

Audit and Risk Subcommittee
Wednesday 31 May 2023 at 9am

AGENDA

Audit and Risk Subcommittee Agenda

Meeting to be held in the Council Chamber
36 Water Street, Whangārei
on Wednesday 31 May 2023, commencing at 9am

Recommendations contained in the agenda are NOT decisions of the meeting. Please refer to minutes for resolutions.

MEMBERSHIP OF THE AUDIT AND RISK SUBCOMMITTEE

Chairperson, Councillor Peter-Lucas Jones

Councillor Amy Macdonald

Councillor Rick Stolwerk

Councillor Joe Carr

Councillor Marty Robinson

Independent Advisor Stuart Henderson

KARAKIA / WHAKATAU

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- 7.1** Confirmation of Confidential Minutes - 22 February 2023
- 7.2** Receipt of Action Sheet

TITLE: Confirmation of Minutes - 22 February 2023

From: Margaret Knight, PA to Group Manager Corporate Services

Authorised by Bruce Howse, Pou Taumatua – Group Manager Corporate Services, on 24
Group Manager/s: May 2023

Ngā mahi tūtohutia / Recommendation

That the minutes of the Audit and Risk Subcommittee meeting held on 22 February 2023 be confirmed as a true and correct record and that these be duly authenticated with the Chair's electronic signature.

Attachments/Ngā tapirihanga

Attachment 1: Audit and Risk Subcommittee Minutes - 22 February 2023 [↓](#) 

Audit and Risk Subcommittee
22 February 2023

Notes of Audit and Risk Subcommittee Workshop

Meeting held in the Council Chamber
36 Water Street, Whangārei
on Wednesday 22 February 2023, commencing at 9am

Tuhinga/Present:

Chairperson, Councillor Peter-Lucas Jones
Councillor Joe Carr (*via audio visual link*)
Councillor Amy Macdonald (*via audio visual link*)
Councillor Marty Robinson (*via audio visual link*)
Councillor Tui Shortland
Councillor Rick Stolwerk
Independent Advisor Stuart Henderson (*via audio visual link*)

I Tae Mai/In Attendance:

Full Meeting

Councillor Geoff Crawford
Tumuaki – Chief Executive Officer - Jonathan Gibbard
Pou Taumatua – Group Manager Corporate Services – Bruce Howse
Personal Assistant to Group Manager Corporate Services

Part Meeting

Finance Manager – Simon Crabb
Human Resources Manager – Beryl Steele
Corporate Strategy Manager – Kyla Carlier
Risk and Assurance Lead - Mandy Tepania
Health and Safety Advisor – Tamsin Sutherland
Strategic Projects and Facilities Manager – Phil Heatley
Information Services and Technology Manager – Carol Cottam
AON, National Manager - Matthew Wilson (*via audio visual link*)
AON, Account Executive - Emma Jurisich (*via audio visual link*)

Secretarial Note: In the absence of a quorum the scheduled meeting lapsed and it was agreed to proceed with a workshop where no decisions could be made.

The Chair declared the workshop open at 9.15am and led the Karakia.

Ngā Mahi Whakapai/Housekeeping (Item 1.0)

Ngā whakapahā/Apologies (Item 2.0)

There were no apologies.

Nga whakapuakanga/Declarations of Conflicts of Interest (Item 3.0)

It was advised that members should make declarations item-by-item as the workshop progressed.

Audit and Risk Subcommittee
22 February 2023

For Noting Only: Audit and Risk Sub-committee Minutes - 29 June 2022 (Item 4.1)

Report from Margaret Knight, PA to Group Manager Corporate Services

The minutes of the Audit and Risk Sub-committee meeting held on 29 June 2022 were presented for information only.

Secretarial Note: Councillor Amy Macdonald a member of the Investment and Property Subcommittee during the previous triennium confirmed the minutes to be true and correct.

Insurance Summary 2022/2023 (Item 4.2)

Report from Bruce Howse, Pou Taumatua – Group Manager Corporate Services

The Group Manager Corporate Services was in attendance to answer questions raised by the subcommittee. Matthew Wilson and Emma Jurisich of AON joined the meeting.

Key aspects of the discussion included:

- AON outlined the global drivers that had driven up premiums which saw significant increases year-on-year.
- AON raised that they may need to look at asset selection and strategically look at assets that need to be insured for replacement or functional replacement value only. They pointed out that currently a number of NRC's insurances were part of a collective insurance scheme which provided reduction in premiums.
- Self-insurance of commercial motor fleet and council's cost to fund potential liabilities.
- AON flagged that Cyber insurance was unlikely to be purchased within the next few years.

Internal Audit Schedule (Item 4.3)

Report from Bruce Howse, Pou Taumatua – Group Manager Corporate Services

The Corporate Strategy Manager and the Risk and Assurance Lead were in attendance to answer questions the subcommittee raised.

Key aspects of the discussion included:

- The subcommittee wanted to better understand what the Forestry Management Audit 24/25 encompassed. Given NRC's commitment to biodiversity it was suggested it might be appropriate to undertake audit earlier than 24/25, and include a focus on biodiversity management.
- It was noted that the Risk Assessment was deferred in 21/22.

Audit and Risk Subcommittee
22 February 2023

Action:

- That consideration be given to the items raised and Corporate Services to undertake a risk assessment on the priorities and bring back a review to the subcommittee at its next meeting in May.

Risk Management Activity Update (Item 4.4)

Report from Kyla Carlier, Corporate Strategy Manager

The Corporate Strategy Manager was in attendance to lead the briefing.

Key aspects of the discussion included:

- Treaty settlements risk: there was little detail or data available regarding the risk. The subcommittee discussed options to mitigate the risk including, but not limited to:
 - Opportunities to partner with Iwi and government along with being receptive and support engagement.
 - Providing a two page briefing paper to incoming ministers to reflect council's desire to be proactive with key decision makers.
 - Fostering friendships to mitigate risk.
- Climate Change: concern raised re reduced level of governance oversight as a result of changes in NRC governance structure, resulting in insufficient long term planning.
- IT Investments: risk due to change of council not having all the context around Enterprise system.

Actions:

- Top 10 risk scores: Harbourmaster Risk Item 24 needs amending.
- Overall Risk Score Matrix: need to highlight Risk #5 Economic risk downturn as it might increase our residual risk due to inflation pressures.
- Climate change: treatment to be added, in consultation with climate change team and GM community resilience.
- IT Investments: new treatment applied - schedule additional workshops with elected members, early in LTP process, to complement LTP planning processes, and ensure sufficient level of knowledge and background information.

Risk Deep Dives (Item 4.5)

Report from Kym Ace, Corporate Systems Champion

The Corporate Strategy Manager was in attendance to lead the briefing. It was explained that the Risk Deep Dives report was an updated summary and provided detail regarding the causes, treatments and recommendations around core IT applications and systems and the Enterprise project.

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Health & Safety report for June to December 2022 (Item 4.6)

Report from Tamsin Sutherland, Health and Safety Advisor and Beryl Steele, Human Resources Manager

The Human Resources Manager and the Health and Safety Advisor were in attendance to lead the briefing.

Key aspects of the discussion included:

- The subcommittee supported the initiative to get admin staff to experience time in the field to encourage wellbeing and reduce stress.
- It was questioned if there was a policy regarding emails sent outside standard working hours. In response, NRC was working on a digital wellbeing policy and would share that information with the committee in due course.
- With regard to the annual stress survey it was suggested NRC could do more in this space. The Safety Advisor outlined a number of opportunities available to staff, for example meetings with managers to recognise priorities and mental health training. NRC were already providing generous working conditions with flexible working hours, the opportunity to work from home and extra leave days over Christmas.
- It was also recognised that people need to be enabled to take ownership of their own wellbeing.

Kaupapa ā Roto/Business with Public Excluded (Item 5.0)

Secretarial Note: At 10.47am the subcommittee moved into public excluded to discuss the confidential matters that had been included on the original meeting agenda.

Ngā mahi tūtohutia / Recommendations

1. The general subject of the matters to be considered whilst the public is excluded, the reasons for passing this resolution in relation to this matter, and the specific grounds under the Local Government Official Information and Meetings Act 1987 for the passing of this resolution, are as follows:

Item No.	Item Issue	Reasons/Grounds
5.1	For Noting Only: Confidential Minutes Audit and Risk Subcommittee - 29 June 2022	The public conduct of the proceedings would be likely to result in disclosure of information, as stated in the open section of the meeting -
5.2	Human Resources Update	The public conduct of the proceedings would be likely to result in disclosure of information, the withholding of which is necessary to protect the privacy of natural persons, including that of deceased natural persons s7(2)(a).
5.3	Audit of Investment Property Procedures and Management	The public conduct of the proceedings would be likely to result in disclosure of information, the withholding of which is necessary to protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information s7(2)(b)(ii) and the withholding of which is necessary to enable council to carry out, without prejudice or disadvantage, commercial activities s7(2)(h).

Audit and Risk Subcommittee
22 February 2023

5.4	Cyber Security update	The public conduct of the proceedings would be likely to result in disclosure of information, the withholding of which is necessary to protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information s7(2)(b)(ii) and the withholding of which is necessary to prevent the disclosure or use of official information for improper gain or improper advantage s7(2)(j).
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Whakamutunga (Conclusion)

The meeting concluded at 11.55am.

UNCONFIRMED

TITLE: **Receipt of Action Sheet**

From: Margaret Knight, PA to Group Manager Corporate Services

Authorised by Bruce Howse, Pou Taumatua – Group Manager Corporate Services, on 24
Group Manager/s: May 2023

Whakarāpopototanga / Executive summary

The purpose of this report is to enable the meeting to receive the current action sheet.

Nga mahi tutohutia / Recommendation

That the action sheet be received.

Attachments/Ngā tapirihanga

Attachment 1: Action Sheet - A&R [!\[\]\(d5d7044e5caf6907399af2dced8d6ff8_img.jpg\) !\[\]\(0718ece108875f096be32ef1aea65831_img.jpg\)](#)

Actions Completed in the Last Month -

Id	Meeting	Date Completed	Officer Responsible	Description	Request Details	Most Recent Comment
6750	Audit and Risk Subcommittee 22/02/2023		Carlier, Kyla	Risk Management Activity Update	Risk R00230 'Climate change Response', Concern raised re reduced level of governance oversight as a result of changes in NRC governance structure, resulting in insufficient long term planning.	Treatment to be added, in consultation with climate change team and GM community resilience.
6747	Audit and Risk Subcommittee 22/02/2023	15/03/23	Carlier, Kyla	Risk Management Activity Update	Overall Risk Score Matrix - need to highlight Risk #3 Economic risk downturn as it might increase our residual risk due to inflation pressures.	Completed by Knight, Margaret on behalf of Carlier, Kyla (action officer) on 15 March 2023 at 8:14:21 am - New Risk added - Economic Downturn R00255. Treatment MC00568 with increased provision for doubtful debt, continued SIPO review, review of activities with review of funding via rates.
6743	Audit and Risk Subcommittee 22/02/2023	15/03/23	Carlier, Kyla	Internal Audit Schedule	That consideration be given to the items raised (i.e. forestry management audit and NRC's commitment to biodiversity and the deferment of risk assesment) - Corporate Services to undertake a risk assessment on the priorities and bring back a review to the subcommittee at its next meeting in May	Completed by Knight, Margaret on behalf of Carlier, Kyla (action officer) on 15 March 2023 at 8:21:38 am - A biodiversity audit of councils forestry has already been completed with a plan for implementation ongoing., An audit of the implementation of this completed forestry biodiversity audit will be included as part of the planned internal audit of forestry management in 2024/25., Internal audit schedule for May Audit and Risk meeting updated to confirm that this is the case.
6746	Audit and Risk Subcommittee 22/02/2023	15/03/23	Carlier, Kyla	Risk Management Activity Update	Top 10 risk scores - Harbourmaster Risk Item 24 needs amending.	Completed by Knight, Margaret on behalf of Carlier, Kyla (action officer) on 15 March 2023 at 8:18:10 am - Treatment added to risk R00081 to indicate that \$40M of insurance cover is in place for maritime wrecks. Sign off Jim Lyle., Treatment MC00567

Actions Completed in the Last Month -

6751	Audit and Risk Subcommittee 22/02/2023	16/03/23	Carlier, Kyla	Risk Management Activity Update	Risk R00015 Core IT applications/systems are not designed and/or implemented to support all organisational processes, or applications will stop working. Concern raised by councillors.	Completed by Knight, Margaret on behalf of Carlier, Kyla (action officer) on 16 March 2023 at 3:43:22 pm - New risk raised: that the required level of ongoing investment is not supported by elected members due to the lack of context and knowledge required to fully understand the issue, resulting in insufficient funding and failed systems. New treatment applied MC005666: Schedule additional workshops with elected members, early in LTP process, to complement LTP planning processes, and ensure sufficient level of knowledge and background information. Signoff: Bruce
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TITLE: **2022-23 Annual Report: Timetable and Deloitte Planning Report**

From: Simon Crabb, Finance Manager

Authorised by Bruce Howse, Pou Taumatua – Group Manager Corporate Services, on 19
Group Manager/s: May 2023

Whakarāpopototanga / Executive summary

As part of the 2022-23 annual reporting process, Deloitte have prepared a report outlining their planned audit approach, and key focus areas of their audit. This report is attached as **Attachment 1**.

Bennie Greyling of Deloitte (Audit Partner) will attend the May Audit and Risk Subcommittee meeting to discuss this planning report and answer any questions.

Ngā mahi tūtohutia / Recommendation

That the report '2022-23 Annual Report: Timetable and Deloitte Planning Report' by Simon Crabb, Finance Manager and dated 5 May 2023, be received.


Background/Tuhinga

A schedule of the high-level milestone dates for the 2022-23 Audit programme is presented over the page.

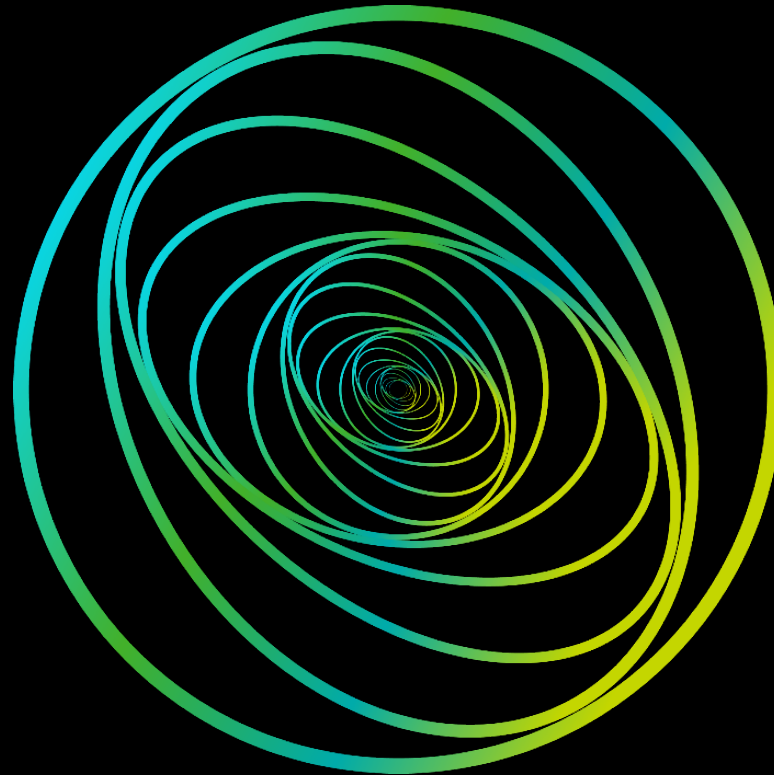
Councils' independent advisor, Stuart Henderson, will be involved in weekly debrief meetings with Deloitte throughout the audit programme to oversee progress, understand any emerging issues and report back to the Subcommittee if necessary.

Date	2022-23 Annual Report Summarised Milestones
27 March 2023	Deloitte - Planning Visit (2 weeks)
12 June 2023	Deloitte - Interim Audit (2 weeks onsite) TBC
30-6-2023	Year End Close off
13 July 2023	Creditor & Debtor - Accrual Close
18 July 2023	Investment Property Revaluations (require valn by 30/6)
26 July 2023	Rates Reconciliations (require info from District Councils by 15/7)
29 July 2023	Externally Managed Fund Valuations (req Valn by 22/7)
3 August 2023	Fixed Assets (11 months to be capitalised in May)
10 August 2023	CEO Review
17 August 2023	Council Workshop - Year end papers (agenda due 11/8)
18 August 2023	AR Document Complete (Parent only no consolidation)
21 August 2023 15 September 2023	Deloitte - field staff arrive on site for 3 Week Final
	* Fri 25 Aug Week 1 Audit Debrief - Stuart Henderson in attendance
	* Fri 1 Sept: Week 2 Audit Debrief - Stuart Henderson in attendance
	* Deloitte Clearance 15 Sept 2023
22 August 2023	August Council Meeting (agendas due 11/8)
30 August 2023	Audit & Risk Subcommittee (no agendas required)
31 August 2023	Consolidated A/cs complete (ready for Deloitte wk 3: 4/9)
1 September 2023	Tax review at Findex
26 September 2023	Adoption of Annual Report (agendas due 13/9)

Attachments/Ngā tapirihanga

Attachment 1: Deloitte 2023 Audit Planning Report [↓](#) 

Deloitte.



Northland Regional Council

**Planning report to the Audit and Risk Subcommittee
2023 audit**

May 2023

Purpose of report

This report has been prepared for Northland Regional Council's Audit and Risk Subcommittee (ARC) and is part of our ongoing discussions as auditor in accordance with our engagement dated 10 March 2023 and as required by New Zealand auditing standards.

This plan is intended for the ARC (and other Council members) and should not be distributed further. We do not accept any responsibility for reliance that a third party might place on this report should they obtain a copy without our consent.

This report includes only those matters that have come to our attention as a result of performing our audit procedures to date and which we believe are appropriate to communicate to the ARC. The ultimate responsibility for the preparation of the financial statements rests with the Councillors.

Responsibility statement

We are responsible for conducting an audit of Northland Regional Council for the year ended 30 June 2023 in accordance with the Office of the Auditor General's (OAG) auditing standards which incorporate New Zealand auditing standards issued by the NZ Auditing and Assurance Standards Board. Our audit is performed pursuant to the requirements of the Local Government Act 2002 with the objective of forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of the Council. The audit of the financial statements does not relieve management or the Councillors of their responsibilities.

Our audit is not designed to provide assurance as to the overall effectiveness of the Group's controls but we will provide you with any recommendations on controls that we may identify during the course of our audit work.

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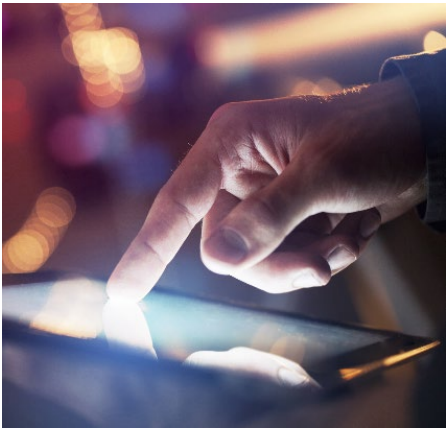
1. Executive summary

2. Our Audit

- A. Our audit explained
- B. Identifying the areas of audit focus
- C. Areas of audit focus
- D. Continuous communication and reporting
- E. Our team

3. Other reporting matters

- A. Fraud responsibilities and representations
- B. OAG Audit Brief requirements
- C. Group Audit Considerations
- D. Purpose of Report and Responsibility Statement
- E. Independence and Fees



To navigate within this report, you may click on the icons on the right-hand side of the page



1. Executive summary

Thank you for the opportunity to present our audit plan for the financial statement audit of Northland Regional Council (the 'Group') for the year ending 30 June 2023.

This report is designed to outline our respective responsibilities in relation to the audit, to present our audit plan and to facilitate a two-way discussion on the plan presented. Our report includes:

- Our audit plan, including key areas of audit focus and our planned procedures; and
- Key accounting, regulatory and corporate governance updates, relevant to you.

We have an evolving audit plan that is established with input from management. The audit plan is tailored to the Group's environment and revised throughout the year to adjust for business developments, additional relevant matters arising, changes in circumstances and findings from activities performed.

This plan is intended for the Audit and Risk Subcommittee (ARC), and other Councillors, and should not be distributed further.

We appreciate the opportunity to serve the Group. We hope the accompanying information will be useful to you, and we look forward to answering your questions about our plan.



Bennie Greyling
Partner
for Deloitte Limited
On behalf of the Auditor General
Auckland | 17 May 2023



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Key areas of audit focus

Our current assessment of the key areas of audit focus are as follows:

Asset valuations and assessment of carrying value	Q
Governance and valuation of investment assets	Q
Revenue recognition	Q
Management's ability to override controls	Q
Investment in subsidiaries and associates	Q
2023 Flood events	*
Public Sector Procedures – OAG brief	Q

We comment further on these key areas of audit focus in Part 2C of this report.



Consistent with the prior year



New area of focus



Items for consideration

We look forward to discussing our audit plan with you and are interested in your views on the following matters:

- Any concerns regarding internal controls, including completeness over related parties;
- Any risk matters, including fraud, affecting the financial statements;
- The assessment of materiality;
- Any other matters that should be brought to our attention.



