently in progress or planned for completion. The components that are planned for completion are detailed in the FY23/24 Zero Harm Strategic Improvement Plan.

The review process has identified the following items for consideration by the Executive Leadership Team (ELT);

- It is recommended that a subsequent external audit of the ZHSMS is planned for 2025
 - An internal self-assessment of the ZHSMS is undertaken in July 2024 by Council's internal audit function in conjunction with the Zero Harm team.
 - A gap analysis is undertaken to determine what Promapp processes (Standard Operating Procedures) contain key information for eliminating or managing risks to health and safety, and therefore require documented worker training and assessment to be completed.
-

3. Staff recommendations Tuutohu-aa-kaimahi

THAT the Risk and Assurance Committee receives the Waikato District Council Zero Harm Safety Management System (ZHSMS) Review report.

4. Background Koorero whaimaarama

Council is committed to pursuing a culture of Zero Harm by eliminating or managing health, safety, and wellbeing risks. Our Zero Harm Safety Management System (ZHSMS) (consisting of policy, standards, requirements, and procedures) will enable us to develop a sustainable zero harm culture and achieve best practice health and safety performance.

We aim for more than just compliance by observing the principle that workers and others should be given the highest level of protection against harm to ensure their health, safety, and wellbeing.

5. Discussion Matapaki

The following tables detail the elements that have been considered when undertaking the management review of our Zero Harm Safety Management System.

| <i>The status of actions from previous management review reports</i> |
|-----------------------------------------------------------------------------|
|-----------------------------------------------------------------------------|

| |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The last documented management review was undertaken in March 2022. The review process identified the following three action items.</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------|

- | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • A review of the Council's documented Zero Harm Commitment is undertaken before the end of 2022. • Subsequent audits of the ZHSMS are planned and carried out annually by Council's internal audit function. • Future management reviews of the ZHSMS are aligned with the end of the financial year for ease of performance data analysis and strategic improvement planning. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>All the above actions have been undertaken and where action items were raised in BWare Safety Manager these have been completed and closed.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------|

Changes in external and internal issues that are relevant to the ZHSMS including:

- 1. The needs and expectations of interested parties***
- 2. Legal requirements and other requirements***
- 3. Risk and opportunities***

The local government election in 2022 saw nine new elected members. To support our new elected members to undertake their health and safety governance activities, external training was delivered by Impac Services Ltd. Elected members were also provided with situational safety and tactical communications training to provide them with knowledge and skills to manage the risks associated with workplace violence and aggression. A Zero Harm Induction workshop was also delivered to elected members by the Zero Harm Team.

Over the last twelve months there has been an increase in health and safety support requests from Community Halls and the Woodlands Estate. The Zero Harm team have worked closely with the Venue and Events team to support both interested parties. Examples of support provided have included developing and implementing building evacuation procedures and emergency response plans and the delivery of emergency warden training.

Following the Work Safe Home Safe 2023 event we had several new Safety Action Team (SAT) representatives join the team. To support their needs and expectations and enable them to fulfil their role, attendance at external Health and Safety (H&S) Representative Stage 1 training has been prioritised. Feedback from SAT reps on the content and delivery of this training has been very positive.

Following the recent WorkSafe NZ prosecution of Thames Coromandel District Council in relation an inflatable slide incident at the Whangamata Summer Festival in 2020, we have reviewed our documented procedures and tools associated with the approval of community run events on Council owned public open spaces.

We have also utilised the recently published WorkSafe Good Practice Guide "Keeping healthy and safe while working on the road or roadside" to develop our management standard and bowtie control plan for this critical risk. Implementation of the control plan for the critical risk of working on the road or roadside is also included in the ZH Strategic Improvement Plan for FY23/24.

The extent to which the Zero Harm Commitment and Health and Safety objectives have been met

Council's Zero Harm Commitment (H&S Policy) was reviewed by the Zero Harm and Communications and Engagement Teams in September 2023. Changes were proposed and these were presented to the ELT for consideration and approval. The revised Zero Harm Commitment now includes a section on what we expect our people to commit to in relation to achieving Council's zero harm vision.

OUR ZERO HARM COMMITMENT



Our commitment

Te Kaunihera aa Takiwaa o Waikato is committed to providing a safe and healthy working environment for our staff, elected members, contractors, volunteers and the community.

We will use relevant legislation, standards and codes of practice as a minimum threshold for the management of our health, safety and wellbeing.

We will pursue a culture of Zero Harm by eliminating or managing health, safety and wellbeing risks.

We will strive to continually and progressively improve our Zero Harm Safety Management System, including the management of our critical risks.

What this looks like

- ✓ We will look after ourselves and each other, to ensure we all return home safe every day. Our Zero Harm culture is a part of our 'DNA'.
- ✓ We will design, construct, operate and maintain our assets to provide a healthy and safe environment for our people and communities.
- ✓ We will foster an environment of collaboration and participation on all matters relating to the health, safety and wellbeing of our people and others.
- ✓ We will empower and support our people and others to only start work when all safety critical controls are in place.
- ✓ We will align our health and safety objectives with Council's strategies and risk profiles.
- ✓ We will provide training, information and supervision to enable our people to be safe and successful in their work.
- ✓ We will operate in a manner that aims to firstly eliminate, and if not reasonably practicable, to minimise health and safety risks (hazards).
- ✓ We will accurately report, record and learn from incidents to continuously improve performance.
- ✓ We will support a safe and timely return to work for our people who have suffered injury or illness.

Your commitment

To support our culture of Zero Harm, we ask our people to:

- Take ownership and responsibility for their decisions and actions and to look out for the safety of others.
- Be informed and stay curious.
- Be part of the team effort to improve health, safety and wellbeing by reporting risks, incidents and near misses.
- Follow our safe systems of work.
- Give feedback where there are opportunities for improvement.
- Only start work when all safety critical controls are in place.
- Make health, safety and wellbeing a priority and lead by example.



The key elements of the ZH Commitment including the Chief Executive's personal commitment to every staff member continued to be shared with new workers via the Zero Harm induction programme. To further strengthen the connection between the following statement in the Zero Harm Commitment "We will empower and support our people and others to only start work when all safety critical controls are in place" and our documented safe systems of work, safety critical controls are now being included where relevant in Promapp processes.

Manage Threatening/Abusive or Unreasonable Customer Phone Call v3.0



Summary

Objective

To detail the actions required to manage a customer over the phone who is displaying threatening, abusive or unreasonable behaviour.

Background

Unreasonable behaviour is conduct that is unreasonable in all circumstances – regardless of how stressed, angry or frustrated a complainant is – because it compromises the health, safety and security of our staff, other service users or the complainant themselves. Some examples of unreasonable behaviour include:

- Acts of aggression, verbal abuse, derogatory, racist, or grossly defamatory remarks
- Harassment, intimidation or threats of physical violence
- Rude, confronting, and threatening correspondence
- Threats of harm to self or third parties, threats with a weapon or threats to damage property, including bomb threats
- Stalking (in person or online)
- Emotional manipulation.

Owner Shelby Spain

Expert Lynn Shirley

Procedure

1.0 Listen to the Customer and attempt to de-escalate the situation

ALL STAFF

- a** Speak calmly, both firmly, with an even tone
- b** Never argue, be patient
- c** Let them talk - keep interruptions to a minimum
- d** Build empathy
 - What is it like in that person's shoes?
 - What are they trying to say?
 - Have I really heard them?
 - Do they know I am listening?
- e** Ask the person not to be abusive or aggressive
- f** Be patient

g Look for solutions to the issue e.g. payment options, raise a compliant etc. or ask the customer what solutions they would like to see.

2.0 Take action if customer continues to be threatening or abusive

ALL STAFF

- a** Give them a warning that you will not tolerate the unreasonable behaviour. Again request that they stop.
- b** Advise the customer that if they continue this behaviour that you will end the call.

NOTE What is the best way to respond to the customer and advise of this?

"(Customer Name), I'm sorry that you've had to deal with this problem. I am here to help you - however if you continue to speak to me like this, I will need to end the call"

"If you continue to talk to me in this manner, I will need to terminate the phone call"

"I'm sorry you're experiencing this problem. I have some solutions I'd like to consider. But if you continue this behaviour, I will end the call"

"I can understand that this is frustrating. If I was in this situation I would be upset too. There is no need to yell/swear at me. I am trying to help you. We will not tolerate this and will end the call".

c End the call

SAFETY CRITICAL CONTROL

The mental wellbeing and psychological safety of our staff and others is one of our top priorities. Council has zero-tolerance of any unreasonable behaviours directed at or around staff. We support staff to end a customer interaction (phone call) where they feel unsafe.



CRITICAL CONTROL
Safety Critical Control Image.png

2.1 What happens if Customer threatens self harm?

ALL STAFF

- a** Advise the customer if we take these threats very seriously. Advise customer that you will need to escalate this to emergency services.
- b** Keep the customer on the phone and obtains details of where they are, who they are with etc.
- c** Seek immediate assistance from another staff member via Microsoft Teams, text message, email etc. Advise the staff member what you are dealing with and any identifying details.
- d** Advise customer that help is on the way.
- e** If customer advises that they are not serious continue with the call but lodge a 105 Report with Police at the end of the call. Save this report into ECM

2.2 What should you do if a Customer threatens to harm others or property?

ALL STAFF

- a** Immediately report the situation to your People Leader and the IMT Duty Manager

PROCESS Notify - Escalate an Incident to Management (Staff)

ALL STAFF

To deliver on our Zero Harm Commitment and objectives, an annual Zero Harm Strategic Improvement Plan was once again developed for the FY22/23 year. The Zero Harm Team meet monthly to monitor and progress objectives.

Regular updates on strategic improvement activity are reported to the ELT, Council, Risk & Assurance Committee, and the Safety Action Team. Completion of the activities detailed in the FY22/23 were affected by the resignation of a Zero Harm Advisor in March and other work taking priority. Activities that have not yet been completed have been transitioned to the FY23/24 strategic plan. This plan is currently with the ELT and SAT for review and feedback.

Health, Safety and Wellbeing Performance and Trends

1. Incident Performance Against Targets and Corrective Actions

For the purposes of this report incident data for FY21/22 and FY22/23 years have been compared and are illustrated in the below table.

| Measures | July 21 to June 22 | July 22 to June 23 | Trend Against previous year | Commentary |
|----------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Incidents reported in BWare Safety Manager (<i>Lead</i>) | 178 | 218 | | 22% increase on previous year |
| Total Recordable Injuries (TRIs) e.g., Lost Time Injury, Restricted Work Injury or Medical Treatment Injury (<i>Lag</i>) | 2 | 4 | | June 2023 – Lost Time Injury (LTI) Community Growth April 2023 – Restricted Work Injury (RWI) Customer Delivery December 2022 - Medical Treatment Injury (MTI) Customer Delivery July 2022 – Lost Time Injury (LTI) Building Administration |
| WorkSafe NZ Notifiable Events (<i>Lag</i>) | 1 | 0 | | |
| First Aid Injury events (<i>Lag</i>) | 18 | 18 | | No change in performance. 7 events required first aid during last two months |
| Serious Near Miss incidents (<i>Lead</i>) | 1 | 3 | | 200% increase on previous year |
| Near Miss incidents (<i>Lead</i>) | 86 | 77 | | 10% decrease on previous year |
| New Hazards (<i>Lead</i>) | 162 | 81 | | Comparative figure for FY21/22 includes Covid-19 risk management controls and is significantly higher than normal |
| Zero Harm Engagement Conversations (<i>Lead</i>) KPI is >162 conversations per month or 1944 annually | 1944 | 2066 | | 6% increase on previous year |

All four Total Recordable Injury (TRI) incidents were investigated using our 4-Step structured problem-solving tool to identify root causes. None of the TRI incidents were associated with any of Council's critical safety risks.

Three Serious Near Miss (Severity 3) incidents were recorded during the reporting period. These incidents were also investigated using a 4 Step tool. Two of these incidents were related to the following critical risks:

- Workplace Violence (Member of public brought a firearm into the library)
- Working on the Road or Roadside (Animal Control staff attending to dog hit by a vehicle)

The other Severity 3 incident was associated with the Side by Side (quad utility vehicle) on Wainui Farm slowly tipping over, when it was reversing over some uneven ground.

The reporting of "Near miss" incidents in the period of July 2022 to June 2023 was down 10% on the previous year. The Zero Harm team continue to promote and encourage the reporting of near miss incidents.

The timely completion of corrective actions remains a key focus for the Zero Harm team. Corrective action completion is monitored and reported weekly to ELT as part of the Zero Harm Dashboard. With the recent addition of the Zero Harm Coordinator role, we have been able to start reviewing the data that BWare Safety Manager can provide.

2. All Staff Survey Results

In June 2023 the organisation undertook another all-staff survey with external provider Ask Your Team. Three custom questions were directly related to Zero Harm with the following results.

- I understand my health and safety roles and responsibilities – 85%
- My People Leader actively checks on my health, safety, and wellbeing – 83%
- I feel like the health, safety, and wellbeing issues I raise are being appropriately addressed – 76%

These results continue to highlight the good levels of staff engagement with our Zero Harm vision and recognition of the organisations commitment to Zero Harm.

3. Implementation of ISO45001

Work has continued to progress over the last twelve months on developing, implementing, and updating the ZHSMS (illustrated to the right) to meet the requirements of ISO45001. The ZHSMS currently consists of 35 published standards and another 10 standards that are under development or not yet commenced (Refer to Attachment 1).



