
ORDINARY MEETING
OF
KĀWAI MĀHIRAHIRA - AUDIT AND RISK SUBCOMMITTEE
AGENDA

Time: 9:30am
Date: Wednesday, 15 September 2021
Venue: Ngake (16.09)
Level 16, Tahiwi
113 The Terrace
Wellington

MEMBERSHIP

Mayor Foster
Councillor Condie (Deputy Chair)
Liz Kelly
Councillor Pannett
Councillor Paul
Linda Rieper (External)
Bruce Robertson (Chair)
Councillor Rush
Roy Tiffin (External)

Have your say!

You can make a short presentation to the Councillors at this meeting. Please let us know by noon the working day before the meeting. You can do this either by phoning 04-803-8334, emailing public.participation@wcc.govt.nz or writing to Democracy Services, Wellington City Council, PO Box 2199, Wellington, giving your name, phone number, and the issue you would like to talk about. All Council and committee meetings are livestreamed on our YouTube page. This includes any public participation at the meeting.

AREA OF FOCUS

The Audit and Risk Subcommittee oversees the work of the Council in discharging its responsibilities in the areas of risk management, statutory reporting, internal and external audit and assurance, monitoring of compliance with laws and regulations, including health and safety.

Quorum: 5 members (at least one external member must be present for a quorum to exist).

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1. Meeting Conduct

1.1 Karakia

The Chairperson will open the meeting with a karakia.

Whakataka te hau ki te uru,	Cease oh winds of the west
Whakataka te hau ki te tonga.	and of the south
Kia mākinakina ki uta,	Let the bracing breezes flow,
Kia mātaratara ki tai.	over the land and the sea.
E hī ake ana te atākura.	Let the red-tipped dawn come
He tio, he huka, he hauhū.	with a sharpened edge, a touch of frost,
Tihei Mauri Ora!	a promise of a glorious day

At the appropriate time, the following karakia will be read to close the meeting.

Unuhia, unuhia, unuhia ki te uru tapu nui	Draw on, draw on
Kia wātea, kia māmā, te ngākau, te tinana,	Draw on the supreme sacredness
te wairua	To clear, to free the heart, the body
I te ara takatū	and the spirit of mankind
Koia rā e Rongo, whakairia ake ki runga	Oh Rongo, above (symbol of peace)
Kia wātea, kia wātea	Let this all be done in unity
Āe rā, kua wātea!	

1.2 Apologies

The Chairperson invites notice from members of apologies, including apologies for lateness and early departure from the meeting, where leave of absence has not previously been granted.

1.3 Conflict of Interest Declarations

Members are reminded of the need to be vigilant to stand aside from decision making when a conflict arises between their role as a member and any private or other external interest they might have.

1.4 Confirmation of Minutes

The minutes of the meeting held on 3 August 2021 will be put to the Kāwai Māhirahira | Audit and Risk Subcommittee for confirmation.

1.5 Items not on the Agenda

The Chairperson will give notice of items not on the agenda as follows.

Matters Requiring Urgent Attention as Determined by Resolution of the Kāwai Māhirahira | Audit and Risk Subcommittee.

The Chairperson shall state to the meeting:

1. The reason why the item is not on the agenda; and
2. The reason why discussion of the item cannot be delayed until a subsequent meeting.

The item may be allowed onto the agenda by resolution of the Kāwai Māhirahira | Audit and Risk Subcommittee.

Minor Matters relating to the General Business of the Kāwai Māhirahira | Audit and Risk Subcommittee.

The Chairperson shall state to the meeting that the item will be discussed, but no resolution, decision, or recommendation may be made in respect of the item except to refer it to a subsequent meeting of the Kāwai Māhirahira | Audit and Risk Subcommittee for further discussion.

1.6 Public Participation

A maximum of 60 minutes is set aside for public participation at the commencement of any meeting of the Council or committee that is open to the public. Under Standing Order 31.2 a written, oral or electronic application to address the meeting setting forth the subject, is required to be lodged with the Chief Executive by 12.00 noon of the working day prior to the meeting concerned, and subsequently approved by the Chairperson.

Requests for public participation can be sent by email to public.participation@wcc.govt.nz, by post to Democracy Services, Wellington City Council, PO Box 2199, Wellington, or by phone at 04 803 8334, giving the requester's name, phone number and the issue to be raised.

2. General Business

HEALTH, SAFETY AND SECURITY REPORT

Purpose

1. This report asks the Kāwai Māhirahira | Audit and Risk Subcommittee to review the Council's health and safety performance for the period 1 May 2021 to 31 August 2021.

Summary

2. The Report provides information that aligns with the Officer due diligence responsibilities under the Health and Safety at Work Act 2015 (HSWA), specifically having:
 - Knowledge of work health and safety matters
 - An understanding of the nature of operations and the hazards and associated risks
 - Appropriate resources and processes to eliminate or minimise risk
 - Appropriate resources to receive and consider information
 - Verification of the provision and use of resources and processes
 - Processes for compliance with duties or obligations under the HSWA.
3. This report comprises qualitative commentary on activities that have occurred in the last four months, and are presented in three categories:
 - Risks
 - Relationships
 - Resources.
4. The dashboard reporting (attachment 1) provides quantitative leading and lagging indicators to measure health and safety performance within Council.
5. This style of reporting is based on the Business Leader's Health and Safety Forum: 'Monitoring what matters in Health and Safety' – a guide for CEOs. The Council is a member of the Business Leader's Forum.

Recommendation

That the Kāwai Māhirahira | Audit and Risk Subcommittee:

1. Receive the information
2. Recommend to the Pūroro Tahua – Finance and Performance Committee to receive the information on 16 September 2021.

Risks

Risk Profiles

6. The Council's Safety, Security and Wellbeing Team focusses on the Council's top nine priority hazard/risk controls, as presented to the Finance, Audit and Risk Subcommittee previously. The top nine risks are shown below and defined by potential consequence and likelihood.

#	Risk
1	Personal Confrontation
2	Vehicle Traffic Mobile Equipment
3	Health and Impairment
4	Asset Failure
5	Work Related Health Hazards
6	Natural Events
7	Work with or in the Vicinity of Services
8	Work at Height
9	Ignition Sources

Specific Areas of Risk

7. The following summarises key pieces of work that have occurred in the last six months as the Council continue to manage the risks associated with specific hazard categories. This work is both good health and safety practice and assists the Council to meet our legal obligations under the HSWA and Local Government Act 2002 (good employer).

Health, Safety and Security Structure Review

8. As a result of the external review completed in Q1 2021, the risk profiles of business groups were assessed to ensure consistent levels of health and safety resource is provided to reduce any risk exposure. A management paper outlining these assessments and accompanying recommendations were presented to the ELT in the 17th July with the recommendations being agreed to. As a result, an additional 8 FTE has been approved to increase the Health, Safety and Security Business Unit to support health, safety and security maturity uplift and reduce risk exposure to the Council's business groups over the next 18 months. Of these 8 new roles, three will be a change in reporting lines from across the Council's business units (centralising existing roles).
- Phase one is underway with the appointment of a new Manager, Health, Safety and Security to fill the vacant role, commencing 20 September 2021.

Health and Safety Assurance

9. The Safety, Security and Wellbeing Team continue to utilise the Health and Safety Assurance Framework document aligned to the Council's Assurance Framework. The document has provided the team and organisation with an easy visual means of engaging with applicable stakeholders to understand what Health and Safety assurance activity is undertaken and provided within specific assurance areas i.e. day to day

operations, Strategic and Priority Risk Categories, Culture and Other on-going assurance activities; and in relation to Assurance framework 'Lines of Defence'.

Under the Health and Safety Guide: Good Governance for Directors Guidelines (2016) by Institute of Directors and WorkSafe New Zealand; the key aspects of a health and safety management assurance system include; hazard and risk management; incident management, emergency management; injury management; worker engagement; worker participation; working with other organisations (PCBUs); and continuous improvement.

External Health and Safety Review

10. In July, a full ACC audit was undertaken by an external auditor looking at both injury and safety management audit standards. The purpose of this audit is to ensure that our health and safety and injury management practises are aligned with the ACC Partnership Programme standards. As a member of the Partnership Programme, the Council is allowed to carry out ACC's responsibilities which aids the Council in minimising our ACC levies and avoiding 3rd party suppliers.

The external auditor recommended that the Council retains a tertiary level status, which is the highest level achievable under the framework. Minor changes will be made to injury and management related processes internally and in conjunction with the Council's injury management provider, WellNZ.

Health and Safety Management - Reporting System

11. A Steering Group overseeing the procurement of a new health and safety reporting system has been formed, and Phase one, "the way we work" has commenced with the Project Group. They are well into the procurement and implementation process with workshops having been commenced in the discovery phase (Process Mapping, Stakeholder engagement, research Tools). The Project Timeline has the Procurement process being completed in January 2022 and implementation of the new system set for July 2022.

Incident Investigations

12. In this four-month reporting period 13 incident reports were of a high or extreme risk nature or resulted in significant harm (lost time injury). These incidents are detailed within the Health and Safety Performance Report in section 5.

Local Government Official Information and Meetings Act 1987 (LGOIMA)

13. One request was received in this reporting period
 - 2nd May 2021 - requesting information regarding Wellington City Council drug and alcohol testing

Relationships

The Council has several external relationships to support its best practice, knowledge uplift and collaboration. In this reporting period, the following interactions were undertaken.

Security Community of Practise and Engagement (SCOPE)

14. This group's purpose is to bring together security practitioners in the public sector to share experiences, knowledge and insight about security practice, engagement, and implementation within the public sector.
- Key items discussed and presented over this reporting period included presentations from Parliamentary Services, the Ministry of Health and Kiwi Rail on their Security Environment and how they respond to Threats, from the Police Intelligence Group on information sharing and on training with an immersive (Virtual Reality) training system for Office Staff shown by Waka Kotahi.

New Zealand Institute of Safety Management (NZISM)

15. NZISM is New Zealand's Leading professional association for health and safety practitioners, of which the Senior Health, Safety and Wellbeing (SHSW) Advisors for Council are members. Being a part of this body allows access to all the support and content that this body collates and shares. Through this membership, the SHSW Advisors have been able to access case studies, peer support, and informative seminars that provide insight for WCC to go forward in the Health and Safety Field. The Advisors have attended seminars on Hazardous Substances and the new regulations that cover them, Conducting Health and Safety Management Systems Audits, as well as one covering the Mental Health and Wellbeing programme HeadFirst, presented by NZ Rugby.

Resources

Annual Plan

16. The actions for completion in the Council's 2020/21 Safety, Security and Wellbeing Work Plan are monitored by the Council's Health and Safety Steering Group. There were several actions that had not been fully achieved during the year because of changing focus areas in supporting the organisation with COVID-19 alert levels and staff changes within the Safety Security and Wellbeing team
17. Some of the key work plan achievements this reporting period;
- Protective Security Requirements Governance group (SRG) formed with the first meeting held on the 13th July. The purpose of this Group is to assist the Chief Executive to fulfil her accountabilities with respect to physical, information and personnel security, as well as responsible resource management, and the management of risk. They will identify opportunities for positive change, agree on actions required, and raise Wellington City Council's maturity in protective

security by implementation of the Protective Security Requirements (PrSR) and in this, as well as leading by example, it will influence the security culture of WCC.

- An application of Expression of Interest to deliver the Covid 19 Vaccine in our workspaces was completed and filed with the Ministry of Health in late July. The application was also made on behalf of the other Wellington Councils (Porirua, Hutt, Upper Hutt, and Greater Wellington Regional Council) as well as the Council's CCO's and contractors. The application covered approximately 4,500 workers.
- Reviewed the Supplier (and processes) of our Lone Worker Systems and in conjunction with this updated the phone application 'Stay safe'. This has resulted in increasing the capability of the system as well as adding in new features like access to a Dashboard that will allow tracking for Teams and accurate reporting over usage of the system. This new Provider will also allow us to bring in the other remote lone worker devices (for Staff without work phones or in rostered sites) onto the same platform centralising our Lone worker systems thus increasing our support to staff as well as oversight of the usage of these devices.
- Review of the consumption of alcohol at WCC sites and propose an amendment to the Drug and Alcohol Policy to include a section on Consumption of Alcohol on Wellington City Council premises was circulated for consultation. The feedback received was summarised and presented for review in line to proceed the final policy to be endorsed by ELT.

Mental Health and Wellbeing

18. Building off three key areas identified through engagement sessions in previous reporting periods, we have since undertaken work on to support staff including raising awareness of mental distress, training leaders, and supporting staff to support others experiencing mental distress and developing process transparency in relation to the Councils support mechanisms. As a result of this building, we can note the following uptake or increases from this reporting period.

- Mental Health First Aid Trained Staff – 22
- Whare Kura - Supporting your People completions - 5
- Corresponding increase in the use of EAP services due to the increase of awareness of Mental Health and Wellbeing
- Yammer is also being utilised as a tool to get Mental Health and Wellbeing information and awareness out and about Council.

Elected Members Due Diligence

19. The information below demonstrates elected members' performance against due diligence actions for the 4-month period 1 May 2021 to 31 August 2021.

Legislative Due Diligence Requirement

- Acquire and keep up to date with knowledge of work health and safety matters
- Understand nature of operations and hazards and associated risks
- Appropriate resources and processes to eliminate or minimise risks
- Appropriate resources to receive and consider information
- Verify provision and use of resources and processes
- Have processes for compliance with duty or obligation under the HSWA (2015).

Due Diligence	Actual
Attend one health and safety leadership induction workshop(s) per annum, (e.g. Business Leaders forum; 'Leading Safety' refresher; public Health & Safety Seminars)	<p>None during this reporting period.</p> <p>The most recent elected member workshop was in November 2019 on due diligence obligations.</p> <p>The most recent executive leaders' workshop was held in December 2020, focused on monitoring what matters and taking learnings from the ongoing response to COVID-19.</p>
Participate in site/workplace safety observations with an ELT Member	<p>1. Four (4) planned observations were undertaken involving Councillors.</p> <p>2. • 10/05/2021 - Councillor Condie</p> <p>3. • 28/05/2021 - Councillor Day</p> <p>4. • 11/06/2021 - Councillor Paul</p> <p>5. • 11/06/2021 - Councillor Free</p> <p>6.</p> <p>7. Four (4) planned observations were undertaken involving executive leadership team members.</p> <p>8. • 10/05/2021 – HMSP Karepa Wall</p> <p>9. • 28/05/2021 - CPO Liam Hodgetts</p> <p>10. • 11/06/2021 – CSGO Stephen McArthur</p> <p>11. • 30/07/2021 – CDO James Roberts</p>
Oversight of Health and Safety Climate survey findings and results	The biennial Health & Safety Climate survey was last undertaken in November 2019 and reported to HSSG (<i>next scheduled for October 2021</i>).
Receive and review health and safety information on Council health and safety performance through Council's health and safety reporting framework	<p>The most recent reports presented to FARS and CSC are for the periods:</p> <p>1 January 2021 – 30 April 2021</p> <p>1 July 2020 – 31 December 2020</p> <p>1 July 2019 to 30 June 2020 (annual report).</p>
Have oversight of Council's Hazard and Risk Register	Council have nine critical risk categories and 20 other risk

through annual review process	categories.
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Attachments

Attachment 1. Periodic Report - May 1 - Aug 31 [↓](#) 

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Author	Jase Yorston, Security Manager
Authoriser	Meredith Blackler, Chief People and Culture Officer

SUPPORTING INFORMATION

Engagement and Consultation

N/A

Treaty of Waitangi considerations

N/A

Financial implications

N/A

Policy and legislative implications

This information to ELT and Councillors assists them to discharge their Officer due diligence obligations under the Health and Safety at Work Act 2015. As an organisation this supports the obligations to be a good employer under the Local Government Act 2002.