1. Executive summary (cont.)

Planning materiality

Based on expected results of the Group, our quantitative planning materiality for the 2023 audit is as follows:

\$2.1m

2023

5%

\$2.0m

2022

The planning materiality was determined based on a percentage of expected total expenses and consideration of other factors using our professional judgement.

Based on our planning materiality, we will report to you all misstatements found in excess of \$0.105 million. This is based on 5% of our materiality level. We will report to you misstatements below this threshold if we consider them to be qualitatively material in nature.

We comment further on our determination of materiality in Part 2B of this report.

Group audit scoping	Scope
Marsden Maritime Holdings Limited (audited by EY on behalf of the OAG)	●
Northland Inc Limited (audited by Deloitte on behalf of the OAG)	●
Regional Software Holdings Ltd (audited by Audit NZ)	●

●

 Subject to full scope audit (as financial significant and/or statutory requirement)

●

 Significant due to risk, subject to audit of specified account balances

●

 Non-significant, subject to analytical procedures or review

Further details relating to our Group audit consideration are outlined in Section 3B.

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Quality and Independence

We take our independence and the quality of the audit work we perform very seriously. We confirm that we have maintained our independence in accordance with Professional and Ethical Standards.

All non audit services are deemed to be of an assurance nature and have been pre-approved by the OAG. We will report back on all services and fees in our final report

Other matters of interest - OAG

Managing conflicts of interest and related party transactions

Councils are required to ensure that there are appropriate procedures in place to identify and manage conflicts of interest and that related party disclosures in the financial statements are complete.

Fraud

The primary responsibility for the prevention and detection of fraud rests with management of the Council, including designing, implementing and maintaining internal controls over the reliability of financial reporting, effectiveness and efficiency of operations and compliance with applicable laws and regulations. As your auditor, we obtain reasonable, but not absolute, assurance that the financial statements as a whole are free from material misstatement, whether caused by fraud or error.

Performance, waste and probity

Ensuring that Parliament’s expectations are met with respect to use of rate payer funds is a key feature of any audit in the public sector.

Financial prudence

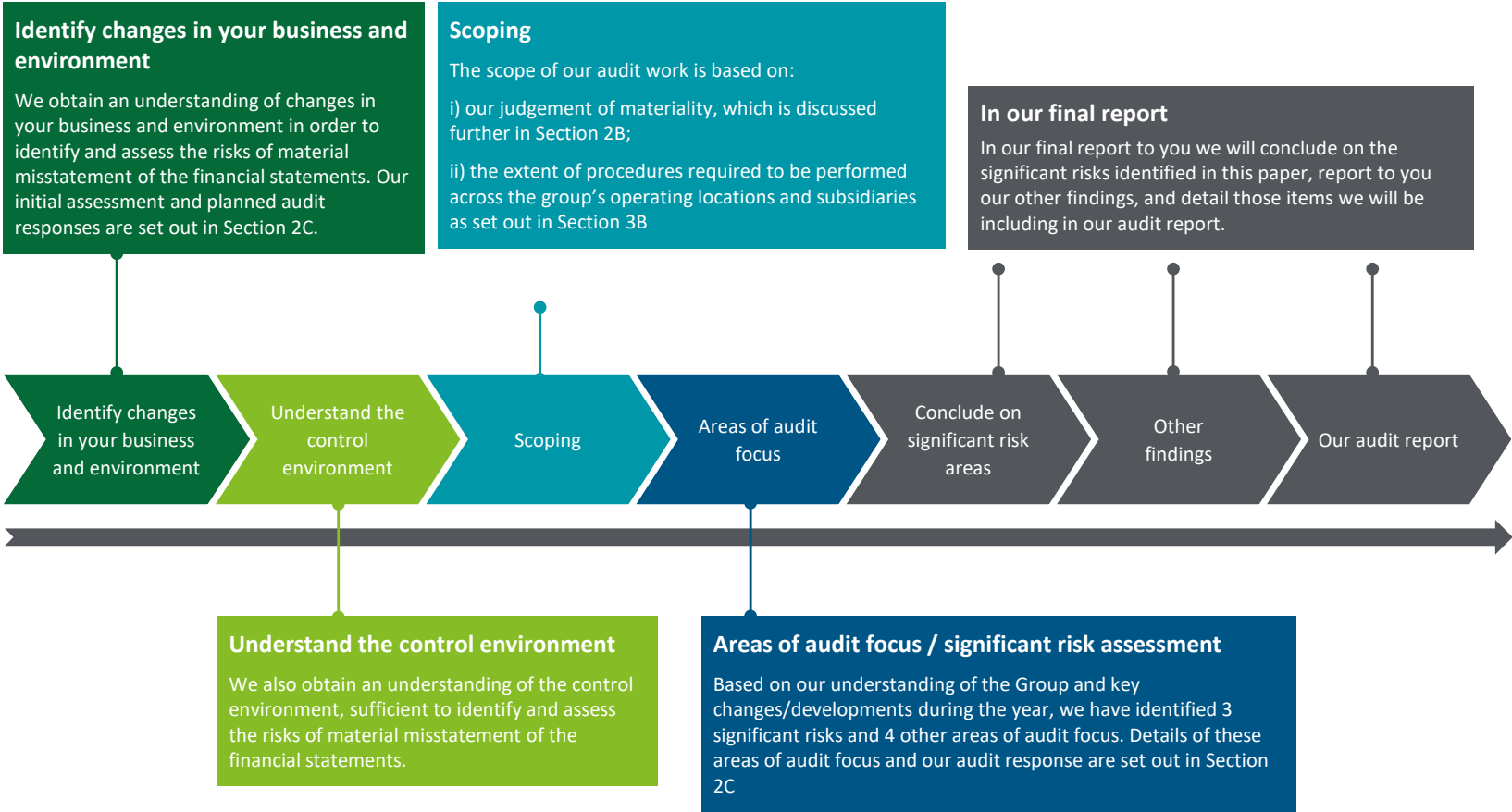
Councils are required to include appropriate benchmarking reporting in the Annual Report as required by the Local Government (Financial Reporting and Prudence) Regulations 2014.



2. Our audit



2A. Our audit explained – a tailored approach



2B. Identifying the areas of audit focus

Identification of audit risks

Our audit approach is underpinned by the identification of relevant audit risks and tailoring appropriate audit responses to address those risks. We consider a number of factors when deciding on the significant areas of audit focus, such as:

- the risk assessment process undertaken during the planning phase of our engagement;
- our understanding of the business risks faced by the Group;
- discussions with management during the course of our audit;
- the significant risks and uncertainties previously reported in the financial statements, including any critical accounting estimates or judgements;
- our assessment of materiality; and
- any changes in the business and the environment it operates in since the last annual report and financial statements.

The next page summarises the significant risks and other areas that we will focus on during our audit.

We continually update our risk assessment as we perform our audit procedures, so our areas of audit focus may change. We will report to you on any significant changes to our assessment as part of our final report to the ARC.

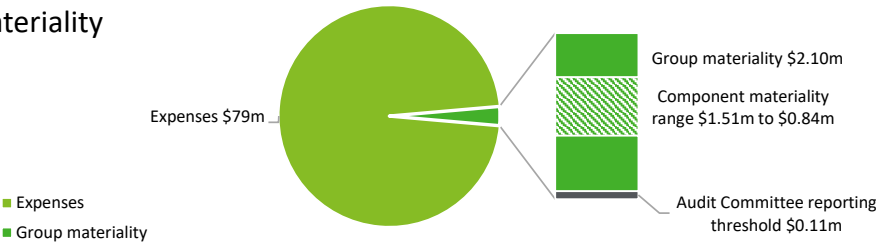
Determining materiality

We consider materiality primarily in terms of the magnitude of misstatement in the financial statements that in our judgement would make it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced (the ‘quantitative’ materiality). In addition, we also assess whether other matters that come to our attention during the audit would in our judgement change or influence the decisions of such a person (the ‘qualitative’ materiality). We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Materiality for the Group, including MMHL and other subsidiaries has been set at \$2.1m (2022: \$2.0m). The increase from 2022 reflects the expected growth in the group’s expenses.

The standalone materiality for NRC used to scope our audit procedures and assess any errors is \$1.512m (2022: \$1.44m), with a reporting threshold of \$75K meaning any error noted in excess of this amount is reported to the ARC as part of our final report.

Materiality



Although materiality is the judgement of the audit partner, the ARC must satisfy themselves that the level of materiality chosen is appropriate for the scope of the audit.

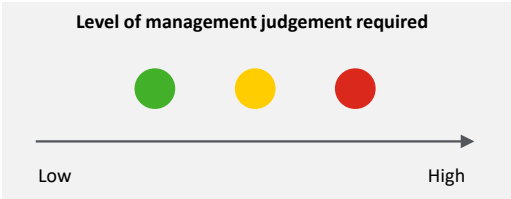
2C. Areas of audit focus - dashboard

Area of audit focus	Significant risk	Fraud risk	Planned controls testing approach	Level of management judgement required
Asset valuations and assessment of carrying value	No	No	D+I	
Governance and valuation of investment assets	No	No	D+I	
Revenue recognition	No	No	D+I	
Management override of controls	Yes	Yes	D+I	N/A
2023 Flooding events	Yes	No	D+I	
Public sector specific procedures	No	No	D+I	

Level of management judgement required

D+I: Testing of the design and implementation of key controls

OE: Testing of the operating effectiveness of key controls



2C. Areas of audit focus

Area of audit focus	Our approach
<p>Asset valuations and assessment of carrying values</p> <p>NRC recognises the following classes of asset at fair value in the current year:</p> <ul style="list-style-type: none"> • Infrastructure assets; • Land and buildings; • Investment properties; • Emissions trading units; • Forestry assets <p>Determining the fair value of assets requires management and independent valuers to make a number of judgments around the appropriate valuation methodology and assumptions. Valuation outcomes are often sensitive to variations in the key assumptions.</p> <p>This gives rise to a risk around the valuation of these assets at year-end and the treatment of movements in fair value during the year.</p>	<p>Our work plan incorporates the following steps:</p> <ul style="list-style-type: none"> • Obtaining the independent valuations of the relevant asset classes; • Obtaining representations directly from the independent valuers confirming their valuation methodology; • Reviewing the key underlying assumptions used by the independent valuers to determine whether these assumptions were reasonable and in line with the relevant financial reporting and valuation standards. • Holding various discussions with the valuers as appropriate; • Determining whether the revaluation transactions are correctly accounted for and disclosed in the financial statements • Considering any caveats included in the valuation. <p>We will also engage with the valuers on any other development properties in progress at year end such as the Kaipara Service Centre.</p>
<p>Governance and valuation of investment assets</p> <p>NRC has a significant portfolio of investment assets including property, funds under management and a controlling stake in Marsden Maritime Holdings which holds 50% of the region's port.</p> <p>The strategy around the use of this investment portfolio and the returns received are an important component of Council's funding of its activities..</p> <p>This gives rise to risks around the robustness of governance processes around these investments, the valuation of the investments at year-end, and whether the appropriate accounting treatment has been applied in respect of those valuations.</p>	<p>We plan to address these risks through:</p> <ul style="list-style-type: none"> • Evaluating the governance processes and controls around investment assets. This will involve determining whether investment mandates and parameters are monitored as part of governance arrangements, including the risk/return strategy employed and the adequacy of reporting in this area; • Ascertaining the quality of controls in place at the investment manager and custodian by obtaining internal control audit reports; • Reviewing the accounting treatment applied to investment assets against relevant financial reporting standards; and • Reconciling and validating the cash movements in and out of the investment funds



2C. Areas of audit focus

Area of audit focus	Our approach
<p>Revenue recognition</p> <p>ISA (NZ) 240 The auditor’s responsibility to consider fraud in an audit of financial statements requires us to presume there are risks of fraud in revenue recognition and therefore this is a focus area for the audit.</p> <p>The Council has various revenue streams which need to be considered separately to ensure they are in-line with PBE Standards.</p> <p>Failure to comply with rating law and the associated consultation requirements can create risks for rates revenue. Compliance with the detail of the Local Government (Rating) Act 2002 (LGRA) is vital; if the rate is not within the rage of options and restrictions provided for in that Act, it may not be valid.</p> <p>Management and Council need to ensure that the requirements of the LGRA are all adhered to and that there is consistency between the rates resolution, the funding Impact Statement for that year, and the Revenue and Financing Policy in the respective Long Term Plan (LTP) or Annual Plan (AP).</p> <p>Material misstatement due to fraudulent financial reporting relating to revenue recognition often results from an overstatement of revenues through, for example, premature revenue recognition or recording fictitious revenues. It may also result from an understatement of revenues through, for example, improperly shifting revenues to a later period. Through our understanding of the Council with the processes in place and level of risk assessed we have rebutted the significant risk of fraud associated with revenue recognition.</p>	<p>We will perform the following audit procedures to ensure that revenue recognition is appropriate:</p> <ul style="list-style-type: none">• Understand, evaluate and assess the relevant controls that address the risks of revenue recognition;• Assess the quality of information produced from the IT system and ensure accuracy and completeness of reports that are used to recognise revenue;• Complete a ‘rates questionnaire’ compiled by the OAG*, to confirm whether rates have been correctly set; and• Review the meeting minutes recording the adoption of the rates resolution, to ensure the rates are in accordance with the Revenue and Financing Policy as well as reviewing any other information available with regards to rates;• Complete analytical procedures by developing expectations based on our knowledge of the sector and key performance measures; and• Assess the impact of any changes to revenue recognition policies. <p>*Please note that the completion of the ‘rates questionnaire’ is not a legal exercise but aims to provide us with some indication of the rates setting processes being used by the Council. We remind Council that the overall responsibility for the compliance of rates rests with the Councillors.</p>



2C. Areas of audit focus

Area of audit focus	Our approach
<p>Management override of controls</p> <p>We are required to design and perform audit procedures to respond to the risk of management’s override of controls.</p>	<p>We plan to:</p> <ul style="list-style-type: none">• Understand and evaluate the financial reporting process and the controls over journal entries and other adjustments made in the preparation of the financial statements.• Test the appropriateness of a sample of journal entries and adjustments and make enquiries about inappropriate or unusual activities relating to the processing of journal entries and other adjustments.• Review accounting estimates for bias that could result in material misstatement due to fraud, including assessing whether the judgements and decisions made, even if individually reasonable, indicate a possible bias on the part of management.• Perform a retrospective review of management’s judgements and assumptions relating to significant estimates reflected in last year’s financial statements.• Obtain an understanding of the business rationale of significant transactions that we become aware of that are outside the normal course of business or that otherwise appear to be unusual given our understanding of the entity and its environment.



2C. Areas of audit focus

Area of audit focus	Our approach
<p>2023 Flooding events</p> <p>In 2023, weather-related events including Cyclone Gabrielle caused flooding that significantly disrupted several regions of New Zealand. Potential implications include:</p> <ul style="list-style-type: none">• whether internal controls used to manage council financial and service performance information systems remained design and operationally effective when operations were disrupted;• the impairment and/or disposal of PPE that cannot be repaired;• how the unrepaired damage to revalued PPE is reflected in any resulting valuation;• the recognition of insurance proceeds received or receivable from insured assets that are damaged;• the recognition of any grants received or receivable from the Crown or other third parties;• how to reflect the performance story of the flooding events in the reported performance information;• whether there is any risk to councils of litigation resulting from the flooding events; and• whether there are implications to the going concern assumption.	<p>We plan to meet with management to understand how the weather-related events has impacted NRC. In particular, we will perform audit procedures over impairment of PPE, recognition of insurance and grants received or receivable, presentation of flooding events in the reported performance information, litigation arising from flooding events and implications to the going concern assumption.</p>



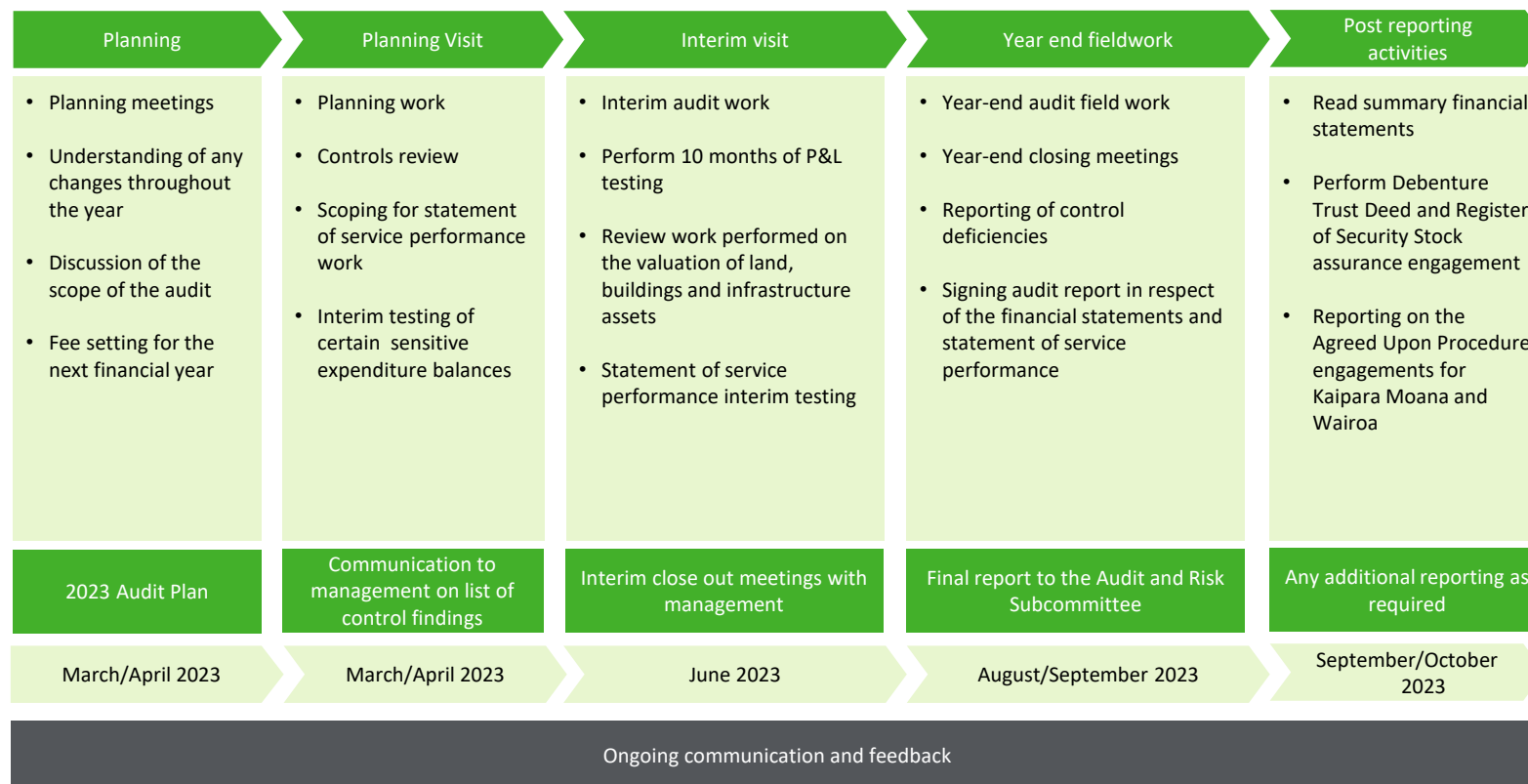
2C. Areas of audit focus

Area of audit focus	Our approach
<p>Public Sector specific procedures</p> <p>OAG Audit Brief</p> <p>The OAG Audit Brief has been updated (no material impacts for 2022/23 audit).</p> <p>The main areas of focus include:</p> <ul style="list-style-type: none">• Related party transactions, conflicts of interest, sensitive expenditure and severance payments• Legislative compliance• Procurement: Procurement is an area of focus for the work programme of the Auditor-General (OAG) and while no specific projects have been identified relating to local government at this stage for 2022/23, it is expected that major capital projects and significant procurement activity are areas where audit effort is focused.• Central government/stimulus funding: It is important that Council is accounting for this funding in accordance with PBE accounting standards, being transparent with communities and meeting any obligations.• Climate Change: Climate change is an area of focus for the work programme of the OAG as Local government is becoming a focus for climate change related action. The OAG focuses on the Councils ability to provides for the resilience of infrastructure assets to the risk of natural hazards, including making sufficient financial provision to respond to these risks.• Capital expenditure delivery : Capital expenditure is a focus area for the OAG and the focus will be placed on Councils ability to delivery in line with the 2021/31 LTP.	<p>We plan to meet with management to update our understanding of the plans and processes in place to address the focus areas of the OAG, including understanding any information requests from central government organisations during the period.</p> <p>For funding received, we will review contracts and focus on the risk that income may not be recoded in the appropriate accounting period due to incorrect recognition or deferral.</p> <p>This could arise from incorrectly identifying conditions or restrictions associated with revenue transactions or incorrectly applying the contractual terms associated with the timing of when income is recognised;</p>



2D. Continuous communication and reporting

As the audit plan is executed throughout the year, the results will be analysed continuously and conclusions (preliminary and otherwise) will be drawn. The following sets out the expected timing of our reporting to and communication with you.