Once developed and where relevant the ZHSMS documentation is being made readily accessible to the organisation on Waisite (intranet). This is proving invaluable for both workers and people leaders and is driving more self-service.

4. Audit Results and Continual Improvement

In June 2023 the Zero Harm team requested an independent and objective audit of the ZHSMS to be completed using the ISO45001 occupational health and safety management system standard as the benchmark. The objective of the audit was to identify gaps and opportunities for continual improvement and alignment with the standards' content. The scope of the audit included all Council operations and the audit methods included documentation review, structured interviews, and observations of a sample of the working environments. The audit was undertaken by Toni Stephens (Senior Health and Safety Specialist) from Impac Service Ltd.

The recommendations from the audit are detailed in Attachment 2. Once the action plan has been agreed, all actions will be assigned and tracked to completion via BWare Safety Manager. It is recommended that a subsequent external audit is planned for 2025 with an internal self-assessment being undertaken in July 2024 by Council's internal audit function in conjunction with the Zero Harm team.

5. Evaluation of Legal Requirements and Other Standards

Over the last twelve months the Zero Harm Manager has completed two Complywith Surveys to monitor H&S legal compliance activities. There are currently 22 actions raised in Complywith in relation to the Fire and Emergency New Zealand Act 2017 and (Fire Safety, Evacuation Procedures and Evacuation Schemes) Regulations 2018. This activity has been planned and included in the ZH Strategic Improvement Plan for FY23/24.

Consultation and Participation of Workers

Consultation and participation of workers has and continues to remain a key focus of the Zero Harm Strategic Improvement Plan. The Safety Action Team is now made up of 30 representatives from across the organisation. In 2022 there were only 20 representatives and a key outcome from WSHS 2023 was to increase the level of representation. All representatives have continued to receive at least two days of external health & safety training to support them to fulfil their role and responsibilities. The use of Microsoft Teams has supported a high level of attendance at meetings from outer offices/sites.

The recent external ISO45001 audit included structured interviews with three representatives. The audit has recommended that Council develop a working group to determine what activities representatives would like to be involved with (consulted on), and to determine minimum requirements around meetings with workers and managers and the sharing of minutes. This improvement activity has been incorporated into the ZH Strategic Improvement Plan for FY23/24.

Risk and Opportunities Including Continual Improvement

Identified potential **opportunities** to the Zero Harm Safety Management System are:

- Appointment of the Wellbeing Advisor in the People & Capability Team to provide additional support to the implementation of the control plan to manage the risks associated with work-related mental wellbeing.
- The upgrade to Waisite to support the accessibility of the ZHSMS. We are already seeing a significant increase in self-service because of the information already available.

Identified potential **risks** to the Zero Harm Safety Management System are:

- Low levels of documented training and assessment against Promapp processes that contain key information for eliminating or managing risks to health and safety.
- The results from the three questions that were asked in the all-staff Survey relating to psychological wellbeing. In particular, the following:
 - We have processes in place to deal with workplace bullying – 68%
 - Our Council deals effectively with workplace bullying – 63%

Adequacy of Resources

Following the development of a business case, the ELT approved the addition of a new role "Zero Harm Coordinator" to the existing Zero Harm team. This position was successfully filled in May 2023 following an internal recruitment process. This role provides not only the much needed administrative and coordination support for the Zero Harm team but also creates a succession planning opportunity for the Zero Harm Advisor role. In March 2023, one of our Zero Harm Advisors resigned. A recruitment process was undertaken, and Joanne McArther commenced with Council in May 2023. The temporary loss of resource between March and June has resulted in some planned work being either delayed or reprioritised. Where planned strategic improvement work was delayed this has been added to the FY23/24 Plan.

Relevant Communications with Interested Parties

Engagement and communication with both internal and external stakeholders has and continues to be a key focus for the Zero Harm team, to support the ongoing development, implementation and continual improvement of the ZHSMS.

The addition of resource to the team has allowed for more technical advisor time to be spent on communication, coordination, and consultation with other PCBUs that Council shares overlapping duties with. The Zero Harm team is an active member of the Procurement and Contracts & Partnering Virtual Team and has been focusing on ensuring health and safety expectation frameworks are being used for long-term and high-risk contracted services and projects e.g., Raglan Wharf Separable Portion 3.

6. Attachments

Ngaa taapirihanga

Attachment 1 – Zero Harm Management System Overview

Attachment 2 – ZHSMS ISO45001 Audit Recommendations August 2023

Attachment 1 - Zero Harm Management System Overview August 2023

Please note: the highlighting illustrates the changes in the documented management system over the past 12 months.

| Status of Zero Harm Safety Management Standards, Requirements or Guidance | | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Elements | Developed | Underway | Not Yet Commenced |
| Leadership, Engagement and Governance | <ul style="list-style-type: none"> • Worker Engagement, Participation and Representation Standard • Health and Safety Governance Standard • Safety Culture and Leadership Standard | | |
| Planning and Review | <ul style="list-style-type: none"> • Organisational Context | | <ul style="list-style-type: none"> • Zero Harm Strategic Planning Management Standard |
| Incident and Non-conformity Management | <ul style="list-style-type: none"> • Incident and Non-conformity Management Standard • Post Critical Incident Response Requirements • First Aid Requirements | | |
| Hazard and Risk Management | <ul style="list-style-type: none"> • Hazard and Risk & Opportunity Management Standard • Remote Working Management Requirements • Personal Protective Equipment and Clothing Requirements • Computer Workstation Management Requirements • Dynamic Risk Assessment Requirements • Office Lone Working Guidance • Site Visit or Fieldwork PPE Guidance • Working Alone Management Requirements | | <ul style="list-style-type: none"> • On-Site Traffic Management Requirements |
| Health and Wellbeing | | | <ul style="list-style-type: none"> • Occupational Health Monitoring • Workplace Monitoring – Occupational Hygiene |
| Injury and Illness Management | <ul style="list-style-type: none"> • Early Intervention Pain or Discomfort Management Requirements • Injury and Illness Management Standard | | |
| Management of Change | <ul style="list-style-type: none"> • Management of Change Standard | | |
| Contractor Management | | <ul style="list-style-type: none"> • Health and Safety in Procurement Management Standard | |
| Emergency Management | <ul style="list-style-type: none"> • Emergency Preparedness and Response Management Standard | | |
| Volunteer Worker Management | <ul style="list-style-type: none"> • Volunteer Worker Management Standard | | |

| | | | |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|
| Community Event Management | <ul style="list-style-type: none"> • Community Run Events Management Standard | | |
| Performance Reporting | <ul style="list-style-type: none"> • Measuring and Monitoring Health and Safety Performance Standard • Legal Compliance Standard | | |
| Training and Competency | <ul style="list-style-type: none"> • Training and Competency Management Standard • Worker Health and Safety Induction Requirements | | |
| Auditing and Assurance | <ul style="list-style-type: none"> • Zero Harm Auditing Standard | | |
| Safe Systems of Work | <ul style="list-style-type: none"> • Job Safety Analysis (JSA) Standard | | <ul style="list-style-type: none"> • Standard Operating Procedures (SOP) Standard |
| Our Critical Risks | <ul style="list-style-type: none"> • Critical Safety Risk Management Standard • Asbestos Management Standard • Workplace Violence Management Standard • Hazardous Substances Management Standard • On Road Driving Management Standard • Working on the Road or Roadside Management Standard • Working with Animals Management Standard | | <ul style="list-style-type: none"> • Mental Wellbeing Management Standard |
| Communication and Documentation | <ul style="list-style-type: none"> • Zero Harm Safety Management System Overview | | <ul style="list-style-type: none"> • Document Management Standard • Internal and External Communication Requirements |
| Review and Continual Improvement | | | <ul style="list-style-type: none"> • Management System Review Requirements |

| Table of Recommendations and Agreed Actions | | | | | | | |
|-----------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------|-----------|
| Section | Non-Conformance Classification | Recommendation | Document Updates Only | Action to be Taken | Priority | Action Owner | By When |
| 4.4 OH&S Management System | Major | Complete system is required which includes mandatory documented information and current processes to be fully implemented | Yes | Continue the development and implementation of the ZHSMS to ISO45001. Action is detailed on ZH Strategic Improvement plan for FY23/24. | Medium | Zero Harm Team | June 2025 |
| 5.1 Leadership and commitment | Observation | To improve the Standards readability, consider either removing or relocating responsibilities and definitions, and placing the most relevant information upfront. | Yes | Relocate the Roles and Responsibilities and Definitions to the end of each document in the ZHSMS | Low | Zero Harm Team | Completed |
| 5.3 Organisational roles and responsibilities and authorities | Minor | Improve job description responsibilities by including 'ensuring that the ZHSMS conforms to the requirements of the ISO45001 Standard' | Yes | | Low | People and Capability Team | TBD |
| | | Chief Executive job description requires expanding to reflect what is done | Yes | | Low | Chief Executive and People and Capability Team | TBD |
| | | Performance review could involve a health and safety focus with KPIs | No | | Medium | Executive Leadership Team | TBD |
| 5.4 Consultation and participation of workers | Major | Requirements not documented or evidence: Determine and remove obstacles or barriers to participation. Emphasize the consultation of non-managerial workers on the following: determining the needs and expectations of interested parties, establishing OH&S objectives and planning to achieve them, determining what needs to be monitored, measured and evaluated, planning, establishing, implementing and maintaining an audit programme and determining what needs to be communicated | | Develop a working group to determine what activities representatives would like to be involved with (consulted on), and to determine minimum requirements around meetings with works and managers and the sharing of minutes. Action is detailed on ZH Strategic Improvement plan for FY23/24 | High | Zero Harm Team | June 2024 |
| 6.1 Actions to address risk and opportunities and 6.1.1 General | Opportunity for Improvement | Reference ComplyWith within the relevant ZHSMS documents | Yes | Update relevant Standards | Low | Zero Harm Team | Completed |
| | | Align language that is used in the Zero Harm documentation, namely critical risk | Yes | Continue the development and implementation of the ZHSMS to ISO45001. Action is detailed on ZH Strategic Improvement plan for FY23/24. | Low | Zero Harm Team | June 2025 |

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------|-----------|
| | | Include Health and Safety at Work (General Risk and Workplace Management) Regulations 2016 in the HSWA quick guide | Yes | Update relevant Standard | Low | Zero Harm Team | June 2024 |
| | | Ensure documented risk process and actions are specific to sites and reference critical risk standards | Yes | Review all Workgroup Hazard & Risk Register and reference Critical Risks Standards as part of control plan. Action is detailed on ZH Strategic Improvement plan for FY23/24 | Medium | Zero Harm Team | June 2024 |
| 6.1.2 Hazard Identification and Assessment of Risk and Opportunities 6.1.2.1 Hazard Identification | Opportunity for Improvement | Implementation of a critical risk framework that has a process in place for monitoring and measuring critical control effectiveness | | Review ZHSMS Critical Safety Risk Management Standard and document the process for monitoring and measuring critical control effectiveness for all Critical Risks. Action is detailed on ZH Strategic Improvement plan for FY23/24 | High | Zero Harm Team | June 2024 |
| 6.1.2.3 Assessment of OH&S opportunities | Major | Expand on the process for OH&S opportunity identification within the documentation to reflect what is being done | Yes | Continue the development and implementation of the ZHSMS to ISO45001. Will be included as a focus during WSHS 2024 Action is detailed on ZH Strategic Improvement plan for FY23/24. | Medium | Zero Harm Team | June 2024 |
| 6.1.3 Determination of legal requirements | Opportunity for Improvement | Reference ComplyWith in the ZHSMS Health and Safety Governance Standard V2 June 2023 | Yes | Update Standard | Low | Zero Harm Team | Completed |
| 6.1.4 Planning action | Major | Complete Standard reviews and implement critical risk standards to ensure consistency. Where required evidence that best practice, technological options and financial, operational and business requirements have been considered | | Implement remaining Bowtie Controls for Hazardous Substances, Workplace Violence, Asbestos, On Road Driving and Working with Animals Critical Risks. Implement Critical Risk Standard and Bowtie for Working on the Road or Roadside. Develop Critical Risk Standard and Bowtie for Mental Wellbeing at Work Actions are detailed on ZH Strategic Improvement plan for FY23/24. | High | Zero Harm Team | June 2025 |
| 6.2 OH&S objectives and | Major | Consult with workers or worker representatives on the setting of H&S objectives | | Develop a working group to determine what activities | High | Zero Harm Team | June 2024 |

| | | | | | | | |
|--------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|-----------|
| planning to achieve them | | | | representatives would like to be involved with (consulted on), and to determine minimum requirements around meetings with works and managers and the sharing of minutes. Action is detailed on ZH Strategic Improvement plan for FY23/24 | | | |
| 7.1 Resources | Opportunity for Improvement | Train managers to utilise safety systems e.g. BWare and Waisite to obtain the necessary data, trends, results and lead improvement | | Will be included as a focus during WSHS 2024 Action is detailed on ZH Strategic Improvement plan for FY23/24. | Medium | Zero Harm Team | June 2024 |
| 7.4 Communication General | Major | Establish, implement and maintain the processes needed for the internal and external communications relevant to the ZHSMS. | Yes | Action is detailed on ZH Strategic Improvement plan for FY23/24. | Low | Zero Harm Team | June 2025 |
| 7.4.2 Internal Communication | Observation | Address internal communication flows and ensure important information relevant to the ZHSMS is clear and with what actions are required | Yes | | Low | Zero Harm Team | June 2025 |
| 7.5 Documented Information | Major | Ensure following documentation is in place - OH&S objectives and plans for achieving them, legal and other requirements, procedure for identification of legal requirements, procedure for communication, procedure for document and record control | Yes | | Low | Zero Harm Team | June 2025 |
| 7.5.2 | Major | Develop procedure or standard for when creating and updating documented information. Include information on format of document title, version control etc. | Yes | | Low | Zero Harm Team | June 2025 |
| 7.5.3 | Major | Develop a procedure to control documented information e.g. distribution, access, retrieval, control of changes etc. | Yes | | Low | Zero Harm Team | June 2025 |
| | | Include a control banner e.g. <i>"Uncontrolled once printed"</i> | Yes | Low | Zero Harm Team | Completed | |
| 8.1 Operational planning and control | Opportunity for Improvement | Develop and implement critical risk framework which shows the cycle of identifying, measuring, assessing, controlling, and reviewing | | Review ZHSMS Critical Safety Risk Management Standard and document the process for monitoring and measuring critical control effectiveness for all Critical Risks. Action is detailed on ZH Strategic Improvement plan for FY23/24 | High | Zero Harm Team | June 2024 |
| 8.1.3 Management of Change | Minor | Ensure the management of change process is followed, especially around the consultation of workers regarding changes. | | | High | Projects and Innovation | TBD |