Risks / legal

N/A

Climate Change impact and considerations

N/A

Communications Plan

N/A

Health and Safety Impact considered

N/A

Health, Safety & Security Performance

Reporting Period 1st May – 31st August 2021

WCC has a responsibility to regularly monitor its Health and Safety (H&S) performance to ensure it is on track to meet both its related Policy expectations and H&S strategy. To monitor its performance, WCC will collect data and use a range of indicators as part of regular reporting protocols.

These measures include a balance of leading and lagging indicators and are selected to outline improving, consistent or deteriorating H&S performance.

Section 1: Leading indicators

Leading indicators involve precursors that may lead to an accident, injury, or disease. They focus on improving health and safety performance and reducing the probability of serious accidents. They can be used to monitor the effectiveness of the health and safety management system before accidents, incidents and failures happen and work towards preventing or controlling their occurrence. Leading indicators are typically specific and linked to an aspect of the H&S management system.

1.1 Leading indicators

Metric	Reporting Period	Same period last year	FYTD
# of health and safety representatives (HSR)	113	102	113
# of representatives trained (HSR) during period	45	0	33
# of physical first aiders trained (SSW Coordinated)	17	0	0
# of mental health first aiders trained	22	0	0
# of workers trained on personal confrontation (full day)	26	0	12
# of worker trained on resilience (full day)	40	15	14
# of health and safety heroes	1	0	1
# of elected member workplace engagements	4	3	0
# of executive member workplace engagements	5	2	2
# of random drug and alcohol Test - pass	22	5	16
# of random drug and alcohol Test - fail	2	1	1
# of early intervention physiotherapy (mirimiri) sessions	2	Not used	2
# of early intervention physiotherapy (European method) sessions	14	10	6
# of employee assistance programme hours	303.5	205.7	144.5

Points to highlight

With the introduction of the De-escalation course, we will now see more of our front-line staff trained on techniques to better handle personal confrontation. We expect to target areas of the organisation that are more susceptible to this kind of behaviour as we recognise personal confrontation as one of Local Government's biggest hazard sources. Given the fragility of mental health in society relating to COVID-19, we can also assume that personal confrontation will continue to increase.

In the “same period last year” statistics column you will notice that the numbers are low due to alert levels and just coming out of lockdown at that time. We also still see the effect of last year's Random drug and alcohol testing, as we tested more staff near the end of 2020 due to the lockdown. This has resulted in many staff members ineligible to be tested within the next 12 months.

1.2 Critical risk observations

Critical risk observations provide a key opportunity to engage with teams to understand how a specific critical risk is being managed, control measures that require strengthening and the overall level of assurance that the risk is being managed effectively.

Critical risk focus insights: Vehicles, mobile equipment and traffic						
Number of direct assessments undertaken			4	Average percentage of controls in place (against hazard register controls)		92.00%
Top 3 control measures added implemented/effective			1. Staff txt/ phone TL or manager when entering onto secondary non sealed road and also when leaving this road			
			2. Lone workers have devices on them (mobile equipment users as well as drivers)			
			3. Traffic flow at Newtown Depot had one way traffic management and dedicated footpaths for pedestrians			
Risk	Description	Person exposed	Management	Gaps, improvements & progress	Level of assurance	issues & events
Equipment loose on vehicles	Cones, sacks, paint coming off our vehicles	Public		More time to check loads before departing	PART ASSURANCE - Controls were either different from what we expected or there was partial evidence that they were effectively being used	RM#1206616-Sack and Cone blew off the back of truck; RM#1212863-Paint spill from vehicle whilst driving
Situational awareness	Backing into/ over other equipment	Public, other staff		Making sure what is parked around one, also making sure area is free of any other equipent before backing into a space	PART ASSURANCE - Controls were either different from what was expected or there was partial evidence that they were effectively being used	RM#1212584-Hiab arm contacts truck cab; RM#1201907-Vehicular damage - other car's trailor; RM#1209499-Puncture to Kubota; 1214866-Forklift stuck whilst unloading delivery of crates
Critical risk focus insights: Asset Failure						
Number of direct assessments undertaken			2	Average percentage of controls in place (against hazard register controls)		90.00%
Top 3 control measures implemented/effective			1 New seawalls and renewals are being designed & built with sealevel rise taken into account, at least the foundations are strong enough to have additional height added later. Retaining walls on critical routes are being strengthened to a design life of 100 years.			
			2 Condition surveys vary per asset class and reported via Annual Plan KPIs & in AMP, they also inform the renewal forward work programme. Bridge assessment of loading capability in terms of VDM rules for all bridges in 2018. Condition survey of walls every 5 years			
			3 Engineering New Zealand registrations, independent assessments of condition and expert advise and reporting sort as required			
Risk	Description	Person exposed	Management	Gaps, improvements & progress	Level of assurance	issues & events
Asset Failure	Not high priority due to flood, natural disaster etc	Public		Add into Asset Critical Assessment doen for Asset Management Plan	Partial	
Safety in Design	Should be considered to cover complete life cycle fo building prior to being built	Public		Engaging consultants and using the the 3 C's, consultation, cooperation and cordination through out the entire project	Partial	
Critical risk focus insights: Working at Height						
Number of direct assessments undertaken			2	Average percentage of controls in place (against hazard register controls)		80.00%
Top 3 control measures not implemented/effective			1 Consider methods for lowering work areas to a safe work height e.g. living walls that can be lowered to ground level for maintenance			
			2 Ensure that adequate inspection and equipment maintenance is in place, as outlined in http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/best-practice-guidelines-for-working-at-height-in-new-zealand			
			3 Consider peer reviews of plans, and supervision and audit of moderate to high risk work			
Risk	Description	Person exposed	Management	Gaps, improvements & progress	Level of assurance	issues & events
Safety in Design	Consideration in future developments	Public and Contractor		Consider methods for lowering work areas to safely work at height - other methods of lighting(longevity of light bulbs(LEDs)	Partial	RM#1223307
Asset Failure	Consideration in future developments	Public and Contractor		Consider other materials that do not degrade as quick/ much for public to use at Warfs	Partial	RM#1197301

1.3 Near miss incident risk break down

Severity	Extreme	High	Moderate	Low
Near miss incidents	0	6	20	296

Related definition: any incident that did not harm people or damage assets or the environment but, in different circumstances, could have done so. *These events are included within section 5 below.

Points to highlight

The number of lower risk events highlight the opportunities that exist to control risks without actual harm occurring or a higher level of consequence.

Health, Safety & Security Performance

Section 2: Lagging indicators

Lagging indicators measure loss events that have already occurred. They quantify WCC's H&S performance in terms of past incident statistics (numbers of incidents, reported accidents, incidences of disease or failures of systems). We use these indicators to measure the outcomes of WCC's management of H&S. Noting they provide insufficient information to ensure the success of the health and safety management process since they promote reactive rather than proactive management.

2.1 Lagging Indicators

Metric	Reporting Period 1 May – 30 August 2021	Same period last year (1 May – 30 August 20)	FYTD
# work related ACC injury claims	22	32	7
# non-work related Well NZ managed claims	3	7	1
Claim costs to date	\$7258	\$63,285	\$1818
Number of workdays lost	15	161	10
Average delay in incident reporting (days)	4.61	4.43	4.68
# Personal Confrontation (#1 Critical Risk) incidents	203	156	100
# non-negative drugs & alcohol tests	2	1	1
# health exposure tests with results over thresholds	0	0	0
# bans issued	9	Data not available	6
# trespass notices issued	10	Data not available	7
# incidents reported to Police	41	Data not available	18

Points to highlight

The higher value in claims costs for the same period last year are reflective of several high risk/cost claims that have either been closed or transferred back to ACC and we have none of that level this reporting period. Our average delay in reporting is slightly better than our yearly average, indicating that while we are slightly slower than last year, we are still improving overall. Note the continuation of the increase in personal confrontation incidents being reported, and as a result, the levels of incidents being reported to the Police and bans issued are increasing or remaining at higher levels than previous time periods.

2.2 Reported injury incidents risk breakdown

Severity	Extreme	High	Moderate	Low
Injury events (FA, MT, NE/LTI)	0	5	61	388

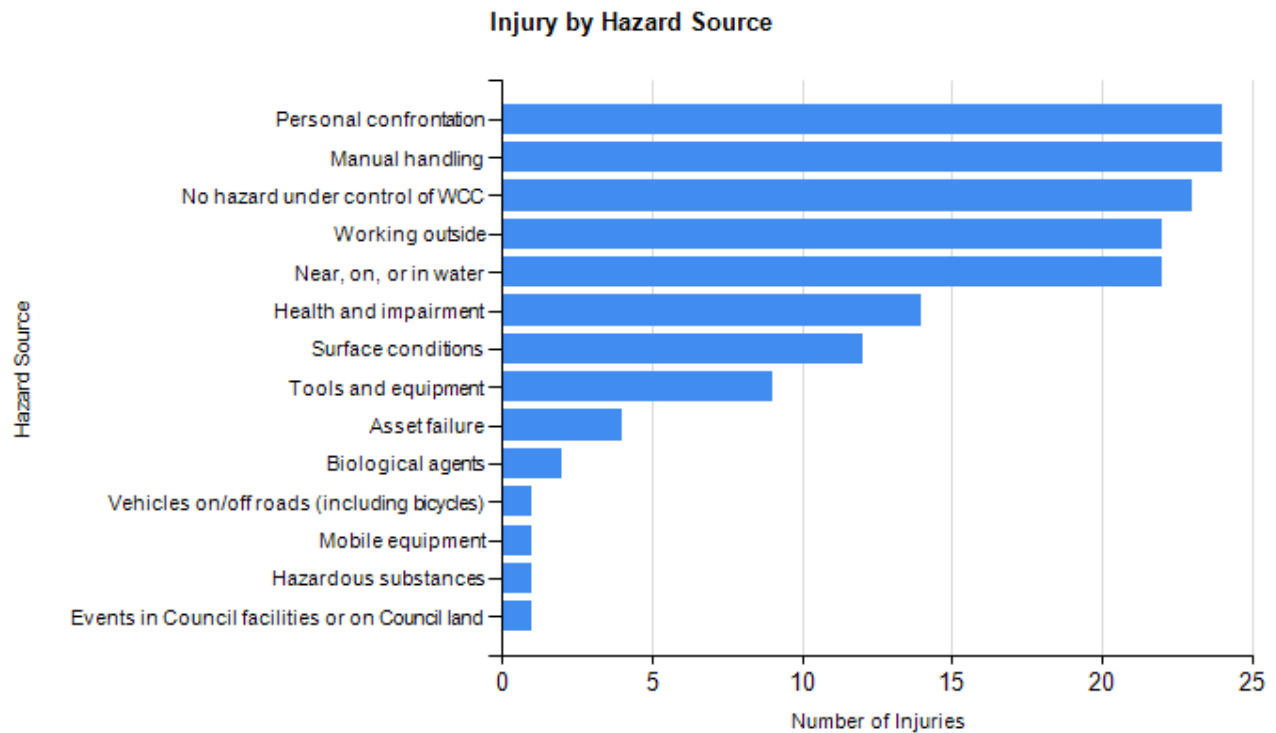
Definitions: FA = first aid injury, MT = medical. NE/LTI = notifiable event/lost time injury.

*These events are included within section 5 below.

Points to highlight

The proportion of higher risk incidents to lower risk events highlights the opportunities that exist to control risks without a higher level of consequence occurring.

2.3 Report injury incidents by hazard source

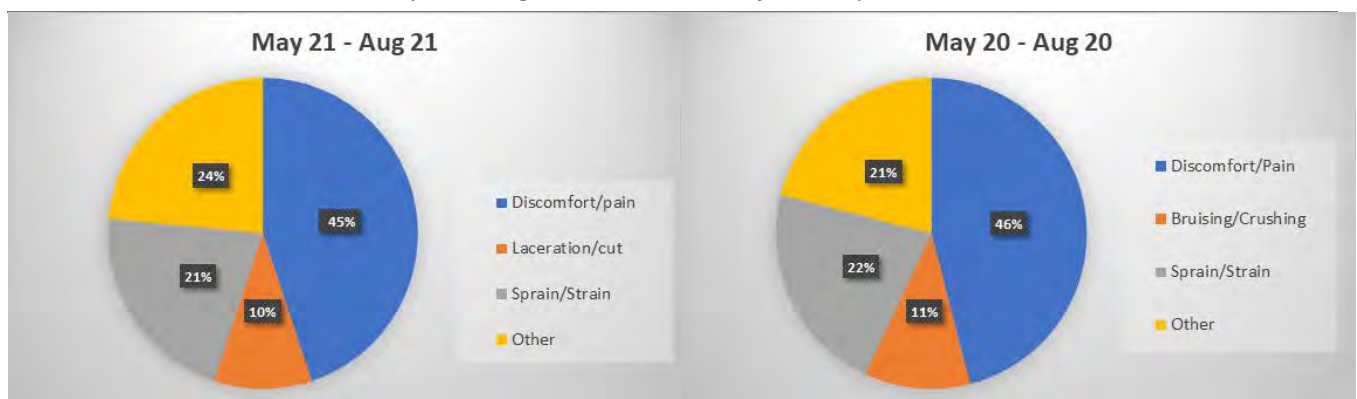


Points to highlight

The hazard source being reported is consistent with previous reporting periods.

2.4 Reported injury type breakdown (top 4)






(percentage of total worker injuries reported)



Points to highlight

WCC still sees a stable proportion of reporting associated with pain and discomfort in comparison to the same reporting period 12 months earlier, this has been a consistent trend. Another push with early reporting of pain and discomfort still encouraged, as it presents an opportunity to early intervention and a more effective means of treating injuries before they become more significant (and costly).