2E. Our team

Our audit will be led by Bennie Greyling as Group Audit Partner.

He will oversee the co-ordination of the audit and has primary responsibility for working with your management team.

Alif Barolia will be the primary point of contact for the finance team and will oversee the day to day execution of our group audit.

We also plan to incorporate other specialists as noted to support us with the audit of specific account balances.

Name / Role	Contact details
Bennie Greyling Group Audit Partner	bengreyling@deloitte.co.nz +64 93064354
Alif Barolia Group Audit Manager	albarolia@deloitte.co.nz +64 99536114



3. Other reporting matters



3A. Fraud responsibilities and representations

Your responsibilities:

The primary responsibility for the prevention and detection of fraud rests with management and those charged with governance, including designing, implementing and maintaining internal controls over the reliability of financial reporting, effectiveness and efficiency of operations and compliance with applicable laws and regulations.

Our responsibilities:

- We are required to obtain representations from those charged with governance regarding internal controls, assessment of risk and any known or suspected fraud or misstatement.
- As auditors, we obtain reasonable, but not absolute, assurance that the financial statements as a whole are free from material misstatement, whether caused by fraud or error.
- As set out in the areas of audit focus section of this document, we have identified the risk of fraud in relation to the validity of fees and charges revenue and management override of controls as a significant audit risk for your organisation.
- As required, we will consider any significant related party transactions outside the entity's normal course of business.

Fraud characteristics:

- Misstatements in the financial statements can arise from either fraud or error. The distinguishing factor between fraud and error is whether the underlying action that results in the misstatement of the financial statements is intentional or unintentional.
- Two types of intentional misstatements are relevant to us as auditors – misstatements resulting from fraudulent financial reporting and misstatements resulting from misappropriation of assets.

We will make inquiries of management, and others within the entity as appropriate, regarding their knowledge of any actual, suspected or alleged fraud affecting the Group. In addition, we are required to discuss the following with the ARC:

- Whether the ARC has knowledge of any fraud, suspected fraud or allegations of fraud;
- The role that the ARC exercises in oversight of North Regional Council's assessment of the risks of fraud and the design and implementation of internal control to prevent and detect fraud;
- The ARC's assessment of the risk that the financial statement may be materially misstated as a result of fraud.

We will be seeking representations in this area from the Council in due course.

We also acknowledge the two pieces of work that have been performed by the Deloitte Forensics team over the last 18 months in relation to a fraud risk gap assessment and a fraud and corruption risk assessment (with supporting fraud focused analytics).

3B. OAG Audit Brief Requirements

Other matters including OAG audit brief requirements and proposed response

Area of audit focus	Our approach
<p>Performance, waste and probity</p> <p>Ensuring that Parliament’s expectations are met with respect to use of rate payer funds is a key feature of any audit in the public sector.</p>	<p>Our audit approach will include a specific programme of work, as in previous years, covering the following aspects:</p> <ul style="list-style-type: none">• Confirming Council has the appropriate policy framework for areas such as delegated authorities, fraud, conflicts of interest, code of conduct etc.• Ensuring we understand any changes made to such policies.• Testing certain areas of sensitive expenditure to ensure spending is appropriate and authorised in accordance with policy and best practice.• Reviewing areas such as credit card expenditure (including for the CEO and Chair), fuel card expenditure, and mobile phone expenditure.
<p>Managing conflicts of interest and related party transactions</p> <p>Councils are required to ensure that there are appropriate procedures in place to identify and manage conflicts of interest and that related party disclosures in the financial statements are complete.</p>	<p>Our audit procedures on related party disclosures include searching public records for potential related party relationships (such as the Companies Office website). We also ensure any entries in the interest register were individually assessed, and those which meet the definition of a related party transaction during the year are disclosed in the Annual Report. This includes remuneration disclosures relating to the Councillors and key management personnel.</p>
<p>Financial prudence</p> <p>Councils are required to include appropriate benchmarking reporting in the Annual Report as required by the Local Government (Financial Reporting and Prudence) Regulations 2014.</p>	<p>Our audit procedures will include review of the disclosures and re-computation of key ratios to determine whether Council is in compliance with these regulations.</p>



3C. Group audit considerations

Given the number of subsidiaries and associates within the Group, we have assessed the extent of procedures required to be performed for each in order to gather sufficient audit evidence to reduce the risk of a material misstatement.

Our assessment of the scope of work to be performed on the Group’s components is based on financial significance of the Group’s components, our initial risk assessment, materiality, and our understanding of the business in which the component operates. A summary of the nature of work to be performed for each component entity, the component auditor involved, and our planned involvement in the work of the component auditors is provided on the next page.

For significant subsidiaries, associates and joint ventures where we are not the statutory auditor, we will provide referral instructions to the component auditors setting out how we will obtain assurance as to the adequacy of their procedures so as to enable us to reach an opinion on the financial statements. This will include consideration of their independence, competence and resources. For insignificant components, with no local statutory audit requirement, we will carry out analytical procedures as part of the group audit. The audit approach applied by all Deloitte firms covers the requirements of International Standards in Auditing (ISA) issued by the IASB and we expect other

firms of auditors to also be aware of these requirements.

We will perform audit work at all components that are legal entities requiring a separate audit report on their financial statements.



3C. Group audit considerations (cont.)

A summary of the nature of work to be performed on group entities and details of component auditors is as follows:

Component	Component auditor	Scope	Comments
Marsden Maritime Holdings Ltd (subsidiary)	EY	<div></div>	Main focus of EY’s audit is investment property valuations as set out in the Key Audit Matter within their audit report.
Regional Software Holdings Ltd (associate)	Audit NZ	<div></div>	RSHL’s net result is equity accounted into both Council and the Group’s financial statements. The result is generally immaterial and is based off draft/ unaudited financial statements. We will engage directly with RSHL management if further clarification on their result is required.
Northland Inc Limited (associate)	Deloitte	<div></div>	Main focus of the audit is recognition of revenue given the multi-year nature of some projects.

Scope legend

Subject to full scope audit

Significant due to risk, subject to audit of specified account balances

Non-significant, subject to analytical procedures or review

Extent of involvement with the component auditors

Our involvement in the work of the component auditors usually includes discussions with the component auditors and obtaining clearance reports and summary memoranda from them. We may also choose to request details of any matters identified which will be relevant to our report to you including control weaknesses.

Where necessary we may request other auditors to carry out additional procedures in order to enable us to issue the Group audit opinion.



3D. Purpose of report and responsibility statement

Purpose of report

This report has been prepared for Northland Regional Council’s Audit and Risk Subcommittee and is part of our ongoing discussions as auditor in accordance with our engagement letter and master terms of business as required by the Auditor General’s auditing standards which incorporate the requirements of the New Zealand auditing standards.

This plan is intended for the ARC (and other Council members) and should not be distributed further. We do not accept any responsibility for reliance that a third party might place on this report should they obtain a copy without our consent.

This report includes only those matters that have come to our attention as a result of performing our audit procedures to date and which we believe are appropriate to communicate to the ARC. The ultimate responsibility for the preparation of the financial statements rests with the Council.

Responsibilities

We are responsible for conducting an audit of Northland Regional Council for the year ended 30 June 2023 in accordance with the Auditor General’s auditing standards (incorporating the requirements of the New Zealand auditing standards issued by the NZ Auditing and Assurance Standards Board). Our audit is performed pursuant to the requirements of the Local Government Act 2002 with the objective of forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of the Council. The audit of the financial statements does not relieve management or the Council of their responsibilities.

Our audit is not designed to provide assurance as to the overall effectiveness of Northland Regional Council’s controls but we will provide you with any recommendations on controls that we may identify during the course of our audit work.



3E. Independence and fees

We summarise below our proposed audit fees as discussed with management including details of any scope changes. Our proposed fees take account of provide details of changes arising since the prior year and any efficiencies and hours reductions identified.

	CY (\$'000)	PY (\$'000)	Future services contracted for or written proposals submitted (where applicable) (\$'000)	Safeguard applied *
Statutory audit fees for financial statements	178,800	156,300		
Stock Register	5,000	4,000		
Trustee Reporting	6,500	5,500		
Kaipara Moana	10,000	8,250		
Waima Waitai Wairoa	15,000	6,000		
Total audit related and other assurance fees	36,500	23,750		
Total fees	215,300	180,050		



Developments in financial reporting – overview

The following table provides a high level summary of the major new accounting standards, interpretations and amendments that are relevant to the Group. A full list of the standards on issue but not yet effective is released quarterly and is available here:

https://www2.deloitte.com/nz/en/pages/audit/articles/accounting-alert.html?icid=top_accounting-alert

Major new standard, interpretation or amendment	Effective date (periods beginning on or after)
PBE IPSAS 40 PBE Combinations	1 January 2021
PBE FRS 48 Service Performance Reporting	1 January 2022
PBE IFRS 9 Financial Instruments	1 January 2022*
PBE IPSAS 41 Financial Instruments	1 January 2022
PBE IFRS 17 Insurance Contracts	1 January 2023

*Will be superseded by PBE IPSAS 41 but early adoption is still permitted if the date of initial application was before 1 January 2020

Early implementation efforts recommended

Early effort to consider the implementation of these standards is recommended in order to provide stakeholders with timely and decision-useful information. Implementation steps are outlined opposite.

Steps for implementation

Determine extent of impact & develop implementation plan

Monitor progress and take action where milestones are not met

Identify required changes to systems, processes, and internal controls

Determine the impact on covenants & regulatory capital requirements, tax, dividends & employee incentive schemes





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TITLE: Risk Management Activity Update

From: Mandy Tepania, Audit and Assurance Lead

Authorised by Bruce Howse, Pou Taumatua – Group Manager Corporate Services, on 24
Group Manager/s: May 2023

Whakarāpopototanga / Executive summary

The Risk Management Activity Update Report outlines the summary of Council’s progress in risk management related activities including updates on Corporate, Fraud, Dishonesty and Corruption Risks.

Ngā mahi tūtohutia / Recommendation

That the report ‘Risk Management Activity Update’ by Mandy Tepania, Audit and Assurance Lead and dated 8 May 2023, be received.

Background/Tuhinga

Risk can be simply defined as “The effect of uncertainty on objectives”; Risk management is the assessment of this uncertainty, and encompasses both the likelihood of something happening, and the consequences or impacts if it were to happen, which can introduce both opportunity and hazards.

Risk needs to be understood in order to make informed decisions.

Council uses tools to manage risk including a risk management framework, policy, and risk register which is maintained in council’s Promapp risk module. Council maintains Corporate, group, health and safety and project risk registers.

Progress on risk management since the last meeting of the Audit and Risk Subcommittee includes:

1. The corporate, fraud, dishonesty and corruption risk registers have been refreshed following leadership review.
2. The risks and their treatment/s (mitigation action/s) are being managed by staff through the Promapp risk module. Risk reporting is being provided quarterly to the Audit and Risk Subcommittee, or in accordance with the subcommittee’s meeting schedule. The monitoring of the corporate and fraud dishonesty and corruption risk registers is performed by the Corporate Strategy team monthly.

This report provides several summaries:

- The top 14 corporate risks, their pre-control (inherent) and post control (residual) rating and trending (traffic light) are summarised in **Table 1**.
- Key changes, additions and updates from this quarter’s review are identified in **Table 2**.
- The corporate risks, their risk types, pre-control (inherent) and post control (residual rating) are summarised in **Attachment 1**.

This report provides several summaries:

Table 1. Top 14 corporate risk listed as their residual scores rank.

Key – Risk rating					
Extreme		High	Moderate	Low	
Key – Trend		Increasing	Decreasing	Static	
#		Risk Statement	Inherent Rating	Residual Rating	Trend
1: R00012		Non-compliance with Health and Safety at Work Act 2015	20	20	
2: R00080		Changes in legislation and central government policy impacting council's resources, budgets, and activities.	25	20	
3: R00252		Marsden Maritime Holdings (MMH) Investment – Capital raising risk	25	20	
4: R00014		Cyber security attack	20	16	
5: R00136		Capability and operational capacity to manage events and directives	20	16	
6: R00230		Climate change response	20	16	
7: R00237		Enterprise project	20	16	
8: R00221		Workload	20	15	
9: R00015		Core IT applications/system are not designed and/or implemented to support all organisational processes, or applications will stop working	20	15	
10: R00229		Management of data and information assets	16	12	
11: R00131		Treaty Settlements	16	12	
12: R00255		Economic Downturn	20	12	
13: R00245		Failure to prepare for the future of local government review/reforms and its impacts	15	12	
14: R00246		Recruitment and retention of all roles staff	20	12	

Table 2. Risks changes, additions, and updates

Key			
Increased rating		Static rating	Decreased rating
New specific risk			
Status	Description	Commentary	
	Non-compliance with Health and Safety at Work Act 2015	Inherent and residual likelihood have remained static even though we have: <ul style="list-style-type: none"> Recruited a Health and Safety Advisor – commencing October 2022 Planned an external audit of our Health and Safety systems. This will be performed once 	

		<p>the Health and Safety Advisor has commenced,</p> <ul style="list-style-type: none"> Have an increase in reported incidents and non-compliance (refer Health and Safety report)
	Changes in legislation and central Government policy impacting council's resources, budgets, and activities.	<p>Inherent and residual likelihood have remained static. As previously identified in the deep dive into this risk reported in June 2022, we have commenced the investigation into the Complywith solution for identification and management of legal compliance risk including:</p> <ul style="list-style-type: none"> information about changes in legislation and policy, getting clarity that obligations are complied with, and controls identified and managed. Access to 'Comply with' a legislative tool providing notifications related to all government legislation requirements.
	Marsden Maritime Holdings (MMH) investment – capital raising risk	<p>Marsden Maritime Holdings Ltd (MMH) have signalled at a recent shareholder meeting of its intention to commence work on capital raising for growth.</p> <p>Dependant on the capital raising scenarios (in terms of quantum, timing, and implementation), there is a risk that NRC may not be able to respond to the capital raising to maintain its majority shareholding in MMH</p>
	Cyber security attack.	<p>Inherent and residual likelihood have remained static. An independent assessment was undertaken in late August. An action plan has been developed and will be progressed based on priority as time and resources allow</p>
	Capability and operation capacity to manage events and directives; and Organisational culture	<p>Inherent and residual risk have remained static, but we acknowledge:</p> <ul style="list-style-type: none"> increased staff turnover and record levels of new roles. Staff skills and capability Flexible working arrangements and the hybrid culture Resourcing issues and <p>Workload levels</p>
	Climate Change response	<p>Inherent and residual likelihood have remained static given the potential impacts of climate change on council's operations. The climate change risks will be fully reviewed as the team embed into their roles and climate change</p>


		response strategies and activities are implemented
	Enterprise Project	Inherent and residual risk have remained static, but we acknowledge the impact of the project on workloads and resources. This risk was the subject of a deep dive as reported in February 2023.
	Workload	Inherent and residual likelihood have remained static even though we have: <ul style="list-style-type: none"> • reduced workshops and the frequency of reporting, • Managers are endeavouring to support workloads, and • Recognised the impacts of the Enterprise Project implementation and have endeavoured to resource this.
	Core IT applications are not designed and/or implemented to support all organisational processes, or applications will stop working	Inherent and residual likelihood have remained static. A deep dive into this risk previously provided February 2023.
	Management of data and information assets	Inherent and residual likelihood have remained static, but we acknowledge that there is work to be completed to advance the information maturity assessment. An action plan has been developed and will be progressed based on priority as time and resources allow
	Treaty Settlements	There is a risk that Northland Treaty settlements will result in take-on costs for NRC- <ul style="list-style-type: none"> • Meeting held with the Chair and Office Settlements Commission • Proactive council involvement in the Treaty Settlement process • Participation in cross-council initiative to better inform central government about the costs of treaty settlement implementation, • Resource the work and be ready for opportunities
	Economic Downturn	Adversely impacting revenue source – increase to residual risk due to inflation pressures. <ul style="list-style-type: none"> • With increased provision for doubtful debt, continued SIPO review, review of activities against what is funded via rates
	Failure to prepare for the future of local government review/reforms and its impacts	<ul style="list-style-type: none"> • Inherent and residual consequences decrease from major to moderate as we have engaged in the policy position discussions with central government

	Recruitment and retention of all roles	<p>Inherent and residual likelihood have reduced slightly but we acknowledge there is more work to do as we still have high turnover and several vacancies and have a plan in place to further mitigate this.</p> <ul style="list-style-type: none">• Staff turnover has reduced with low unemployment rate,• Improved flexible work arrangements and annual remuneration review.
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Response to COVID-19

Covid-19 case numbers across the region are monitored along with reported cases within council. NRC are following Covid-19 government guidelines.

Attachments/Ngā tapirihanga

Attachment 1: Risk Register Top Risk Scores Report [↓](#) 

TITLE: Internal Audit Schedule

From: Mandy Tepania, Audit and Assurance Lead

Authorised by Bruce Howse, Pou Taumatua – Group Manager Corporate Services, on 24
Group Manager/s: May 2023

Whakarāpopototanga / Executive summary

The internal audit schedule is provided in Table 1. The schedule shows the timing for each internal audit item and a status update on progress.

A proposed internal audit schedule for 2023/24 onwards is provided in Table 2, noting that the 2024/25 schedule will be developed further over time.

Attached is a list of completed audits 2021/2023.

Ngā mahi tūtohutia / Recommendation

That the report 'Internal Audit Schedule' by Mandy Tepania, Audit and Assurance Lead and dated 9 May 2023, be received.

Background/Tuhinga

Table 1. Internal Audit Schedule

Key			
Complete		Underway	Deferred
			Not Started
Year	Item	Status	
2022/23	Risk management – Review of the risk management framework and policy to ensure a consistent approach.	Complete.	
2021/22	Procurement Review completed with new framework and policy nearing completion	Training package being developed to support framework and policy for staff	
2022/23	WDC rates collection, audit to confirm robustness of collection of NRC rate revenue and general title arrears recovery process.	Auditors have been engaged to prepare a brief of work. Work to commence in 2022/23.	
2022/23	Externally managed funds – Statement of Investment and Policy Objectives review (SIPO).	Work has commenced, with an external draft SIPO review report received late January 2023. The final report will be workshopped with the Investment & Property subcommittee and council to determine which, if any, of the review findings council wishes to adopt in a revised SIPO.	
2022/23	Health and Safety.	An independent contractor has been appointed to undertake this audit and work is scheduled to commence in February 2023.	
2022/23	Legislative compliance – “Comply with” is a Legal Compliance web site providing legislation update to support policy updates and staff awareness.	Complete	

2023/24	LGOIMA and Accessibility Audit to review systems and processes in place. Funding required to complete this audit.	Complete
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Table 2: Proposed internal audit schedule 2023/24 onwards.

Year	Item	Status
2023/24	Business Continuity. Audit to review systems and processes in place against national best practice and lessons learned, conduct gap analysis.	Work to commence in 2023/24
2023/24	Fleet management. Audit of fleet suitability and management, including ratio of 4x4s to electric vehicles. Expected to be largely a desktop exercise pulling together existing work. <i>Note – link to risk R00137</i>	Work to commence in 2023/24
2023/24	Accessibility Audit will provide information about the accessibility features required to meet compliance under the building Act 2004 and provide recommendations. Funding required to complete this audit.	Work to commence in 2023/24
2023/24	Flexible working. Audit of work-from-home arrangements across the organisation, testing consistency and management across activity areas, satisfaction, and comparison to similar organisations.	Work to commence in 2023/24
2024/25	Forest Management, audit of effectiveness of (outsourced) management, harvest schedule, health and safety compliance, reporting etc. Biodiversity audit is completed – implementation will be reviewed as part of the overall audit outcomes.	Work to commence in 2024/25, once new forest manager is in place.

Attachments/Ngā tapirihanga

Attachment 1: Internal Audit Schedule - Items Completed [↓](#) 

Audit & Risk Subcommittee Internal Audit Schedule – Completed

Table 1. Internal Audit Schedule

Key			
Complete		Underway	Deferred
			Not Started
Year	Item	Status	
2020/21	FNDC rates collection, audit to confirm robustness of collection of NRC rate revenue and general title arrears recovery process.	Complete.	
2020/21	Human resources procedures.	Complete.	
2020/21	Fraud control environment (counter-fraud gap analysis).	Complete.	
2020/21	Insurance – AON insurable risk review.	Complete.	
2021/22	KDC rates collection, audit to confirm robustness of collection of NRC rate revenue and general title arrears recovery process.	Complete.	
2021/22	Property management.	Complete. Findings are reported within this agenda.	
2022/23	Risk management – Review of the risk management framework and policy to ensure a consistent approach.	Complete.	
2021/22	Fraud and Corruption Risk Assessment.	Complete.	
2021/22	Strengthen the Management of Third parties.	Complete.	
2022/23	Legislative compliance – “Comply with” is a Legal Compliance web site providing legislation update to support policy updates and staff awareness.	Complete	
2023/24	LGOIMA and Accessibility Audit to review systems and processes in place. Funding required to complete this audit.	Complete	

TITLE: Internal Audit Maturity Assessment - Update

From: Kyla Carlier, Corporate Strategy Manager

Authorised by Bruce Howse, Pou Taumatua – Group Manager Corporate Services, on 03
Group Manager/s: May 2023

Whakarāpopototanga / Executive summary

In 2022 Deloitte carried out an internal audit (IA) maturity review of council, that placed council's maturity at an overall level of 2 out of 5. The report made several recommendations for council to improve its IA maturity to a level of between 3 and 4, which is considered an appropriate level for council given the size of the organisation and the activities it carries out.