| | | | | | | | |
|---------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------|-----------|
| 8.1.4 Procurement | Major | The organisation shall establish, implement, and maintain a process to control the procurement of products and services in order to ensure their conformity to the ZHSMS | | Revise and implement Contractor H&S management standard and associated tools. Action is detailed on ZH Strategic Improvement plan for FY23/24 | High | Zero Harm Team | June 2024 |
| 8.1.4.2 Contractors | Major | Ensure there is a consultation process to engage with contractors around the proposed process and any potential changes, issues and working through the risk and controls together | | | High | Zero Harm Team | June 2024 |
| 8.1.4.3 Outsourcing | Major | Ensure this requirement is documented and followed within the new procurements process currently being developed | Yes | | High | Zero Harm Team | June 2024 |
| 9.1 Monitoring and measurement, analysis and performance evaluation | Observation | For improvement monitor and measure occupational health complaints, work-related trends, effectiveness of emergency exercises and the need to modify or introduce new controls. | | Review and update existing data reporting to inform decision making once transition to new Bware platform is completed. Action is detailed on ZH Strategic Improvement plan for FY23/24 | Low | Zero Harm Team | June 2024 |
| 9.1.2 Evaluation of Compliance | Minor | Establish a performance monitoring framework around audits and inspections and post-contract review | | Continue the development and implementation of the ZHSMS to ISO45001. Action is detailed on ZH Strategic Improvement plan for FY23/24. | Medium | Zero Harm Team | June 2024 |
| 9.2.2 Internal audit programme | Major | Plan, establish, implement, and maintain an audit programme including the frequency, methods, responsibilities, consultation, planning requirements and reporting. Define audit criteria, select auditors, and conduct audits. Ensure the results of audits are reported to relevant managers and workers and take actions to address nonconformities. | | | Medium | Projects and Innovation | TBD |
| 9.3 Management Review | Observation | Top management shall review the organisations ZHSMS at planned intervals to ensure its continuing suitability, adequacy and effectiveness | | Undertake Management Review for FY22/23 | Low | Zero Harm Team | Completed |
| | | Determine when and how the management review topics are addressed. | | Review process for management review completion and the timing of this. | Low | Zero Harm Team and Chief Executive | June 2024 |

| | |
|---------------------|---------------------------------------|
| To | Risk & Assurance Committee |
| Report title | WDC Zero Harm Report |
| Date: | 14 th August 2023 |
| Report Author: | Lynn Shirley, Zero Harm Manager |
| Authorised by: | Gavin Ion, Chief Executive |

1. Purpose of the report

Te Take moo te puurongo

To inform the Risk & Assurance Committee on the progress of initiatives underway to improve health, safety, and wellbeing, as well as current key performance indicators covering the period May to July 2023.

2. Executive summary

Whakaraapopotanga matua

- An external review of the Working with Animals risk control plan has been undertaken.
- We have developed a draft Zero Harm Strategic Improvement Plan for FY23/24 that takes into consideration recommendations from the ISO45001 external audit of Council's Zero Harm Safety Management (ZHSMS).
- We have commenced delivering location specific front counter refresher safety training to support the management of the risk of Workplace Violence.

3. Staff recommendations

Tuutohu-aa-kaimahi

THAT the Risk & Assurance Committee receives the Waikato District Council Zero Harm report for August 2023.

4. Background

Koorero whaimaarama

Council is committed to pursuing a culture of Zero Harm by eliminating or managing health, safety, and wellbeing risks. This report provides commentary and a range of indicators on the performance of health, safety and wellbeing systems and programmes at Council.

The intention of this report is to provide assurance to governance on the adequacy and functioning of Council's health, safety and wellbeing risk management system and associated programmes.

5. Discussion

Matapaki

Zero Harm Strategic Improvement Plan FY22/23 Progress

We have reviewed the delivery of activities detailed in our FY22/23 Zero Harm Strategic Improvement Plan. Completion of some of the activities detailed in the FY22/23 Plan were affected by the resignation of a Zero Harm Advisor in March and other work taking priority. Activities that have not yet been completed have been transitioned to the FY23/24 plan.

Key inputs into the planning process have included the ZHSMS external audit report, FY22/23 performance data, engagement survey results and feedback from ELT and the Safety Action Team (SAT). The draft FY23/24 plan (illustrated in Figure 1) is currently with ELT and SAT for final review.



Figure 1. Zero Harm Strategic Improvement Focus 2024

Our People

Safety Leadership and Culture

In June 2023, Council undertook another all-staff survey with external provider Ask Your Team. Three custom questions were directly related to Zero Harm with the following results.

- I understand my health and safety roles and responsibilities – 85%
- My People Leader actively checks on my health, safety, and wellbeing – 83%
- I feel like the health, safety, and wellbeing issues I raise are being appropriately addressed – 76%

These results continue to highlight the strong levels of staff engagement with our Zero Harm vision, recognition of Council's commitment to Zero Harm and the safety leadership activity of our People Leaders.

Effective Systems

Performance Reporting

Council's zero harm performance across several health and safety metrics for July 2023 is shown below. The results for the period July 2022 to June 2023 are included for comparison.

| Measures | July 22 to June 23 | July 23 (annualised) | Commentary |
|-------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Incidents reported in BWare Safety Manager (Lead) | 218 | 13 (156) | A decreased level of incident reporting has been noticed by the Zero Harm Team. This has been communicated to both People Leaders and the SAT to promote and encouraging the reporting of any incident into BWare, regardless of how minor it may appear. |
| Total Recordable Injuries (TRIs) e.g., Lost Time Injury, Restricted Work Injury or Medical Treatment Injury (Lag) | 4 | 0 | |
| WorkSafe NZ Notifiable Events (Lag) | 0 | 0 | |
| First Aid Injury incidents (Lag) | 18 | 3 (36) | |
| Serious Near Miss incidents (Lead) | 3 | 0 * | *It is generally considered that having more near misses being reported is a more accurate reflection of positive safety culture |
| Near Miss incidents (Lead) | 77 | 7 (84)* | *It is generally considered that having more near misses being reported is a more accurate reflection of positive safety culture |
| New Hazards (Lead) | 81 | 5 (60) | |
| Safety Engagement Conversations (Lead) KPI is >162 conversations per month or 1944 annually | 2066 | 194 (2328) | |

Two of the three first aid incidents were associated with the use of chemicals for cleaning the pound. Both incidents were investigated by the Zero Harm team and opportunities for improvement were identified.

The attached Zero Harm Dashboard (Attachment 1) illustrates safety performance for July 2023.

Auditing and Assurance

We have received the finalised report from the external audit of our Zero Harm Safety Management System (ZHSMS) against the International Standard Organisation (ISO) 45001 framework. The audit report has been shared with ELT in preparation for a close out meeting with the auditor scheduled for late August.

The audit identified 25 non-conformances or findings, illustrated in the below table.

| Nonconformance | The non-fulfilment of a specified requirement of the ISO standard | | | |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Classification | Major | Minor | Observation | Opportunity for Improvement |
| Explanation | Significant nonconformity against the requirements of the standard and/or Failure of a complete system and/or Significant quantity of minor nonconformities | Isolated witnessed incident of failure to comply with a procedure or management system requirement and/or Minor problem that warrants attention | Suggestion, usually meant to help the auditee improve some aspect of their area, system, or process | All requirements fulfilled. Situation which while complying with the audit criteria, exists and to which attention should be given to reduce the potential of failure or improve the process |
| Council 2023 ZHSMS Audit Results | 13 | 3 | 4 | 5 |

It is important to note that eight of the 16 major or minor non-conformances are related to documentation only. A corrective action plan has been developed to address the audit non-conformances and findings, and where relevant these have been linked to the FY23/24 Zero Harm Strategic Improvement Plan.

Critical Safety Risk Management Framework

A recommendation from both the recent external ZHSMS audit and the external review of the Working with Animals risk control plan, was to consider developing a process for monitoring and measuring safety critical control effectiveness.

To support the implementation of this process a review of our documented ZHSMS Critical Safety Risk Management Standard has been undertaken and the following infographic (Figure 2.) has been designed to illustrate Council's Critical Safety Risk Management Framework.

To enable the auditing of safety critical control effectiveness, a performance standard and objectives will need to be determined for each critical control. An example of this illustrated in the below table

| Safety Critical Control Description | Control Performance Standard – What is the control expected to do? | Control Performance Objectives |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Promapp Process – Undertake Sensory Risk Assessment (SLAM) during Animal Control Duties | To provide a process to conduct a risk assessment when working in a dynamic environment | 1. Stop, Look, Assess, Manage Model is clearly articulated |
| | | 2. Example of application is provided |
| | | 3. Evidence that training to NZQA US30265 has been completed |
| | | 4. Evidence that workers have been trained in the SLAM process and competency confirmed |
| | | 5. SLAM process is being used daily |

Figure 2. Critical Safety Risk Management Framework



It is proposed that the verification of safety critical control effectiveness is carried out by risk owners with support from the Zero Harm team, using the defined control performance objectives every 6 months. When evaluating the effectiveness of safety critical controls, the following rating scale will be used to ensure consistency and common understanding.

| Control Effectiveness | Description |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective | The control eliminates or removes the threat (potential cause) of the risk. Or the control is well documented, consistently implemented, and reliable in addressing the threat (potential cause) of the risk. High degree of confidence from workers and management in the protection provided by the control. |
| Ineffective | The control is in place but may be partially documented or communicated, or inconsistently applied or infrequently tested. Or the control is not documented or communicated or is inconsistently implemented in practice. The control is not operating as intended and risk is not being managed. Or the control is not in place to address the threat (potential cause) of the risk. |

When a control is rated as ineffective at reducing or managing the risk or is not in line with the documented performance standard, corrective actions will be established.

The following Critical Safety Risk Matrix will then be used to evaluate the current level of residual risk associated with the critical safety risk, based on control effectiveness.

Zero Harm Critical Safety Risk Matrix

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|---------------|--------------|--------------|------------------|
| <p>Less than 50% of the safety critical controls associated with the risk are rated as effective. Less than 10% of the controls associated with the risk are effective. At least 90% of the controls are ineffective. Majority of the controls are administration or PPE. Without control improvement it is almost certain that the risk will eventuate at some point in time.</p> <p>Less than 75% of the safety critical controls associated with the risk are rated as effective. 10 - 30% of the controls associated with the risk are rated as effective. 70 - 90% of the controls are ineffective. Most of the controls are administration or PPE. Without control improvement it is more likely than not that the risk will eventuate.</p> <p>100% of the safety critical controls associated with the risk are rated as effective. 30 - 70% of the controls associated with the risk are rated as effective. 30 - 70% of the controls are ineffective. Many of the controls are administration or PPE. Without improvement the risk may eventuate</p> <p>70 - 90% of the controls associated with the risk are rated as effective. Administrative and PPE controls support engineering and isolation controls. The strength of the control environment means it is more than likely the risk eventuating would be caused by unknown external factors.</p> <p>90% or more of the controls associated with the risk are rated as effective. Administrative and PPE controls support engineering and isolation controls. The strength of this control environment means that if this risk eventuates it is mostly likely as a result of external factors outside of Council's control.</p> | Almost Certain (5) | Low (5) | Moderate (10) | High (15) | Extreme (20) | Extreme (25) |
| | Likely (4) | Low (4) | Moderate (8) | High (12) | High(16) | Extreme (20) |
| | Possible (3) | Low (3) | Moderate (6) | Moderate (9) | High (12) | High (15) |
| | Unlikely (2) | Low (2) | Low (4) | Moderate (6) | Moderate (8) | Moderate (10) |
| | Rare (1) | Low (1) | Low (2) | Low (3) | Low (4) | Low (5) |
| | | Insignificant (1) | Minor (2) | Moderate (3) | Major (4) | Catastrophic (5) |
| | | CONSEQUENCE | | | | |

This process for monitoring and measuring safety critical control effectiveness is currently being developed and tested on the Working with Animal critical safety risk.

Working on the Road or Roadside

Over the last month we have progressed the implementation and review of controls to manage the risk of working on the road or roadside with the Animal Control Team. This work has included:

- The development and approval of a specialised Traffic Management Plan (TMP) for Animal Control and standard operating procedure for working on the road or roadside
- Delivery of TTM Inspector training

Safety Controls for Working on the Road or Roadside



To support workers keeping the controls for managing this risk front of mind when working in a dynamic environment the following infographic has also been created.