2.5 Role Type Incident Report Breakdown

Role type	Reporting period		Same period last year	
 Worker	NM	142	NM	82
	FA	144	FA	96
	MT	49	MT	62
	NE/LTI	0	NE/LTI	0
 Public	NM	169	NM	108
	FA	312	FA	223
	MT	49	MT	36
	NE/LTI	0	NE/LTI	1
 Tenant	NM	0	NM	3
	FA	0	FA	2
	MT	0	MT	0
	NE/LTI	1	NE/LTI	0
 Contractor	NM	11	NM	11
	FA	6	FA	4
	MT	2	MT	5
	NE/LTI	1	NE/LTI	1
 Volunteer	NM	0	NM	0
	FA	2	FA	1
	MT	1	MT	0
	NE/LTI	0	NE/LTI	0

Related definitions: NM = near miss, FA = first aid injury, MT = medical.
NE/LTI = notifiable event/lost time injury.

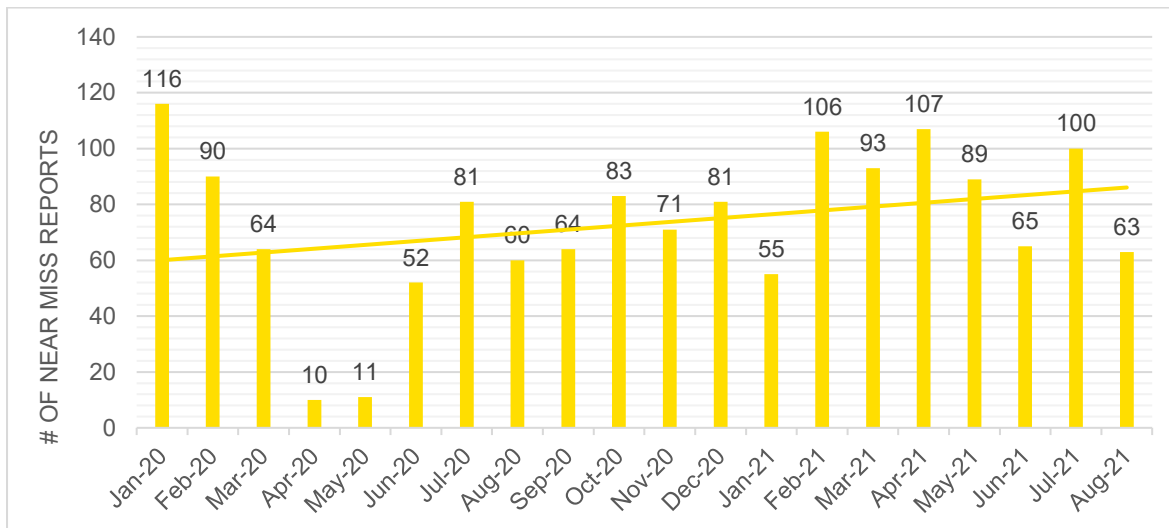
Points to highlight

Naturally an increase in reporting against the same time 12 months earlier due to lockdown conditions in 2020. An additional row entry for volunteers to help separate from Contractor related reports. The notifiable events noted against the contractor row are included within section 5 below and included advice from a Senior health, Safety and Wellbeing Advisor in each scenario.

Section 3: Graph indicators – lost time injuries, near miss reporting and employee assistance programme usage.

3.1 Near Miss Reporting

The following shows near misses reported for the reporting period 1 January 2020 – 31 August 2021. A **near miss** is an unplanned event that did not result in injury, illness, or damage – but had the potential to do so. Collecting near-miss reports helps create a culture that seeks to identify and control hazards, which will reduce risks and the potential for harm.

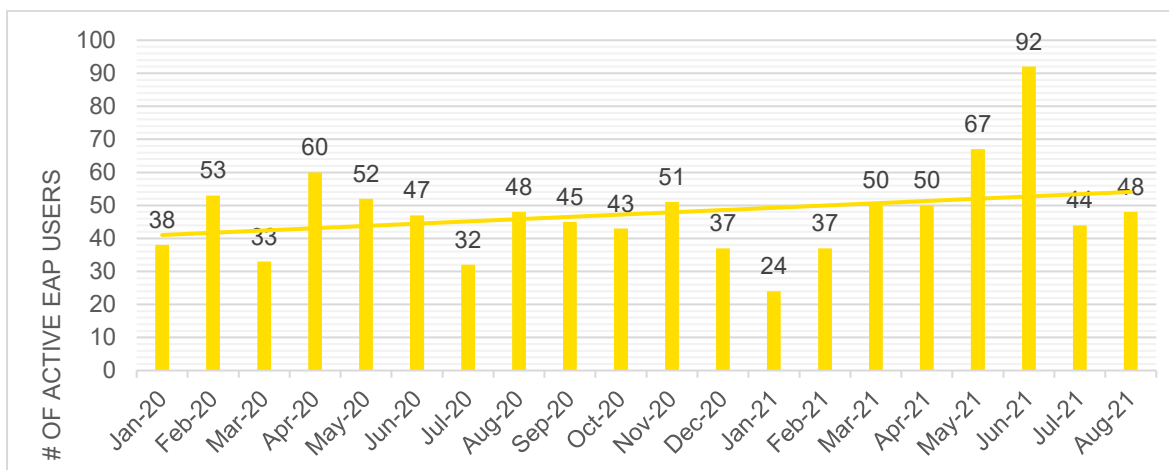


Points to highlight

There is an increasing trend of near miss reporting following the return to work from stricter alert level restrictions compared to last year. A positive uplift in near miss reporting from Contractors has attributed to part of the lift in the most recent months, along with regular encouragement around reporting through regular engagement channels internally. Near miss reporting shows an increase overall which is attributed to the shift in reporting culture which the team is always promoting.

3.2 Employee Assistance Programme (EAP) Usage

The following shows the total number of active EAP users for the reporting period 1 January 2020 – 31 August 2021.



Points to highlight

EAP usage has seen a jump in numbers during June pushing the average over this reporting period higher than the previous year. The top two presenting issues were personal relationships (in personal life) and depression/anxiety/emotional issues.

Section 4: Information Sources:

- Data pulled from Risk Manager reporting system (internal), EAP provider reporting, third party injury management provider.

- Indicator practice – Leaders Forum (<https://www.zeroharm.org.nz/assets/docs/our-work/monitoring/Monitoring-What-Matters-May2019.pdf>)
- Guide to measuring health and safety performance - <https://www.hse.gov.uk/opsunit/perfmeas.pdf>

Section 5: Serious Incidents (including high potential near misses)

A serious incident is an event that has resulted in or had the potential to result to cause serious harm via illness, injury (or both).
Key for acronyms: KPI - Key Person Involved; MOP - Member of Public; LG - Life Guard; DM - Duty Manager; OP - Operations Manager; PO - Parking officer

Date of Incident	Business Group/Team	Location	#	Brief Details of Incident/ High Potential Incident	Corrective Action	Corrective Action Status	Near Miss	Critical Risk (Nasty Nine)	High Potential
16/08/2021	City Housing	Newtown Park	1236624	<p>Cleaner was mopping stairway in Block A of Newtown Park, walking backwards, missed a step, fell. This was during regular scheduled cleaning.</p> <p>Immediate Actions Taken Caller supervisor, who attended and assessed the situation. Asked supervisor to be taken to family doctor, supervisor took her to doctor. After that went home.</p> <p>About 3pm, the pain came back, called friend, called ambulance, taken to Wellington hospital for further assessment.</p>	Still waiting for full report	In Progress	NA	NA	Yes
13/08/2021	Parks, Sport and Recreation	Frank Kitts Play area	1236742	<p>On Friday 13 August a 4-year-old girl went to FKP play area. She was with her aunt and grandmother. She used the slide a number of times (as she had on previous visits), when on one ride, her right foot got caught on the side of the slide as the body continued downwards, and the right femur was fractured.</p> <p>Immediate Actions Taken The child was taken to A & E as an outpatient. Relevant Council Officers advised of incident. This is the 3rd similar incident involving a user under the age of 5, breaking a leg, in the space of 5 months</p>	Investigation still pending from previous similar case	In Progress	NA	Asset Failure	Yes
11/08/2021	Parks, Sport and Recreation	Chaffer’s Marina	1235761	<p>PSR were notified of a serious incident involving a Chaffer’s Marina Limited (CML) staff member</p> <p>The CML staff member was helping to unload fencing panels from the back of a Mainfreight Truck. The panels were being put down onto the timber walkway; during the course of the unloading the CML staff member has stepped down onto the concrete ledge, slipped and fell 0.8m onto the deck.</p> <p>Immediate Actions Taken The CML staff member was taken to hospital and has broken her wrist and tibia, she will require surgery on her leg</p>	Reported to WorkSafe Reviewing of Risk Assessment and Hazard ID – this will also include a staff meeting on Monday	In Progress	NA	Working at Height	Yes
1/08/2021	Parks, Sport and Recreation	Clyde Quay Marina	1234031	<p>Member of Public (MoP) observed the following: On Oriental Bay (near Coene’s Restaurant), over the weekend noted that WCC or its contractors appeared to have treated the algae on the slipway in this area. The area was not roped off, nor were any additional signs present warning of the slip danger.</p> <p>The treatment seemed to have caused the algae to change colour, effectively causing it to blend in with the concrete.</p> <p>Immediate Actions Taken Inform John Curran informed to reinstate ropes and check all signage is visible. Will investigate re-instating yellow line and warning.</p>	Update 12/08/2021. PSR Manager and PSR BS Manager meet onsite with KPI's husband. Reviewed the incident and agreed on steps going forward	In Progress	NA	Asset Failure	Yes

21/07/2021	Parking Services	co Cuba str & Abel Smith str	1229707	<p>2 PO's were Cuba Street near Abel Smith Street. A random male person (30s/short) across the road began yelling at them. The male person came aggressively across the road and started verbally abusing the staff members. The male person was asked to leave however he continued to yell and swear at them and PO1 activated the on-body camera. PO's informed the male that he needed to leave now or the police would be called, he then lightly punched one of the PO1 in the stomach area. PO moved back and called a Code Red on RT. PO2 activated the Code Red alert button on RT. PO's moved away from area to Vivian St where picked up by the Compliance car and returned to base.</p> <p>Immediate Actions Taken Activated body worn camera. Activated a Code Red on RT (verbally). Moved away from area. Returned to base and spoke with Senior and Team Leaders.</p>	Went to Wellington Central Police Station to make a complaint and statement (PO1 & PO2). Body worn camera footage x 2 provided to Police.	Completed	NA	Personal Confrontation	Yes
21/07/2021	Parks, Sport and Recreation	Frank Kitts Play area	1232950	<p>Member of Public (MoP) made a complaint / reported an incident regarding the kids slide in Frank Kitts Park. Their 3 year old son came down the slide very fast and caught his foot on the side of the slide bending his leg back awkwardly and fracturing his tibia. The medical staff at Wellington hospital advised this is a common occurrence with injuries including broken legs from the slide.</p> <p>Immediate Actions Taken Taken to Wellington hospital and he is now in a hip to foot cast. Contact was made with MoP on 28 July to discuss the incident. It was confirmed as a 3 year old boy, and that during the visit to A & E, he was not an in-patient (so does not meet notifiable incident status). PSR Officers met on 4 August to discuss the incident and options moving forward. A consensus was reached to install caution signs with an age recommendation of 6 years and up.</p>	PSR Officers met on 4 August to discuss the incident and options moving forward. A consensus was reached to install caution signs with an age recommendation of 6 years and up.	Completed	NA	Asset Failure	Yes
13/07/2021	113 The Terrace	Level 15	1228668	<p>Staff member noticed the Key Person Involved (KPI) slouched over at her desk. Went to see if she was ok and realised she needed medical support.</p> <p>Immediate Actions Taken KPI's Team Leader and Senior Health Safety and Wellbeing Advisor were called over for support and took KPI into 15.06 for privacy and to keep an eye on situation. Senior HS Advisor advised staff member to call an ambulance and support was given till their arrival. KPI and another staff member went into the ambulance to the hospital.</p>	None	NA	NA	NA	Yes
10/07/2021	City Arts & Events	Kupe Statue	1228163	<p>Person fell into void at base of Kupe statue person on the waterfront to watch fireworks, was walking and tripped over timber surround of Kupe Statue and fell into void between timbers and base of Kupe. Hit head on grate at bottom of statue and was lacerated</p> <p>Immediate Actions Taken nearby WFA staff were alerted, patient treated on site and transported to hospital</p> <p>Description of Findings Up-lighting for statue and 2 other pole mounted lights were isolated and not reinstated There have been other incidents that have occurred because lighting has been turned off for an event</p>	Consider possibility of lifting grate inside void up to ground level Reported to WorkSafe and ICAM investigation	In Progress	NA	NA	Yes
9/07/2021	Libraries and Community Spaces	Wadestown Library	1228207	<p>Staff member tripped trying to step over a dangling cord and landed heavily on her right knee.</p> <p>Immediate Actions Taken Ambulance called, then managers (offsite) The fall was caused in part by a dangling laptop charger cord under the front counter which staff member was trying to step over. Once the ambulance finally arrived the care was very professional. Staff member was triaged and x-rayed at the medical centre and her leg is in a brace as a precaution.</p>	<p>Reiterate standards for safe use of equipment including power cords.</p> <p>Reassess layout of front service desk and shelves underneath.</p>	In progress	NA	NA	Yes