In response to the assessment, the Corporate Strategy Team developed a plan to increase the maturity rating in council.

The original Deloitte report, the response plan, and progress to date on the response plan are summarised in this report, with full copies attached.

Ngā mahi tūtohutia / Recommendation

That the report 'Internal Audit Maturity Assessment - Update' by Kyla Carlier, Corporate Strategy Manager and dated 14 April 2023, be received.

Background/Tuhinga

In 2022 Deloitte carried out an internal audit (IA) maturity review of council. The initial report from the review was presented to the March 2022 Audit and Risk Subcommittee, where it was decided that further discussion was required before the report could be accepted. Further discussion took place with a revised report provided and accepted by the committee in June 2022 (**report attached**).

The maturity of council's IA function was assessed at an overall level of 2 out of 5 (5 being the highest maturity level). The report provides several recommendations for NRC to improve its IA maturity to a level of between 3-4 which is considered an appropriate level for NRC given the size of the organisation and the activities it carries out.

The recommendations were made across four areas:

- Increased senior leadership engagement in IA and assurance activities
- Review and update the IA plan based on NRC's key risks
- Adopt a risk-based approach to IA planning and activities
- Formalise the IA function and its role within the organisation

In response to the report, and to ensure that recommendations were progressively implemented over time, the Corporate Strategy Team developed a plan to increase the maturity rating of council (**attached**).

The plan examines each opportunity identified in the report from Deloitte and the associated recommendation, then notes the current action that council carries out, before identifying the need for change or improvement. It sets out a list of planned actions for each area, and identifies the urgency and timeline for each action.

The action plan identified 18 key tasks across the four areas. Progress on these (as at April 2023) is as follows:


- 5 complete
- 6 underway
- 7 pending

It is expected to take several years and some additional resourcing to increase our maturity to a level of between 3-4. This work aligns with the quality systems refresh work that the Continuous Improvement group have been undertaking, which should further enhance NRC's IA maturity.

Staff will continue to progress this work.

Attachments/Ngā tapirihanga

Attachment 1: Plan in response to Internal Audit maturity assessment 2023 [↓](#) 

Attachment 2: Deloitte IA maturity review [↓](#) 

Draft – NRC action plan in response to internal audit maturity assessment by Deloitte

Kyla Carlier | March/April 2023

View full report: [NRC - IA Maturity Review - Final - 11 May 2022.pdf](#)

‘MM’ refers to mapping in MindManager [Mindmanager quality map 'The big picture' 3 May 2022.mmap](#)

Opportunity identified in Deloitte report	Deloitte Recommendation	Current action	Identified need for change or improvement	Planned actions	Urgency and Timeline
Position and organisation (rated 2)					
1. Increased senior leadership engagement in IA and assurance activities Significant effort has been applied over the past 12 months to increase the ELT’s awareness and understanding of the IA function and how it can deliver value to NRC and its operations. However, this has not eventuated into tangible actions to help develop the IA function. The IA function could potentially play a significant role in helping NRC improve the effectiveness and efficiency of its operations, and provide important feedback on key risks.	a) Define the roles of ELT and the Audit and Risk Subcommittee with respect to governance, oversight and accountability of the IA function while maintaining an appropriate degree of independence;	Internal audits by trained ISO auditors. Umbrella ISO certification for 15 of council’s areas of activities. Major review of quality management system (March 2022) with recommendations. Finance and corporate audits reported to Audit and Risk committee (eg, rating reviews) Internal audit reports are currently	Senior leadership engagement in and ownership of the internal audit function. Internal audit function better defined as a whole. Internal audit charter developed/expanded to include finance/corporate audits. Include role of ELT/senior leadership as a collective in Internal Audit charter, rather than individual responsibilities (oversight etc). Establish whether internal audit reporting needs to go directly to ELT (MM diagram proposal).	1.0 Review, expand and finalise draft IA charter, and expand into framework for internal audit function. Include: <ul style="list-style-type: none"> • Finance/corporate audits • S17A • H&S audits • Defined responsibilities of ELT and A+R • Solid ownership and reporting lines. • Mandate • Priorities • Vision and strategy For S17A elements of charter, ensure implementation plan process, ELT reporting lines, and criteria for determining	Underway Med term By June 2023 Kyla/Mandy

		reported to CE, relevant GMs, deputies, and relevant managers only, and to A+R via summary report.		whether independent review is necessary, are included.	
				1.1 Finalised IA charter approved and owned by ELT .	Med term By June 2023 Kyla/Mandy
				1.2 Establish process of reporting internal audit to ELT	Priority Kyla/Mandy
				1.3 Cease use of ISO 9001 accredited quality management system, contingent on staged implementation of Te Huarahi Tika.	Complete ✓
				1.4 Gain ELT buy-in and support for implementation of Te Huarahi Tika – quality Improvement System. Implement Te Huarahi Tika – Quality Improvement System. Adequately resource Te Huarahi Tika – Quality Improvement System.	Complete ✓ Staged – beginning with trial groups April/May 2023 Longer term - LTP consideration

	b) Actively engage the ELT in discussions around the business/control areas, risks and processes where they see the most value in applying an independent and objective lens; and	S 17a + reviews reported to ELT Risk reported to Deputy leadership team.	Establish cohesive process to oversee business processes, reviews, quality and reporting lines. Implementation plans from S17A + reviews need to be developed with ELT engagement/approval. S17A/IA implementation and improvement plans to include trigger for independent review. Establish reporting link that crosses both IA and risk, so oversight is gained. Synchronise reporting to allow triggers to be seen. ELT track progress of risk, IA, and progress resulting from both (?)	Refer 1.4 1.5 Map processes (MM), identify synergies and interactions, including potential improvements identified in this document. Link risk, S17A and internal audit. 1.6 DLT given responsibility for assessing each risk report, any triggers for internal audit and additional triggers to escalate audit to independent review. DLT to report monthly to ELT at strategy days. (Establish process with DLT chair.) Update risk framework and reporting process accordingly. Include reference to mapped risks. 1.7 Develop/reinstate quarterly quality reporting to ELT that encapsulates risk, internal audit (incl S17A reviews) and progress on improvement implementation. Have this championed and driven by Bruce. Highlight trigger loops. Include annual (?) 'close the loop' summary to ELT – where risks have resulted in change, what business improvement/action plans	 Complete ✓ S 17A and activity internal audit to be carried out together Underway Pending Med term Underway Mandy Med term By June 2023 Kyla/Mandy/Bruce

				have been developed and the outcome of these.	
			Audit and Risk sub-committee request: More opportunities for governance ownership. Informing councillors beyond current reporting process.	1.8 Agree with ELT appropriate frequency of reporting to Audit and Risk on these internal audit processes; could be to each A+R meeting, or annually following 'close the loop' session	Complete ✓ (every A+R meeting?)
	c) Consider engaging external expertise to facilitate the development of a clear and agreed understanding of the IA function's position in the organisation.	Deloitte review of IA maturity carried out.		Refer 1.0	
Purpose and remit (rated 1)					
2. Review and update the IA plan based on NRC's key risks A formalised risk management framework and risk register exists, however, we observed limited consideration of how IA could best be targeted at the council's most critical risks. The council has identified the need for a more formal Lines of Defence assurance framework to guide the IA programme (based on the AoG	a) Review the current IA plan, ensuring that it considers the council's most critical risks including for example Cyber and H&S; and	Risks assessed, reported via Promapp, reported to/discussed with DLT. Deep dives, H&S and financial risks reported directly to audit and risk committee. Risks mapped against org structure to some degree in Promapp.	Go a step further in mapping risks across the organisation. Prioritisation of risks and loop back in to IA process: link between risk and the order/prioritisation of internal audits, and the outcome of these. ELT/council oversight of link between highest risks and assurance activity/IA.	2.1 map risks visually across organisation, and update as tool to assess areas of key risk. (MM)	Complete ✓
				Refer 1.6 and 1.7 - reporting links for risk and triggers for further reviews.	Med term by June 2023

<p>Risk Maturity self assessment reported in December 2020 IA can play a key role in providing ELT and the Audit and Risk Subcommittee with confidence that NRC has appropriate controls in place to minimise its exposure to key risks. Conducting a risk identification and assessment exercise can help NRC to ensure that IA activities appropriately address key risks and are properly aligned to NRC's objectives and organisational strategy.</p>			<p>Te huarahi tika – includes risk module. Risks identified need to be progressed through Promapp risk module.</p>	<p>2.2 Process improvement – upgraded business improvement /action plan/prioritisation plan established, that is fed in to by the risk register, IA report and S17A.</p>	<p>Med term by June 2023 Kyla/Mandy</p>
				<p>2.3 Ensure process clearly requires that risks identified via Te Huarahi Tika/IA process are reported in risk module, and that assurance is provided around this.</p>	<p>Underway Review of risk framework and process Mandy</p>
	<p>b) Prioritise IA reviews considering both the councils risk ratings and appetite for key risks.</p>	<p>Risks identified, assessed and managed via ProMapp.</p>	<p>As above – risks ID'd managed through Promapp risk module (or other, as appropriate).</p>	<p>Refer 1.6 DLT have responsibility for linking risk and the order of IA reports, reporting to ELT monthly. Refer 1.7 ELT retain responsibility for ensuring that the processes are followed via 'close the loop' reporting.</p>	<p>Med term By June 2023 Kyla/Mandy</p>
<p>Process and technology (rated 2)</p>					
<p>3. Adopt a risk-based approach to IA planning and activities NRC's current IA function and plan have been delivered and developed by NRC's Finance team with limited consultation or input from ELT, the Audit and Risk Subcommittee or its external IA outsourced partners. As such, the focus of IA activities is squarely on finance processes and</p>	<p>a) Re-orientate NRC's IA function and focus to be less compliance orientated and more focused on improving business performance, capability and value;</p>	<p>S17A PLUS service delivery and business improvement reviews</p>	<p>The proposed Te Huarahi Tika quality system aligns activity objectives with NRCs strategy – LOS, KPIs and objectives. This is the first point of consideration for any IA. Continue to roll out S17A PLUS service delivery reviews as an integral part of the Internal Audit function.</p>	<p>3.1 - Include finance's IA process in the QMS and IA charter. Refer 1.0.</p>	<p>Underway drafted in charter which is undergoing review Kyla/Mandy</p>
				<p>3.2 Map and streamline business improvements as an outcome of Te Huarahi Tika, risk, IA, and S17A reviews (MM)</p>	<p>Med term by June 2023 Kyla/Mandy</p>

<p>compliance, and isn't fully aligned with NRC's organisational objectives, strategy or business areas and risks.</p> <p>By implementing our recommendations in (2) above, this will result in a more relevant and risk-informed IA strategy and plan that better aligns with NRC's organisational strategy, priorities and key risk areas. This can help NRC to deliver greater value and focus impact from fewer, but deeper, reviews.</p>	<p>b) Develop an IA plan that targets and prioritises reviews of the areas with the highest risk as identified in the risk assessment in finding 2 above; and</p>	<p>Finance internal audit process – for example, rating reviews.</p>	<p>Prioritisation of risks and loop back in to IA process: link between risk and the order/prioritisation of internal audits, and the outcome of these.</p>	<p>Refer 1.5 Refer 1.6</p> <p>Specific focus in mapped process (MM) on the link between risk and IA.</p>	
	<p>c) Throughout the delivery of the IA plan, periodically revisit the scheduling and scope of reviews to ensure that it remains appropriate and risk levels remain accurate. If required, re-prioritise reviews where there have been changes in risks.</p>		<p>Include a step for DLT/ELT to have oversight of the schedule of IAs including the overall 3-yearly programme progress, resulting action plans, and links to risk (as outlined above).</p> <p>This might require a higher level framework document for IA.</p>	<p>Refer 1.0 Refer 1.6 Refer 1.7</p>	
<p>Purpose and remit (rated 1)</p>					
<p>4. Formalise the IA function and its role within the organisation</p> <p>NRC has not adequately defined mandate, purpose, role and responsibilities of the IA function. We understand that the current IA function has evolved in a largely organic manner, rather than out of a deliberate and planned approach. As a result, it lacks the formalisation and structure we would expect to see in an IA function.</p> <p>By casting a critical eye over key aspects of NRC's existing IA governance, methodology, processes</p>	<p>a) Examine and define the mandate of the IA function. This should include consideration of the services it should provide and what its priorities should be.</p>		<p>Approval of draft internal audit charter, which sets out responsibilities.</p> <p>Develop formal framework document for IA – like a simpler version of the risk framework, and have it clearly set out the mandate, and be approved by ELT and/or A+R</p>	<p>Refer 1.0</p> <p>Consider the development of a framework for Internal Audit. Revisit in 6 – 12 months after process has settled in. Note - International audit terminology is charter – need to be careful of framework.</p>	<p>Med-long term December 2023</p> <p>Mandy/Kyla</p>
	<p>b) Develop a clear vision and strategy for the IA function that aligns with its mandate and is clearly linked to</p>		<p>Develop formal framework for IA. Include clear vision and strategy and link to mandate and NRC goals.</p>	<p>Refer 1.0</p>	

and capabilities, NRC can better position itself to be able to enhance its IA maturity and drive value to the organisation.	NRC's organisational goals; and				
	c) Develop an implementation plan to achieve the vision and strategy and measure and monitor progress and effectiveness.		As above.	Refer 1.0	
People and knowledge (rated 1)					
No opportunities identified or recommendations made.		Internal audits by trained ISO auditors			
Performance (rated 2)					
No opportunities identified or recommendations made.					

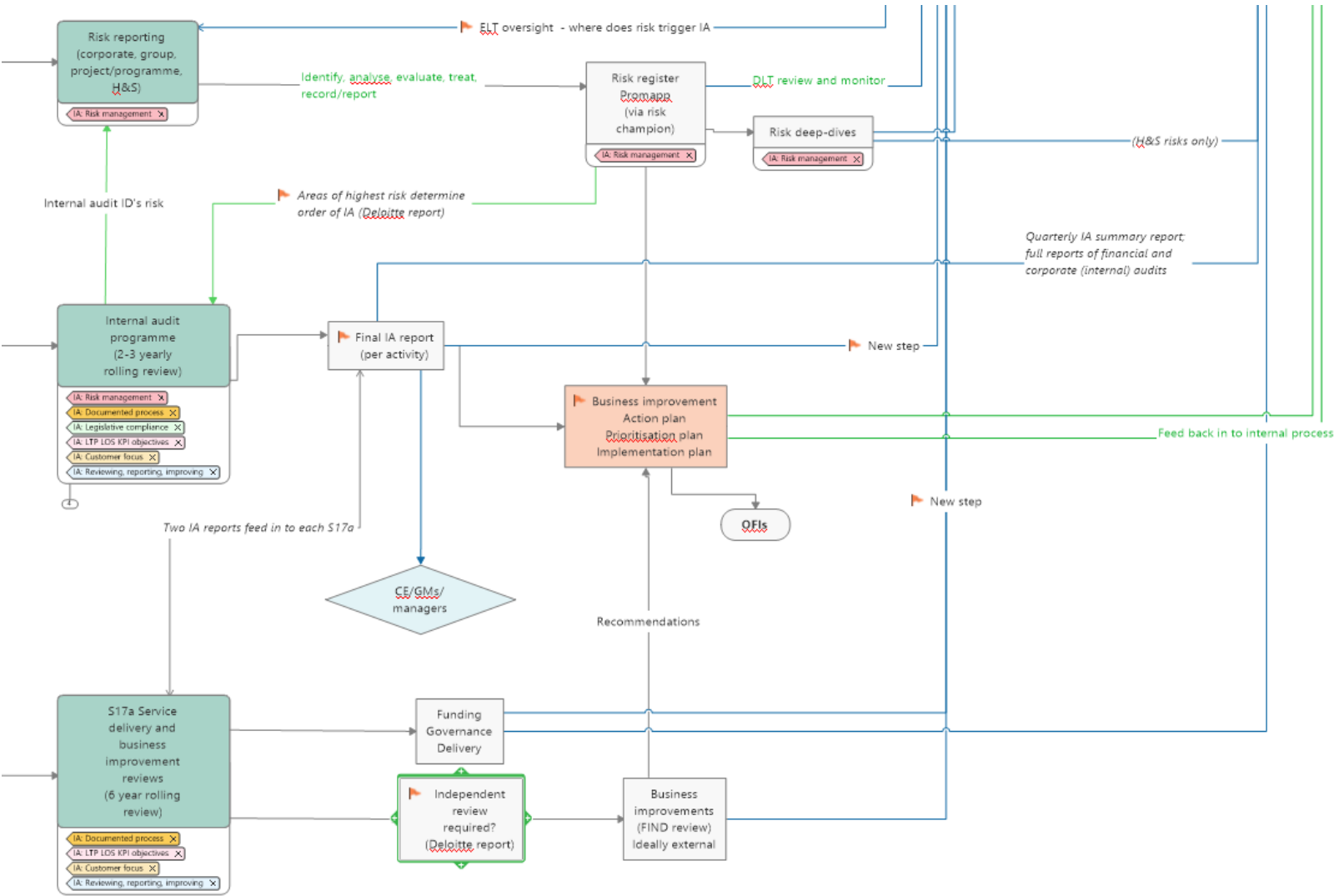
Progress assessment 14.04.2023

1.0	Underway	Med term
1.1	Pending	Med term
1.2	Priority – pending	Immediate
1.3	Complete	-
1.4	Complete	-
	Underway	Med term
	Pending	Long term
1.5	Complete	-
1.6	Underway	Med term
	Pending	Med term
	Underway	Med term
1.7	Pending	Med term
1.8	Complete	-
2.1	Complete	-
2.2	Pending	Med term
2.3	Underway	Med term
3.1	Underway	Med term
3.2	Pending	Med term

Additional planned action:

- Revisit and review the internal risk maturity assessment (based on AOG), and identify opportunities to synergise actions that need to be taken as result of both maturity assessments and their recommendations.
- Develop process within risk processes to ensure that project/programme risks are picked up and added to risk register. Suggest this could be done quarterly via DLT, who have responsibility to canvass their groups for risks and bring to the table for triage.
- Develop process within risk to ensure that service delivery is prioritised around identified risks. For example, workload, covid.

Snip from Mind manger diagram – showing recommended new steps (orange flags)





Internal Audit Maturity Review Northland Regional Council

May 2022

Executive Summary

Background and context

Northland Regional Council (NRC) manages the air, land, freshwater and coastal reserves of the Northland region. It also has a significant role in co-ordinating civil defence, transport and economic development across the region. NRC employs approximately 260 full time equivalent staff, it is facing many of the same challenges as larger councils across New Zealand, but with relatively fewer resources. These challenges include the ongoing risks and impacts of the COVID-19 pandemic, changes from the proposed Local Government and Three Water reforms, staff recruitment and retention pressures, and cyber security threats. A well functioning Internal Audit (IA) function can play a critical role in helping NRC navigate these risks, ensuring it is appropriately prepared for and managing them while still accomplishing its objectives and delivering value to the Northland community.

NRC requested Deloitte, in our capacity as auditor for and on behalf of the Office of the Auditor General, to perform a review of the maturity of its current IA function and capabilities. NRC’s objective from this review was to gain an understanding of the maturity of its current IA function and capabilities against our knowledge of industry good practice and identify any improvement opportunities to enhance the IA function.

An Internal Audit function is only one aspect of the overall risk management framework employed by NRC (3rd line of defence). The scope of this review does not incorporate an assessment of the wider risk management framework and supporting processes. It is limited to just the Internal Audit function.

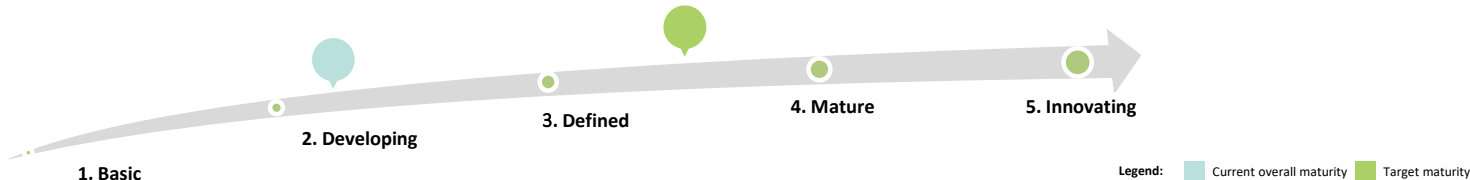
Assessment of NRC’s IA maturity

NRC has taken some positive steps to improve its IA maturity over the last 12 months. Interviewees commented on the notable advances to strengthen assurance capability and processes within the organisation and formalising methodology, processes and performance. Some of these advances include:

- Improved structure in NRC’s approach to IA and assurance activities, including the development of a formalised IA programme;
- Implementation and performance of a suite of assurance activities internally, such internal audits of non-corporate functions, and business unit benchmarking against other local government entities;
- Development of an internal quality assurance system; and
- Efforts to improve understanding and visibility of organisational risks through the implementation of the Promapp system and completion of a risk maturity assessment using the *All of Government Enterprise Risk Management Framework*.