This has also been included in all relevant standard operating procedures that involve work on the road or roadside.

Workplace Violence

In July the first of five front counter safety refresher training courses was delivered by CERT Ltd. This course builds on the full one-day front counter safety training that all our Customer Delivery Officers attended two years ago.

The training includes a refresh of theory and techniques and then the opportunity for workers to discuss the response to several incidents based on the layout of their workplace. We received Extremely positive feedback from the Tuakau Office and Library staff who attended the first training course.



In conjunction with the delivery of this training we have also reviewed our documented emergency response procedures for the following types of incidents:

- Armed offender
- Aggressive person
- Brawl or mass gathering

The procedures have been revised based on worker feedback and the following three steps are now included in all responses for consistency. The following visual reminder has also been developed in the form of wallet size cards and posters that will be discretely displayed in the workplace for worker reference.



Working with Animals

In July an external health and safety consultant was engaged to undertake an independent review of the implementation of the control plan for managing the critical risk of working with animals (particularly dogs). The review included:

- Sampling of infield controls and where possible identifying opportunities for improvement
- Assessing the safety critical controls for the risk and identifying performance requirements and verification criteria to monitor safety critical controls between full risk reviews.

As part of the review of the existing risk control plan, the critical controls were reconfirmed and where relevant the standard operating procedures associated with managing the risk clearly identified (these are illustrated in pink in the below photo).



Mental Wellbeing at Work

Work continues in conjunction with the People and Capability Team to develop the risk control plan for Mental Wellbeing at Work. Following the learnings gained from the Working with Animals risk review, a deep dive on the current Mental Wellbeing risk control plan is scheduled for late August.

This will provide a clearer picture of the safety critical controls and assist with the development of the verification criteria to measure control effectiveness going forward.

The Zero Harm team is also supporting the development of a programme of activities for Mental Health Awareness week (18th to 24th September).

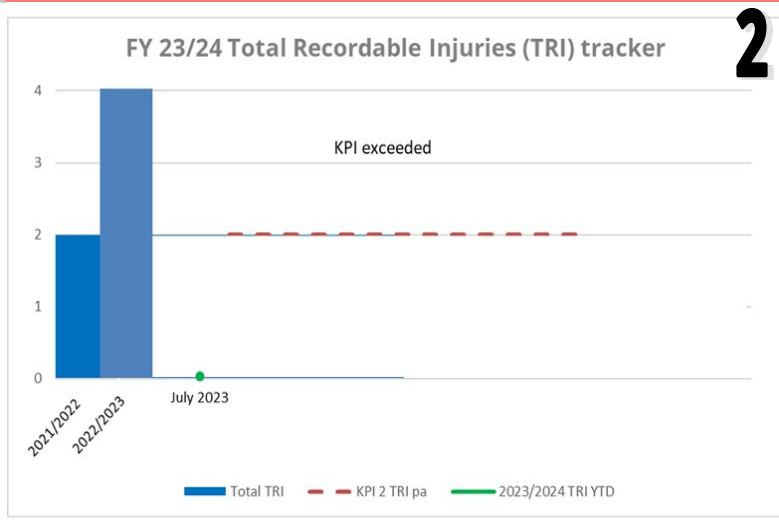
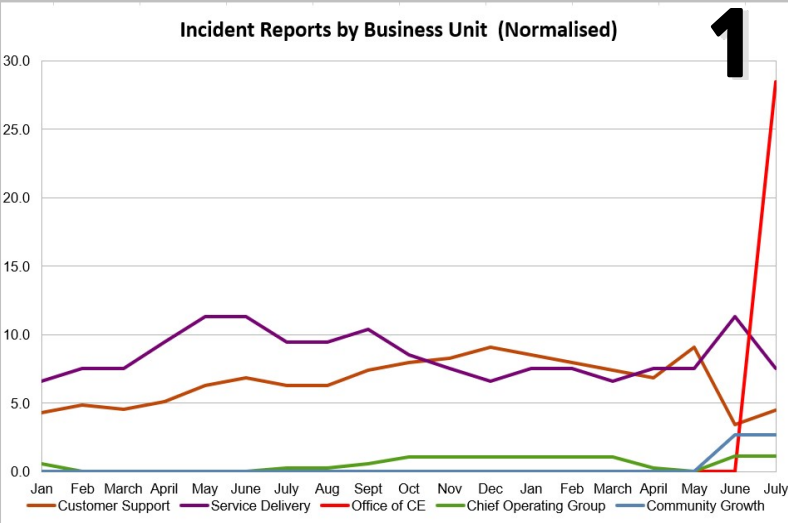
6. Attachments

Ngaa taapirihanga

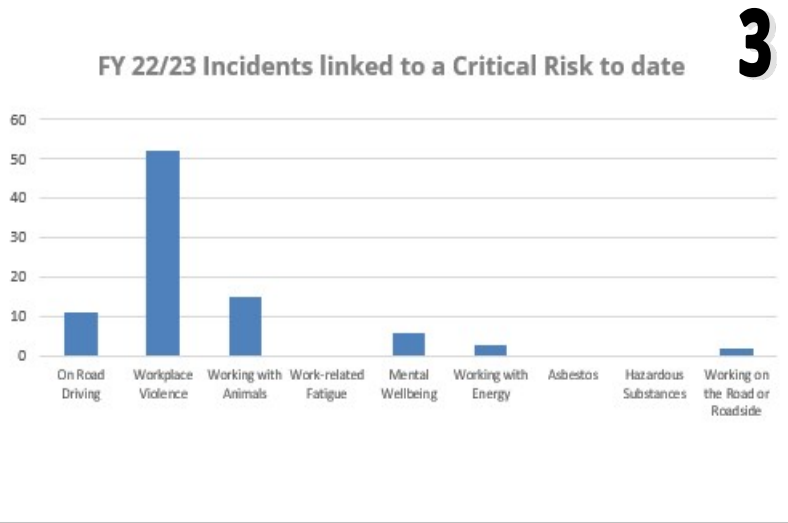
Attachment 1. Zero Harm Dashboard July 2023



Incident Management



Incident Management

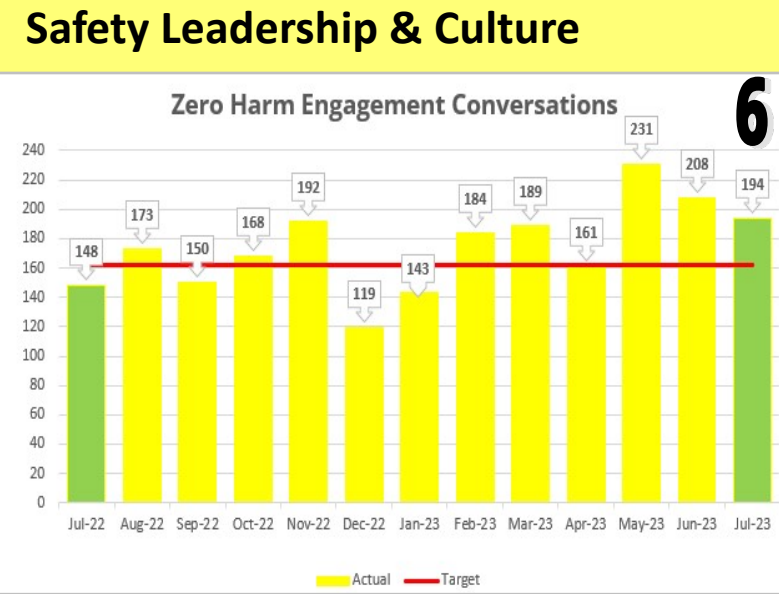
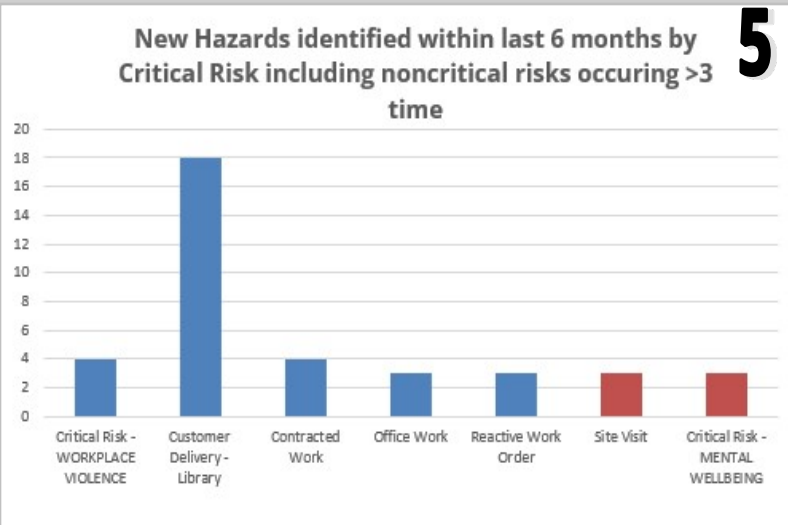


4

Top Nature of Injury - Year to date
- Burn/scald/irritation

Top Mechanisms of harm - Year to date
- Chemicals or other substances
- Mental stress

Hazard & Risk Management



Commentary

Graph 1 shows the volume of incidents (normalized) being reported in Bware Safety Manager by each business unit each month. Two incidents were reported by the Office of the Chief Executive in July

Graph 5 shows an increase in hazards being identified during site visits or associated with the critical risk of mental wellbeing.

Graph 6 shows a positive trend in the number of Zero Harm Engagement Conversations. These are being analyzed each month in conjunction with the People and Capability Team to identify any trends

| | |
|---------------------|------------------------------------------------------|
| To | Risk and Assurance Committee |
| Report title | Risk and Assurance Committee Key Achievements |
| Date: | 31 August 2023 |
| Report Author: | Kelly Newell, Resilience Manager |
| Authorised by: | Peter Stubbs, Chairperson |

1. Purpose of the report

Te Take moo te puurongo

To update Council on the key activities and achievements of the Risk and Assurance Committee for the year ended 30 June 2023.

2. Executive summary

Whakaraapopototanga matua

The Risk and Assurance Committee (Committee) terms of reference provide that it is responsible for:

- Considering and reviewing the adequacy of Council's risk management and internal control frameworks.
- Monitoring and seeking assurance on the functioning of Council's risk management and internal control frameworks (including systems and processes).
- Managing the independent auditor (internal and external) expectations and relationships.

To achieve the above purpose the Committee has developed a work programme covering specific areas (attachment one), with the relevant action which the committee considers has delivered on the terms of reference objective.

The Committee has no decision-making powers but works with Council and the Chief Executive, making recommendations to support the implementation of best practice risk governance.

This report provides a summary of the key activities and achievements of the Committee as required by the terms of reference.

3. Staff recommendations Tuutohu-aa-kaimahi

THAT the Risk & Assurance Committee receives Risk & Assurance Committee Key Achievements report and approves it for presentation to Council.

4. Background Koorero whaimaarama

The Committee has developed an annual work programme to provide assurance that the objectives of the Committee are met. The work programme encompasses several standing items and specific risk, audit and other based items.

The items are addressed through reports and written and verbal updates provided to the Committee at each meeting. The Committee's primary focus is on critical risks and assurance.

5. Discussion Matapaki

The Committee received and engaged in the following quarterly standing item reports during the past year:

- Chief Financial Officer Report; describing financial risks and issues including funding, insurance, and procurement.
 - Strategic Risk and Emerging Risks Report; detailing changes to Councils fourteen strategic risks, emerging risks that may have impact in the Local Government sector, and review of Councils Risk Management Framework. The review of the Strategic Risks was undertaken in a facilitated workshop by KPMG with Council and subsequently confirmed for inclusion in the risk register by the committee.
 - Strategic Risk Deep Dive Report; performing an in-depth review and analysis of a key strategic risk for the purpose of maintaining currency and providing assurance. Deep Dive Reports received by the committee since June 2022: Community Expectations, Technical Capability, Workplace Culture and Strategic Risk Interdependencies.
 - Zero Harm Update Report; detailing performance against agreed Health and Safety targets and assurance on management action associated with Council's Critical Safety risks.
 - Post Implementation Reviews and/or Incident Debrief Reports, summarising outcomes from a key project or incident appraisal.
 - Quality Governance and Assurance Report; outlining progress against audit recommendations and a rolling review of bylaw and policy updates.
 - Quarterly future work plan updates
-

The Committee has presided over a more focused terms of reference and evolution of information, reports and discussion to deliver on this.

In addition to the standing items referred to above the Committee completed the following specific engagements as documented in the terms of reference:

- 2021/22 Annual Report and Annual Report Risk Assessment 2022: review of the preparation and related processes for the Annual Report 2021/2022 from a risk perspective.
 - Tax Risk Mitigation Update: ensuring Council maintains progress and best practice governance and tax compliance standards.
 - Audit Plan for year ending 30 June 2023: Plan overview with areas of focus, including new reporting and/or auditing standards to be applied, and the proposed timetable for the completion of the Annual and Summary Reports and Audit Opinion.
 - KPMG facilitated Strategic Risk and Risk Appetite Review workshop with Council.
 - Fraud & Corruption Risk Management Update
 - Risk Management Framework Review; annual review for currency and best practice.
 - Insurance Policy / Premium Confirmation; outcome of the insurance renewal and related premiums.
 - Independent Internal Audit Programme and Framework; review and confirmation of the current framework.
 - Cyber Security Update: an overview of the Disaster Recovery Strategy and an update on Councils Cyber Security risk position including improvements to Councils cyber security risk score and information management audit actions.
 - Capital Project Delivery review and update: presentation of review outcomes to the committee including the CAPEX delivery action plan, and subsequent progress update of change to the operating model used to deliver infrastructure projects.
 - Strategic Communications and Engagement progress update: progress being made to improve the communications, marketing, and engagement function for Council.
 - Business Resilience update: assurance of activity and progress underpinning mitigation of the Business Resilience strategic risk.
 - Ideas & Improvement Framework: Overview of the framework utilised by council to capture and implement ideas for improvement.
 - Waka Kotahi Investment Audit Report Findings: findings of Waka Kotahi's report and recommendations, and the improvements to be implemented as a result of the report.
 - Final Audit Report for the year ended 30 June 2022: discussion of issues that arose during the Annual Report audit and related recommendations.
-

The detailed work programme and its connection to the relevant terms of reference item is shown in the attachment. This is to provide assurance that the items detailed in the terms of reference which deliver on the Committee's objectives have been met.