3/07/2021	Parks, Sport and Recreation	Freyberg Pool	1227050	<p>2 members of the public came out from sauna and noticed KPI who was originally in the sauna with them, sitting on seat outside hotspot. He was leaning over with no movement. MoP tried to talk to him with no response and slapped him so called over LG. Customers placed him into recovery and spoke to him until DM came over.</p> <p>Immediate Actions Taken Initial thoughts from DMs was unconscious patient, non-breathing from how limp and unwell he looked. Then realised MOP was talking to him to keep him awake, he was very out of it and not stringing sentences. Setting up O2 and defib was being set-up whilst MOP explained when and how they found him. He was Voice responsive. Just as O2 was about to be administered, he was responding to questions. LG called ambulance from reception Ambulance was there in less than 10 mins and DM did handover. Team had debrief afterwards. Call tree activated, OM and CPM. Simple Investigation happening.</p>	Simple Investigation in progress	In Progress	NA	NA	Yes
2/07/2021	City Arts and Events	City-Sea Bridge	1228176	<p>Details are hazy as incident not witnessed and patient was confused. she was climbing on the wall (not sure why) and fell</p> <p>Immediate Actions Taken Passer's by called ambulance who attended</p>	NA	NA	Asset Failure	Yes	N/A
30/06/2021	Property	Opera House	1227293	<p>Caller from Ventia and subcontractors from Schindler lift attended a job at the stage lift in Opera House last Wednesday when they were all exposed to asbestos. They have all been tested and cleared.</p> <p>Immediate Actions Taken Everyone involved got tested.</p>	WorkSafe have been informed and allowed Ventia to continue with the works and clean-up required. No further involvement from WS	Completed	NA	Work related Health Risks	Yes??
26/06/2021	Libraries and Community Spaces	Johnsonville Library	1225771	<p>A Teenage group came into Waitohi swearing and vaping in the building. The Security Guard approached them to remind them, but they refused to listen to the requirement; due to them getting too close to the Security Guard Staff intervened to remind them to keep the social distancing with the security guard, they said OK and but ignored both the Staff Member and Security. The Security Guard called the Police due to the noncompliance of the Group, and when they arrived, they we warned by Police to follow the rules as described. As one of the Youths were known, and had previous other issues of noncompliance and bad behaviour the Library Staff issued a 21 day Ban Notice (previously prepared, issued while Police onsite for support)</p> <p>Immediate Actions Taken Called police, gathering to a group to support the security guard.</p>	Banned for 21 days(at legal) as only have one name currently	In Progress	NA	Personal Confrontation	Yes
25/06/2021	Parking Services	Salamanca Road	1225572	<p>Vehicle parked on broken yellow lines and over multiple drive ways. PO started process in taking pictures of vehicle as well as writing up the infringement – not seeing that there was a person sitting in the vehicle. PO then greeted the person in the car and asked the reason for parking this way. Answered that he was waiting for some-one. PO advised that the vehicle was parked illegally and should be moved. The driver did not take this advice onboard. While PO was taking pictures of the offending vehicle the driver got out of the car and smacked the handheld out of PO's hands and shoved the PO to which the PO activated on body camera and called in a code red over the comms and removed himself from area</p> <p>Immediate Actions Taken Back-up PO arrived on site and they went back to base. TL wrote up report and watched the body warn camera footage and then headed down to the police station to report the matter.</p>	Investigation underway	In Progress	NA	Personal Confrontation	Yes

19/06/2021	Parks, Sport and Recreation	WRAC	1224550	<p>Lifeguard (LG1) was attempting to let down the diving boards. LG1 turned the wrench the wrong way and then attempted to remove the "I stands" that the diving boards lay on. LG1 was then hit in the head by the falling diving board. The diving board only dropped halfway though as the tension of the rope caught the diving board halfway through the fall.</p> <p>Immediate Actions Taken LG1 said the board hit her head but that she was ok and continued to work the day. Duty Manager (DM) believed LG1 and thought that LG1 was acting normally (no indication of concussion or spinal injury)</p> <p>LG1 called in the next day 20/06/21. Told DM that she was at the hospital being seen to for dizziness, back pain, numbness and an enlarged bump on her head.</p> <p>Update 21/06/2021: Notified WorkSafe through the online form, have attached this in the document section in RM report. WRAC operations manager has started incident review</p>	WorkSafe notified - Ref# ON-b9ccbe3e-b6a3-4f3b-94ef-6819fa16128c	Completed	NA	NA	Yes
16/06/2021	Parks,Sport and Recreation	WRAC	1224108	<p>Key person involved (KPI) and Injured person (IP) were diving with <i>Island Bay divers</i> when KPI held their breath when rising back up to the surface as their mask filled with water. When KPI exited the pool, KPI told IP that they have chest pain and told IP what had happened. IP notified DM and agreed that O2 should be administered</p> <p>Immediate Actions Taken Duty Manager (DM) told Lifeguard (LG1) to head over to incident with an incident report form. DM came over with the O2 kit. DM administered O2 and monitored KPI. KPI was alert and breathing ok. Only chest pain. IP continued to administer O2 and called their manager for advice. IP took KPI to the hospital and took the O2 kit with them. IP was discharged that night The O2 kit was returned the next morning</p>	Operations Manager (OM) Following up and looking at risk involved with equipment leaving the facility will update once investigated	Not completed yet	Yes	NA	Yes
9/06/2021	Community Networks and Support Services	Parking Services	1222659	<p>Call received at the WCC contact centre at 11.25 am by a member of the public regarding a parking ticket that they had received and was extremely unhappy that no other vehicle had received a ticket. Staff member tried to gather some info from the caller and asked for the registration of the vehicle so that assistance could be given. The caller questioned why they were being asked for this info and then proceeded to threaten that they would "slash the Council cars and cause damage to council property", staff member was unsure if they had heard the caller correctly so asked the caller to repeat themselves. After confirming with the caller what had they had heard the customer was advised that the call was to be terminate.</p>	Vehicle has been added into RTL look-up	Completed	NA	Personal Confrontation	NA
29/05/2021	Parks, Sport and Recreation	Freyberg Pool	1220115	<p>Lifeguard (LG) noticed key person involved (KPI) on poolside, slumped forward and holding her head. Asked if ok, to which KPI replied she was feeling dizzy -KPI had been out for a sea swim and had then sat in the steam room to attempt to warm up -LG noticed KPI had blue lips and a weak pulse -Called to duty manager (DM) to phone ambulance</p> <p>Immediate Actions Taken -DM Called ambulance. -LG got KPI comfortable and covered her with a rescue blanket and towels -Monitored KPI, checking pulse and responses regularly -Once KPI was warmer and pulse had returned to normal, LG placed KPI in the spa to warm up further. Ambulance checked her over once they arrived.</p>	No further action required	Completed	NA	NA	Yes
19/05/2021	Parks, Sport and Recreation: Trees	97 Hataitai Rd	1218409	<p>Team were pruning trees and the climber in the tree was using a chainsaw with a long bar on it and was cutting at a low position in the tree. The climber placed the turned off saw on a low branch in the tree while they repositioned themselves. Whilst the climber did, one of the team on the ground collected the branch, as they stood up with the branch, they hit the cutting bar of the saw which was still turned off. The ground worker didn't think much of it and continued working without checking. At the end of the day the team member was getting changed and noticed a large cut on their back from the incident.</p>	Team discussing work methodology to see if any improvements can be made	Completed	NA	Vehicles, traffic and mobile equipment	NA

				Immediate Actions Taken Staff member went to A+E to get stitches. Is on light duties for two days for recovery time.						
18/05/2021	Parks, Sports and Recreation	Broderick Rd, Johnsonville	1218170	Whilst reversing elevated work platform (EWP) caught low hanging Chorus service which pulled weatherboard away from property Immediate Actions Taken Spoke to resident and explained what happened. Nailed weatherboard back up. Resident happy.	Nailed back into position	Completed	NA	NA	NA	NA
13/05/2021	Parks, Sport and Recreation	Seton Nossiter Park	1217880	Caller contacted the WCC to ask what type of toxin we use in our possum bait station control network as a Vet suspected the dog had eaten some of this poison. The caller had walked his dog in the park prior to getting sick. Immediate Actions Taken Contacted the caller to follow up on the dog's condition and to provide information. The caller said that the dog was doing better and that it is eating and walking again. Informed him about the toxin that is used and about the signs at the entry points that give advice on both the toxin and treatment if ingested.	Contractors have been asked to visit the site to assess any risk of toxin on the ground. The area is also fitted with safe bait stations which we use around dog exercise areas to further reduce the risk to dogs of ingesting any pellets.	In Progress	NA	Hazardous Substances/ Asset Failure	Yes	
16/05/2021	Parks, Sport and Recreation	Johnston Hill	1217858	Volunteer was servicing pest animal traps in Johnston Hill when he was bitten by a dog. He noticed a dog off lead after which the owner put the dog on a short lead. As they approached one another on the track, the owner of the dog said that volunteer needed to walk to the far left because of the dog. When they passed each other the dog barked, lunged, and bit volunteer on the right forearm which he used to protect himself from the dog attack. Immediate Actions Taken Volunteer has been contacted, no medical treatment was needed other than cleaning the wound. The volunteer reported it to the co-ordinator who then passed it on TL, the ranger and Dog control.	Dog Control has been in contact with Martin and are managing the situation of finding the dog and the owner.	In Progress	NA	Health and Impairment	Yes	
8/05/2021	Parks, Sport and Recreation	Freyberg Pool	1218012	Customer came and spoke to duty manager (DM) in reception saying a man had fainted in male change. He had been sitting in sauna for 30 mins (mentioned people had been pouring water on the rocks), sat in steam room for 2-3 minutes. Felt faint and made his way to shower in male changing room to which he fainted and other customers heard him and alerted Lifeguard (LG's). Immediate Actions Taken DM attempted to alert LG through radio. He responded by putting customer into a comfortable position until he felt okay to move. Also gave him a milo just in case he was low (customer was a diabetic). DM began clearing pool, got first aid bag, and called ambulance.	First responder spent a decent amount of time trying to unlock door from the outside. Wasting valuable time. Regular checks to ensure customers aren't spending too much time in hot spot	In Progress	NA	Asset failure ??	Yes	

INTERNAL AUDIT REPORT FOR THE YEAR ENDED 30 JUNE 2021

Purpose

This report asks the Kāwai Māhirahira | Audit and Risk Subcommittee to receive the Internal Audit Report for the year ended 30 June 2020.

1. The information in this report supports the Subcommittee to discharge its responsibilities under its Terms of Reference to:
 - review and monitor whether management's approach to maintaining an effective internal control framework is sound and effective, and
 - have oversight of the internal audit function.

Recommendation/s

That the Kāwai Māhirahira | Audit and Risk Subcommittee:

1. Receive the information.

Background

2. The Internal Audit Report for the year ended 30 June 2021 provides the overall results of the work performed as part of the Internal Audit Plan 2020-21 that was approved by the Finance, Audit and Risk Management Subcommittee on 12 November 2020.
3. The Internal Audit Report provides a summary of the Internal Audit performance and our overall assessment of the Council's Internal Control System based on the work performed and observations during the year.
4. The Internal Control System is the attitude, actions and processes assure the achievement of organisation objectives. The Internal Control System comprises:
 - control environment
 - risk management
 - control activities
 - information and communication
 - assurance and monitoring activities
5. We have identified the key expectations for the Internal Control System for each of these five areas. These key expectations are based on recognised international good practice standards for internal control frameworks.

Discussion

6. The Council's internal control system can be described as 'Core' for the period ending 30 June 2021. This means that the underlying supporting processes are basic, with some elements of good practices in place. There is a low to medium level of maturity rating for underlying supporting processes.
7. This assessment result is generally consistent with last year, with improvements in the internal control environment and risk assessment area. This includes ongoing strong commitment to our values, implementation of the recommendations to improve governance, and continued work to improve strategic risks assessments.
8. In order to move towards a target rating of 'Good', the key area for improvement is in the Control Activity area, where several enterprise-wide initiatives are in progress. This includes ongoing work to lift risk management maturity, business planning, project management and procurement.
9. The Internal Audit Report for the year also provides a summary of internal audit performance for the period ending 30 June 2021. During the period, we confirm that the internal audit function receives the support of the Executive Leadership Team to perform their role with independence and objectivity.
10. A summary of internal audit engagements and recommendations to management is included in the report. A separate report on management's implementation of internal audit recommendations will be provided to the Subcommittee at the next meeting.
11. Overall customer feedback has been positive, based on feedback surveys issued to our customers after the completion of assurance engagements. We continue to identify ways to improve the performance and quality of our internal audit services.

Attachments

Attachment 1. Internal Audit Report for the year ended 30 June 2021 [!\[\]\(950a62bbddad88d64435fd35607dfc42_img.jpg\) !\[\]\(80ae2b64037a63e4dd106d2cfb4205ab_img.jpg\)](#)

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Author	Phyllis Lee, Team Leader Complaints & Information Assurance
Authoriser	Stephen McArthur, Chief Strategy & Governance Officer

SUPPORTING INFORMATION

Engagement and Consultation

There are no requirements to consult on the matters raised in this paper.

Treaty of Waitangi considerations

There are no specific Treaty of Waitangi considerations.

Financial implications

There are no new financial implications raised in this paper.

Policy and legislative implications

There are no new policy or legislative implications raised in this paper.

Risks / legal

There are no new risks or legal implications raised in this paper.

Climate Change impact and considerations

There are no climate change implications arising from this paper.

Communications Plan

No communication plan is required for this paper.

Health and Safety Impact considered

There are no health and safety implications arising from this paper.

This report provides Audit and Risk Subcommittee – Kāwai Māhirahira and the Executive Leadership Team with:

- an overview of the internal control system for the year ended 30 June 2021.
- a summary of internal audit work completed for the period 2020-21

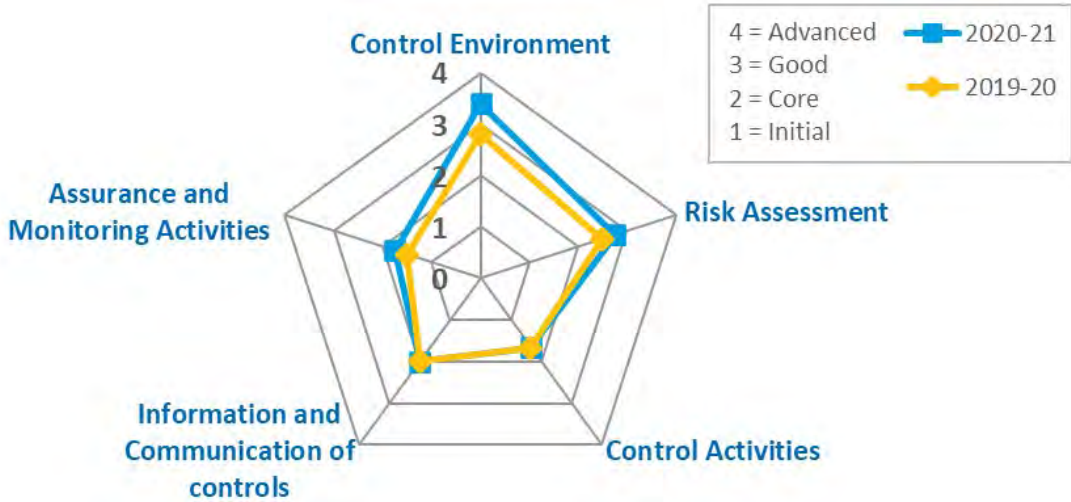
The information in this report supports the Kāwai Māhirahira – Audit and Risk Subcommittee discharge their responsibility to:

- monitor whether management’s approach to maintaining an effective internal control system is sound and effective, and
- have oversight of the internal audit function.