While the changes have been positive, NRC’s IA function is a developing one with room for improvement in many aspects of its IA methodology and tools. Its practices are less mature than our experience of good practice observed from other clients of similar size and risk profile across New Zealand (local government and broader public sector entities).

Using Deloitte’s 5P assessment model, we consider that the maturity of NRC’s IA function to be at an **overall level 2 of 5**, where 5 is innovating in relation to NRC’s organisational objectives and risk profile. It is appropriate for a relatively small IA function to operate between a target maturity of 3 and 4 for aspects of its function and activities, recognising that a higher maturity implies higher levels of automation and continuous enhancement which are typically found in much larger and complex IA functions. They also require greater levels of investment to sustain. Our recommendations for helping to NRC to improve and uplift the maturity of the IA function are aligned with this target state of between 3 and 4. Refer to page 4 for detailed insights and recommendations, and page 5 for further details on NRC’s current IA maturity levels.



Northland Regional Council Internal Audit Maturity Review | Executive Summary

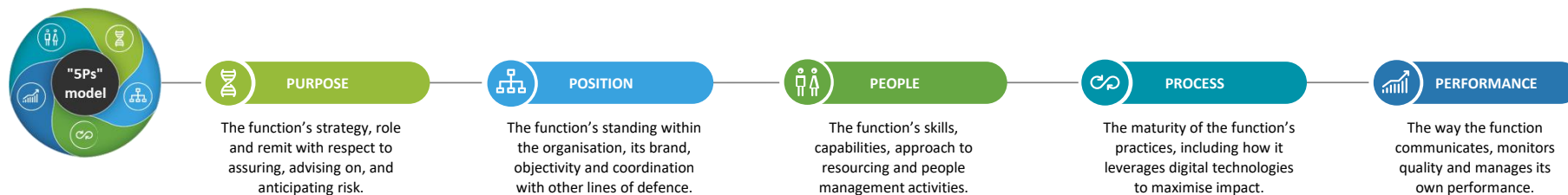
Objective, Scope and Approach

Northland Regional Council (“NRC” or “you”) requested Deloitte perform a review of the maturity of your current Internal Audit function (IA function) and capabilities. The objective was to review NRC’s current IA function to:

- Gain an understanding of the maturity of NRC’s IA function and capabilities against industry peers and our knowledge of industry good practice; and
- Identify any improvement opportunities to enhance the IA function.

The scope of our work was to identify the current state of NRC’s IA function and supporting processes. This included informal benchmarking based on relevant aspects of Deloitte’s External Quality Assessment (EQA) tool and our own experience of performing similar work with organisations across New Zealand.

Our methodology for this review was based on our proven “5Ps” model within the EQA tool. The 5P model provides a framework with which we provided a view on the effectiveness of NRC’s IA function against relevant attributes underlying each of the five areas – Purpose & Remit, Position & Organisation, Process & Technology, People & Knowledge and Performance & Communication. Our 5Ps framework is designed to consider all aspects of the International Professional Practice Framework (IPPF) including the CIAA’s Standards and Code of Ethics.



Our 5Ps model, in addition to our practical experience of working with other IA functions across New Zealand, provides an objective benchmark for NRC to assess its current IA function and activities.

In delivering our work we performed the following:

- Met with key NRC stakeholders including the General Manager for Corporate Services and the Corporate Systems Champion.
- Reviewed relevant documentation including the current Internal Audit Plan, Audit and Risk Subcommittee reporting and other internal audit related artefacts.
- Reviewed the maturity of NRC’s IA function against relevant elements of Deloitte’s “5Ps” model.
- Considered and reviewed NRC’s IA function and ways of working against expected and leading practice.
- Prepared a management letter (this document) summarising the results of our review and recommendations on priority areas for improvement.
- Sought management feedback on our draft deliverable and issued a final letter to management and the Audit and Risk Subcommittee.

Northland Regional Council Internal Audit Maturity Review | Insights and Recommendations

Insights and Recommendations

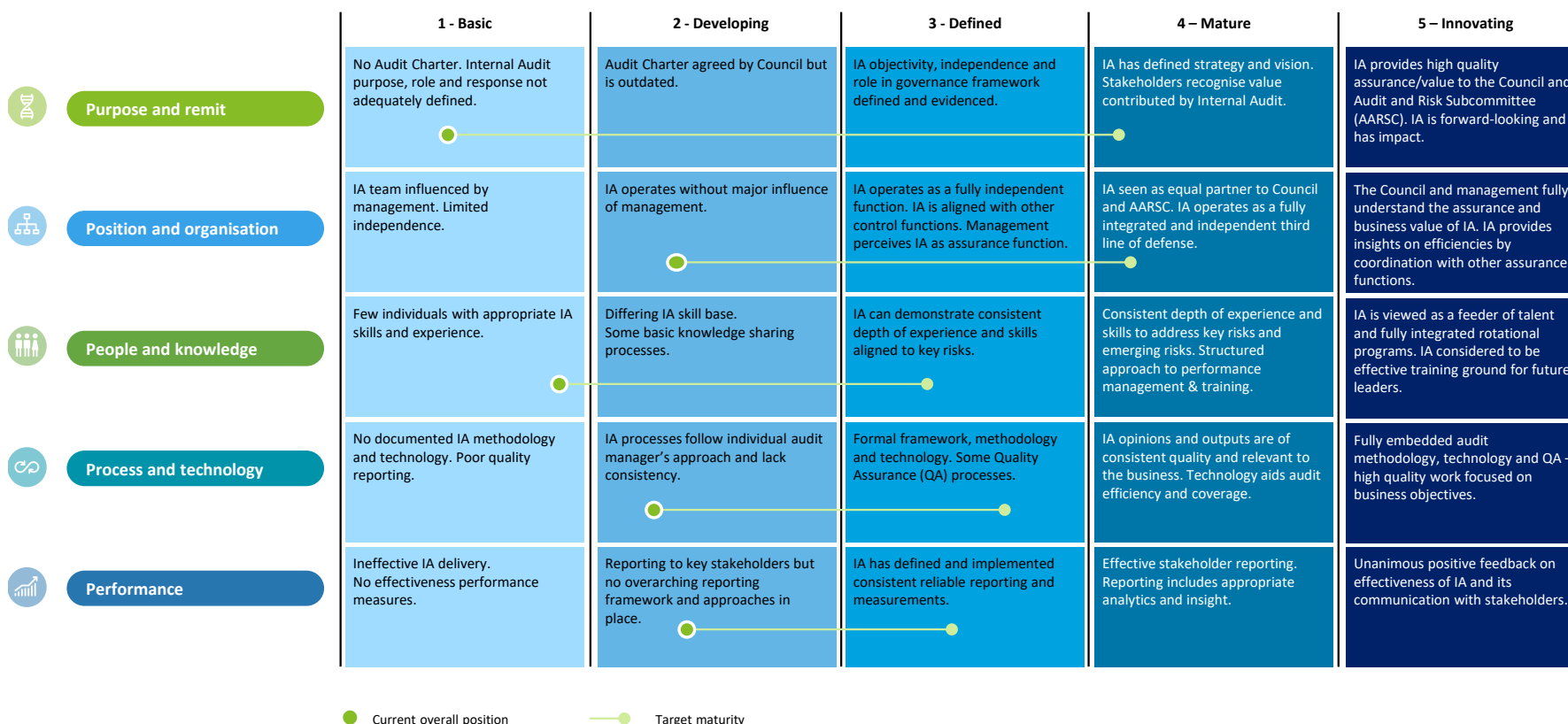
We identified the following opportunities for improving NRC's IA function. The insights are based on our independent review of the function's practices, review of selected artefacts, and feedback gained through our stakeholder interviews. Our prioritised recommendations are predominately in the areas of *People and Organisation*, *Purpose and Remit* and *Process and Technology* (5 Ps). Each improvement opportunity is intended to support NRC to uplift its IA function and capabilities with a focus on both quick wins and longer term enhancements. In our view the \$50k budget currently allocated to IA may be insufficient to implement some of our recommendations and management may need to consider additional investment or reprioritisation of initiatives.

Opportunity		Recommendation
Position and organisation	1. Increased senior leadership engagement in IA and assurance activities Significant effort has been applied over the past 12 months to increase the ELT's awareness and understanding of the IA function and how it can deliver value to NRC and its operations. However, this has not eventuated into tangible actions to help develop the IA function. The IA function could potentially play a more significant role in helping NRC improve the effectiveness and efficiency of its operations, and provide important feedback on key risks.	a) Define the roles of ELT and the Audit and Risk Subcommittee with respect to governance, oversight and accountability of the IA function while maintaining an appropriate degree of independence; b) Actively engage the ELT in discussions around the business/control areas, risks and processes where they see the most value in applying an independent and objective lens; and c) Consider engaging external expertise to facilitate the development of a clear and agreed understanding of the IA function's position in the organisation.
	2. Review and update the IA plan based on NRC's key risks A formalised risk management framework and risk register exists, however, we observed limited consideration of how IA could best be targeted at the council's most critical risks. The council has identified the need for a more formal <i>Lines of Defence</i> assurance framework to guide the IA programme (based on the AoG Risk Maturity self assessment reported in December 2020) IA can play a key role in providing ELT and the Audit and Risk Subcommittee with confidence that NRC has appropriate controls in place to minimise its exposure to key risks. Review and refinement of IA focus areas (informed by Council's top risks) can help NRC to ensure that IA activities appropriately address key risks and are properly aligned to NRC's objectives and organisational strategy.	d) Review the current IA plan, ensuring that it considers the council's most critical risks including for example Cyber and H&S; and e) Prioritise IA reviews considering both the councils risk ratings and appetite for key risks.
Process and technology	3. Adopt a risk-based approach to IA planning and activities NRC's current IA function and plan have been delivered and developed mostly by NRC's Finance team with limited consultation or input from ELT, the Audit and Risk Subcommittee or its external IA outsourced partners. As such, the focus of IA activities is squarely on finance processes and compliance, and isn't fully aligned with NRC's organisational objectives, strategy or business areas and risks. There is an opportunity to align the IA strategy and with NRC's organisational strategy, priorities and key risk areas. This can help IA deliver greater value and focus impact from fewer, but deeper, reviews.	f) Re-orientate NRC's IA function and focus to be less compliance orientated and more focused on improving business performance, capability and value; g) Develop an IA plan that targets and prioritises reviews of the areas with the highest risk as identified in the risk assessment; and h) Throughout the delivery of the IA plan, periodically revisit the scheduling and scope of reviews to ensure that it remains appropriate and risk levels remain accurate. If required, re-prioritise reviews where there have been changes in risks.
Purpose and remit	4. Formalise the IA function and its role within the organisation NRC has not adequately defined mandate, purpose, role and responsibilities of the IA function. We understand that the current IA function has evolved in a largely organic manner, rather than out of a deliberate and planned approach. As a result, it lacks the formalisation and structure we would expect to see in an IA function. By casting a critical eye over key aspects of NRC's existing IA governance, methodology, processes and capabilities, NRC can better position itself to be able to enhance its IA maturity and drive value to the organisation.	i) Examine and define the mandate of the IA function. This should include consideration of the services it should provide and what its priorities should be. j) Develop a clear vision and strategy for the IA function that aligns with its mandate and is clearly linked to NRC's organisational goals; and k) Develop an implementation plan to achieve the vision and strategy and measure and monitor progress and effectiveness.

Northland Regional Council Internal Audit Maturity Review | Current Maturity and Target Maturity

Current Maturity and Target Maturity

We have set out below an overview of our assessment of NRC's IA maturity relative to our assessment framework and industry practices. Our overall conclusion is that NRC's IA function is a **developing** function (Level 2). Its practices are less mature than most local government bodies and organisations that are typically seen as a good practice reference point. Albeit, the organisations that are seen as good practice are generally larger than NRC. There are opportunities to uplift the maturity of NRC's IA function to enable NRC to elevate the function's impact and influence across the Council. The table below shows the function's current maturity and target maturity for each dimension, with summary observations. Further detail can be found the insights and recommendations section of this report.



Statement of Responsibility

The procedures that we performed did not constitute an assurance engagement in accordance with New Zealand Standards for Assurance engagements, nor did it represent any form of audit under New Zealand Standards on Auditing, and consequently, no assurance conclusion or audit opinion is provided. The work was performed subject to the following limitations:

- Our assessments are based on observations from our review and sample testing undertaken in the time allocated. Assessments made by our team are matched against our expectations and best practice guidelines. This includes comparison with other similar processes we have assessed. This report offers recommendations for improvements and has taken into account the views of management, with whom these matters have been discussed.
- Because of the inherent limitations of any internal control structure, it is possible that errors or irregularities may occur and not be detected. The procedures were not designed to detect all weaknesses in control procedures as they were not performed continuously throughout the period and the tests performed are on a sample basis.
- Any projection of the evaluation of the control procedures to future periods is subject to the risk that the systems may become inadequate because of changes in conditions, or that the degree of compliance with them may deteriorate.
- The matters raised in the deliverable are only those which came to our attention during the course of performing our procedures and are not necessarily a comprehensive statement of all the weaknesses that exist or improvements that might be made. We cannot, in practice, examine every activity and procedure, nor can we be a substitute for management's responsibility to maintain adequate controls over all levels of operations and their responsibility to prevent and detect irregularities, including fraud. Accordingly, management should not rely on our deliverable to identify all weaknesses that may exist in the systems and procedures under examination, or potential instances of non-compliance that may exist.

We have prepared this report solely for the use of Northland Regional Council. The report contains constructive suggestions to improve some practices which we identified in the course of our review procedures. These procedures are designed to identify control weaknesses and improvement opportunities, but cannot be relied upon to identify all weaknesses. We would be pleased to discuss any items mentioned in this report and to review the corrective action implemented by management.



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TITLE: **Review of council processes under the Local Government Official Information and Meetings Act (LGOIMA)**

From: Kyla Carlier, Corporate Strategy Manager

Authorised by Bruce Howse, Pou Taumatua – Group Manager Corporate Services, on 03
Group Manager/s: May 2023

Whakarāpopototanga / Executive summary

In April 2022, in recognition of the increase in the number of requests received by council under the Local Government Official Information and Meetings Act (LGOIMA), an internal review of council processes was initiated, in conjunction with the Office of the Ombudsman.

Overall the review was positive, however staff have developed an improvement plan and carried out a thorough review of guidance material.

This paper provides a summary of the review of councils LGOIMA processes to date.

Ngā mahi tūtohutia / Recommendation

That the report 'Review of council processes under the Local Government Official Information and Meetings Act (LGOIMA)' by Kyla Carlier, Corporate Strategy Manager and dated 14 April 2023, be received.

Background/Tuhinga

A review has been carried out of council's processes relating to information requests under the Local Government Official Information and Meetings Act 1987. The LGOIMA process is legislatively timebound and can be complex. The number of requests that are responded to within 20 working days is one of councils 31 Key Performance Indicators included in the Long Term Plan 2021-2031, and reported on annually.

A preliminary review in April 2022 demonstrated that the number of requests received had increased significantly in recent years, and that council maintained excellent guidance material and had good processes in place for dealing with these. However, a review of both the detail and the wider scope of the process across council was considered of merit.

This review was managed by the Governance Specialist and the Corporate Strategy Manager, in conjunction with the Office of the Ombudsman.

The review process began with a self-assessment of council's practices against recommendations made by the Office of the Ombudsman arising from a review of the Far North District Council in 2019. This assessment, and all current NRC guidance and processing material was provided to the representatives from the Office of the Ombudsman in May 2022, before meeting with them in June.

Overall, the representatives were impressed with council's pro-active approach to LGOIMA practices, and the initiative in carrying out the review. They agreed to review the NRC material and provide feedback, which they did by August.

During this time staff expanded the self-assessment to include all factors outlined by the Office of the Ombudsman as 'Key dimensions – things to look for', and developed it further in to a comprehensive action plan, to address areas where improvement was needed. This document is **attached**.


A large part of the improvement required relates to awareness and ownership of the process, including training, communication, and engagement by the leadership team.

Using the feedback from the Principal Advisor - Strategic Advice from the Office of the Ombudsman, all guidance material has also been thoroughly reviewed and updated including:

- NRC staff guide to Official Information Requests under LGOIMA
- IRIS user guide
- Response templates

In addition to this, a LGOIMA framework has been developed, to provide a high-level summary and guidance to the very complex LGOMA process.

Attachments/Ngā tapirihanga

Attachment 1: LGOIMA process improvement plan 2023 [↓](#) 

LGOIMA process improvement roadmap

Self-assessment and planned actions, based on recommendations from Ombudsman review of FNDC LGOIMA processes, and their 'Key dimensions - things to look for'

Summary of action points expanded on below:

Action Ref	Area of improvement
1.0	Comms plan
1.1	- Internal comms and culture
1.2	- External comms/website
	- Residents survey and data/feedback analysis
	- Assessment of the holding and publishing of information
2.0	LGOIMA sponsorship
3.0	Development of LGOIMA framework/policy Council code of conduct alignment with these
4.0	NRC process
	- Agendas
	- Policy about record keeping for workshops
5.0	LGOIMA training
	- Staff induction
	- Council induction
6.0	Internal management/ownership
7.0	Delegations – council, CE and staff
8.0	Staff LGOIMA guidance document
9.0	Proactive release – policy
10.0	Information management
	- Processes/procedures
11.0	LGOIMA reporting
	- KPIs
	- CE's report
	- Reporting by group
12.0	Staff ownership - JDs
13.0	Internal audit of LGOIMA process

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Leadership and culture					
Assessment points		Improvement roadmap			
Self-Assessment & Notes 1 = does not exist, 2 = inadequate, 3= sufficient, 4 = good, 5 = excellent		Ref	Planned actions	Who	Status
1. Regular positive messaging from the Chief Executive and senior leaders about the importance of LGOIMA and transparency and accountability generally	2 (we lack the regular part)	1.0	Create an internal comms plan in consultation with comms manager. Include: <ul style="list-style-type: none"> - Regular LGOIMA messaging either via CE update or at All-staff hui. Annual at minimum. - Review and update of website, taking in to consideration the specific recommendations made in the FNDC report, and noting the specific 'one click' reference. - Review of LGOIMA top tips pamphlet <p>*Note – this action is added to with additional points below; these will be incorporated.</p>	Kyla Carlier Chris T Comms	Planned – Mid 2023
2. Consider appointing an executive sponsor for LGOIMA practices	2 (was Jono, but needs to be revised due to internal changes)	2.0	Appoint Bruce as LGOIMA sponsor Sponsor priorities: <ul style="list-style-type: none"> • ELT engagement and buy-in to the process • Keep pushing review and improvement 	Bruce Howse	Complete
3. Clarify the roles and responsibilities of staff in the CE's office and governance staff, including in relation to communications with elected members	We should review roles and responsibilities for LGOIMA across NRC	3.0	Develop LGOIMA framework/charter (preferably full framework, but commensurate to the size of the organisation, as well as the number and nature of requests we receive).	Kyla Carlier	At approval stage
			Use guidance in section below 'Ombudsman report - 'key dimensions' things to look for: The agency has official information and meeting policies, procedures and resources that are accurate and fit for purpose.'		
			Info management policy outdated, needs updating: Information and Records Management Policy.doc	Christine Cope	Pending
			Gain access to all LGOIMA policies/docs and assess these.	Kyla Carlier	Complete