6. Next steps

Ahu whakamua

The Committee considers that progress has been made in several areas during the year ended 30 June 2023 and those activities undertaken supporting meeting the requirements outlined in the Committees Terms or Reference.

7. Attachments

Ngaa taapirihanga

Attachment One: Audit and Risk Committee Key Achievements Table

Appendix One: Risk and Assurance Committee Key Achievements Table

| Terms of Reference | Reports Received | Completion |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------|
| Annually review council's risk management framework to ensure it is effective | Risk Management Framework Review | Dec 2022 |
| Ensure the strategic risk register is current and relevant | KPMG facilitated Strategic Risk and Risk Appetite Review workshop with Council | Apr23 |
| | Strategic Risk and Emerging Risks Report | Standing Item |
| Ensure Council has an effective internal control framework to identify and manage business risk (at the risk portfolio level) | Independent Internal Audit Programme and Framework | Jun 2023 |
| | Capital Project Delivery Update | Dec 2022 |
| | Chief Financial Officer Report | Standing Item |
| | Capital Project Delivery Review | Sept 2022 |
| | Business Resilience update | Sept 2022 |
| | Tax Risk Management Update | Sept 2022 |
| | Strategic Communications and Engagement – a progress update | Sept 2022 |
| | Ideas and Improvement Framework | Sept 2022 |
| Review Council's insurance programme for adequacy of risk mitigation | Insurance Policy/ Premium Confirmation | Mar 2023 |
| Review the effectiveness of Council's business continuity and disaster recovery planning and testing arrangements | Cyber Security Update | Jun 2023 |
| | Business Resilience update | Sept 2022 |
| Ensure Council has an effective framework in place to prevent, detect and investigate fraud-related issues | Fraud and Corruption Risk Management Update | Dec 2022 |
| Ensure Council has an effective Health and Safety/Zero Harm framework in place to prevent, detect and investigate safety-related issues | Zero Harm Update Report | Standing Item |
| | Zero Harm Site Visits | Quarterly |
| Review the internal audit framework to ensure that appropriate organisational structures, authority, access, and reporting arrangements are in place | Independent Internal Audit Programme and Framework | Jun 2023 |
| | Strategic Risk Deep Dive Report | Standing Item |
| Approve the annual internal and external audit programme and related plans | Quality Governance and Assurance Report | Standing Item |
| | Independent Internal Audit Programme and Framework | Jun 2023 |
| Consider Council's annual report from a risk perspective, and subject to audit clearance, make recommendations to Council regarding adoption | Annual Report Risk Assessment 2022 | Mar 2023 |
| | 2021/22 Annual Report | Dec 2022 |
| Review audit reports (internal and external) and monitor management's implementation of audit recommendations | Audit Plan for year ending 30 June 2023 | Jun 2023 |
| | Quality Governance and Assurance Report | Standing Item |
| | Post Implementation Reviews and/or Incident Debrief Report | Standing Item |
| | Waka Kotahi Investment Audit Report Findings | Mar 23 |
| | Final Audit Report for the year ended 30 June 2022 | Mar 2023 |
| | Capital Project Delivery Review | Sept 2022 |
| Keep Council informed on significant risk or audit issues raised and proposed actions | Chief Financial Officer Report | Standing Item |
| | Capital Project Delivery Review | Sept 2022 |
| | Capital Project Delivery Update | Dec 2022 |

| | | |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------|
| Meet regularly with independent auditors to gain assurance on the risk frameworks and the management of them | Audit New Zealand attendance at committee meeting | Standing Item |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------|

Risk and Assurance Committee Administrative Arrangements

| Terms of Reference | Activity | Completion |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------|
| The chairperson of the committee will initiate a review of the performance of the committee at least once every two years and present it to the Council. This will support the committee's philosophy of continuous improvement. | Future Work Plan Updates | Standing Item |
| The committee will review its Terms of Reference at least once a year. This review will include consultation with the Council | Revision of the Audit & Risk Committee Terms of Reference | Aug 2023 |
| The committee will regularly, and at least once a year, report to the Council on its operation and activities during the year. | Annual Committee Achievements report to Council | Sept 2022 |

| | |
|---------------------|-------------------------------------------------|
| To | Risk & Assurance Committee |
| Report title | Quality and Governance Assurance |
| Date: | 16 August 2023 |
| Report Author: | Anisha McPhee, Innovation & Improvement Manager |
| Authorised by: | Tony Whittaker, Chief Operating Officer |

1. Purpose of the report

Te Take moo te puurongo

The purpose of this report is to update the Risk & Assurance Committee on the status of those activities within the programmes designed to provide quality improvement and assurance at Council. It covers:

- Business Process Improvement Programme;
- Internal Audit activity; and
- Independent Audit New Zealand and other provider reviews.

2. Executive summary

Whakaraapopototanga matua

- Two major non-conformances are outstanding from the completed audits in the 2022 year. Both are planned to be addressed by the end of June 2024. All other non-conformances have been addressed.
 - Recruitment of the Senior Risk Advisor and the Senior Audit & Assurance Advisor are now complete and both team members have commenced in these roles. This will enable a review of the internal audit and assurance programme as requested by the Committee, with an updated programme available at the next meeting.
 - Eight policies have been published and/or reviewed. 27 policies are currently being reviewed, and three policies have been revoked. Significant progress will be evident at the next meeting following adoption by Council at the September Policy & Regulatory Committee meeting.
 - 28 (97%) of the 29 actions received from the KPMG Health & Safety Governance Audit have been addressed. The Zero Harm team will complete the last action by March 2024.
-

3. Staff recommendations Tuutohu-aa-kaimahi

THAT the Risk & Assurance Committee receives the Quality & Governance Assurance report.

4. Discussion Matapaki

4.1. Business Process Improvement Programme

4.1.1. Internal Audit Schedule (2022/2023)

The scheduled internal audits continue to be impacted by a refocus on supporting our IT Systems transition to the Cloud and hence process and business improvement for this.

However, we have recently appointed Tracey McDowell as Senior Audit and Assurance Advisor to provide more consistent focus on internal audit activities. Tracey will focus on operationalising the internal audit and assurance work programme across the organisation. The five internal auditors from across Council will continue to assist Tracey with this work programme

We have also appointed a new Senior Risk Advisor, Gopikrishna (Gopi) Mohanarangam (who replaces David Tisdall) who will lead the Risk, Audit and Assurance programmes. Gopi joined Council on 21 August and is currently reviewing work programmes and Council's approach to risk, internal audit and assurance. Updated work programmes will be presented to the Committee at the next meeting.

4.1.2 Internal Audit Schedule

Only 2 major non-conformances are still outstanding from the internal audit of the Zero Harm management system against ISO45001. The actions to address those non-conformances are related to the development and implementation of documented standards as part of the Zero Harm Safety Management System. These standards are:

- Health and Safety in Procurement (Contractor H&S Management) and
- Safe Systems of Work – Standard Operating Procedures (SOPs)

The completion of this work is detailed in the Zero Harm Strategic Improvement Plan for FY23/24.

A dashboard summary of internal audit outcomes for 2021 is presented in Table 1, including the number of internal audits planned and undertaken, the findings, and the number of outstanding non-conformances.

Table 1 - Outcome of the 2021-2022 Internal Audit schedule

| Team | Internal Audits - Planned | Internal Audits - Undertaken | Major Non-Conformances | Minor Non-Conformances | Recommendations | Outstanding Non-conformances |
|-----------------------------------------|-------------------------------------------------------------------------------|-------------------------------------|------------------------|------------------------|-----------------|------------------------------|
| Total | | | 9 | 5 | 39 | 2 |
| Customer Support - Consents | 1 Audit 2 Processes | 1 Audit 2 Processes | 0 | 2 | 4 | 0 |
| Community Safety - Environmental Health | 5 Audits 16 Processes | 5 Audit 16 Processes | 0 | 0 | 9 | 0 |
| Risk Management Processes | 1 Audit 5 Processes | 1 Audit 5 Processes | 2 | 1 | 5 | 0 |
| Zero Harm | 1 Audit All ZH Management System | 1 Audit All ZH Management System | 7 | 2 | 5 | 2 |
| Projects & Initiatives | 1 Audits 7 Processes | 1 Audits 7 Processes | 0 | 0 | 16 | 0 |
| Red | Major Non-conformances haven't been addressed | | | | | |
| Orange | Minor Non - Conformances haven't been addressed | | | | | |
| Green | All Non - Conformances have been addressed / There were no Non - Conformances | | | | | |

4.1.3 Policy Review

The work programme for reviewing internal and external Council policies is progressing as follows:

Policies published and/or reviewed and updated in the last three months:

- Appointment and Remuneration of Directors Policy
- Building Consents Authority Complaints Policy
- Conflict of Interest Policy
- Gifts and Hospitality Policy
- Safe Use of Council Vehicles Policy
- Secondment Policy
- Te Reo Maaori Policy
- Use of Council Vehicles Policy

Policies currently being created or reviewed are:

- Appointments to Community Boards and Other Committees Policy
 - Cellular Network Site Policy
 - Child Protection Policy
 - Code of Conduct (Staff)
 - Dangerous, Affected and Insanitary Buildings Policy
 - Development Contributions Policy
-

- District Tree Policy
- Easements Policy
- Grass Verge Policy
- Heritage Policy
- Leasing of Reserve Land Policy
- Leases to Individuals and Commercial Organisations Policy
- Licenses and Grazing Policy
- Light Motor Vehicles Prohibition Policy
- Local Alcohol Policy (waiting on external ARLA process)
- Notable Tree Policy
- Plaques, Memorial and Monuments Policy
- Property Management Policy
- Reimbursement of Expenses (Staff) Policy
- Road Closure for Motor Sport Events Policy
- Road Naming Policy
- Significance and Engagement Policy
- Sponsorship of and Advertising on Council Properties and Assets Policy
- Strategic Land Acquisition and Disposal Policy
- Te Kaupapa Here o Ngaa Tohu Reorua - Bilingual Signage Policy
- Traffic Calming Policy
- Vehicle Entrance Policy

Policies revoked:

- Appointing Directors and Trustees to Council Controlled Organisations Policy
- Funding for Road Closures for Community Events Policy
- Personnel Access File Policy

Policies scheduled to commence review in the following months:

- Climate Response and Resilience Policy
 - Psychoactive Substances Policy
-

4.1.4 Improvement Initiatives

- The Continuous Improvement Agents continue to promote Continuous Improvement (CI) and help process owners and experts manage and review their business processes. We are working towards our objective for 2023 to keep our processes 'current' to focus on improvement and reduce the number of draft processes to a minimum.
- Innovation and Improvement initiatives currently being progressed include:
 - People and Capability: Employee life cycle processes are being mapped to identify pain points and opportunities for improvement.
 - Streamlining the travel booking process to gather accurate data and reduce the time and resources required for travel bookings: Orbit has been commissioned by the business.
 - Importing the Proposed District Plan (Appeals version) into TechOne ePlan is complete and live on Council's website.
 - Accounts Payable process automation (automatic processing of invoices with purchase orders) - Phase 1 is well underway. Configuration of the Finance System to receive invoices digitally from Ezescan (automatic scanning software) is currently progressing, with testing ready to start.
 - Outstanding debt - further analysis of data underway to address outstanding unpaid charges across the business. Working with Chief Financial Officer to ensure visibility of all outstanding charges across Council and investigate options for collecting charges in future.
 - Plan to Build (P2B) Programme - programme has been approved for delivery. Currently undertaking detailed planning. The Programme will address several issues across the development process to improve customer experience. The two major workstreams focus on how we manage resource and building consents. One of the key outcomes will be the provision of information upfront to the customer which will enable them to make informed decisions about development, before progressing any applications.
- Innovation initiatives delivered during the financial year 2022/23 contributed to one-off savings of \$350k and efficiency time savings of 3,466 hours and ongoing efficiency savings of 13,496 hours per year.

4.2 Independent Audit Activities

The table below outlines the areas and status of issues – either completed or in progress since the last report in June 2023.

Table 2 reflects those staff consider are completed or work in progress.

Table 2 - Areas of audit issues - August 2023

| | Pending | Work in progress | Complete | Total |
|-----------------------------------|----------------|-------------------------|-----------------|--------------|
| Audit New Zealand | 0 | 2 | 42 | 44 |
| Cyber security | 0 | 14 | 32 | 46 |
| Information and Record Management | 0 | 7 | 4 | 11 |
| Zero Harm | 26 | 0 | 0 | 26 |
| Total | 26 | 23 | 78 | 127 |

There are a total of 127 issues that have been raised by various audits across the organisation. Since the last meeting:

- Open actions have reduced from 42 to 23, with 19 actions being closed since June 2023.
- Of the remaining 23 actions, nine are forecast to be resolved this financial year
- Key projects are:
 - Non-IM Managed Cloud System Remediation: 1 Audit Action - commencing September 2023
 - IM Disaster Recovery Plan Project: 1 Audit Action – commencing October 2023
 - Human Resources Information System Project: 3 Audit Actions - commencing September 2023
 - Always on Virtual Private Network / Zero Trust: 3 Audit Actions - commencing October 2023

We are currently reviewing reporting of our audit actions, specifically how we we update and provide assurance to the Committee on focus and progress. New reporting will be developed and presented at the next committee meeting.