Internal Control System assessment rating for the year ended 30 June 2021

Internal Control System is the attitude, actions and processes in place to assure achievement of business objectives. The Internal Control System comprises of:

Table with 2 columns: Area, Explanation. Rows include Control Environment, Risk Assessment, Control Activities, Information and Communication of Controls, and Assurance and Monitoring Activities.



The council’s internal control system is assessed as ‘Core’ which is defined as a basic approach and with elements of good practices in place but operating in isolation. Maturity assessment for key organisational frameworks and processes are rated low to moderate e.g. Risk Management, P3M3, procurement, protective security. This assessment result is generally consistent with last year, with some improvements in the internal control environment and risk assessment space. Appendix Two provides a summary of the internal control assessment results.

Work performed and performance of the Internal Audit function for 2020-21

We have completed our Internal Audit Workplan 2020-21 that was approved by the Finance, Audit and Risk Subcommittee on 12 November 2020.

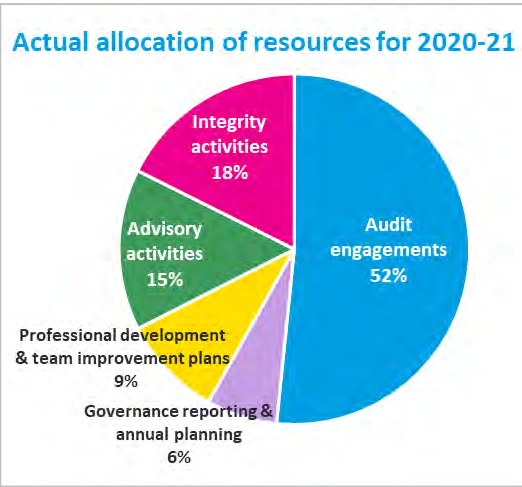
Internal Audit receives the support of ELT to perform their role objectively. During 2020-21, Internal Audit was able to:

- determine the scope of matters to be audited and to set audit objectives
- have access to appropriate resources to carry out our purpose, and
- make balanced evidence-based assessments.

Our actual allocation of resources (time) was in line with our audit plan, with just over half of our resources on audit engagements.

During 2020-21, we completed four internal audit engagements, three investigations, integrity awareness programme, and various other advisory engagements to support and strengthen our internal control system.

Appendix One summarises the results of our work.



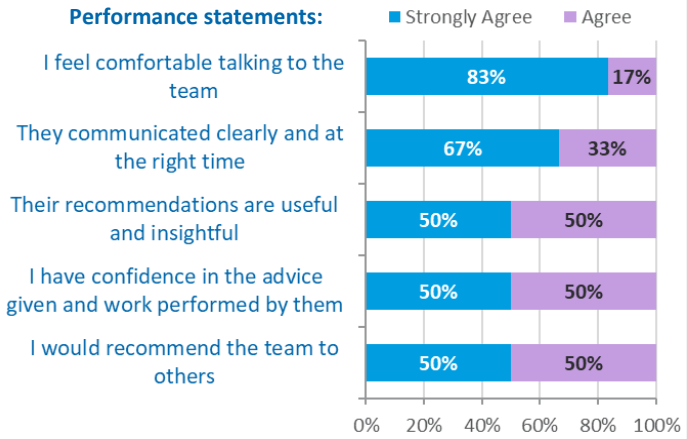
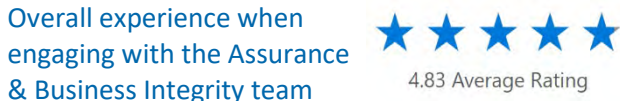
We issue customer feedback forms after the completion of each assurance engagement. Customers were asked to rate (on a scale of 1-5 stars) their overall experience when engaging with the Assurance & Business Integrity team. Our customers rated us 4.83/5 based on 12 responses received.

We also request our customers to rate how much they agreed with key performance statements that is focus on assessing trust and confidence.

Overall feedback has been positive with an average of 60% ‘Strongly Agree’ with our performance statements.

Suggestions and feedback for improvements received from our customers:

- teams would like more input into our assurance programme for the year
- follow up audit reviews to fully assess progress on recommendations
- to ensure that we fully understand any overlap and sequencing between employment investigations and audit investigations



Appendix 1: Summary of Internal audit and other assurance activities

The Internal Audit Workplan 2020-21 was approved by the Finance, Audit and Risk Subcommittee on 12 November 2020. This section summarises the results of our work.

Internal Audit Engagements

Audit Engagements	Work Performed and Results	Audit Rating
Action Plans for Nasty Nine	<p>We reviewed the adequacy of plans to strengthen controls associated with the critical risks of personal confrontation and work-related health hazards (hazardous substances).</p> <p>Our key findings were:</p> <ul style="list-style-type: none"> The Council needs to complete strategic health and safety planning to ensure it is doing the right work to reduce the likelihood and consequence of risk exposure, and to prevent harm or injury to our people. There is incomplete oversight and validation to confirm the effectiveness of controls and the completion of actions to reduce risks. Having efficient risk review and recording processes in place is key to reducing the risk of failure, injury or risk of significant harm. The Council's Risk Manager System is not complete to enable full risk oversight. Without this, Council may not have the information needed to strengthen the control environment. 	Improvements recommended
Building Consent Authority Accreditation Readiness Assessment	<p>The objective of this review is to assess the readiness for the International Accreditation New Zealand (IANZ) accreditation assessment of our building control function and to identify any significant accreditation risks.</p> <p>At the time of our review, we identified some immediate actions required to prepare for accreditation. These has since been addressed.</p> <p>We have also identified some longer-term actions to improve how accreditation management is planned.</p> <ul style="list-style-type: none"> Further develop the accreditation management plan and incorporate that into business planning, to ensure planning reflects business priorities and targeted accreditation outcomes Do more analysis to assess the causes for recurring issues and trends so that accreditation management decisions can be strengthened 	Improvements required
Procure to Pay	<p>The objective of this review is to assess the effectiveness of the purchase, receipting and invoice matching processes.</p> <p>We found that there were gaps in the end-to-end process because the purchasing, receipting and payments are managed as separate processes by different business process owners within Finance. This devolved approach is reflected in the current system set up, guidance provided to our people and decision-making approach.</p> <p>Procure-to-pay processes are viewed as complicated and time consuming. There is low understanding for why certain steps are required. We recommended actions to make it easier to buy and pay for what is required, and in a way that keeps the Council and its people safe.</p>	Improvements required
Business continuity processes	<p>Review effectiveness and maintenance of continuity planning including completeness of business impact assessments and plans to assure that WCC can maintain resilience and support continuity during a disruption.</p> <p>While the organisation has responded well to disruptions, more needs to be done to improve business continuity planning.</p> <p>We recommended the following actions to manage the risks:</p> <ul style="list-style-type: none"> Develop a shared organisational-wide view of business continuity risk and priorities for recovery Provide stronger central guidance to Business Unit managers to support them plan more effectively. This includes scenario planning, training exercises and sharing organisational-wide lessons learned 	Improvements required

Integrity Activities

- As part of the fraud risk identification process, we introduced a process to capture fraud 'red flags and any integrity concerns raised with us whether verbally or through our SpeakUp channel, including protected disclosures. Each matter raised to us is assessed for further action, including whether an investigation is required.
- We completed an **internal investigation** to establish relevant facts following concerns that internal control procedures, i.e. daily reconciliations, were not completed consistently at one of our sites.
- We **investigated two complaints** in response to concerns received from the public:
 - We completed an independent assessment of whether the decision to grant an encroachment licence followed a robust process; and whether there was any conflict of interest relating to the decision made. We have concluded that the Council followed proper process in coming to its decision, and there is no indication of conflict of interest on behalf of officers involved in the decision-making process.
 - We completed an independent review of the communication and professionalism of the Parking Services Team in response to a complaint from a member of the public. We concluded that there had been no misconduct by officers when dealing with the matters raised by the customer.
- Three other matters were reported to us in 2020-21. Following initial enquiry and follow up discussions, we have assessed that none required further investigation and the matters were closed. The reports of concerns remain confidential. While further investigation was not required, these reports help us build an understanding of our potential fraud risk exposure.
- Continuous Auditing Activities:** We completed periodic checks through the period to identify any potential systemic issues for higher-risk areas. Based on samples tested for the period, we concluded:
 - All sensitive expenditure had appropriate one-up authorisation. No unjustified business expenditure was identified. However, some expenditure lacked full explanation and/or adequate supporting documents.
 - There were no unusual or unexplained vendor data changes during this period
 - There may be some duplication of vendors in the vendor Masterfile
 - Regulatory areas have a good completion rate for gifts declaration. Completion rate for gifts declaration needs to be improved, particularly reporting of no gifts received.
- Integrity awareness:** We hosted a lunchtime Fraud Awareness Week workshop during November 2020. The workshop was a collaboration with Finance, Procurement and Security to learn more and discuss how we can better protect the Council. We also delivered a presentation on integrity and managing sensitive expenditure at the Financial Year End Briefing for the Leadership Group hosted by Finance during April 2021. The presentation focussed on the principle of being moderate and conservative. In addition, as part of our work to increase awareness and understanding of risks and internal controls, we delivered regular presentations at P-Card Forums and Purchasing Officer Forums.

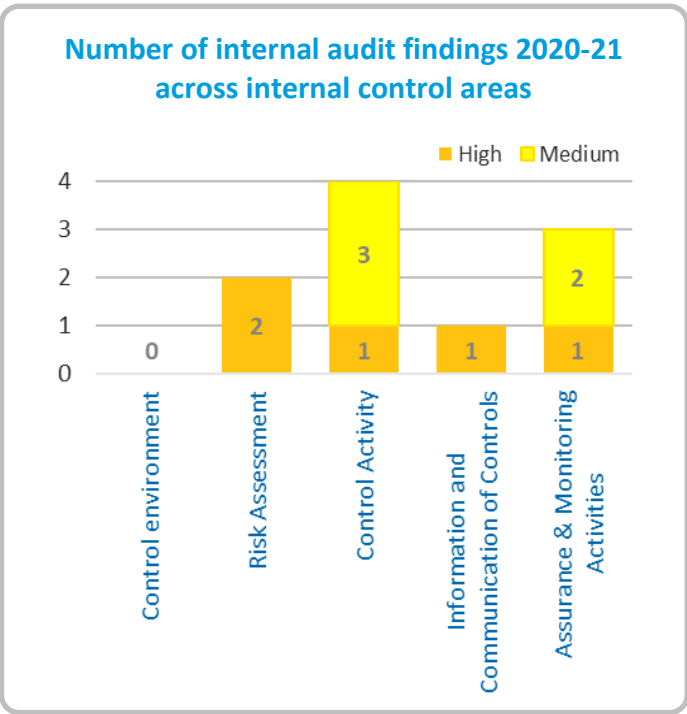
Assurance Advisory Activities

- We facilitated the annual legislative compliance attestation for the period July 2020 to June 2021. The overall legislative compliance control environment is effective. The Council has processes in place for meeting legislative compliance. There is improvement in the reporting of non-compliances. We rate the impacts of reported non-compliances as minor to moderate.
- We worked with the Risk team as they refresh the Enterprise Risk Management Framework and update the strategic reporting. We note the alignment of the Framework with good practice standards (ISO31000). We are assured that a robust process was followed to ensure that the Framework continues to be appropriate and fit for purpose.
- Other assurance advisory work completed during the year included advice provided to address OneCouncil user access to payroll data, internal policy governance framework, participation in the Protective Security Requirement maturity assessment, and working with the Enterprise Portfolio Management Office as they establish the frameworks and processes for assuring successful delivery of programme and projects.

Appendix 2: Overview of the Council’s Internal Control System

The following our assessment of the Internal Control System at the organisational wide level. The assessment is based on judgement and supported by observations and results of Internal Audit assurance and advisory activities.

Area	Expectations	Assessment	Comments
Control Environment The attitude and actions of leadership regarding the importance of control within the organisation, including its values, operating style, accountabilities and competency.	<ol style="list-style-type: none">demonstrates a commitment to integrity and ethical valuesgoverning body demonstrates independence from management and exercises oversight responsibilitiesestablishes structures, authority and responsibilities to achieve objectivesdemonstrates a commitment to attract, develop, and retain competent individualsholds individuals accountable for their internal control responsibilities	Good	<ul style="list-style-type: none">The Council continues to demonstrate a strong commitment to Our Values. The code of conduct is established and sets expectations of our people to conduct business legally, ethically, responsibly and in alignment with the Council' values.Improvements to governance were implemented, following an independent governance review of the Council. The Audit and Risk Committee will have an independent chair, in line with good practice.The annual Kōrero Mai staff engagement survey is a recognised and independent tool for diagnosing organisational culture and continues to be used to provide feedback to the organisation on areas for attention.There continues to be a strong tone-at-the Top from the CE, leading with a ‘First team’ approach to work together as a cohesive unit towards a shared vision. No findings raised relating to the internal control environment.
Risk Assessment The systematic and iterative process of identifying and assessing relevant risks.	<ol style="list-style-type: none">specifies objectives with sufficient clarity – a precondition to effective risk assessmentidentifies and assesses risks to the achievement of objectivesconsiders fraud risks to achievement of objectivesidentifies and assesses significant change	Core	<ul style="list-style-type: none">Clear unifying purpose has been established and communicated by leaders: Kia mahi ngātahi mō Pōneke mō tōna āpōpō. Priorities linked to the Long Term Plan has been established.Work to reassess the Enterprise Strategic Risk is underway. The approach includes a clear focus on those risks that could prevent us from achieving our strategic priorities.The last All-of-Government Risk Maturity Assessment places the enterprise risk maturity level at Level 2. The organisational risk maturity will be reassessed in August 2021.Fraud risks has been assessed by the Executive Leadership Team as part of the Enterprise Strategic Risk review. Work is ongoing to understand our fraud and integrity risk exposure. Two high rated findings raised in this area relating to ineffective planning, organisational wide risk assessment and prioritisation.
Control Activities The actions established by policies, procedures or practice to ensure that risk management actions are effectively carried out.	<ol style="list-style-type: none">implement control activities to mitigate risks to acceptable levelsestablishes appropriate controls to manage technology infrastructure, security and change processes that are aligned to business objectivesdeploys policies that establish what is expected	Initial	<ul style="list-style-type: none">Several initiatives that will support the establishment of robust organisational level control activities are in progress. Enterprise-wide controls are generally at early maturity stages. These includes business planning processes, procurement and contract management practices, programme/project management, privacy, and protective security requirements. Noted that elements of good practice are in place at some site and business units.Internal policy governance framework is in progress, with work underway to review all organisational policy. One high and two medium rated finding relating to the effective design of controls, effective operations of controls and adequacy of policy/process.
Information and Communication of controls The flow of timely, accessible and pertinent information to carry out internal control responsibilities.	<ol style="list-style-type: none">uses relevant, quality information to support effective functioning of internal controlsinternally communicates to so that people understand and carry out their internal control responsibilitiescommunicates externally matters affecting the functioning of internal control and provide channels to allow input, including whistle-blower process	Core	<ul style="list-style-type: none">Availability of information to support effective function of internal controls is variable. There are strategies being considered to address some of these challenges e.g. reporting out of Risk Manager, HRIS information to support managers, contract and supplier information, and centralising statutory and non-statutory delegationsEstablished business reporting mechanism in place. There is an ongoing process to understand the information needs to support ELT decision and oversight e.g. financial dashboard.Whare Tapa Toru process for performance, career and development supports understanding of individuals responsibilitiesProtected disclosure and whistle-blower processes are established with channels for reporting any concerns. One high rated finding relating to understanding the purpose of key controls relating to purchase orders and goods/services receipting
Assurance and Monitoring Activities Management review of whether controls are working effectively to manage risks. Control weakness are addressed timely and escalated where appropriate.	<ol style="list-style-type: none">management performs ongoing assessments to ascertain whether the processes and controls are workingmanagement has processes to identify internal control improvements and monitors timely corrective action	Core	<ul style="list-style-type: none">There are pockets of good quality control and management assurance processes as part of operational quality management systems. The Council has a formal assurance framework in place, but with varying levels of understanding about management assurance activities over areas of responsibility.There are opportunities to improve visibility and coordination across the three lines of defence to better integrate risk and assurance activities. One high and one rated m findings about stronger central oversight and monitoring processes about whether internal controls are present and functioning as expected.