			Update roles and responsibilities in these as necessary	Kyla Carlier Chris Taylor	Complete
			Clearly set out responsibilities	Kyla Carlier Chris Taylor	Complete
			Clearly set out decision-making points and responsibilities for these	Kyla Carlier Chris Taylor	Complete
			Set out process, internal audit and process for improvement. (see ref 13.)	Kyla Carlier Mandy Tepania	Pending (internal audit)
			Write LGOIMA policy for approval by sponsor	N/A	Encompassed in Framework
			Bring all info together in to a framework.	Kyla Carlier	Complete
			Drive review of Information management policy	Kyla Carlier Christine Cope	Pending
4. Implement a hard deadline for reports and agendas that provides sufficient time for Chief Executive review to take place while still allowing reasonable time for governance staff to ensure LGOIMA obligations are complied with	Not an issue for NRC?	4.0	Meet with Christine Taylor to establish whether there are any areas for improvement. See attachment 1.	Kyla Carlier Chris Taylor	Complete
		4.1	Implement any identified areas of improvement	Kyla Carlier Chris Taylor	In progress
5. Consider how to incorporate concepts of transparency and accountability into corporate documents and on website	3 (we have this already, but could do more)	1.0	Proactive disclosure and listening to the communities information needs' Investigate putting a specific question on our live residents' survey? Review/analyse requests, media logs, website searches – do we do this and how? How frequently?	Kyla Carlier Comms	Planned Mid-2023
6. Incorporate a link on the Council website home page that goes directly to the official information request webpage	2 (ours link is buried as per Home > Your Council >Contact Us > OIA's)	1.0	Incorporate link. Currently accessible via three avenues on the website – check with web team that this is sufficient.	Kyla Carlier Comms	Planned Mid-2023
7. Review wording of official information request webpage	3 (its sufficient, but could do with a refresh)	1.0	Review wording of LGOIMA page on website.	Kyla Carlier Comms	Planned Mid-2023
8. Clarify what form a requester is expected to use to make a request online, and consider whether it would be useful to have an official information	5 (we already have an online request form – assume this creates an Iris record directly?)	13.0	Need to check if an IRIS record is created from web form or what the process is – needs to be explored in audit.	Kyla Carlier As part of audit	Pending

request category for the Request for Service (RFS) form.					
Cross-reference / assessment against relevant sections of FNDCs review by the Ombudsman					
<ul style="list-style-type: none"> Chief executives, leaders and the relevant elected members work together to promote a culture of positive LGOIMA compliance and good administrative practice Senior leaders make clear regular statements to staff and stakeholders in support of the principle and purposes of official information legislation, reminding staff of their obligations Senior leaders demonstrate clear knowledge and support of the Act's requirements Senior leaders encourage staff to identify areas for improvement and provide the means for suggesting and implementing them when appropriate Senior leaders make examples of good practice visible 	N/A	Refer 1.0 Comms plan - incorporate significant input from ELT. Refer 3.0 Framework – clear roles and responsibilities			
<ul style="list-style-type: none"> A visible and explicit statement exists about the agency's commitment to openness and transparency about its work. 	1.0	NEW action – add a statement to this effect to the LGOIMA page on councils website: https://www.nrc.govt.nz/your-council/contact-us/official-information-requests	Kyla Carlier Comms		Pending
<ul style="list-style-type: none"> The agency has a strategic framework describing how it intends to achieve: <ul style="list-style-type: none"> compliance with the Act good practice a culture of openness and continuous improvement participation and access to information by the public and stakeholder groups. 	-	Refer 3.0 LGOIMA framework - including sub-points listed here.			
<ul style="list-style-type: none"> Senior leaders takes an active role in the management of information A senior manager has been assigned specific strategic responsibility and executive accountability for official information practices including proactive disclosure Senior managers have accountabilities for compliance with the Act Appropriate delegations exist for decision makers and they are trained on agency policies and procedures and the requirements of the Act Senior leaders model an internal culture whereby all staff: <ul style="list-style-type: none"> are encouraged to identify opportunities for improvement in official information practice (including increasing proactive disclosure) and these are endorsed and implemented are trained to the appropriate level for their job on official information policies and procedures and understand the legal requirements 	2.0 7.0	Refer 2.0 – appoint Bruce as LGOIMA sponsor Specific delegation included in staff delegations manual to set out who can respond to LGOIMAs in cases that do not involve information being withheld (this sits at GM level)	Chris Taylor		Complete

<ul style="list-style-type: none"> - have compliance with the Act in their job descriptions, key performance indicators, and professional development plans. • Senior leaders oversee the agency's practice and compliance with the Act, the effectiveness of its structures, resources, capacity and capability through regular reporting. Any issues identified that risk the agency's ability to comply with the Act are actively considered and addressed. 				
<ul style="list-style-type: none"> • Senior leaders are committed to an active programme of proactive disclosure and stakeholder engagement where the agency seeks and listens to the public's information needs through: <ul style="list-style-type: none"> - regular stakeholder meetings and surveys - reviewing and analysing requests and media logs - reviewing and analysing website searches. 	1.1	<p>Δ NEW action – 'proactive disclosure and listening to the communities information needs'</p> <p>Investigate putting a specific question on our live residents' survey?</p> <p>Review/analyse requests, media logs, website searches – do we do this and how? How frequently?</p>	Kyla Carlier Comms	Pending
<ul style="list-style-type: none"> • There is clear senior leadership commitment to the proactive release of information resulting in the agency publishing information about: <ul style="list-style-type: none"> - the role and structure of the agency and the information it holds - strategy, planning and performance information - details of current or planned work programmes, including background papers, options, and consultation documents - internal rules and policies, including rules on decision-making - the agency's significance and engagement policy - corporate information about expenditure, procurement activities, audit reports and performance - monitoring data and information on matters the agency is responsible for - information provided in response to official information requests - other information held by the agency in the public interest. 	1.2	<p>Δ NEW action - Test the publishing of information set out in column one. See Appendix 1.</p>	Kyla Carlier Chris Taylor	Complete
<ul style="list-style-type: none"> • The agency holds up-to-date information that is easily accessible (easy to find, caters for people requiring language assistance or who have hearing or speech or sight impairments) about: <ul style="list-style-type: none"> - what official information it holds - how it can be accessed or requested by the public and its stakeholders - how to seek assistance - what the agency's official information policies and procedures are (including charging) - how to complain about a decision. • The agency makes information available in different formats, including open file formats • The agency's position on copyright and re-use is clear 	1.2	<p>Δ NEW action – Test this the holding of information set out in column one. See Appendix 1.</p>	Kyla Carlier Chris Taylor IM team	Complete Pending IM review

<ul style="list-style-type: none">The public and stakeholders perceive the agency to be open and transparent.				
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Organisation structure, staffing and capability					
Assessment points		Improvement Roadmap			
Self-Assessment and Notes 1 = does not exist, 2 = inadequate, 3= sufficient, 4 = good, 5 = excellent		Ref	Planned actions	Who	Status
1. Develop a LGOIMA training programme tailored to the needs of all staff, including induction training and more detailed training on the application of LGOIMA withholding grounds	2 (need to get this on our training and induction programme, plus refreshers)	5.0	Meet with Training coordinator to establish gaps and opportunities across the breadth of the training programmes, including induction and manager programmes.	Kyla Carlier Chris T Leah Porter	Pending
2. Consider whether the responsibility for responding to LGOIMA requests can be further shared across other roles in the Legal Services team	3 (recommend that LGOIMA request oversight function is transferred to CX)	6.0	Transfer oversight of request process to corporate strategy within the CS team. Retain meeting notification responsibilities with Governance Specialist. Book handover meeting with Christine Taylor.	Kyla Carlier Chris Taylor	Underway
3. Ensure CE delegations accurately reflect Council decision making on LGOIMA requests	4 (we have robust delegations in place at a sufficient level)	7.0	Framework and guidance clearly sets out that CE must respond where information is being withheld; Delegations manual sets out delegations for GMS to respond in other cases. CE responsibility is clearly set out in the act.	Chris Taylor	Complete
4. Review Property Information team resource needs.	N/A	N/A			
Ombudsman report - 'key dimensions' things to look for: <i>Agency has the capacity to discharge its official information obligations, and obligations around local authority meetings, with clear and fully functioning:</i> <ul style="list-style-type: none"> • roles; • accountabilities; • reporting lines; • delegations; and • Resilience arrangements 					
<ul style="list-style-type: none"> • An appropriate, flexible structure exists to manage official information requests and obligations around local authority meetings which is well resourced reflecting the: 		N/a	<input checked="" type="checkbox"/> NOTE – this is an important one to remember – while formal systems and policies are very important we need to have a		

<ul style="list-style-type: none"> - size of the agency - number of requests received (and from whom, public, media, other) - number or percentage of staff performing official information and meeting functions in the agency - percentage of time these staff are also required to undertake other functions - need to respond within statutory time limits - use of staff time, specialisations, structural resilience. 		process that is commensurate to the size of the organisation, as well as the number and nature of requests we receive.		
<ul style="list-style-type: none"> • Roles and responsibilities are clearly defined: <ul style="list-style-type: none"> - Specific responsibility exists for coordinating, tracking and monitoring official information requests and agency decisions (and ombudsman decisions), and there is the authority and support to ensure compliance - Decision makers are sufficiently senior to take responsibility for the decisions made and are available when required, and if not, resilience arrangements exist. - The official information function is located in an appropriate unit or area within the agency that facilitates effective working relationships with relevant business units (for example, media and legal teams). 	3.3 6.0	Refer 3.3 – Framework with responsibilities and decision-making points Refer 6.0 – transfer of request function to corporate strategy team.		
<i>Agency has the capability to discharge its official information obligations, and obligations around local authority meetings.</i>				
<ul style="list-style-type: none"> • Training at all levels on the requirements of the Act is provided regularly and staff are expected to attend, and to apply the knowledge acquired • Training is role specific with additional training for senior managers, decision makers and staff with official information and meeting responsibilities to support their work • Expectations are set by senior leaders that regular refreshers are provided to all staff • Training is provided on information management and record keeping that is role-specific and includes guidance on information retrieval as well as information storage • The process for staff to assess and make decisions on official information requests and meetings is clear, understood, up to date and staff apply and document the process • Agency staff, including front line staff and contractors, know what an official information request is and what to do with it • User-friendly, accessible resources, guidance and ‘go to’ people are available • Staff official information capability is regularly assessed and monitored through, for example, performance reviews and regular training needs analyses • Official information obligations, and obligations related to local authority meetings are included in induction material for all staff • The agency’s internal guidance resources are accessible to all staff. 	5.0	Refer 5.0 – Training with Leah		

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Internal processes, policies and procedures					
Assessment points		Improvement roadmap			
Self-Assessment and Notes 1 = does not exist, 2 = inadequate, 3= sufficient, 4 = good, 5 = excellent		Ref	Planned actions	Who	Status
1. Develop a written policy on official information	1 (I could not find a specific policy on official information)	3.0	Refer point 3.0 Framework		
2. Develop guidance resources for staff on how to apply LGOIMA to information requests	5 (we have a great document already, could ask Ombudsman office to review this)	8.0	Review current guidance in consultation with Ombudsman and third party volunteer from comms (to ensure guidance is simple and easy to follow, and to ID gaps).	Kyla Carlier Chris Taylor	Underway
3. Amend operational guidance on staff intranet to comply with LGOIMA		1.0	Get updated guidance up on express and check all other links. Review Promapp processes referred to on express.	Kyla Carlier Mandy Tepania	Underway
4. Develop a proactive release policy	1 (don't have this policy, could do this to heighten transparency)	9.0 9.1	Research policy requirements in consultation with Ombudsman's office. Write policy	Kyla Carlier	Underway
5. Develop a written policy about record keeping for workshops.	? – do we have this already?	X	We don't have it. Refer 4.0 Develop written policy/guidance about record keeping for workshops	Chris Taylor	Pending
Ombudsman report - 'key dimensions' things to look for:					
The agency has official information and meeting policies, procedures and resources that are accurate and fit for purpose.					
• Good policies, procedures and resources exist for receipt and assessment of requests, which cover: - what is official information		3.0	Refer 3.0 - Framework		

<ul style="list-style-type: none"> - identifying the type of official information request received (Part 2, 3, 4 or 6 of LGOIMA) and distinguishing from Privacy Act requests - what to do if information is held by an elected member - identifying the scope of the request - consulting with and assisting the requester - logging requests for official information - acknowledging receipt of the request - correctly determining statutory time limits and tracking the handling of the requests - identifying who in the agency should respond to the request - establishing criteria for deciding whether, and if so, how a response to a request should be provided urgently - managing potential delays including the reasons for them, the escalation process, and invoking the extension provision. 				
<p>Good policies, procedures and resources exist for information gathering on requests, which cover:</p> <ul style="list-style-type: none"> • identifying the information within the scope of the request • searching, finding and collating the information at issue • documenting the search undertaken for the information within the scope of the request (including time taken if charging is likely) • transferring requests to other agencies and advising the requester • consulting officials within the agency and third parties • what to do if the information is held by a contractor covered by the Act by virtue of section 2(6) of LGOIMA • engaging with elected members on official information requests. 	3.0	Refer 3.0 - Framework		
<p>Good policies, procedures and resources exist for decision making on requests, which cover:</p> <ul style="list-style-type: none"> • making a decision whether to release the information • making a decision on the format in which information is released • making a decision whether to charge for the release of information • guidance on application of withholding or refusal grounds relevant to requests made under Parts 2, 3 and 4 • guidance on any statutory bars on disclosure relevant to the legislation the agency administers • imposing conditions on release where appropriate • advising the requester of the decision • recording reasons for each item of information withheld, and the agency's consideration of the public interest in release where required. 	3.0	Refer 3.0 Framework		

<p>Good policies, procedures and resources exist for releasing requests, which cover:</p> <ul style="list-style-type: none"> - providing the information in the form requested - preparing information for release, including redactions. 		<p>☑ Refer existing tools/guiding documents particularly NRC Staff Guide to Official Information Requests under LGOIMA or Privacy Act.docx</p>	<p>Kyla Carlier Chris Taylor</p>	<p>Complete</p>
<p>Good policies, procedures and resources exist for the administration of local authority meetings, which cover:</p> <ul style="list-style-type: none"> • how and when meetings (ordinary and extraordinary) are publicly notified • how items not on the agenda for a meeting may be dealt with • how and when agendas and associated reports are made available to the public • when it is appropriate to hold a workshop rather than a meeting • preparing, and allowing the public to inspect or receive copies of minutes of meetings and workshops • decision making on whether meetings should be 'public excluded' • ensuring a resolution to exclude the public is compliant with Schedule 2A LGOIMA. 		<p>All meeting protocol is covered by legislation. All templates for council meetings are based on legislative requirements. Any workshop requirements will be addressed by the policy in X above.</p>	<p>Chris Taylor</p>	<p>Pending</p>
<ul style="list-style-type: none"> • The agency has tools and resources for processing official information requests, such as templates, checklists, 'go-to' people, effective tracking and monitoring systems and redaction software, and staff are trained on how to use them • The agency's official information and meeting policies, procedures and resources are regularly reviewed and up-to-date • Staff find the policies useful and easy to access. 		<p>☑ Refer existing tools/guiding documents</p>		<p>Complete</p>
<p><i>The agency has appropriate record keeping and information management policies, procedures and resources.</i></p>				
<ul style="list-style-type: none"> • Staff are able to identify, access and collate information that has been requested under the Act • The agency has accurate and comprehensive records and information management policies, procedures and resources which enable information relevant to a request to be identified and collated • The policies and procedures cover aspects such as: <ul style="list-style-type: none"> - creating, organising, maintaining and storing records - how to access information held by elected members - managing and modifying records - the security of information 	<p>10.</p>	<p>Δ NEW action – Meet with IM team to work through processes and procedures.</p> <p>Refer 5.0 Training programme with Leah</p>	<p>Kyla Carlier</p>	<p>Pending</p>

<ul style="list-style-type: none"> - a guide to determining which records systems exist and what information each holds - retaining, retrieving and disposing of records - both manual and electronic records, including personal email accounts, instant messaging and text messages - assigned responsibilities and performance criteria for records and information management by staff - the provision of secure audit trails - annual/periodic audits of records. <ul style="list-style-type: none"> • These policies and procedures are regularly reviewed and up-to-date • Staff find the policies and procedures useful and easy to access. 				
<i>The agency has accurate and comprehensive proactive release policies, procedures and resources.</i>				
<ul style="list-style-type: none"> • The policies and procedures cover the release of such things as: <ul style="list-style-type: none"> - information that has been released in response to official information requests - information described in section 21 of the LGOIMA about the agency's internal decision making rules, including its official information policies and procedures - strategy, planning and performance information - financial information relating to income and expenses, tendering, procurement and contracts - information about work programmes and policy proposals - information about public engagement processes, including public submissions - minutes, agendas, and papers of advisory boards or committees - information about regulatory or review activities carried out by agencies. • The policies and procedures include a process for identifying opportunities for proactive release, for example, where a high number of official information requests is received about a subject • The policies and procedures include a process for preparing for proactive release, including managing risks around private or confidential information, commercially sensitive information and information subject to third party copyright 	3.0	Refer 3.0 - framework		

<ul style="list-style-type: none"> The policies outline how and where the information should be made available for access, and if any charge should be fixed They are regularly reviewed and up-to-date Staff know about the agency's proactive release policies and procedures Staff find the policies useful and easy to access. 				
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Current practice					
Assessment points		Improvement Roadmap			
Self-Assessment & Notes 1 = does not exist, 2 = inadequate, 3= sufficient, 4 = good, 5 = excellent		Ref	Planned actions	Who	Status
1. Ensure that all public and media information requests are handled in accordance with LGOIMA	This relates to staff training and awareness	1.0	Refer 1.0		
2. Ensure that requests from elected members are handled in accordance with LGOIMA	N/A – not an issue for NRC currently	5.0	Refer 5.0 – Council induction, and 3.0 Framework		
3. Ensure that all property file requests are handled in accordance with LGOIMA	N/A – we don't do LIMS	N/A	N/A		
4. Ensure all LGOIMA refusal decisions contain advice about being able to make a complaint to the Ombudsman	Should be done, as require CEO sign off as per our guidance material and templates will contain this in IRIS.	4.0	Refer 4.0 <i>YES - Included</i>		Complete
5. Consider options to reduce the time lag between a request being lodged via the website or generic email and its referral to Legal Services	N/A – but we should review processes to ensure no lag from receipt to Iris to officer	4.0	Refer 4.0 <i>Should be limited – check on current process</i>		Pending
6. Review whether changes can be made to allow for the RFS (Request for Service) date to reflect	N/A – IRIS picks this up (need to check)	4.0	Refer 4.0 <i>Current process sets RFS as date of receipt. – check on current process</i>		Pending

the actual date of receipt rather than the date the RFS was created					
7. Ensure requests are transferred when appropriate	N/A - we do this.	4.0	Refer 4.0 <i>This happens via IRIS workflow, is clunky though. There is no workflow to cancel a request or to transfer, so what typically happens is that the info is emailed to District Council/police etc, and then requestor emailed back. If logged in IRIS, the request can then be resolved with emails attached.</i>		Pending
8. Record the reasoning behind LGOIMA decisions, including any consideration of the public interest and the results of any consultations with third parties	Not sure if we do or do not currently do this.	4.0	Refer 4.0 <i>This is currently in templates, but not necessarily well considered by staff in the process.</i>		Pending
9. Record the administrative steps taken in respect of LGOIMA responses where relevant.	Not sure if we do or do not currently do this.	4.0	Refer 4.0 <i>Happens via IRIS workflow (those captured via IRIS – there may be other requests coming in via individual staff emails etc that are not captured).</i>		Complete
Ombudsman report - ‘key dimensions’ things to look for: <i>Official information and meeting practices demonstrate understanding, compliance, and commitment to the principles and requirements of the Act.</i>					
<ul style="list-style-type: none"> The agency complies with maximum statutory timeframes to transfer, extend, decide on requests, and release official information The agency complies with statutory timeframes for notifying meetings, and making available agendas The agency makes standing orders, meeting agendas and associated reports, and meeting minutes available to the public 	N/A		<input checked="" type="checkbox"/> Last two quarters compliance has been 100% <input checked="" type="checkbox"/> Notifying meetings etc done in accordance with timeframes, managed by governance specialist.		Complete
<ul style="list-style-type: none"> The agency produces comprehensive meeting minutes which contain, for example: <ul style="list-style-type: none"> › the time the meeting opened and closed, the date, place and nature of the meeting › the names of the councillors attending the meeting, those who have leave of absence or who have given an apology, and the arrival and departure times of councillors who arrive or leave during the course of the meeting › a record of every resolution, motion, amendment, order, or other proceeding of the meeting and whether they were passed or not 	N/A		<input checked="" type="checkbox"/> Meeting minute management covered by governance specialist.		Complete

<ul style="list-style-type: none"> › any ‘public excluded’ resolutions are in the form set out in Schedule 2A and comply with section 48 LGOIMA › the outcome of any vote taken › the names of members voting for or against a motion when requested or after a division is called. 				
<ul style="list-style-type: none"> • Requests are handled in accordance with the applicable law (Privacy Act; Part 2, 3, 4, or 6 of LGOIMA) • The agency makes appropriate use of the withholding grounds and administrative reasons for refusal, and the provisions for excluding the public from the whole or any part of local authority meetings • The agency makes appropriate use of the legislative mechanisms for dealing with large and complex official information requests • The agency gives proper consideration to the public interest in release of official information, and explains this to requesters • The agency interprets the scope of official information requests reasonably • The agency consults with, and provides reasonable assistance to requesters • The agency consults appropriately with third parties 	N/A	<input checked="" type="checkbox"/> Refer existing tools/guidance, particularly NRC Staff Guide to Official Information Requests under LGOIMA or Privacy Act.docx		Complete
<ul style="list-style-type: none"> • Elected members involvement in agency official information decision making is appropriate • The process for escalation of issues is used where necessary and is effective 	3.0	Δ NEW action – work to ensure that councils Code of Conduct aligns with LGOIMA policy/framework.	Kyla Carlier Chris Taylor Nicola Hartwell	Pending
<ul style="list-style-type: none"> • Official information is released in the form requested unless there is a good reason not to • Consideration is given to releasing information in accessible formats • There is evidence that agency practice aligns with its policies and procedures • Staff regularly use the agency’s policies and procedures. 	3.0	Refer 3.0 – Framework to incorporate internal audit process (3 yearly review.)		XX
<i>The agency has good record keeping and information management practices.</i>				
<ul style="list-style-type: none"> • The agency documents its handling of official information requests, including the steps taken to search for the requested 	10.0	Δ NEW action – review these key dimensions with records management	Kyla Carlier	Pending