4.3. 2019 KPMG Health and Safety Governance Audit

The Zero Harm team continues to progress the completion of the actions from the KPMG Health & Safety Governance Audit undertaken in October 2019. Council received 29 improvement actions and to date 97% (28 actions) have been actioned.

The outstanding action addresses the development of safety leadership training modules. Due to resourcing challenges and other Zero Harm activities taking priority, the work required is now scheduled to be completed by March 2024.

4.4. 2023 Zero Harm Safety Management System (ZHSMS) ISO45001 Audit

In June 2023 an independent audit of our Zero Harm Safety Management System (ZHSMS) against the International Standard (ISO) 45001 framework was undertaken. The finalised audit report has been shared with ELT in preparation for a close out meeting with the auditor that is scheduled for late August.

The audit identified 25 non-conformances or findings (table below). It is important to note that eight of the 16 major or minor non-conformances are related to documentation only.

A corrective action plan has been developed to address the audit non-conformances and findings and where relevant these have been linked to the FY23/24 Zero Harm Strategic Improvement Plan.

| Nonconformance | The non-fulfilment of a specified requirement of the ISO standard | | | |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Classification | Major | Minor | Observation | Opportunity for Improvement |
| Explanation | Significant nonconformity against the requirements of the standard and/or Failure of a complete system and/or Significant quantity of minor nonconformities | Isolated witnessed incident of failure to comply with a procedure or management system requirement and/or Minor problem that warrants attention | Suggestion, usually meant to help the auditee improve some aspect of their area, system, or process | All requirements fulfilled. Situation which while complying with the audit criteria, exists and to which attention should be given to reduce the potential of failure or improve the process |
| Council 2023 ZHSMS Audit Results | 13 | 3 | 4 | 5 |

5. Attachments Ngaa taapirihanga

Attachment - Nil

| | |
|---------------------|-----------------------------------------|
| To | Risk and Assurance Committee |
| Report title | Future Work Plan Update |
| Date: | 31 August 2023 |
| Report Author: | Ashleigh Fairhead, Executive Assistant |
| Authorised by: | Tony Whittaker, Chief Operating Officer |

1. Purpose of the report **Te Take moo te puurongo**

To provide the Committee's work programme for information.

Please note a Zero Harm site visit will accompany each committee day.

2. Staff recommendations **Tuutohu-aa-kaimahi**

THAT the Risk & Assurance Committee receives the Future Work Plan Update.

3. Attachments **Ngaa taapirihanga**

Attachment 1 – Risk & Assurance Future Work Programme 2023.

Risk & Assurance Committee: Future Work Plan

| | September 2023 | December 2023 | March 2024 | June 2024 | Standing items for all meetings |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk | Health & Safety Framework Review | Risk Management Framework review | Risk Assessment of Council Controlled Organisations Statements of Intent | Strategic Risk Register Review (workshop April) Annual Risk Appetite Review (workshop April) | <ul style="list-style-type: none"> ▪ Chief Financial Officer Report Update on risks and issues that could impact council and its stakeholders from a financial perspective, including insurance and procurement matters. ▪ Strategic Risk Register and Emerging Risks Update on key strategic risks and associated management actions, including trajectory of risk assessment. Opportunity to discuss emerging risks with potential for strategic impact. ▪ Strategic Risk Deep Dive Detailed inspection of a key risk for the purpose of assurance. ▪ Zero Harm Update Health & Safety performance update against agreed targets, systemic issues identified which can be fed into the risk control framework. To include monthly statistics. ▪ Quality Governance and Assurance Progress against audit issues and rolling review of bylaw & policies: <ul style="list-style-type: none"> - Anti-fraud and corruption framework (and related policies) - Health & Safety Policy - Risk Management Policy - Treasury Risk Management Policy ▪ Post Implementation Reviews and/or Incident Debrief Reports Post project appraisals on key investments. |
| Internal Audit | Internal Audit (included in Health and Safety Framework Review) | Internal Audit Programme | Internal Audit (Waka Kotahi Audit) | Internal Audit Framework & Internal Audit Programme Review | |
| Insurance | | | Insurance Policy / Premium Confirmation | | |
| Annual Report | | | Annual Report Risk Assessment Final Audit Management Report (one off timing due to Audit NZ delays) | Annual Report Plan | |
| Other | Risk & Assurance Committee Key Achievements Review of Committee performance against Terms of Reference | Fraud and corruption risk management update Committee Performance Evaluation Survey Results | Committee Terms of Reference review | | |
| Zero Harm Site Visit | Animal Pound | Raglan Holiday Park | TBC | TBC | |

Strategic Risk Deep Dives

- Recruitment and Retention
- Zero Harm
- Cyber Security
- Community Expectations
- Te Tiriti O Waitangi Relationships

- Affordable Services
- Operational Capability
- Workplace Culture
- Business Resilience
- Servicing Growth

- Project Delivery
- Community Resilience
- Government Policy & Legislative Reform
- Infrastructure Resilience

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|---------------------|----------------------------------------|
| To | Risk & Assurance Committee |
| Report title | Register of Interests – Council |
| Date: | Tuesday, 22 August 2023 |
| Report Author: | Gaylene Kanawa, Democracy Manager |
| Authorised by: | Gavin Ion, Chief Executive |

1. Purpose of the report

Te Take moo te puurongo

The purpose of this report is to provide a summary of interests declared by elected and appointed members of Council and independent members of committees.

We have received some minor updates from Councillor Raumati and Councillor Eyre this quarter and all changes reflected in red on Attachment B.

Noting that discussions have been held with Cr Eyre regarding her appointment to the Regulatory Subcommittee once her position on the National Animal Welfare Advisory Committee – Member has been gazetted.

2. Staff recommendations

Tuutohu-aa-kaimahi

THAT the Risk & Assurance Committee receives the Council Register of Interests for August 2023.

3. Attachments

Ngaa taapirihanga

- A Financial Interests – Statement Reference
 - B Register of Elected Members Interests
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| Financial Interests | |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Statement Reference | |
| 1 | I am, or my spouse or partner is, a party to a contract with Waikato District Council |
| 2 | I, or my spouse or partner, individually or together own(s) 10% or more of the shares in a contracting company or controlling company . |
| 3 | I am, or my spouse or partner is, a shareholder in a contracting company or controlling company, AND either I am, or my spouse/partner is, also a shareholder of the controlling company . |
| 4 | I am, or my spouse or partner is, a managing director or a general manager of a contracting company AND either I am, or spouse/partner is, also a shareholder of the controlling company . |
| 5 | I, or my spouse or partner, individually or together, has/have an indirect concern or interest in a contract with Waikato District Council not already disclosed above. |
| 6 | If you answered 'Yes' to any of questions 1 to 5, does the total value of all contracts listed above, exceed \$25,000 (including GST) for the current financial year. |

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| Financial Interests |
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| I am, or my spouse or partner is, a party to a contract with Waikato District Council |
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| If you answered 'Yes' to any of questions 1 to 5, does the total value of all contracts listed above, exceed \$25,000 (including GST) for the current financial year. |

| Register of Elected Members Interests | | | | | | | | | | | |
|---------------------------------------|-------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------|
| COUNCIL | Financial Interests | | | Non - Financial Interests | | | | | | | |
| | Please refer to Statement Reference here. | | | Companies | | Other Organisations | | Property | Gifts (received since October 2022) | Payments for activities and services (since October 2022) | Debts |
| | 1 to 6 | With the exception of | Director/Manager | Financial Interests | Employment/Paid Positions | Trustee/Beneficiary | Other Bodies | | | | |
| Crystal Beavis | No | N/A | *Bridger Beavis & Associates Ltd (Management & Marketing Consultancy) *Strategic Lighting Partners Ltd (Lighting Management Consultancy) | *Apple Inc (Consumer Electronics, Software) *BLIS Technologies (Biotech Company marketing oral pro-biotics) *Fisher & Paykel Healthcare (Manufactures products for respiratory care) *SmartPay Holdings (EFTPOS machines & payment solutions provider) *Summerset Group Holdings (Retirement Village Operator) *Tesla Inc (Electric Vehicle & Battery Storage Manufacturer) *Xero Ltd (Accounting Software Supplier) | • RMA Commissioner | *BBA Family Trust *CJB Trust | *St Stephens Anglican Church, Tamahere (Hosts the Tamahere Country Market) | *Tamahere (Family Residence) | | N/A | N/A |
| Mayor Jacqui Church | | | Great Goods Ltd (Director - Wholesale Food Service Distribution); | | | South West Trust | *Member - Pukekohe Lions Club *Member - Port Waikato Pink Breakfast Committee (Chair) *Member - Tuakau Cleanup & Planting Group (Chair) *Justice of the Peace (Franklin Branch) *Judicial Justice - Pukekohe/Papakura Courts | *Port Waikato (Family Residence) *Pukekohe (Commercial Property - Trust - South West) | *1x Ticket - Balance Farm Awards (\$70) *1x Gift from Yashili (\$50 value) | N/A | N/A |
| Carolyn Eyre | No | N/A | • Pepepe Investments (Farming) | • Pepepe Investments (Farming) | • Pepepe Investments Ltd (Director) • RMA Commissioner | • SM Eyre Trust (Beneficiary) • Gillings Family Trust (Beneficiary) | • Business + Professional Women NZ (Member) • Rural Women NZ (Member) • Arbitrators & Mediators Institute of NZ (Associate Member) * National Animal Welfare Advisory Committee - Member (From August 2023) | • Huntly - farm, forestry block, x3 residential dwellings (Beneficiary) • 1x Pareroa (Beneficiary) | *Sport NZ paid for flights Hamilton to Wellington for Sports NZ Conference (13th/14th March) • One ticket to Balance Farm Environment Awards (worth \$70) *1x Gift from Yashili (\$50 value) | N/A | N/A |
| Janet Gibb | No | N/A | • JMG Ltd (Rental Properties) • Ede Investments Ltd (Farming) | N/A | • Ede Investments Ltd (Farming) • JMG Ltd (Rental Properties) • RMA Commissioner | • Janet Gibb Family Trust (Trustee/Settlor/Beneficiary) • Rarangi Trust (Trustee/Beneficiary) • Mangatokatoka Trust (Trustee/Beneficiary) | *Business Professional Women NZ (President) *NZ Institute of Directors *Australia and NZ Institute of Accountants *Justices of the Peace NZ (JP) | • 2x Taupiri (Owner) • 1x Hamilton (Beneficiary) | | N/A | N/A |
| Mike Keir | | | *JRK Ltd (Civil Consultancy, Teaching Service) *KLS Ltd (Structural Landscape Services) | *Aeronavics Ltd (Drone Development Business) * MDJFK Ltd (Early Childcare Centre) | *JFK Ltd (Civil Consultancy & Teaching Service) *RMA Commissioner | | *Keir Landscaping & Structures Ltd (Supplies landscaping & civil services to Waikato District Council) | • 1x Raglan (Owner) *1x Tamahere (Owner Vacant Land) • 2x Putaruru (Owner - 1x vacant land) • 1x Ohakune (Owner) | • 20% interest in KLS Ltd which contracts to WDC to provide services above \$25,000 PA | | N/A |
| Paaniora Matatahi-Poutapu | No | N/A | | N/A | N/A | N/A | N/A | N/A | | N/A | N/A |
| Kandi Ngataki | No | N/A | | N/A | • RMA Commissioner | N/A | N/A | N/A | | N/A | N/A |

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| Eugene Patterson | No | N/A | | *Cobrah Ltd (Painting Services) | N/A | | | *Cobrah Ltd (Painting Services) - Partner | | *President - Ngaruawahia Rugby League Club *Committee Member - Ngaruawahia Bowling Club | *2x Ngaruawahia (Owner) | N/A | N/A | N/A |
| Marlene Raumati | No | N/A | | | | | | <ul style="list-style-type: none"> Tuuhono Maaori Mediators Collective (Cultural Mediator and Member) Te Pae Oranga NZ Police (Panel Member) Laidlaw Law and Consultants (Consultant and Advisor) Resolution Institute (Consultant) | • Ngaa Muka o Ngaa Harakeke Trust | <ul style="list-style-type: none"> Te Kauwhata Volunteer Firebrigade (Member) Taniwha-Tangoao Marae - for Te Whakakitenga (Tribal Parliament for Waikato) - Alternate Member | •1x Okarea (Land) | | N/A | N/A |
| Vern Reeve | | | | • VL Reeve Property Ltd | *VL Reeve T/A Kartel Marketing (Real Estate Sales in Ray White) | | | <ul style="list-style-type: none"> Contracted Real Estate Sales with Southern Corridor Realty T/A Ray White Pukekohe | <ul style="list-style-type: none"> The Reeve Family Trust The Ski Trust Tuakau Emergency Services | <ul style="list-style-type: none"> Tuakau Business Association Tuakau Rotary Club Tuakau Emergency Services Charitable Trust | 1x Tuakau (Owner) | | N/A | N/A |
| Lisa Thomson | No | N/A | | N/A | N/A | | | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Peter Thomson | | | | P&A Thomson Ltd (Farming) | P&A Thomson Ltd (Farming) | | | P&A Thomson Ltd (Director) | | N/A | 1x Farm at Maramarua(Owner) | | N/A | N/A |
| Tilly Turner | | | | <ul style="list-style-type: none"> Mighty Fine Products/Taana Mussel Fritters (Director) Power Up Ltd (Director) | <ul style="list-style-type: none"> Mighty Fine Products/Taana Mussel Fritters (Director) Power Up Ltd (Director) | | | <ul style="list-style-type: none"> Waikato Raupatu Lands Trust Hone & Miriama Turner Whanau Trust Te Puni Kokiri Rawiri Whanau Trust | | | 1x (Beneficiary) - location not specified | | N/A | N/A |
| David Whyte | No | N/A | | *Whyte Professional Property Ltd (professional property management) | *Whyte Professional Property Ltd (professional property management) *Zestos (Investigative Research & Reporting; Organic Orchards & Food Forrest; Residential Rental Property) | | | | | <ul style="list-style-type: none"> Huntly Arts NZ Tree Crops Association Waikato Tree Crops | 2x Ohinewai (Owner) *2x Huntly (Owner) *1x Ngaruawahia (Owner) | | | |