Results of internal audit engagements 2020-21

Audit engagements 2020/21	Assessment Rating	High	Medium
Action Plans for Nasty Nine	Improvements recommended	1	2
BCA Accreditation Readiness Assessment	Improvements required	1	2
Purchase-to-pay processes	Improvements required	2	–
Business continuity processes.	Improvements recommended	1	1
Number of internal audit findings		5	5

Internal Control System assessment rating scale

Advanced	All elements of good practice are in place and operating effectively. High maturity rating for supporting elements.
Good	Most elements of good practice in place and operating effectively. Moderate to high level of maturity rating for supporting elements. May be some minor weaknesses.
Core	A basic approach with elements of good practice in place but operating in isolation. Low to moderate level of maturity rating for supporting elements. Areas for improvement noted.
Initial	Undefined or basic approach. Low level of maturity rating for supporting elements. Areas for improvements noted.

LEGISLATIVE COMPLIANCE

Purpose

1. This report asks the Kāwai Māhirahira | Audit and Risk Subcommittee to receive the Legislative Compliance Report for the period ending 30 June 2021. The report provides:
 - results of the annual legislative compliance attestation for the period 1 July 2020 to 30 June 2021
 - a summary of the legislative compliance control environment
2. The information in this report supports the Subcommittee to discharge its responsibilities under its Terms of Reference to have oversight of the systems in place to manage legislative compliance.

Recommendation/s

That the Kāwai Māhirahira | Audit and Risk Subcommittee:

1. Receive the information.

Background

3. The Assurance & Business Integrity team had facilitated the annual legislative compliance attestation for the period ending 30 June 2021. The attestation process was carried out as one of the methods in place to assure that the Council has adequate systems to manage compliance with required legislation.
4. The legislative compliance attestation process involves:
 - Reviewing the list of key Acts and the assigned Lead Manager with management.
 - Attestation from Lead Managers about compliance with key Acts and whether the Council has adequate systems in place to manage compliance.
 - Validation of a sample of attestation by Assurance & Business Integrity

Discussion


5. The results of the legislative compliance attestation indicate that:
 - The overall legislative compliance control environment is effective.
 - There are processes in place for meeting legislative requirements.
 - Lead Managers understand their delegated legal powers and duties, and are confident about how the Act applies to the Council and its key risks.
 - There is improvement in the reporting of non-compliances.
 - The impacts of reported non-compliances are minor to moderate.

6. There were 18 non-compliance or partial non-compliances reported for the period 2020-21 across 14 Acts. We rate the impact of reported non-compliances as minor to moderate.
7. There are more reported instances of non-compliances compared to last year. We view this as positive and an indication of improved reporting. Key themes identified from the non-compliances are timeliness to statutory timeframes, improvements to operational processes to improved compliance, and clarifying some delegations or assignment of responsibilities.

Next Actions

8. Management have identified appropriate actions to address and continually improve our legislative compliance control environment.
9. We will have follow-up conversations with lead managers in approximately six months to encourage completion of actions and to prepare for the next annual attestation.

Attachments

Attachment 1. Legislative Compliance Report for the year ended 30 June 2021 [↓](#)  Page 41

Author	Phyllis Lee, Team Leader Complaints & Information Assurance
Authoriser	Stephen McArthur, Chief Strategy & Governance Officer

SUPPORTING INFORMATION

Engagement and Consultation

There are no requirements to consult on the matters raised in this paper.

Treaty of Waitangi considerations

The principles of the Treaty of Waitangi have been considered where applicable.

Financial implications

There are no new financial implications raised in this paper.

Policy and legislative implications

There are no new policy or legislative implications raised in this paper.

Risks / legal

There are no new risks or legal implications raised in this paper. The risks from non-compliances and partial non-compliances identified through the legislative compliance attestation process is rated minor to moderate.

Climate Change impact and considerations

There are no climate change implications arising from this paper.

Communications Plan

No communication plan is required for this paper.

Health and Safety Impact considered

There is no health and safety implications arising from this paper.

Report on Legislative Compliance for the year ended 30 June 2021

Purpose

This report provides the Executive Leadership team with:

- results of the annual legislative compliance attestation for the financial year July 2020 to June 2021
- an overview of the legislative compliance control environment

What we found

The overall legislative compliance control environment is effective. Business Units with lead responsibility for key Acts have processes in place for meeting legislative compliance. We rate the impacts of reported non-compliances as minor to moderate.

There is improvement in the reporting of non-compliances. We felt that responses from lead managers were more thoughtful and open. We want to continue encouraging that.

Next steps

Business Unit Managers have identified actions to strengthen compliance. We encourage that these actions be included in their business unit plan for 2021-22, currently being developed.

We will have follow-up conversations with lead managers in approximately six months to encourage completion of actions before the next annual attestation.

During 2021-22, in preparation for the next legislative compliance attestation, we will work with teams to understand how business units can demonstrate and confidently attest to the specific provisions for Māori outcomes. The relevant Acts includes the Treaty of Waitangi Act 1975, the Ngāti Toa Rangatira Claims Settlement Act and Port Nicholson Block (Taranaki Whānui ki Te Upoko o Te Ika) Claims Settlement Act, as well as the specific provisions under the Local Government Act, Resource Management Act, Reserves Act, Land Transport Management Act, and Public Works Act.

Key themes from the 18 non-compliance or partial non-compliance reported across 14 Acts


- **Not meeting statutory timeframes** – Non-compliances to meet statutory timeframes were reported for issuing resource and building consents, responding to official information requests, and completing the backlog of verifications for food businesses delayed by the COVID-19 response. Improvements in statutory timeframes are expected as more staff vacancies are filled, and backlogs are fully cleared. These breaches were reported as part of the Council's KPI reporting framework. The overall consequences rating is moderate.
- **Process improvements to meet legislative requirements** – Lead Managers have identified process improvements to improve compliance. These include work on payroll system configuration, administrative tenancy documentation, three yearly safety re-check requirements for children's workers, better monitoring of organisational record keeping, and performing cost-effectiveness review of services for meeting the needs of communities. The overall consequences rating is minor.
- **Clearer assignment of responsibilities** – Lead Managers have indicated that assignment of business unit responsibilities is not fully clear for a small number of acts. The overall consequences rating is minor.

Legislative compliance attestation for 1 July 2020 to 30 June 2021


Lead Managers were asked to attest compliance with key Acts and whether the Council has adequate systems in place to manage compliance.

 **46** Key Acts
(2019-20 = 44 Acts)

 **14** Acts
with reported non-compliances
(2019-20 = 6 Acts)

 **82%** are confident about how the key Acts apply to the Council, its key risks, and the impact of changes to the Act
(2019-20 = 96% understand the legislation)

 **100 %** response
rate from lead managers
(2019-20 = 95%)

 **84%** fully understand their delegated legal powers and duties
(2019-20 = 80%)

 **48%** agree tools & training are fully appropriate to develop competency
(2019-20 = 53% training is adequate)

Our legislative compliance control environment

Understanding of legal powers and duties delegated to their team

- 84% fully understand the delegated legal powers and duties that are applicable to them and their teams
- 14% generally understand the delegated legal powers and duties that are applicable to them and their teams
- 2% not applicable – no legal powers conferred by the Act

I fully understand the delegated legal powers and duties that are applicable to me and my team, 84%

14% 2%

Understanding of the Acts and the degree of confidence about sharing their knowledge of how the Act applies to the Council, its key risks, and the impact of changes made or proposed to the Act

- 82% understand the Act and can confidently share how the Act applies to the Council, its key risks, and the impact of changes made or proposed to the Act since 1 July 2020
- 16% understand the Act but are not fully confident about sharing their knowledge with others
- 2% cannot confirm that they fully understand the Act

I understand the Act and can confidently share my knowledge with others, 82%

16% 2%

Effectiveness of systems in place to monitor and report on legislative compliance

- 67% confirmed that systems, policies, procedures and controls to monitor and report on legislative compliance are effective
- 19% confirmed that the monitoring and reporting system is somewhat effective
- 9% cannot confirm and 5% don't know

I confirm that the systems, policies, procedures and controls to monitor and report on legislative compliance are effective, 67%

19% 9% 5%

Effectiveness of tools and training for key staff to develop competency in legislative responsibilities











- 48% confirmed that the tools and training for key staff are appropriate and adequate
- 38% confirmed that the tools and training for key staff are mostly appropriate and adequate
- 10% cannot confirm and 3% don't know









I confirm that our tools and training for key staff are appropriate and adequate, 48%

38% 10% 3%

Non-compliances reported for the period 1 July 2020 to 30 June 2021

18 non-compliance or partial non-compliance were reported for 2020/21 across 14 Acts.

Act	Group	Description	Management Actions	Key
LGOIMA 1987	Planning & Environment	Non-compliance with the statutory time frames for issuing LIMS. For several months LIMS were not issued within timeframes where additional staff were employed to help with workloads.	In progress – Statutory timeframes are impacted by a contract agreement with an external Vendor on the supply of archive information. There have been ongoing discussions between teams and the vendor.	
	Strategy and Governance	Partial compliance with decision making within 20 working day statutory timeframes .	In progress – The Official Information team will publicise its processes to strengthen expertise across Council to enable Business Units to respond to requests that aren't high risk or complex.	
		Partial compliance - No formal delegation exists as to who can make a decision about the release of information. Some decisions have also been overturned following investigation by the Ombudsman.	In progress – Decision making will be considered as part of a review of Quality Decision Making to be carried out by the Legal Services team.	
Resource Management Act 1991	Planning & Environment	Non-compliance with the statutory time frames for issuing resource consents. The resource consents team received over 100 applications and with five staff vacancies this has impacted processing times.	In progress – Recruitment to fill vacancies has been successful with one vacancy remaining. Improvements in timeframes are anticipated once training is embedded.	
Building Act 2004	Planning & Environment	Partial compliance with the 20-day clock and statutory timeframes for issuing building consents has improved since last year. It now sits at 93% for issuing building consents and 96% for issuing Code Compliance Certificates. Target – 100% of building consents issued within 20 days.	In progress – Recruitment to fill vacancies is continuing as is the work to ensure all Officers have a relevant competency so that less supervision is required, freeing up time for processing of consents. The current compliance level did not receive a General Non-Compliance (GNC) from IANZ at a recent accreditation assessment. The availability of engineering contractors continues to be a risk but is being actively managed.	
Food Act 2014	Planning & Environment	Partial compliance with undertaking and completing food business verifications within statutory timeframes . Management has been dealing with a backlog of verifications following the Covid-19 response. Short term contractors have been appointed which has nearly cleared the backlog.	In progress – A Quality Management Systems (QMS) Manager has been appointed for the City Consenting and Compliance team who will monitor and maintain our Food Act QMS in line with Ministry of Primary Industry requirements.	
Holidays Act 2003	People & Culture	Non-compliance issues with complex rules, configurations and payments types for leave codes existing in the Payroll system.	In progress – Management is currently working through phase 1 of a project which is the system correction phase before we move into a remediation phase.	
Residential Tenancies Act 1986	Customer & Community	Partial compliance – a small number of administrative oversights were identified relating to tenancy documentation and tenancy related processes following a voluntary audit. These were quickly remedied. Overall compliance levels were reported as high.	Resolved – Matters were dealt with at the time and no further actions are required.	
Rating Valuations Act 1998	Smart Council	Partial compliance – current Valuer-General rules for leases are not practical.	The Valuer-General has agreed to review the rules.	
Public Records Act 2005	Smart Council	Partial compliance - Exceptions related to adequate monitoring and reporting on organisational recordkeeping .	In progress – We are moving to a new system that has better monitoring and reporting functionality.	

Act	Group	Description	Management Actions	Key
Vulnerable Children Act 2014	People & Culture	Partial compliance – the three yearly safety re-check requirements for children's workers were not completed. This was fundamentally due to a lack of system generated notification process.	In progress – The Council has completed a review of the existing policy. Re-checks will be prompted by an action from the Risk Manager Health and Safety Management System.	
Local Government Acts 1974 & 2002	Strategy and Governance + All service delivery areas	Partial compliance with Section 17A to review the cost-effectiveness of services delivered for meeting the needs of communities for good quality local infrastructure, local public services, and performance of regulatory functions.	Section 17A of the Act remains an area where further work is required. This requirement will be built into either business planning or activity service plans to achieve greater consistency and compliance in the organisation.	
	Infrastructure & Delivery	Obligations and restrictions relating to provision of water services Partial compliance – The challenges with our water infrastructure were well traversed in the Mayor's Taskforce.	The Council is working through the Government's proposal for Three Waters Reforms Programme.	
	Customer & Community	Restrictions on disposal of parks, reserves, and endowment properties No compliance attestation for Part 7 Subpart 3 relating to disposal of parks.	Legal and property advice is obtained on matters relating to application of the LGA to any leasing or land disposal decision making and process.	
Civil Defence Emergency Management Act 2002	Infrastructure & Delivery	Partial compliance – We must plan and provide for civil defence emergency management within Wellington City. Some of the responsibility for this has been passed to WREMO, however the separation of respective duties is not always clear.	More clarity is needed about which duties fall under WCC and which are WREMO. Specifically, in relation to relevant hazards and risks, the respective responsibilities to: <ul style="list-style-type: none"> • identify, assess, and manage those hazards and risks • consult and communicate about risks: • identify and implement cost-effective risk reduction 	
Climate Change Response Act 2002	Planning & Environment	Partial compliance – Compliance is met with respect to the Southern Landfill. Further changes came into effect in Jan 21 that introduced operational and technical changes to the Emissions Trading Scheme. Requirements including financial and forestry obligations are not currently attested to.	Responsibilities of business unit managers under this Act need to be clarified. A new Manager has been appointed as Co-Lead.	
Heritage NZ Pouhere Taonga Act 2014	Planning & Environment	Partial compliance – Reported instances of non-compliance during the attestation period.	No specific actions to strengthen compliance were reported.	
Treaty of Waitangi Act 1975	Strategy & Governance	No compliance attestation. Specific provisions for Māori and recognition of the Treaty of Waitangi are included in other Acts, in particular: Local Government Act, Reserves Act, Land Transport Management Act, and Public Works Act.	Further work to understand how business units can demonstrate and confidently attest to the specific provisions for Māori outcomes.	