<p>information, the information identified as relevant to the request, and the reasons for its decisions</p> <ul style="list-style-type: none"> The agency's records and information management practices facilitate official information compliance (it is generally easy to find information that has been requested under the Act) Staff regularly use the agency's records and information management policies and procedures as described in Good records and information management policies, procedures and resources The agency demonstrates good record keeping processes and practices for all meetings, both formal and informal. 			Information Management	
<i>The agency has good proactive release practices.</i>				
<ul style="list-style-type: none"> The agency publishes useful information online including the types of information described in the Good proactive release policies, procedures and resources indicator, under Internal policies, procedures, and resources The agency publishes information in multiple formats, and applies open use standards The agency's position on copyright and re-use is clear Staff use the agency's proactive release policies and procedures where applicable. 	9.0	<p>Δ NEW action – carry out review of information requests to identify opportunities for proactive release.</p>	Kyla Carlier	Pending

Performance monitoring and learning					
Assessment Points		Improvement Roadmap			
Self-Assessment & Notes 1 = does not exist, 2 = inadequate, 3= sufficient, 4 = good, 5 = excellent		Ref	Planned actions	Who	Status
1. Consider regular tracking and reporting on compliance with LGOIMA timeframes for public notices, and the delivery of agendas in relation to meetings	4 (We don't appear to have an issue in this area)	11.0	Meet with Christine Taylor to understand reporting/KPIs around this and other Statistics	Chris Taylor	Complete

2. Consider ways to include contact centre, media, elected member and property file requests in LGOIMA statistics	Don't think we need to do this.	1.0 10.0	Refer 1.0 and 10.0		
3. Consider including more information about LGOIMA requests in the report to the Chief Executive	Review this – don't think we currently do a report to the CE direct.	11.0	LGOIMA Reporting Regular reviews occur and the amount of information provided determined by the CE. Review LGOIMA reports in the monthly CEs report to council. Do we need to continue this monthly? And Refer 10.0 Meet with CT, are there any other reporting channels?	Chris Taylor	Complete
4. Consider whether to introduce LGOIMA request and meeting timeliness performance targets for senior leadership or the Council as a whole.	4. (Have LGOIMA request timeliness measure in LTP, are we reviewing performance by Group? – Check JD's to see if we have this covered)	12.0 11.0	Check with HR as to whether JDs encompass this – or should they. Review the current measuring and reporting of LGOIMAs, in conjunction with 11.0, to determine whether reporting by group is appropriate and not too inefficient. Does it need to be reported to ELT? Could tie in to quality quarterly reporting. Implement any findings.	Kyla Carlier	Pending
Ombudsman report - 'key dimensions' things to look for: <i>The agency has an established system for capturing and analysing data to inform meaningful and appropriate performance measures.</i>					
<ul style="list-style-type: none"> Performance measures include: <ul style="list-style-type: none"> quantity – for example the number of requests, from where and the number processed efficiency – for example duration of request handling, number of responses that exceed legislative maximum time limits, the reasons for any delays quality – for example outcome of any internal quality assurance reviews and/or external reviews of official information and meeting decisions and processes and whether or not the results of those reviews provide evidence of system wide issues monitoring of opportunities for proactive release – for example identifying common types of requests or a high number that indicates information that could be made available. 		11.0	<input checked="" type="checkbox"/> LTP 2021 – 2031 has KPI on LGOIMA responses within timeframes. LGOIMA Reporting Review current LTP KPI and methodology to ensure that LGOIMA performance is appropriately measured.	Kyla Carlier	As part of LTP process.

<ul style="list-style-type: none"> • The agency collects data about its performance under the Act including: • the number of requests • the type of request (Part 2, 3, 4 or 6 of LGOIMA) • the type of requester (for example media, political researcher, corporation, individual citizen, elected member, interest group etc) • the information sought • the number and reason for transfers, and whether the transfer was made in time • the number and reason for any 'public excluded' resolutions • the number, length and reason for extensions • the outcome of the request (granted in full, granted in part, refused in full, withdrawn or abandoned) • the number and amount of charges made and collected • the grounds on which information was withheld or the request refused • whether the requester was consulted prior to any refusal under section 17(f), which provides that 'A request made in accordance with section 10 may be refused (if)... the information requested cannot be made available without substantial collation or research.' • whether any elected member was consulted on the decision • whether the decision was notified to any elected member • Whether, and which, third parties were consulted • the time from receipt of the request to communication of the decision • the time from receipt of the request to release of the information • if the time limit (extended or not) was breached, the reasons for the delay • whether the response was proactively published and if not, why • whether the Ombudsman investigated or resolved a complaint about the request • the outcome of the Ombudsman's investigation or involvement • the outcome of any internal quality assurance reviews of processes or decisions • staff time spent and costs incurred in processing official information requests, including the time spent assisting in processing requests by staff who are not in core LGOIMA roles. 	13.0	Δ NEW action – audit the LGOIMA process to ensure that all of this data is collected. Include records in this task.	Kyla Carlier	Pending Add to internal audit programme.
	9.0		Kyla Carlier	Pending

<ul style="list-style-type: none"> The agency analyses this data to determine whether it is complying with its relevant performance measures The agency monitors information demand (for example, through official information requests, website use, and other enquiries) to identify opportunities for proactive release The agency monitors any difficulties in identifying and collating information that has been requested. 		Δ NEW action – carry out review of information requests to identify opportunities for proactive release		
<i>There is regular reporting about the agency's management and performance in respect of official information requests.</i>				
<ul style="list-style-type: none"> Data about the agency's official information performance, and information demand is regularly reported to senior leaders, and at least quarterly to the Chief Executive Reports include emerging themes or trends, opportunities for improvement and proactive release, resourcing, capacity or capability (training) issues Reporting informs planning, resourcing and capability building decisions. 	11.0	<input checked="" type="checkbox"/> Monthly reporting via CEOs report to council <input checked="" type="checkbox"/> Quarterly reporting to council as part of LTP performance measure. Δ NEW action – LGOIMA Reporting - Include trend/theme reporting where appropriate in quarterly KPI report.		Complete – yearly comparatives provided
<i>The agency learns from data analysis and practice.</i>				
<ul style="list-style-type: none"> The agency has a system for sharing official information learning and experience, such as meetings, newsletters, email or intranet updates, or official information 'champions' The agency monitors relevant data, guidance and publications, including those produced by the Office of the Ombudsman, Local Government New Zealand and the Department of Internal Affairs The agency monitors the outcome of Ombudsman investigations and reports these to relevant staff, including official information decision makers The agency analyses information to determine where it has the potential to improve official information practice, stakeholder relations, or increase opportunities for public participation The agency periodically reviews its relevant systems, structures, and compliance with policies and procedures The agency actively participates in initiatives to share and discuss best practice externally, for example through forums, interest groups, networks and communities of practice. 	3.0	Refer 3.0 – Development of framework with roles, responsibilities, process and improvement. <input checked="" type="checkbox"/> LGOIMA included in council's legislative compliance programme as 'core' legislation, which includes biannual prompting/testing of awareness of changes that impact the legislation. Ombudsman reports given serious consideration, for example through this process of self assessment.		

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APPENDIX 1 – Tests

Leadership commitment:

There is clear senior leadership commitment to the **proactive release** of information resulting in the agency publishing information about:

	25.01.2023	
• The role and structure of the agency and the information it holds	90%	
• strategy, planning and performance information	80%	
• details of current or planned work programmes, including background papers, options, and consultation documents	98%	
• internal rules and policies, including rules on decision-making	50%	
• the agency's significance and engagement policy	100%	
• corporate information about expenditure, procurement activities, audit reports and performance	90% (Excl procurement)	
• monitoring data and information on matters the agency is responsible for	98%	
• information provided in response to official information requests	0%	
• other information held by the agency in the public interest.	?	

Information test:

The agency holds up-to-date information that is easily accessible (easy to find, caters for people requiring language assistance or who have hearing or speech or sight impairments) about:

Test	Strategy/gov assessment 25.01.2023	IM assessment <i>Pending</i>
• what official information it holds	70%?	
• how it can be accessed or requested by the public and its stakeholders	90%	
• how to seek assistance	90%	
• what the agency's official information policies and procedures are (including charging)	100%	
• how to complain about a decision.	100%	

• The agency makes information available in different formats, including open file formats	100%	
• The agency's position on copyright and re-use is clear	100% https://www.nrc.govt.nz/copyright	

Reports and Agendas:

- Do we have a written policy on record keeping from workshops? -	No
- Do refusal decisions provide advice about complaining to ombudsman? -	YES – archives folder, and built in to IRIS workflow. Declining template has this standard blurb. Also is a disclaimer about current access to info at our end.
- How do we reduce lag time between request being lodged on website/email and it being actioned?	There is no/very limited lag time (Robyn Stubbing – follow up with Customer services)

Refer: YELLOW PROCESS SECTION BELOW

APPENDIX 2- Existing tools/guidance:

[Checklist for LGOIMA \(Simpson Grierson\).pdf](#)

[LGOIMA top tips.docx](#)








[NRC Staff Guide to Official Information Requests under LGOIMA or Privacy Act.docx](#)

[IRIS user guide - Processsing LGOIMA requests.pdf](#)

[Guidelines for dealing with LGOIMA official information requests \(Simpson Grierson\).pdf](#)

Templates:

Information Management > EDRM System management > LGOIMA

Name	
 LGOIMA template - Acknowledgement Letter.docx	
 LGOIMA template - Transfer of request letter.docx	
 LGOIMA template - Refusal to provide information letter.docx	
 LGOIMA template - Providing some but not all information letter.docx	
 LGOIMA template - Providing all information letter.docx	
 LGOIMA template - Extension of time to provide information.docx	
 LGOIMA template - Rejection of request if clarification not recieved letter.docx	

TITLE: **Health and Safety report for January to March 2023**

From: Tamsin Sutherland, Health and Safety Advisor and Beryl Steele, Human Resources Manager

Authorised by Bruce Howse, Pou Taumatua – Group Manager Corporate Services, on 15
Group Manager/s: May 2023

Whakarāpopototanga / Executive summary

This report is to inform the audit and risk subcommittee of the activities related to health and safety. A summary of the activities include:

- A list of the current health and safety priorities.
- An update on the highest health and safety risks.
- An outline of the health and safety strategy outcomes, action plans and tracking.

Ngā mahi tūtohutia / Recommendation

That the report 'Health and Safety report for January to March 2023' by Tamsin Sutherland, Health and Safety Advisor and Beryl Steele, Human Resources Manager and dated 27 April 2023, be received.

Background/Tuhinga

1. Health and safety priorities

The key priorities in health and safety at the present time are:

- Contractor management
- Managing and monitoring staff workload, stress and mental wellbeing
- On site risk assessment
- Firearms safety
- Vehicle events

2. Risk management

As at the end of March 2023, there were 4 new risks added to the NRC Health and Safety Risk Register. These were namely: encountering ticks in the bush environment, access to the vessel Waikare from the wharf, facilities at the Flyger Road nursery, and maintenance access to air quality monitoring stations.

Table 1 below summarises the top ten risks for the organisation, identified by their 'residual risk' score. Residual risk scores are calculated after all controls have been put in place, scores are between one (low) and 25 (extreme).

Risk Updates

- A training programme for contract managers is in development. This will ensure that all staff in a position of managing contractors are upskilled in contract management from pre-engagement to completion review.
- A risk arising from access arrangements to the vessel Waikare from the wharf via a metal ladder was identified as high risk and urgently needed to be addressed. This has been mitigated to an acceptable level by the provision of a level access berth.

- Traffic management plan – this work was delayed by the deployment of traffic planners nationally into cyclone response work. This work is currently in progress by the consultant.
- The stress survey was undertaken in March 2023. The top three contributors to stress are identified as excessive workload (46%), systems and technology (42%) and personal life (24%). Results have been provided to the Executive Leadership Team (ELT). Management strategies for these will be developed and presented to council.
- A focus group is working through best practice for use of firearms processes to ensure NRC has a fully transparent system of identifying competency of firearms users.

Table 1: Top ten Health and Safety risks as at 31 March 2023

Risk	Residual risk score	Focus area for mitigation
Working with Contractors	16	Comprehensive training programme for NRC contract managers to ensure processes are understood and followed. Ensuring adequate resourcing for staff managing contracts to audit performance against proposed safety steps.
Exposure to welding fume	12	There is currently no local exhaust ventilation for welding at Opuia workshops. Welding work is halted until this is resolved. Working with suppliers for ventilation and health exposure monitoring.
Use of firearms	10	Firearms procedures do not have a transparent way to demonstrate competency. Identify appropriate training checks to ensure staff competent for field use of firearms.
Dealing with aggressive people – psychological harm	10	In addition to our standard training we are also going to provide training for dealing with people over the phone. We are implementing 'aggressive dog' training for all field staff. We are also looking at body worn cameras.
Extended workload/stress	9	We are providing stress and resilience courses. We are encouraging staff to discuss workload issues with their manager. We have started to do psychological safety training with staff to help with staff feeling safe to raise issues. We are trying our best to fill vacant positions as soon as possible while ensuring the quality of applicants and those employed. The Wellbeing Committee hosted a series of workshops on coping with stress. A digital wellbeing policy is being developed by the Wellbeing Committee.
Workplace bullying and harassment <i>Note: This due to potential risk, not high numbers</i>	9	We have started psychological safety training and will be doing work with managers around diversity, equity and inclusion which will include an element of bullying and harassment. This will also be rolled out to the rest of staff.

Sedentary work - working at computers and laptops (including both in the office, and at home)	8	Encouraging early self reporting of pain and discomfort. Vetting home work station set up for flexible working. Providing ergonomic supports and education where issues are identified.
Slips, trips, and falls	8	A key cause of slips, trips and falls continues to be inattention. There is no key mitigation identified.
Driving motor vehicles – accident related events causing injury or other trauma	8	Speeding in excess of 10km per hour above the limit will be recorded, notified to the line manager for discussion with the staff member. Incident records are retained for 6 months. There is an escalation process for repeat speeders.
COVID-19 pandemic	8	225 staff have required special leave provision due to Covid. Council policy is amended to reflect changes to Ministry of Health guidelines. The latest Covid boosters were offered to staff in the flu vaccination programme.

Health and safety inductions

The H&S Strategy goal was to achieve H&S induction sign off within two days of commencing work. This was not achieved when no H&S Advisor was in post, it is now tracking between 90% (January) and 100% (February and March).

Traffic Management Plan

Compliance with our Traffic Management Plan (TMP) has been limited in the past, due to confusion by staff as to the requirements of what work falls under the plan, e.g. for those who need to cross a road to do work on both sides. A review of the plan has been conducted. Changes to make the document more user-friendly are with the consultant for inclusion. This work was delayed due to the state of emergency and road damage from Cyclone Gabrielle. The amended plan is currently being worked on by the consultant Traffic Management Planner. Training for all staff who work under the plan will be rolled out when the new plan is available.

Health and safety strategy work programme

In general, our health and safety work programme is behind schedule as we did not have a H&S Advisor between February and October 2022 and resource constraints are ongoing. An update to the strategy work programme is being worked on at both ELT and Health and Safety Committee levels.

Health and Safety maturity audit

In March 2023, an external auditor conducted a three-day assessment of health and safety across the organisation. Contractor management and workplace stress were included in the scope of this assessment. The assessment identified some areas where NRC is working well, but also areas for improvement. The full report is attached – Attachment 1 Health and Safety Assessment Observations and Recommendations Report March 2023.

The report concludes that the following issues should be considered priorities:

- Scheduling team review of H&S documents such as the hazard register to ensure staff engagement and an understanding of risk controls.

- Use SOPs as a training tool for high risk activity, controls and reviews.
- Link SOPs clearly to the risk register.
- Calendarise a systematic review of H&S documentation.
- Record scheduled maintenance when carried out on all assets.
- Ensure competent oversight of contracts, and that contract managers are recording information correctly.
- Provide adequate competent administrative support to allow H&S advisor time to be spent managing and supporting worker performance.

Attachments/Ngā tapirihanga

Attachment 1: Report of the health and safety assessment conducted in March 2023 [!\[\]\(c3d993ca47bfe2a953c700506ce31fa0_img.jpg\)](#) 



Northland Regional Council (NRC)

Health and Safety Assessment (15 pages)

Observations and Recommendations Report, March 2023.

Purpose

NRC requested that **ReflectNZ Ltd** provide support in reviewing the **NRC** health and safety management and practices within systems, workplaces and in particular, contractor management.

This assessment is part of the **NRC** continuous improvement process to ensure good practice within the organization, reflecting the requirements of the Health and Safety at Work Act 2015 (HSWA 2015) and the aspirations of **NRC**.

This report is a snapshot of observations over three days' scheduled activities on multiple sites, and the review of systems documents provided.

Thank you to Tamsin Sutherland, **NRC** Health and Safety Advisor (since October 2022) for developing and adjusting the schedule, her guidance around the sites, and the manaakitanga that was shown.

Key:




Address Urgently

Important planning points



Information for planning improvements





Documents	Observations	Recommendations:	Outcome/ signoff:
A. Health and Safety documents including hazard and risk register, meeting minutes and incident reports.	<p>Some aspects of the systems documents were reviewed, including 2022 incident logs, incident reports and some 2022 H&S meeting minutes. The hazard and Risk register is undated and there is no review date. Some of the data was incomplete and there were some inaccuracies such as the identified causation of incidents. Remedial actions were not always identified or completed/reported on.</p> <p>ELT minutes were assessed for the exchange of information and collaboration within the organisation. The meetings appear to focus largely on lag indicators. There was little H&S data in the ELT meetings data shared with the Assessor.</p>	<p>Improve incident/accident data by ensuring all investigators have had some basic training in investigation requirements, and the reports are monitored by a skilled investigator.</p> <p>A role description that includes planning and development of lead indicators for H&S will be helpful for committee members and health and safety reps.</p> <p>Annual reviews of hazards and risks can be undertaken and recorded incrementally throughout the year as good practice lead indicators for systems management.</p> <p>ELT knowledge of the currency of H&S systems and practice could be established through relevant updates and engagement with the H&S Committee, with H&S a key priority at meetings.</p> <p>All H&S documents must have the review approval date and due date for the next review (usually annual review).</p> <p>A plan (e.g., 5 years) for H&S goals may assist in informing and guiding the ELT, the H&S committee, and the H&S Reps. The legislation (HSWA 2015) requires 'good practice' and 'all reasonably practicable steps' to enable a measured approach that is achievable and useful.</p>	




  			
B. Training	<p>Some workers (including managers) are unsure of what is contained in the inhouse training records. Training records can be used for ascertaining competence, and for annual training planning during annual reviews.</p>	<p>Lead H&S Indicators that are specifically allocated to all key H&S committee personnel would promote regular progress reporting, supporting proactive improvement.</p> <p>Ensure that the relevant information and skills training required by workers are identified, understood, activated, current and reviewed.</p> <p>Update SOPs and the Hazard and Risk Register to assist in identifying training needs. Ensure the controls are appropriate, complete, and reasonably practicable. Each annual review of SOPs (and after any incident) offers a skills refresher opportunity for team members.</p> <p>Along with referencing and linking WorkSafe NZ documents in the Hazard/ Risk Controls, (e.g. Codes of Practice etc), referencing SOPs on the Register will provide more detailed guidance.</p> <p>Ensure all managers and other employees are provided with a full induction to their role, with agreed H&S KPIs, initiated at the outset of their assignment. Scheduled updates will provide a framework for annual reviews.</p> <p>Through regular observations, ensure other workers, such as contractors, employ appropriate task allocation for their workers.</p>	
	<p>There are multiple systems that are poorly understood by many users</p>	<p>Collate data from induction records, individual worker training records and the organisation training matrix to</p>	



			
	<p>resulting in an overload of requests for help from users, e.g., Cognise, JSEAs, Express, Enterprise. Incident reporting failures are reportedly often due to workers not understanding how to log the information.</p> <p>Staff are not understanding how to register for training.</p> <p>Some managers are not signing off requests for training.</p> <p>If the line manager role is vacant there is no sign-off and therefore no training.</p> <p>For these systems there are reportedly clear instructions, but workers don't know where to find them.</p>	<p>ensure accuracy of worker training and skills data.</p> <p>Request that workers urgently identify training needs.</p> <p>To aid business continuity and emergency management, regularly update the training matrix to include all employees.</p>	



		
<p>C. Scheduled maintenance, SOPs, SDS.</p>	<p>Working tools such as standard operating procedures (SOPs) and the hazard and risk register are currently undated, have no review dates or other document control, and may not meet current requirements.</p> <p>The use of SOPs varied between workplaces, and the detailed use of SDS for some workers was poorly understood.</p>	<p>Ensure SDS are referred to frequently in the relevant daily team meetings. It is useful to highlight, on each SDS, the harm the chemical may cause, and the first aid data, for easy access in the event of an unintended incident with the chemical.</p> <p>SOPs should refer to any related SDS, which must be dated within 5 years of the last publication.</p> <p>Review all the higher risk activities and ensure that there are current, appropriately authorised SOPs available. Ensure worker participation in SOP development and all are trained in the approved protocols. SOPs must be signed off by a competent, selected authoriser.</p> <p>Ensure that all workers who work with, or work close to, any of the chemicals that are in use are informed about the exposure risks, the location of SDS, and understand the first aid requirements. This must be part of the training requirements and recorded in the training matrix.</p> <ul style="list-style-type: none"> • SDS must be available where the chemical is used and dated within 5 years. • Incident reports must be completed for unintended exposure, spills etc. • For those whose role includes working with chemicals, guidance from an occupational health provider will identify the health monitoring requirements that must be undertaken. This may