Register of Elected Members Interests

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|------------------------------|-----------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|--------------------------------------------------------------|---------------------|
| Name | Community Board | 1 to 6 | With the exception of | Companies | | Employment | Other Organisations | | Property | Gifts (received since 21 October 2019) | Payments for activities and services (since 21 October 2019) | Debts |
| | | | | Director/Manager | Financial Interests | | Trustee/Beneficiary | Governing Body | | | | |
| Gabrielle Parsons | Raglan | No | N/A | • Valencia Limited (Marine Engineering) | • Valencia Limited (Marine Engineering) | • Raglan Naturally (Community led development) | • Bradley Family Trust (Trustee) | • COGS Waikato West (Committee) | 1x Raglan (Owner) | N/A | N/A | N/A |
| Satnam Bains | Raglan | No | N/A | • Satnam's Supermarket Ltd (Retail) • Rano Community Trust (Grants/Community) • Downunder Developments (Property) | N/A | • Satnam's Supermarket Ltd (Retail) • Rano Community Trust (Grants/Community) | • Rano Community Trust (Chairman) • Bains Family Trust (Beneficiary) | • St Johns Raglan (Executive Member) | N/A | N/A | N/A | N/A |
| Dennis Amoore | Raglan | No | 5 - No answered entered | Fairlight Developments (Director) | N/A | Fairlight Developments (Director) | Raglan Surflife Saving - Amenities Trust (Trustee) | N/A | 4x Raglan (Owner) | N/A | N/A | N/A |
| Tony Oosten | Raglan | No | N/A | No interests to declare | N/A | Fonterra (Dairy Manufacturer) | • Waikato Trust A&B (Trustee) • Raglan Naturally Trust (Trustee) | N/A | 2x Raglan (Owner) | N/A | N/A | N/A |
| Chris Rayner | Raglan | No | N/A | Raglan Farmstay (Accommodation) | N/A | Raglan Farmstay (Accommodation) | • Te Whare Trust (Director) • J & V Rayner Trust (Beneficiary) | N/A | 1x Raglan (Director of Te Whare Trust) | N/A | N/A | N/A |
| Shaun Jackson | Onewhero Tuakau | No | 5 - Smart Environmental (Tuakau) Have an indirect interest as Council lease a building I manage which is owned by a family member | • Lavalla Farm Ltd. (Farming Activity) • Lavalla Functions Ltd. (Function & Event Centre) • Jackson Group Developments Ltd. (Property Development) • Jackson Property Group Holdings (Property Maintenance) | N/A | Jackson Property Group Holdings Ltd. (Property Maintenance) | • Tuakau Youth Sport Trust (Chairperson) | • Tuakau Combined Sports Society (Chairperson) (has applied for Lightbody Reserve funding for field lighting) | 5x Tuakau (Owner) | N/A | N/A | ANZ (Property Loan) |
| Caroline Conroy | Onewhero Tuakau | No | N/A | N/A | N/A | • Counties Mankau DHB (Midwife) • Midwifery Employee Representation & Advisory Service MERAS (Co-Leader of service that represents employed midwives) | N/A | Glen Murray Community Equestrian Group- Riding Centre (Chair) Received funding from OTCB in 2017 for a defibrillator for the County Hall & Equestrian Grounds | 2x Tuakau (Owner) | N/A | N/A | N/A |
| Jonathan Lovatt | Onewhero Tuakau | No | N/A | • Supply Program Solutions Ltd. (Packaging Supplier) | • Powella Ltd. (Exporter) • Lovatt Holdings Ltd. (Domestic Renovations) | N/A | N/A | N/A | 3x Onewhero (Owner) | N/A | N/A | N/A |
| Vernon Reeve | Onewhero Tuakau | Yes No. 1 No to No. 2-6 | N/A | N/A | N/A | N/A | • Reeve Family Trust (Trustee/Beneficiary) • Tuakau Emergency Services Charitable Trust (Trustee) • Vern & Vicky's Ski Trust (Trustee) | • Tuakau & Districts Development Assoc. (Member) | 1 x Tuakau (Trustee & Beneficiary) | N/A | N/A | N/A |
| Kandi Ngataki | Onewhero Tuakau | No | N/A | N/A | N/A | Te Kohanga Reo O Te Awamarahi (Kohanga Reo Education) | • Tuakau Primary School (Chair) • Huakina Development Trust (Chair) | • Tuakau Rugby League (Chair) • Tuakau Combine Society Sport Inc. (Treasurer) | N/A | N/A | N/A | N/A |
| Bronwyn Watson | Onewhero Tuakau | No | N/A | N/A | N/A | N/A | • Tuakau Combined Sports Society Trust (Trustee) • Franklin Integration Project (Trustee) | • Tuakau CSST Inc (Board Member) • Tuakau Community Night Patrol (Chair until October 2020 AGM) | N/A | N/A | N/A | N/A |
| Kiri-Kahurangi Breeze Morgan | Ngaruawahia | No | N/A | N/A | N/A | N/A | • Ngaruawahia Tu Tangata Trust (Trustee) | Turangaeaewae Kohanga Reo (Co-Chair) | N/A | N/A | N/A | N/A |
| Greg Wiechern | Ngaruawahia | No | N/A | • Wiechern Properties Ltd (Rental Properties) | • Wiechern Properties Ltd (Rental Properties) | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Jack Ayers | Ngaruawahia | No | N/A | N/A | N/A | N/A | • Waipa School Board of Trustees (Board Member) | N/A | N/A | N/A | N/A | N/A |

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| Rongo Kirkwood | Ngaruawahia | No | N/A | • Riverbed Motel (Accommodation) | • Riverbed Motel (Accommodation) | • Trust Waikato (Community Trust) | • Ngaruawahia High School Board of Trustee (Board Member) | N/A | N/A | N/A | N/A | N/A |
| Dianne Firth | Ngaruawahia | No | N/A | N/A | • Soalchemy (Soap Making) • Snipits (Dress Making) | SCS Transport Limited (Admin Support) | • Dianne Firth Family Trust (Trustee) • KH & CL Ulrich Trust (Beneficiary) | • Glen Massey School PTA (Treasurer) • Ngaruawahia High School Board of Trustees | 1x Ngaruawahia (Beneficiary of Trust) 1x Hamilton (Beneficiary of Trust) | N/A | N/A | N/A |
| Venessa Rice | Ngaruawahia | No | N/A | N/A | N/A | • Ngaruawahia Community House (local community services and activities) • Ngaruawahia High School (Husband employed as groundsman) | N/A | N/A | N/A | N/A | N/A | N/A |
| David Whyte | Huntly | No | N/A | N/A | • Zestos (Boutique citrus production, writing on environmental/tree issues, rental property management) | N/A | N/A | • New Zealand Tree Crops Association (President moving to Past President in 2021) • Waikato Tree Crops (Committee Member) | 2x Ohinewai (Owner) 2x Huntly (Owner) 2x Ngaruawahia (Owner) | 2x Complimentary tickets to Huntly Wearable Art Show | N/A | • Westpac (bank loan) |
| Red Wootton | Huntly | | | | | | | | | | | |
| Rewi Cork | Huntly | | | | | | | | | | | |
| Greg McCutchan | Huntly | No | N/A | N/A | N/A | Declined to answer | N/A | N/A | Declined to answer | N/A | N/A | N/A |
| Kim Bredenbeck | Huntly | No | 5. GM of WEA who hold a contract for iSITE delivery services for Raglan. Contract will end possibly in June 2020 (value of contract 142k) | N/A | N/A | • Waikato Enterprise Agency Trust Inc. (Education and Tourism services) | • Friendship House Inc (Treasurer) | • Huntly War Memorial Hall Committee (Secretary) (Currently negotiating funds to continue the refurbishment of the hall as outlined by Chairperson who is the project manager aligned to plan) • Huntly Residency and Ratepayers Association (Secretary) • Lets Get Together Huntly (Committee member - delivers Wearable Arts Competition every second year- will apply to the culture fund and community board for this event in July) | 1x Huntly (owner) | N/A | N/A | N/A |
| Eden Watawai | Huntly | No | N/A | N/A | N/A | • Waikato District Council (Employee-Customer Service) | N/A | • Huntly RSA (Committee Member) • Harty Sistaz Huntly Girls Youth Group (Co-Facilitator) Anzac Day funding for Huntly RSA Access to Council resources as Huntly Youth Action Group Contributors (Harty Sistaz) | 1x Huntly (Tenant) | N/A | N/A | N/A |
| Dorothy Lovell | Taupiri | No | N/A | N/A | N/A | • Hamilton Hearing Assoc. (Administrator) | N/A | N/A | N/A | N/A | N/A | N/A |
| Howard Lovell | Taupiri | No | No | HW & JE Lovell Ltd | | | •Kildore Development (Director)• Mountain View Developments (Director)• Taupiri School Board of Trustees (Trustee) | | 6x Taupiri | N/A | N/A | |
| Rudy Van Dam | Taupiri | No | N/A | • St. Isadore Co Ltd. (Farming) | N/A | N/A | | N/A | 1x Taupiri (Owner) | N/A | N/A | N/A |
| Joanne Morley | Taupiri | No | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Sharnay Cocup | Taupiri | No | N/A | N/A | N/A | N/A | • Taupiri School Board Trustees (Trustee) • Taupiri Youth Group (Trustee) • Waikato Trout Committee (Trustee) | • Taupiri Rugby Club (Weigh in deligate) | N/A | N/A | N/A | N/A |
| Jacqueline Henry | Taupiri | No | N/A | N/A | N/A | • Waikato Regional Council (Senior Social Scientist) | N/A | N/A | 1x Taupiri (Owner) | N/A | N/A | N/A |

YELLOW INDICATES THAT THE ELECTED MEMBER DID NOT SUBMIT A COMPLETED FORM

Register of Elected Members Interests

| Name | Community Committee | Financial Interests <i>Please refer to Statement Reference here.</i> | | Non - Financial Interests | | | | | | | | |
|------------------------|---------------------|-------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------|
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| Jim Katu | Meremere | No | N/A | N/A | N/A | N/A | N/A | N/A | 1x Meremere (Owner) | N/A | N/A | N/A |
| James Harman | Meremere | No | N/A | N/A | N/A | N/A | N/A | • Meremere Development Committee incorporated (Chairman) Received community funding | x1 Meremere (Owner) | N/A | N/A | N/A |
| Angela Dobby | Meremere | No | 6 - No answer entered | N/A | N/A | N/A | N/A | N/A | 1x Meremere (Beneficiary of Trust) | N/A | N/A | N/A |
| Lauren Horsfall | Meremere | No | N/A | N/A | N/A | N/A | N/A | • Meremere Community Development Committee (Find funding for events & programs run in Meremere) <i>Funding: Christmas events in past.</i> | x1 Meremere (Owner) | N/A | N/A | N/A |
| Cecilia Heta | Meremere | No | N/A | N/A | N/A | N/A | N/A | N/A | N/A | \$500 gift card each to Cecilia Heta, Trish van der Wende and Okeroa Rogers, all members of the MMCC Hall Committee, on behalf of MMCC, as resolved by email resolution (MMCC2002/04) | N/A | N/A |
| Ben Brown | Meremere | No | N/A | • Decal Ltd (Director) | N/A | N/A | N/A | • Meremere Development Committee (Secretary) | 1x Meremere (Owner) | N/A | | |
| Toni Grace | Te Kauwhata | No | N/A | N/A | • Mercury Energy (shares) | • Suits & Gumboots Country Daycare (Early Childhood Centre) | • Tolemisa Trust (Trustee) | • Te Kauwhata Squash Club (Club Captain) | 1x Te Kauwhata (Owner/Trustee) | N/A | N/A | Home Mortgage |
| John Cunningham | Te Kauwhata | No | N/A | Aparangi Retirement Village | • Ignition Partner Ltd (Business Advice & capital raising) • Resin & Wax Holdings (Chemical Development) • Cawthron Institute (Aquaculture Research) • IMMR (Research) • Climsystems Ltd. (Climate forecasting & risk management) | N/A | N/A | N/A | 2 x Te Kauwhata (Owner) | N/A | N/A | N/A |
| Carolyn Berney | Te Kauwhata | No | N/A | N/A | N/A | • Te Kauwhata Primary School (Teaching) | N/A | N/A | 1 x Te Kauwhata (Owner) | N/A | N/A | N/A |
| Courtney Howells | Te Kauwhata | No | N/A | N/A | N/A | • Century 21 Tuakau | N/A | • Wife is District Commissioner of Te Kauwhata Area Pony Club | 1x Waerenga (Owner) | N/A | N/A | Home Mortgage |
| Barry Weaver | Te Kauwhata | No | N/A | N/A | N/A | N/A | N/A | N/A | 1 x Te Kauwhata (Owner) | N/A | N/A | N/A |
| Angela Van de Munckhof | Te Kauwhata | No | N/A | • Te Kauwhata Pharmacy (Pharmacy/Retail) | • Te Kauwhata Pharmacy (Pharmacy) | • Te Kauwhata Pharmacy (Retail) | N/A | N/A | 1x Onewhero (Owner) | N/A | N/A | N/A |
| Tim Hinton | Te Kauwhata | YES Sub contractor to City Care (Value of contract \$600,00) | YES No.6 | Inform Landscapes (Horticulture Contractor) | Inform Landscapes (Horticulture Contractor) | • Inform Landscapes (Horticulture Contractor) | Tim Hinton Family Trust (Director) | • Te Kauwhata Emergency Services Trust (Funding for emergency services) | 1x Te Kauwhata (Owner) | N/A | N/A | N/A |
| Liz Tupuhi | Te Kauwhata | No | No | N/A | | *EcoQuest Education Foundation *DairyNZ | | *Husband (Mr Tupuhi) is Chairperson of Nga Muka Development Trust | | N/A | N/A | N/A |