Key:	 Timeframe	 Process improvements	 Roles & responsibilities	 Other
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Attachment 1: Key Acts for 2020-21

List of key Acts and the Lead Manager responsible for completing the annual legislative attestation form:

#	Key Act	Lead ELT	Lead Managers
1.	Residential Tenancies Act 1986	Chief Customer and Community Officer	Angelique Jackson & Paul Davies
2.	Summary Proceedings Act 1957	Chief Customer and Community Officer	Kevin Black
3.	Biosecurity Act 1993	Chief Customer and Community Officer	Paul Andrews
4.	Burial and Cremation Act 1964	Chief Customer and Community Officer	Paul Andrews
5.	Reserves Act 1977	Chief Customer and Community Officer	Paul Andrews
6.	Wellington Town Belt Act 2016	Chief Customer and Community Officer	Paul Andrews
7.	Companies Act 1993	Chief Customer and Community Officer	Warwick Hayes
8.	Trusts Act 2019	Chief Customer and Community Officer	Warwick Hayes
9.	Public Records Act 2005	Chief Digital Officer	Gordon Hurst
10.	Rating Valuations Act 1998	Chief Digital Officer	Gordon Hurst
11.	Local Government (Rating) Act 2002	Chief Financial Officer	Martin Read
12.	Goods and Services Tax Act 1985	Chief Financial Officer	Richard Marshall
13.	Income Tax Act 2007	Chief Financial Officer	Richard Marshall
14.	Rates Rebate Act 1973	Chief Financial Officer	Richard Marshall
15.	Land Transport Management Act 2003	Chief Infrastructure Officer	Brad Singh & Vida Christeller
16.	Land Transport Act 1998	Chief Infrastructure Officer	Brad Singh & Vida Christeller
17.	Utilities Access Act 2010	Chief Infrastructure Officer	Brad Singh
18.	Civil Defence Emergency Management Act 2002	Chief Infrastructure Officer	Mike Mendonca
19.	Climate Change Response Act 2002	Chief Infrastructure Officer	Mike Mendonca & Alison Howard
20.	Waste Management Act 2008	Chief Infrastructure Officer	Mike Mendonca
21.	Employment Relations Act 2000	Chief People & Culture Officer	Carla Flynn
22.	Holidays Act 2003	Chief People & Culture Officer	Carla Flynn
23.	Human Rights Act 1993	Chief People & Culture Officer	Carla Flynn
24.	Wages Protection Act 1983	Chief People & Culture Officer	Carla Flynn
25.	Health and Safety at Work Act 2015	Chief People & Culture Officer	Jase Yorston
26.	Vulnerable Children Act 2014	Chief People & Culture Officer	Jase Yorston
27.	Building Act 2004	Chief Planning Officer	Mark Pattemore
28.	Dog Control Act 1996	Chief Planning Officer	Mark Pattemore
29.	Food Act 2014	Chief Planning Officer	Mark Pattemore
30.	Hazardous Substances and New Organisms Act 1996	Chief Planning Officer	Mark Pattemore
31.	Health Act 1956	Chief Planning Officer	Mark Pattemore
32.	Litter Act 1979	Chief Planning Officer	Mark Pattemore
33.	Resource Management Act 1991	Chief Planning Officer	Mark Pattemore & Vida Christeller
34.	Sale and Supply of Alcohol Act 2012	Chief Planning Officer	Mark Pattemore
35.	Construction Contracts Act 2002	Chief Planning Officer	Phil Becker
36.	Public Works Act 1981	Chief Planning Officer	Phil Becker
37.	Heritage NZ Pouhere Taonga Act 2014	Chief Planning Officer	Vida Christeller
38.	Weathertight Homes Resolution Services Act 2006	Chief Strategy and Governance Officer	Beth Keightley
39.	Copyright Act 1994	Chief Strategy and Governance Officer	Jennifer Parker
40.	Local Authorities (Members' Interests) Act 1968	Chief Strategy and Governance Officer	Jennifer Parker
41.	Local Electoral Act 2001	Chief Strategy and Governance Officer	Jennifer Parker
42.	Local Government Acts 1974 & 2002	Chief Strategy and Governance Officer	Multiple managers – see LGA* table
43.	Local Government Official Information and Meetings Act 1987 (LGOIMA)	Chief Strategy and Governance Officer	Richard Leverington, Jennifer Parker, Mark Pattemore
44.	Privacy Act 2020	Chief Strategy and Governance Officer	Richard Leverington
45.	Protected Disclosures Act 2000	Chief Strategy and Governance Officer	Richard Leverington
46.	Treaty of Waitangi Act 1975	Chief Strategy and Governance Officer	Jennifer Parker

Note: This list of Acts is not exhaustive. All managers are responsible for ensuring that they have systems in place to ensure that the work completed by their teams complies with all relevant legislation.

*Local Government Act 2002

Key Sections of the LGA	Lead ELT	T3 Managers
Part 2 Purpose of local government, and role and powers of local authorities	Chief Strategy and Governance Officer	Baz Kaufman
Part 4 Governance and management of local authorities and community boards	Chief Strategy and Governance Officer	Jennifer Parker
Part 5 Council-controlled organisations and council organisations	Chief Customer and Community Officer	Warwick Hayes
Part 6 Planning, decision-making, and accountability	Chief Strategy and Governance Officer	Baz Kaufman
Subpart 2 Reporting Subpart 3 Financial management Subpart 4 Borrowing & Security	Chief Financial Officer	Richard Marshall Martin Read
Part 7 Specific obligations and restrictions on local authorities & other persons Subpart 1 Specific obligations to make assessments of water and sanitary services Subpart 2 Obligations and restrictions relating to provision of water services	Chief Infrastructure Officer	Mike Mendonca
Subpart 3 Restrictions on disposal of parks, reserves, and endowment properties	Chief Customer and Community Officer	Paul Andrews
Subpart 4 Public libraries	Chief Customer and Community Officer	Gisella Carr
Part 8 Regulatory, enforcement & coercive powers of local authorities Subpart 1 Powers of local authorities to make bylaws Subpart 2 Enforcement powers Subpart 3 Powers in relation to private land Subpart 4 Powers in relation to water services and trade waste Subpart 5 Development contributions Subpart 6 Removal orders	Chief Strategy and Governance Officer Chief Planning Officer Chief Infrastructure Officer Chief Financial Officer	Baz Kaufman Mark Pattemore Mike Mendonca Brad Singh Martin Read

Criteria for key Acts

The list of Key Acts for inclusion in the attestation process were identified with management. The list is based on judgement and guided by the following:

- scope of the Act can be applied to the Council (has specific TA powers & responsibilities)
- have implications for the Council as a regulator
- are important to achieving our strategic priorities
- have specific responsibilities and/or consequences for elected members
- policies, systems, and training are expected to be in place to manage compliance
- compliance is monitored and reported
- risk of non-compliance may lead to significant consequences
- require active management and plans to address compliance improvements

INTERNAL AUDIT CHARTER

Purpose

1. This report asks the Kāwai Māhirahira | Audit and Risk Subcommittee to approve the Internal Audit Charter.
2. The information in this report supports the Subcommittee to discharge its responsibilities under its Terms of Reference to:
 - Review the internal audit charter to ensure appropriate organisational structures, authority, access, independence, resourcing and reporting arrangements are in place

Recommendation/s

That the Kāwai Māhirahira | Audit and Risk Subcommittee:

1. Receive the information.
2. Approve the Internal Audit Charter.

Background

1. The Internal Audit Charter is a formal document that defines Internal Audit's purpose, authority and responsibility. The Charter is important as it helps the Council understand our role, and what they can expect from us.
2. The current Internal Audit Charter was approved by the Finance, Audit and Risk Management Subcommittee on 13 June 2018. The Charter requires review and update to reflect changes to the Internal Audit function and the Council.

Discussion

3. The internal audit function is delivered by the Council's Assurance & Business Integrity team, which is part of the Assurance, Risk & Official Information business unit. The purpose of the internal audit function remains unchanged, which is to:
 - provide objective assurance and advice on governance, risk management, and internal control processes, and
 - give confidence to our stakeholders that the Council is delivering in a way that meets its responsibilities and the public's expectations of accountability.
4. The scope of the internal audit function also remains consistent with our current Charter. There are two main changes to what we do and our scope of work:

- Our responsibility to develop and carry out an integrity work plan is now reflected in our Charter. Work on integrity has been part of the internal audit work plan and the reflection of that responsibility in our Charter helps provide the appropriate emphasis to build a strong culture of integrity.
 - We acknowledge the recently establish Enterprise Project Management Office and our responsibility to work with them to provide assurance oversight to programmes and projects
5. We have reviewed and revised how we deliver our services to reflect our organisational values. We also aligned how we work with the organisation's internal initiatives to work better together across the organisation for Wellington's future.
6. The Charter's next review will be in three years' time, or earlier if necessary, to reflect any significant changes to the Internal Audit function or the Council.

Attachments

Attachment 1. Internal Audit Charter [↓](#) 

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Author	Phyllis Lee, Team Leader Complaints & Information Assurance
Authoriser	Stephen McArthur, Chief Strategy & Governance Officer

SUPPORTING INFORMATION

Engagement and Consultation

There are no requirements to consult on the matters raised in this paper.

Treaty of Waitangi considerations

There are no specific Treaty of Waitangi considerations.

Financial implications

There are no new financial implications raised in this paper.

Policy and legislative implications

There are no new policy or legislative implications raised in this paper.

Risks / legal

There are no new risks or legal implications raised in this paper.

Climate Change impact and considerations

There are no climate change implications arising from this paper.

Communications Plan

No communication plan is required for this paper.

Health and Safety Impact considered

There are no health and safety implications arising from this paper.

Te Aho Marutau | Internal Audit

Our Charter – Our purpose, how we operate and what we do

Why

The Assurance & Business Integrity team, which is part of the Assurance, Risk & Official Information Business Unit, is responsible for delivering internal audit services for the Council. Our purpose:

- We support council to be successful by improving risk management and building transparency and integrity. We do this through providing objective assurance and advice on governance, risk management, and internal control processes.
- We give confidence to our stakeholders that the Council is meeting its responsibilities and the public's expectations of accountability.

What

The scope of Internal Audit work includes, but is not limited, to:

- develop the Council's Assurance Framework
- develop and carry out an audit plan to evaluate and improve the effectiveness of governance, risk management, and control processes
- develop and carry out an integrity work plan to build a strong culture of integrity and to ensure our people feel safe to speak-up
- work with the Enterprise Project Management Office to provide assurance oversight to programmes and projects
- provide advice on the engagement of other independent assurance providers across the Council, including the scope of work and its delivery
- work with the Council's Appointed Auditors to coordinate respective work programmes and to support shared outcomes
- monitor management's completion of actions from independent assurance reviews
- develop and maintain the Council's protected disclosure policy, receive protected disclosures and have oversight of any investigations under the Protected Disclosures Act 2000
- investigate allegations of frauds and other suspected financial misappropriations or avoidable losses
- provide internal audit and advisory services to Council Controlled Organisations at the request of the Chief Executive of Wellington City Council.

How

Kia kotahi rā | Working better together

- We work together across the organisation to be a high performing organisation. We will show how our work contributes to strengthening the four focus areas – Accountable Leaders, Connected Council, The Way We Work and Living Our Values.

Living our values

- He tangata, he tangata, he tangata: We put people at the heart of what we do by listening to our customers an understanding the outcomes they are working toward
- Whakapai ake: Our work will have a focus on continually improving our internal control and assurance system so that we can successfully deliver our organisational outcomes more effectively.
- Mahi ngātahi: We work closely with our colleagues to get the best results for the organisation
- Mana tiaki: consider the impact of what we do on our places and encourage others to do the same through our work

Act with integrity

- The Executive Leadership Team actively supports the need for the Internal Audit function and for internal auditors to perform their role objectively and with impartiality.
- We will uphold the principles of objectivity, integrity, confidentiality and competence.
- We will maintain an unbiased attitude and make balanced evidence-based assessments.

To achieve this, the Executive Leadership Team authorises us to:

- define the Council's framework and approach for assurance
- carry out internal audit work that covers all facets of the Council's business
- determine the scope of matters to be audited and to set audit objectives
- have access to appropriate resources to carry out our purpose
- have access to all organisational records, personnel, and property, needed to carry out our work
- report to the Audit and Risk Subcommittee on all aspects of our function following due process.

STRATEGIC RISK REPORTING SEPTEMBER 2021

Purpose

1. This report provides the Kāwai Māhirahira | Audit and Risk Subcommittee with progress on the assessment and status of strategic risks to Wellington City Council. Included in this paper is a risk status summary of all risks assessed to date. Accompanying this paper are risk profiles for cyberattack and malicious attack threats.

Summary

2. The Risk Management team will report on the status of Council's strategic risks to this subcommittee at each meeting. The September report provides a summary of risks assessed to date, and new reporting templates for review and feedback.