			
	<p>There were apparently no protocols for checking information regarding the maintenance of hired equipment.</p> <p>There was no clear understanding by personnel at all levels, of whether NRC owns, stores, maintains or controls firearms.</p> <p>Some health issues such as fumes and temperature/air quality had not been recorded or reported as hazards, risks or incidents, and there was no recorded follow-up.</p>	<p>include blood tests, lung function tests (as well as hearing tests should noise exposure also be a risk).</p> <ul style="list-style-type: none"> The PCBU (employer) is responsible for engaging and covering the cost of health care for employment-related exposure. <p>Identifying risk areas (e.g., chemical storage, traffic, noise, slips, etc) by clear signage will assist in ensuring awareness and reduce the risk of unintended exposure.</p> <p>Ensure all training types (induction, SOPs, use of PPE, Chemical safety etc) are listed in the training matrix and kept current.</p> <p>Scheduled maintenance data by hire firms should be confirmed prior to leaving the site with their equipment.</p> <p>Firearms must be individually inventoried and legal protocols for storage, maintenance and use followed. Monitoring protocols must be robust.</p> <p>Record, and provide regular updates on the outcomes of incident reports and ensure that all incidents such as air quality problems, air temperature challenges, challenging behaviour and other uncontrolled matters that arise in the workplace are understood and documented in a safe system of reporting and review.</p> <p>The H&S Reps may have a role in helping to develop reports when matters are raised in team meetings.</p>	



		
<p>D. Contractors</p>	<p>A handbook for contractors, updated in 2022, contains a range of information and guidance to support contractors and contractor managers in managing risk, so that, in line with the signed agreement, there is updated information and reviews are both required and activated.</p> <p>Some contractors have a documented system for worker monitoring.</p> <p>Some contractors were observed demonstrating good practice health and safety management.</p> <p>Some Contractors' data is not yet included into the inhouse systems' management programme, which prevents appropriate oversight of health and safety risk data. This is a significant risk to NRC.</p> <p>Some contractor forms on file are incomplete, and some of NRC's contractor forms refer to outdated data e.g., ACC WSMP accreditation.</p>	<p>Annual re-confirmation of contractor agreements will provide a timely review to ensure good practice management.</p> <p>Timely contractor monitoring must be established as per the contractor agreement (e.g., for use of hazardous substances, general safety performance etc.) and all reviews documented and assessed by the Contract Manager regarding the contractors' eligibility to continue. Some oversight by the H&S Advisor would be valuable.</p> <p>Ensure that all contractor docs are reviewed for completeness prior to the contract starting.</p> <p>Due to the apparent extent of remedial actions required in logging this data, engage further and ongoing administrative assistance to provide the overdue updates for immediate review.</p> <p>Ensure all contractor documents contain all required, current, relevant data. Ensure the templates for contractor use are up to date.</p>




  			
E. Health Monitoring	There is apparent lack of clarity as to what health monitoring is required for work exposures.	An occupational healthcare health monitoring provider can advise NRC regarding health monitoring for each worker role e.g., Vision checks – admin roles Lung function – exposure to fumes and dusts Ergonomic – workstation assessments – admin roles Chemical exposure – workshops, environmental	
	In some cases, there was poor understanding of the value of reporting risks through current systems.	Ensure that all workers are informed of the workplace protocols for exposure monitoring.	
	There are several roles that could be included to provide updated support to the due diligence management of health and safety, including for NRC contractor management.	Due to the backlog of data that has been archived (see the May 2022 report from the Construct Health audit), and to support good use of the critical skills of the new H&S Advisor, establish continuing administrative support to log the archived and new data that is required for ongoing assessment and monitoring purposes. Experience with/understanding the material being logged would be helpful.	
	Some Managers report that they often do not have time to complete the due diligence documented reviews of contractor performance. This leaves contractor selection renewal relatively uninformed and poses a further risk to NRC .	The appointment of a high-level Contracts Manager overseeing the selection and renewal processes (i.e., provision of documents for contractor engagement, review of documents presented, updating of all documents in use) would support the team managers to undertake their required onsite observations and reporting. This role would usefully link with the H&S Advisor role, supporting team managers in ensuring all contracts are current, viable and effectively support NRC .	
F. Health and Safety support and Management Roles	There is reportedly no current H&S rep (HSR) for the Governance staff.	Facilitate and maintain HSR representation across the organization.	

		
<p>G. Observations Including environment</p>	<p>Location: Water Street Whangarei: With winter approaching, workstations closely located, and viral exposures potentially increasing, the current air flow/temperature controls require review and upgrading.</p> <p>The unauthorised entry of a member of the public was observed on the ground floor rear entrance due to the door being propped open. The nearby lab door was also open.</p> <p>The lab fume cabinet was being used as a storage area for specimens.</p> <p>Incidents in the lab department are not always documented. Contractor assessments are not documented.</p>	<p>Review the functioning of room ventilation and air temperature control. E.g., the ‘Ahipara’ meeting room, which is cold while the rest of the area this air unit services is quite warm. An assessment by a technical advisor would be appropriate. Each unit should only supply the designated area, to allow accurate functioning, so irritant effects of cold air blowing onto stationary workers is controlled and the risk of cross-infection or respiratory illnesses during the colder months is reduced. The astute management of Covid exposure is critical, as there is mounting evidence that the ongoing health risks increase with each infection.</p> <p>Review the risk management controls for the ground level rear of the building and agree/update the protocols for lab use.</p> <p>Review safe work protocols to ensure they are up to date and understood, and ensure all users maintain all safe work protocols, including considering co-worker needs.</p> <p>Ensure adequate training is provided to ensure managers understand the due diligence requirement for recording contractor observations.</p>

			
	<p>Re:Sort Whangarei: Aspects of traffic management on site for chemical return was not always working well, and the communication devices had also failed to function. Cell phones were being utilised instead.</p> <p>Some manual handling risks were not controlled.</p> <p>Some PPE such as longer gloves and eye protection for chemical disposal handling were not available.</p> <p>Workers in the chemical receiving area were engaged and undertaking the assigned tasks with diligence.</p> <p>Health monitoring is overdue since 2021.</p> <p>*Is exposure monitoring for contractors, part of their agreed contract?</p>	<p>Ensure that there is adequate planning for the traffic management on chemical amnesty days. Regularly assess communication options.</p> <p>Ensure all tasks are assessed and controls planned to protect all workers.</p> <p>Regularly review the adequacy of all PPE and update as required.</p> <p>Update all chemical records to ensure an understanding regarding possible exposures and other risks.</p> <p>Ensure all health monitoring is undertaken at designated intervals to ensure prompt management of any PPE or health anomalies.</p>	

			
	<p>Kaitaia: Workers were observed engaged in water flow testing using good safety management protocols.</p> <p>Contractor observations, (as per their contract data) although reportedly being undertaken are not being documented.</p> <p>Some workers are at times in the office alone.</p> <p>Some of the apps for systems are not yet in regular use.</p>	<p>Ensure all relevant details of contractor performance are documented after each intermittent safety observation, to improve the validation data for contract renewal.</p> <p>Review and update the protocols for lone and isolated workers.</p> <p>Further training may support the transition to the use of electronic documentation of data.</p>	

			
	<p>Opua: The tidy workshop has recently installed suitable safe storage options. A further area is being considered for improvement.</p> <p>Scheduled maintenance systems are in place e.g., electrical and other maintenance checks, including for specialist lifting equipment.</p> <p>Welding fume is reportedly at times quite concentrated, and the only ventilation of the workshop is by opening the roller doors on two sides of the building. This is a longstanding situation, and in winter the conditions are not always suitable for open doors. A mobile air extractor unit for the welder is being considered.</p> <p>The NRC vessel is moored at a deteriorating jetty/platform.</p> <p>A work truck is being used to pull the vessel in to the jetty as the vessel is too heavy for two workers to pull in some conditions.</p>	<p>Ensure the inventory of equipment is maintained.</p> <p>More frequent review of equipment guarding would improve risk control. Two guards on the grinder need immediate replacement.</p> <p>The addition of extraction ventilation in the workshop at Opua is overdue and should be addressed with some urgency. Health monitoring (lung function testing) for the operator and those others who may have been exposed should be undertaken by an occupational health provider. After an extraction ventilation system has been selected (e.g., with the help of an air monitoring expert) and after training in the use of the implement, it would be appropriate to undertake some testing by a qualified party to validate the efficacy of the unit.</p> <p>Review the state of the jetty and the mooring options to ensure safe working conditions.</p> <p>Review current practices and evaluate options to improve safety.</p>	

	 		
	<p>Flyger Road Nursery : There are management role changes in progress. There is some information that is not currently fully understood.</p> <p>Daily meetings are recorded on a whiteboard in the implement shed.</p> <p>The 3-worker contractor pruning trees on site was observed working safely. Documentation was discussed. Chemicals used by the contractor are supplied by NRC.</p>	<p>Ensure all information provided to personnel in a new role is accurate.</p> <p>Photographs taken of the whiteboard daily data can be stored in a folder for review.</p> <p>Contractor documents require review and updating.</p>	



Conclusion

A scheduled team approach to reviewing H&S documents such as the hazard and risk register is a reasonably practicable step toward ensuring accurate records, engagement and participation, workers' understanding, and the ongoing relevance of the risk controls.

Individual Standard Operating Procedures (SOPs) provide a useful way to ensure that the management of high-risk activities is appropriately described, are useful training tools, and require regular monitoring and review.

Linking SOPs to the controls recorded in the Hazard and Risk Register will provide more accurate and detailed data for safe practice.

Incremental, systematically calendarised team reviews of H&S documents, can assist in ensuring currency.

Systems such as scheduled maintenance of all catalogued equipment will support good safety management and improve visibility of data.

Contractor management may be improved by allocation of a skilled overseer of managers of contracts, and by the co-operation of managers in releasing data that is currently only visible to them.

Providing adequate, competent administrative support helps allow time to be spent on managing and supporting all worker performance.

Thank you for your request for assistance in ensuring continual improvement in health, safety and wellbeing of all those associated with **NRC**.

Please contact Shona shona@healthandsafetynorthland.co.nz for further support or guidance in association with this information.

Report prepared by:

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Lead Auditor, H&S

Mediator/Facilitator

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Additional information resources:

<https://www.worksafe.govt.nz/managing-health-and-safety/getting-started/introduction-hswa-special-guide/>

<https://www.worksafe.govt.nz/managing-health-and-safety/health-and-safety-representatives/>

<https://www.worksafe.govt.nz/managing-health-and-safety/health-and-safety-representatives/resources-for-hsrs/>

<https://www.worksafe.govt.nz/topic-and-industry/welding/welding-and-local-exhaust-ventilation/>

<https://www.worksafe.govt.nz/topic-and-industry/work-related-health/>

<https://www.worksafe.govt.nz/laws-and-regulations/operational-policy-framework/worksafe-positions/work-related-occupational-health/>

<https://www.worksafe.govt.nz/managing-health-and-safety/getting-started/understanding-the-law/overlapping-duties/pcb-us-working-together-advice-when-contracting/#lf-doc-58241>

<https://www.worksafe.govt.nz/topic-and-industry/hazardous-substances/about-hazardous-substances>

https://www.firearmssafetyauthority.govt.nz/?gclid=EAlaIqObChMIwcGss5-M_gIVyCMrCh3-fwq5EAAYASAAEgLiOPD_BwE



TITLE: **Health & Safety Improvement Opportunities**

From: Bruce Howse, Pou Taumatua – Group Manager Corporate Services

Authorised by Bruce Howse, Pou Taumatua – Group Manager Corporate Services, on 24
Group Manager/s: May 2023

Executive summary/Whakarāpopototanga

The Executive Leadership Team has identified the following opportunities for improvement to H&S management.

Opportunity for improvement	Cost Estimate	Current Priority
FTE resource to support H&S.	\$90k	High (1)
Review our H&S risk framework and risk register.	\$5k	High (2)
Training for ELT, managers, and staff.	\$40k	High (3)
Improve leadership oversight over our top risks.	In house/BAU	High (3)
Improve H&S culture in each of our Groups.	In house/BAU	High (3)
Improve accessibility and format of internal resources.	In house/BAU	High (4)
Refresh our H&S strategy.	\$30k	High (5)
Improve the capacity and capability of our H&S Committee reps.	In house/BAU	High/Med (6)
Consultants budget for H&S contractor monitoring.	\$50k	High/Med (7)
Develop an internal audit ¹ programme.	\$40k	Med (9)
Maturity assessment and roadmap for improvements.	\$30k	Med (8)
Better technology to enable better H&S management.	In house/BAU	Low (10)

Additional resourcing will be required to enable some of these opportunities to progress where a cost estimate is provided in the table above, whilst others can be undertaken as part of business as usual.

Management intends to implement the high priority initiatives over the next 18 months (or sooner), noting that some of these are subject to unbudgeted additional costs and additional funding or redirection of existing resources will need to be undertaken to support these initiatives. Council approval will be sought for budget where this is required.

An FTE resource to support H&S is the highest priority. It is proposed that H&S Officer be employed to provide ongoing support to the H&S Advisor and the organisation. This role will also be necessary to help progress a number of the initiatives that are contained in this memo. This initiative is estimated to cost \$90k per annum (unbudgeted expenditure).

¹ Note internal audit is undertaken by an independent party.

Recommendation(s)

1. That the report 'Health & Safety Improvement Opportunities' by Bruce Howse, Pou Taumatua – Group Manager Corporate Services and dated 20 April 2023, be received.
2. That the subcommittee supports the H&S opportunities for improvement and supports management implementing the high priority initiatives over the next 18 months (or sooner), subject to management obtaining necessary budget approval from council where this is required.

Background/Tuhinga

The Executive Leadership Team has identified the following opportunities for improvement to H&S management (Table 1).

Table 1. H&S opportunities for improvement.

Opportunity for improvement	Cost Estimate	Current Priority
FTE resource to support H&S.	\$90k	High (1)
Review our H&S risk framework and risk register.	\$5k	High (2)
Training for ELT, managers, and staff.	\$40k	High (3)
Improve leadership oversight over our top risks.	In house/BAU	High (3)
Improve H&S culture in each of our Groups.	In house/BAU	High (3)
Improve accessibility and format of internal resources.	In house/BAU	High (4)
Refresh our H&S strategy.	\$30k	High (5)
Improve the capacity and capability of our H&S Committee reps.	In house/BAU	High/Med (6)
Consultants budget for H&S contractor monitoring.	\$50k	High/Med (7)
Develop an internal audit ² programme.	\$40k	Med (9)
Maturity assessment and roadmap for improvements.	\$30k	Med (8)
Better technology to enable better H&S management.	In house/BAU	Low (10)

Additional resourcing will be required to enable some of these opportunities to progress where a cost estimate is provided in the table above, whilst others can be undertaken as part of business as usual.

Management intends to implement the high priority initiatives over the next 18 months (or sooner), noting that some of these are subject to unbudgeted additional costs and additional funding or redirection of existing resources will need to be undertaken to support these initiatives. Council approval will be sought for budget where this is required.

Opportunities for Improvement

Further details on the opportunities for improvement listed in table 1 are outlined in the following:

² Note internal audit is undertaken by an independent party.

1. FTE Resource to support H&S.

We have a single H&S Advisor who is having to undertake a range of duties including lower-level H&S duties.

Recommendation: That a H&S Officer be employed to provide ongoing support to the H&S Advisor and the organisation. This role will also be necessary to help progress a number of the initiatives that are contained in this memo. This initiative should be a high priority and it is estimated that the additional costs of this will be \$90k per annum (unbudgeted expenditure).

2. Review our H&S risk framework and risk register³.

Recommendation: This work is scheduled for completion by end of June, this would require \$5k (unbudgeted expenditure).

3. Training for ELT, managers, and staff.

Knowledge within the organisation at all levels about H&S responsibilities and management could be improved.

Recommendation: Develop a mandatory training programme to address training needs, this will need to include ongoing refresher training. Estimate that a training budget of \$20-40k per annum will be required (unbudgeted expenditure).

4. Improve leadership oversight over our top risks.

Recommendation: Assign a member of ELT to each of the top 10 risks to be a 'risk sponsor' and actively check in, monitor and report back on the risk and management thereof.

5. Improve H&S culture in each of our Groups.

Currently there is variable H&S culture throughout the Groups in the organisation.

Recommendation: Each Group to have its own H&S Group Committee comprised of a rep from each team, the GM and one of the Group's H&S committee reps. Each H&S Group Committee would meet monthly prior to the main NRC H&S committee. This would support the H&S rep to raise issues arising from the H&S Group Committee to the NRC H&S Committee. ELT would also meet to consider the outcomes from each NRC H&S committee meeting. We need to use standardised templates etc so there is a consistent approach across the organisation.

6. Improve accessibility and format of internal resources.

The current information on Express has no lead in context, it just features a bunch of boxes with discrete information, it is confusing at best to be able to follow the information. We could improve the structure of this material, so it is clearer and more accessible to staff.

Recommendation: Invest on improving the layout and structure of H&S information on Express as a high priority, it is anticipated that this can be undertaken internally without additional costs (need to check on availability of internal resourcing to complete this).

7. Refresh our H&S strategy.

³ There is a current lack of focus on risks that may lead to death and/or serious harm which needs addressing as part of the review.

The current strategy is overdue for a refresh (June 2022).

Recommendation: Refresh the H&S strategy, ELT should also be involved as part of the refresh and this action should occur as a priority, we also need to engage all managers, so we have an all in approach to strategy development. It is anticipated that this would cost \$20 - \$30k to undertake (unbudgeted expenditure).

8. Improve the capacity and capability of our H&S Committee reps.

NRC has an obligation to support reps under legislation. For reps to be effective we need to ensure they are adequately trained and that we provide them sufficient time to perform their roles. We should also consider if we reward reps as part of their role.

Recommendation: Develop a programme to better support our reps and provide improved capability and capacity and reward reps for their efforts.

9. Consultants budget for H&S contractor monitoring.

There is a lack of capability and capacity in the organisation to monitor contractors.

Recommendation: That a contractor monitoring budget of \$50,000 per annum (unbudgeted expenditure) be established to assist with contractor monitoring for some of the higher risk contractor activities.

10. Develop an internal audit⁴ programme.

Purpose is to independently review effectiveness of our approach to H&S, add H&S to our Internal Audit programme with reporting to governance and management via current channels.

Recommendation: Undertake two internal audits annually based on the audit schedule as a high priority, at an additional estimated cost of approximately \$15 - \$20k per audit (unbudgeted expenditure). It is recommended that an internal audit programme be developed that focuses on a rolling 3-year audit programme and that the first audit focus on policies and procedures.

11. Maturity assessment and roadmap for improvements

We do not have a current assessment of our level of H&S maturity from which to determine our level of maturity and what areas we should aim to invest and improve in. This is essential to ensure that we can identify where we need to improve and then track progress of improvement over time. Recommend that this assessment be carried out every 24 months and adequately resourced. The maturity assessment would also assist in informing the internal audit programme.

Recommendation: Undertake maturity assessment as a high priority, at an estimated additional cost of approximately \$30,000 per assessment (unbudgeted expenditure).

12. Better technology to enable better H&S management.

Investigate what technology NRC may wish to invest in to improve H&S management. Is Infor Enterprise going to be sufficient to raise the standard required, or are there other specialist H&S technology platforms that offer better functionality and will reduce duplication of systems and complexity?

⁴ Note internal audit is undertaken by an independent party.

Recommendation: In conjunction with the IT Team and H&S Committee explore what, if any, technology improvements may be required to assist improve H&S management.

Attachments/Ngā tapirihanga

Nil

TITLE: Business with the Public Excluded

Whakarāpopototanga / Executive Summary

The purpose of this report is to recommend that the public be excluded from the proceedings of this meeting to consider the confidential matters detailed below for the reasons given.

Ngā mahi tūtohutia / Recommendations

1. That the public be excluded from the proceedings of this meeting to consider confidential matters.
2. That the general subject of the matters to be considered whilst the public is excluded, the reasons for passing this resolution in relation to this matter, and the specific grounds under the Local Government Official Information and Meetings Act 1987 for the passing of this resolution, are as follows:

Item No.	Item Issue	Reasons/Grounds
7.1	Confirmation of Confidential Minutes - 22 February 2023	The public conduct of the proceedings would be likely to result in disclosure of information, as stated in the open section of the meeting -.
7.2	Receipt of Action Sheet	The public conduct of the proceedings would be likely to result in disclosure of information, as stated in the open section of the meeting -.

3. That the Independent Financial Advisors be permitted to stay during business with the public excluded.
-

Considerations

1. Options

Not applicable. This is an administrative procedure.

2. Significance and Engagement

This is a procedural matter required by law. Hence when assessed against council policy is deemed to be of low significance.

3. Policy and Legislative Compliance

The report complies with the provisions to exclude the public from the whole or any part of the proceedings of any meeting as detailed in sections 47 and 48 of the Local Government Official Information Act 1987.

4. Other Considerations

Being a purely administrative matter; Community Views, Māori Impact Statement, Financial Implications, and Implementation Issues are not applicable.