Register of Elected Members Interests

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| Sue Robertson | Tamahere | No | N/A | Parklea Investments Ltd. (Property Development) | N/A | N/A | <ul style="list-style-type: none"> The Keith A Robertson Family Trust (Trustee/Beneficiary) Robina Trust (Trustee/Beneficiary) | <ul style="list-style-type: none"> Bramley Gardens Body Corporate Committee (to administer the rules of the body corporate) Residential Development Hamilton City | 1x Tamahere (Beneficiary of Trust) | N/A | N/A | N/A |
| Leo Koppens | Tamahere | No | N/A | INCOMPLETE FOR REST | | | | | | | | |
| Charles Fletcher | Tamahere | | | | | | | | | | | |
| Shelley Baker | Tamahere | | | | | | | | | | | |
| Margaret Jane Manson | Tamahere | No | N/A | N/A | N/A | • Waikato DHB (Nurse) | N/A | • Anglican Action (Social Services Provider) | N/A | N/A | N/A | N/A |
| Graham McAdam | Tamahere | | | | | | | | | | | |
| James Yearsley | Tamahere | No | N/A | <ul style="list-style-type: none"> ICARAS Consultatnts (JH Yearsley LTD.) Security Risk Consultancy HealthSafe NZ (Health & Safety Risk) Yggdrasil Capital Ltd. (Investment) | • Optima Group UK Explosive Ordnance Disposal) | N/A | <ul style="list-style-type: none"> Yearsley Family Trusy (Trustee) Yggdrasil Trust (Trustee)N | N/A | • 1xTamahere (Owner) | N/A | N/A | <ul style="list-style-type: none"> HealthSafe NZ (Debtor - Loan) ICARAS Consultants (Debtor - Loan) Optima Group UK (Debtor - Loan) |
| Joy Wright | Tamahere | | | | | | | | | | | |
| Tony Nelson | Tamahere | | | | | | | | | | | |
| Bevin Coley | Tamahere | No | N/A | <ul style="list-style-type: none"> Vael Holdings Coley Property Group Ltd. Coley Property General Partner Ltd. Freestone Property Ltd. Snell General Partner Ltd. Tahi Investments Ltd. 265 James Ltd. Vogler Ltd. Southend Ltd. Maxwell Place Ltd. Te Waiiti Ltd. Snell Street Limited Partnership Kake Investments Limited Partnership 313 Partnership 550 Investment Limited Charming Juno Limited | <ul style="list-style-type: none"> Vael Holdings Coley Property Group Ltd. Coley Property General Partner Ltd. Freestone Property Ltd. Snell General Partner Ltd. Tahi Investments Ltd. 265 James Ltd. Vogler Ltd. Southend Ltd. Maxwell Place Ltd. Te Waiiti Ltd. Snell Street Limited Partnership Kake Investments Limited Partnership Charming Juno Limited | • Coley Property Group Ltd. (Property Management) | <ul style="list-style-type: none"> B&C Coley Trust (Trustee & Beneficiary) BR Coley Investment Trust (Trustee & Beneficiary) Steele Trust (Beneficiary) Out Trust (Beneficiary) TH Coley Property Trust (Beneficiary) KT Coley Investment Trust (Beneficiary) RN Coley Investment Trust (Beneficiary) Phillip Coley Trust (Beneficiary) | N/A | 2x Tamahere (Owner) | N/A | N/A | All property finance- ANZ, BNZ, Kiwibank) |
| Janis Swan | Tamahere | No | N/A | N/A | <ul style="list-style-type: none"> Westpac Australia (Shares) Yarra (Australia) (Shares) Mercury (Shares) | University of Waikato (Teaching and research) | <ul style="list-style-type: none"> Earle Technology Trust (Chairperson) Waikato Graduate Women's Educational Trust (Board Member) | N/A | 2x Tamahere (Owner) | N/A | Assessor of research grants (MBIE) | N/A |
| Lyn Harris | Tamahere | No | N/A | Livestock Sales RHB Ltd (Procurement of livestock for slaughter) | N/A | Livestock Sales RHB LTd (Administration and Accounts) | <ul style="list-style-type: none"> Paul Harris Family Trust (Trustee & Beneficiary) Lyn Harris Family Trust (Trustee) | | 1x Tamahere (Owner) | N/A | N/A | N/A |
| Alison Ewing | Tamahere | No | N/A | N/A | N/A | N/A | Cherry Farm Trust (Trustee) | MESH Sculpture Hamilton (Trustee) | 2x Tamahere (Owner) | N/A | N/A | N/A |
| Jason Bates | Tamahere | No | N/A | Raid Investments Ltd. (Motel Accommodation) | Raid Investments Ltd. (Motel Accommodation) | ANZ (Bank Associate) | Tick Trust (Trustee) | N/A | 1x Tamahere (Owner) | N/A | N/A | N/A |
| Ingrid ter Beek | Tamahere | | | | | | | | | | | |
| Ric Odom | Pokeno | No | N/A | Franklin Hospice Charitable Trust (Provision of palliative care) | Jeneric Investments Ltd. (Investment) | Franklin Hospice Charitable Trust (Provision of palliative care) | Jeneric Family Trust (Trustee) | Franklin JP Assn (Council member. Justices of the Peace) | 1x Pokeno (Owner/Trustee) | N/A | N/A | New Zealand Home Loans (Mortgage) |

Register of Elected Members Interests

| Name | Community Committee | Financial Interests Please refer to Statement Reference here. | | Non - Financial Interests | | | | | | | | |
|--------------------|---------------------|----------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------|-------------------|----------------------------------------|--------------------------------------------------------------|-------|
| | | 1 to 6 | With the exception of | Companies | | Employment | Other Organisations | | Property | Gifts (received since 21 October 2019) | Payments for activities and services (since 21 October 2019) | Debts |
| | | | | Director/Manager | Financial Interests | | Trustee/Beneficiary | Governing Body | | | | |
| Helen Clotworthy | Pokeno | No | N/A | Pokeno Bacon Co. (Manufacturers-Retailers) | Pokeno Bacon Co. (Manufacturers-Retailers) | | David Evans Family Trust (Trustee & Beneficiary) | Pokeno Hall Committee (Treasurer) Pokeno Community Hall (Manager) | x4 Pokeno (Owner) | N/A | N/A | N/A |
| Lance Straker | Pokeno | | | | | | | | | | | |
| Allen Grainger | Pokeno | No | N/A | •Waikato Rugby Union •Frankton Rugby Sports Club Inc | N/A | N/A | N/A | • Waikato Rugby Union (Director) • Frankton Rugby Sports Club (Board Member) | N/A | N/A | N/A | N/A |
| Peter Koizumi | Pokeno | | | | | | | | | | | |
| Todd Miller | Pokeno | | | | | | | | | | | |
| Kris Hines | Pokeno | No | N/A | N/A | N/A | N/A | N/A | N/A | 1x Pokeno (Owner) | N/A | N/A | N/A |
| Brenda Ann Roberts | Pokeno | No | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Doug Rowe | Pokeno | No | N/A | N/A | N/A | N/A | N/A | Pokeno Community Patrol Member Pokeno Hall Committee Member | 1x Pokeno (Owner) | N/A | N/A | N/A |
| Helen Johnson | Pokeno | No | N/A | N/A | N/A | NZ Police (Intelligence Analyst & Support) | N/A | Pokeno Tennis & Rec Club (Committee Member-rebuilding a community facility) | N/A | N/A | N/A | N/A |
| James McRobbie | Pokeno | | | | | | | | | | | |

YELLOW INDICATES THAT THE MEMBER DID NOT SUBMIT A COMPLETED FORM

Register of Elected Members Interests

| Name | Committee | Financial Interests Please refer to Statement Reference here. | | Non - Financial Interests | | | | | | | | |
|------------------------|--------------------------------------------------|----------------------------------------------------------------------------------|-----------------------|----------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|------------------------------------|
| | | 1 to 6 | With the exception of | Companies | | Employment | Other Organisations | | Property | Gifts (received since 21 October 2019) | Payments for activities and services (since 21 October 2019) | Debts |
| | | | | Director/Manager | Financial Interests | | Trustee/Beneficiary | Governing Body | | | | |
| Judith Anne Muru | Creative Communities Scheme Assessment Committee | No | N/A | N/A | N/A | Te Wharekura o Rakaumanga - Education | N/A | N/A | Owner 1x property, Huntly | N/A | N/A | N/A |
| Mark Leslie Vincent | Creative Communities Scheme Assessment Committee | No | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Heather Joy Cunningham | Creative Communities Scheme Assessment Committee | No | N/A | N/A | N/A | Raglan Community Arts Council - Clay Tutor | N/A | N/A | N/A | N/A | Tutor Fee in employment for Raglan Community Arts Council | N/A |
| Annette Joan Taylor | Creative Communities Scheme Assessment Committee | No | N/A | N/A | N/A | N/A | N/A | Home Range/Number 8 Network (Editor) - received grants from WDC Discretionary Fund | N/A | N/A | N/A | N/A |
| Amomai Pihama | Creative Communities Scheme Assessment Committee | | | | | | | | | | | |
| Claire du Bosky | Creative Communities Scheme Assessment Committee | No | N/A | N/A | Shares in Genesis | Relief Teacher - Waitakaruru School, Te Kauwhata Primary School and Waerenga Primary School | N/A | Te Kauwhata Fitness Centre - Committee Member | Owner 1x property - Te Kauwhata | N/A | N/A | N/A |
| Miriama (Tilly) Turner | Creative Communities Scheme Assessment Committee | No | N/A | Mighty Fine Product Ltd (Food Caravan) | Trading as Taana Ltd (Mussel Fritters) | N/A | Hone & Miriama Turner Whanau Trust (Trust for Whanau Papakainga) | Turangawaewae Maori Women's Welfare League (Branch of the Waikato Regional MWWL and part of National MWWL) | 1 x property Ngaruawahia (Trustee members & beneficiary) | N/A | N/A | ANZ Bank (Trust for home mortgage) |

YELLOW INDICATES THAT THE MEMBER DID NOT SUBMIT A COMPLETED FORM

| | |
|---------------------|----------------------------------------------|
| To | Risk & Assurance Committee |
| Report title | Exclusion of the Public |
| Date: | Tuesday, 22 August 2023 |
| Report Author: | Elizabeth Saunders, Senior Democracy Advisor |
| Authorised by: | Gaylene Kanawa, Democracy Manager |

1. Staff recommendations Tuutohu-aa-kaimahi

THAT the Audit and Risk Committee:

- a. **exclude the public from the following parts of the proceedings of this meeting.**

The general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each 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 | Reason for passing this resolution in relation to each matter | Ground(s) under section 48(1) for the passing of this resolution |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Item number PEX 2 Confirmation of Minutes Item PEX 3.1 Fraud Declaration Item PEX 3.2 Register of Interests - Senior Staff Item PEX 3.3 Audit NZ Time with Committee | Good reason to withhold exists under Section 6 or Section 7 Local Government Official Information and Meetings Act 1987 | Section 48(1)(a) |

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 which would be prejudiced by the holding of the whole or relevant part of the proceedings of the meeting in public, as follows:

| Item No. | Section | Interest |
|------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item PEX 3.1 Fraud Declaration | 7(2)(a) 7(2)(c)(ii) | To protect the privacy of natural persons, including that of deceased natural persons. To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information— (ii) would be likely otherwise to damage the public interest. |
| Item PEX 3.2 Register of Members' Interests - Senior Staff | 7(2)(a) | Protect the privacy of natural persons, including that of deceased natural persons. |
| Item PEX 3.3 Committee Time with Audit New Zealand | 7(2)(c)(ii) | To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely otherwise to damage the public interest. |

- b. THAT Ms Macown and Mr Susan from Audit NZ be permitted to remain at this meeting, after the public has been excluded, because of their knowledge of audit requirements for Waikato District Council. This knowledge, which will be of assistance in relation to the matter to be discussed, is relevant to that matter to inform and advise the Committee members.**

2. Attachments

Ngaa taapirihanga

There are no attachments for this report.