Recommendation/s

That the Kāwai Māhirahira | Audit and Risk Subcommittee:

1. Receive the information.
2. Provide feedback on the risk profile and dashboard reporting approach

Background

3. The Executive Leadership Team (ELT) has assessed strategic risks for six threats to date, from a longer list of thirteen threats. Assessments have been completed using an expanded approach from the method previously used. This new approach provides a more complete picture of risks to our ability to deliver our Council's strategic objectives, priority work and day to day work and services.
4. The full list of threats and the expanded approach were presented to Kāwai Māhirahira | Audit and Risk Subcommittee members and other elected members on 19 August 2021. At that briefing, the Risk Management team advised that work would continue with ELT to complete the remaining seven risk assessments and refine risk reporting documents for this subcommittee.
5. The current outbreak of COVID-19 has hampered progress. Following the extension of the initial Level 4 COVID-19 lockdown, ELT has necessarily focussed on the specialised management response required to operate under Alert Level 4, and then our transition to Level 3 and preparation for operating at Level 2. This means we have not progressed the remainder of the risk assessments.
6. We have agreed with ELT that focussed groups comprised of selected ELT members and officer subject matter experts will complete the remainder of the assessments and complete population of the Strategic Risk Register to maintain progress.

Discussion

Our Strategic risk register will include a summary dashboard showing the risk from all threats assessed and individual risk profiles for each threat. The dashboard report will include commentary and rationale for any changes in risk levels. Figure 1 shows the heat map for risks assessed to date, and Table 1 shows summary risk status categories that will be included in the reporting dashboard. Risks yet to be assessed are listed in Table 2.

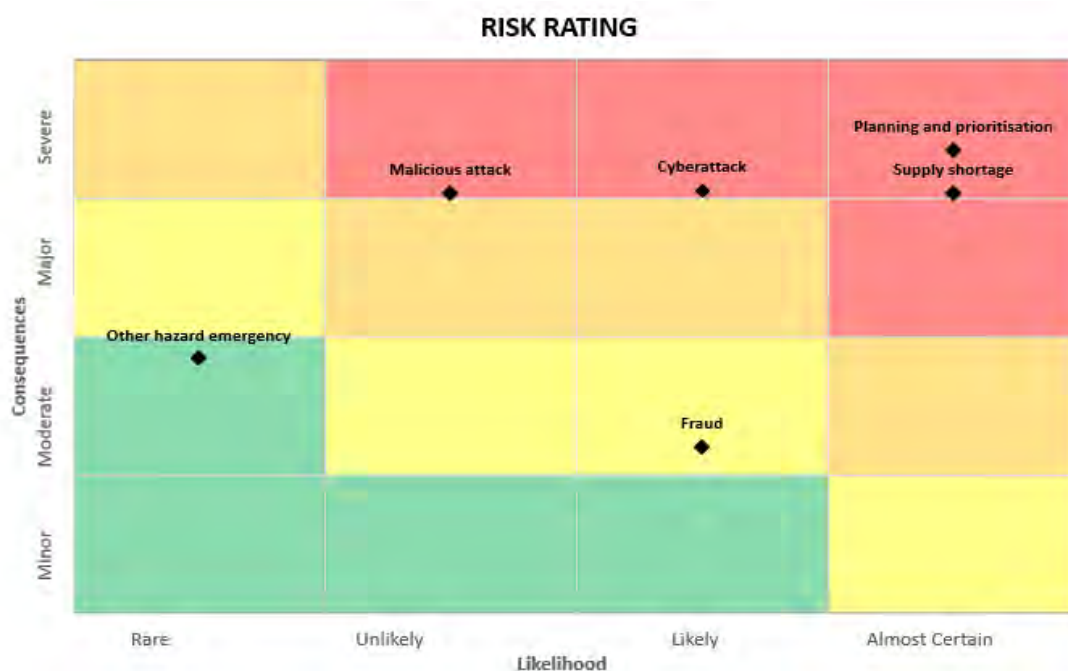


Figure 1 Risk level of threats assessed to date

Table 1 Summary risk level status assessed as of 2 Sep 2021

Threat	Current risk rating	Change since last quarter	Target risk rating
Cyberattack	Extreme/High	N/A	To be agreed
Malicious attack	Extreme/High	N/A	To be agreed
Fraud	Medium	N/A	To be agreed
Other hazard emergency	Low	N/A	To be agreed
Poor planning and prioritisation	Extreme	N/A	To be agreed
Supply and contractor shortages	Extreme/High	N/A	To be agreed

Table 1 Risks yet to be assessed





Threat	Current risk rating	Change since last quarter	Target risk rating
COVID-19 Outbreak	To be assessed	N/A	To be agreed
Poor climate change response	To be assessed	N/A	To be agreed
Earthquake and tsunami	To be assessed	N/A	To be agreed
Poor partnership	To be assessed	N/A	To be agreed
Poor financial planning and management	To be assessed	N/A	To be agreed
Failure to adapt to major change	To be assessed	N/A	To be agreed
Health and safety failure	To be assessed	N/A	To be agreed

7. The summary dashboard will be provided to this committee each reporting period accompanied by more detailed, up-to-date risk profiles for each threat. Accompanying this paper are example risk profiles for malicious attack and cyberattack threats. The new reporting templates are intended to provide this subcommittee with assurance that strategic risks are being assessed, treated monitored, and there is appropriate accountability and reporting in place.
8. The dashboard and risk profiles will be living documents. Our strategic risks are complex and will take some time to be managed to acceptable levels. We propose a 'reporting by exception' approach. This means that the dashboard is updated when there is evidence of a change in risk levels for any of our threats or significant change in risk management. The risk profiles will be updated more regularly as risk treatment work progresses and will grow to include referenced links to relevant risk reporting at other Council committees.
9. We note that many of the treatments that contribute to the overall management of our risks are reported in greater detail to other Council committees and we are seeking to keep reporting to this Subcommittee at a strategic level. We seek your feedback on whether these profiles, accompanied by a summary dashboard provide you with sufficient clarity and detail.

Next Actions

10. We will complete the suite of strategic risks assessments for our full list of threats. We will continue to populate and maintain up-to-date risk profiles for all threats. This work will involve ELT members and subject matter expert officers and be completed as soon as is practicable depending on availability of the necessary participants.

Attachments

- | | | |
|---------------|---|---------|
| Attachment 1. | Malicious Attack - strategic risk profile - Confidential   | Page 64 |
| Attachment 2. | Cyberattack -strategic risk profile - Confidential   | Page 66 |

Author	Kim Wright, Principal Advisor Risk Management
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**KĀWAI MĀHIRAHIRA - AUDIT AND RISK
SUBCOMMITTEE
15 SEPTEMBER 2021**

**Absolutely Positively
Wellington City Council**
Me Heke Ki Pōneke

Authoriser	Richard Leverington, Manager Risk and Assurance Stephen McArthur, Chief Strategy & Governance Officer
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SUPPORTING INFORMATION

Engagement and Consultation

All consultation has been internal to council. The risk assessments were conducted by the Executive Leadership Team. The scenarios used for the six assessments completed to date were reviewed by subject matter experts from appropriate teams within the council. The risk profiles have been reviewed by relevant subject matter experts from the Smart Council, Safety, Security and Wellbeing, and Community Housing Units.

Treaty of Waitangi considerations

No considerations to note.

Financial implications

No implications to note.

Policy and legislative implications

No considerations to note

Risks / legal

No legal implications to note. While strategic risks for the remaining seven threats of interest are yet to be assessed, the risks are largely known to council; for example, risks related to a major earthquake and tsunami are being actively managed through variety of means to reduce the impact and prepare for response.

Climate Change impact and considerations

No implications other than the standardised risk assessment will provide this committee with a strategic view of the reporting and management of council's climate change mitigation and adaptation work programme and initiatives.

Communications Plan

Nothing to note.

Health and Safety Impact considered

No impact on staff health and safety. Staff physical and mental wellbeing are considered as consequences to be assessed for all strategic risk assessments.

ACTION TRACKING

Purpose

1. This report provides an update on the past actions agreed by the Kāwai Māhirahira | Audit and Risk Subcommittee at its previous meetings.

Summary

2. This report lists the dates of previous committees and the items discussed at those meetings.
3. Each clause within the resolution has been considered separately and the following statuses have been assigned:
 - No action required: Usually for clauses to receive information or note information, or actions for committee members rather than council officers.
 - In progress: Resolutions with this status are currently being implemented.
 - Complete: Clauses which have been completed.
4. All actions will be included in the subsequent monthly updates, but completed actions and those that require no action will only appear once.

Recommendation/s

That the Kāwai Māhirahira | Audit and Risk Subcommittee:

1. Receive the information.

Background

5. At the 13 May 2021 Council meeting, the recommendations of the Wellington City Council Governance Review (the Review Report) were endorsed and agreed to be implemented.
6. The Review Report recommended an increase focus on monitoring the implementation of Council resolutions and delivery of the work programme. A monthly update at each committee meeting on its previous decisions is part of the implementation of this recommendation.
7. The purpose of this report is to ensure that all resolutions are being actioned over time. It does not take the place of performance monitoring or full updates. The committee could resolve to receive a full update report on an item if it wishes.

Discussion

8. Of the 13 resolutions of the Kāwai Māhirahira | Audit and Risk Subcommittee in June and August 2021:
 - 13 require no action from staff.
9. Further detail is provided in Attachment One.

Attachments

Attachment 1. Actions Tracking  

Page 63

Author	Hedi Mueller, Senior Democracy Advisor
Authoriser	Stephen McArthur, Chief Strategy & Governance Officer

SUPPORTING INFORMATION

Engagement and Consultation

N/A

Treaty of Waitangi considerations

N/A

Financial implications

N/A

Policy and legislative implications

Timeframes and deliverables are reliant on organisational resourcing and priorities.

Risks / legal

N/A

Climate Change impact and considerations

N/A

Communications Plan

N/A

Health and Safety Impact considered

N/A

Date	Meeting	Item	Clause	Status
Wednesday, 9 June 2021	Kāwai Māhirahira Audit and Risk Subcommittee	2.1 Assurance and Business Integrity Workplan 2021-22	1. Receive the information	No action required
Wednesday, 9 June 2021	Kāwai Māhirahira Audit and Risk Subcommittee	2.2 Risk Management Team Workplan 2021-22	1. Receive the information	No action required
Wednesday, 9 June 2021	Kāwai Māhirahira Audit and Risk Subcommittee	2.3 Health, Safety and Security Report	1. Receive the information	No action required
Wednesday, 9 June 2021	Kāwai Māhirahira Audit and Risk Subcommittee	3.1 Strategic Risk Update	1. Note the proposed changes to ratings for Strategic Risks 1 and 2.	No action required
Wednesday, 9 June 2021	Kāwai Māhirahira Audit and Risk Subcommittee	3.1 Strategic Risk Update	2. Receive the information.	No action required
Tuesday, 3 August 2021	Kāwai Māhirahira Audit and Risk Subcommittee	2.1 Audit NZ Governing Body Report	1. Receive the information	No action required
Tuesday, 3 August 2021	Kāwai Māhirahira Audit and Risk Subcommittee	2.1 Audit NZ Governing Body Report	2. Note the content of the Report to Council on the audit of 2019/20 Annual Report from Audit New Zealand.	No action required
Tuesday, 3 August 2021	Kāwai Māhirahira Audit and Risk Subcommittee	2.2 Audit New Zealand June 2021 Audit Plan	1. Receive the information	No action required
Tuesday, 3 August 2021	Kāwai Māhirahira Audit and Risk Subcommittee	2.2 Audit New Zealand June 2021 Audit Plan	2. Note the draft Audit Plan prepared by Audit New Zealand (attachment 1) and their approach to auditing the Council and Group.	No action required
Tuesday, 3 August 2021	Kāwai Māhirahira Audit and Risk Subcommittee	2.2 Audit New Zealand June 2021 Audit Plan	3. Delegate the authority to finalise the Audit Plan to the Chief Financial Officer and Chair of the Audit and Risk Subcommittee.	No action required
Tuesday, 3 August 2021	Kāwai Māhirahira Audit and Risk Subcommittee	2.2 Audit New Zealand June 2021 Audit Plan	4. Delegate the authority to finalise the proposed audit fees letter for June 2021 and June 2022 to the Chief Financial Officer and Mayor.	No action required
Tuesday, 3 August 2021	Kāwai Māhirahira Audit and Risk Subcommittee	2.3 Waka Kotahi NZ Transport Agency Audit	1. Note the finding actions to implement recommendations.	No action required
Tuesday, 3 August 2021	Kāwai Māhirahira Audit and Risk Subcommittee	2.4. Forward Programme	1. Receive the information	No action required

FORWARD PROGRAMME

Purpose

1. This report provides the Forward Programme for the Kāwai Māhirahira | Audit and Risk Subcommittee for the next two meetings.

Summary

2. The Forward Programme sets out the reports planned for Kāwai Māhirahira | Audit and Risk Subcommittee in the next meeting that require committee consideration.
3. The Forward Programme is a working document and is subject to change on a regular basis.

Recommendation/s

That the Kāwai Māhirahira | Audit and Risk Subcommittee:

1. Receive the information.

Discussion

4. Tuesday 12 October 2021:
 - Management Letter - audit of LTP 2021-2024 (Chief Strategy and Governance Officer)
 - Summary of Enterprise Risk Maturity Survey Results (Chief Strategy and Governance Officer)
 - Final Audit of Annual Report (Chief Strategy and Governance Officer)

Attachments

Nil

Author	Hedi Mueller, Senior Democracy Advisor
Authoriser	Stephen McArthur, Chief Strategy & Governance Officer

SUPPORTING INFORMATION

Engagement and Consultation

N/A

Treaty of Waitangi considerations

N/A

Financial implications

N/A

Policy and legislative implications

Timeframes and deliverables are reliant on organisational resourcing and priorities.

Risks / legal

N/A

Climate Change impact and considerations

N/A

Communications Plan

N/A

Health and Safety Impact considered

N/A

3. Public Excluded

Recommendation

That the Kāwai Māhirahira | Audit and Risk Subcommittee:

1. Pursuant to the provisions of the Local Government Official Information and Meetings Act 1987, exclude the public from the following part of the proceedings of this meeting namely:

General subject of the matter to be considered	Reasons for passing this resolution in relation to each matter	Ground(s) under section 48(1) for the passing of this resolution
3.1 Attachment to 2.5 - Strategic Risk Reporting September 2021 - Attachment 1 Malicious Attack - strategic risk profile	Section s48(1)(a) - That the public conduct of this item would be likely to result in the disclosure of information for which good reason for withholding would exist under Section 7.	Section 7(2)(j) - The withholding of the information is necessary to prevent the disclosure or use of official information for improper gain or improper advantage.
3.2 Attachment to 2.5 - Strategic Risk Reporting September 2021 - Attachment 2 Cyber Attack - strategic risk profile	Section s48(1)(a) - That the public conduct of this item would be likely to result in the disclosure of information for which good reason for withholding would exist under Section 7.	Section 7(2)(j) - The withholding of the information is necessary to prevent the disclosure or use of official information for improper gain or improper advantage.