

Komiti o te Ōtita me te Mōrearea | Audit & Risk Committee



Kaupapataka Wātea | Open Agenda



Notice is hereby given that an ordinary meeting of Audit & Risk Committee will be held on:

Ko te rā | Date: Tuesday 30 November 2021
Wā | Time: 1.00pm
Wāhi | Venue: Council Chambers
35 Kenrick Street
TE AROHA

Ngā Mema | Membership

Tiamana | Chairperson Joanne Aoake
External Member Gary Thompson

Elected Members
Mayor Ash Tanner
Cr Donna Arnold
Cr Bruce Dewhurst
Cr Kevin Tappin
Cr James Thomas
Cr Adrienne Wilcock

Waea | Phone: 07-884-0060
Wāhitau | Address: PO Box 266, Te Aroha 3342
Īmēra | Email: governance@mpdc.govt.nz
Kāinga Ipuranga | Website: www.mpdc.govt.nz



Ā-TIKANGA | PROCEDURAL

1	Whakatūwheratanga o te hui Meeting Opening	3
2	Ngā whakapāha/Tono whakawātea Apologies/Leave of Absence	3
3	Pānui i Ngā Take Ohore Anō Notification of Urgent/Additional Business	3
4	Whākī pānga Declarations of interest	3
5	Whakaaetanga meneti Confirmation of minutes	3

NGĀ PŪRONGO A NGĀ ĀPIHA | OFFICER REPORTS

6	<u>Pūrongo me whakatau Decision Reports</u>	
6.1	Schedule of Meetings for 2022	4
6.2	Draft Work Programme for 2022 - Audit and Risk Committee	7
6.3	Review of Audit and Risk Committee Charter	11
7	<u>Ngā Pūrongo Whakamārama Information Reports</u>	
7.1	Acknowledgment of the passing of Hon. John Luxton	21
7.2	Introduction to new Risk Manager	22
7.3	BCA IANZ Special Assessment Report	23
7.4	Draft Annual Report 2020/21	73
7.5	LGOIMA Requests Summary for 2021	77
7.6	Update on the 3 Water Reform Funded Projects	84
7.7	Self-Evaluation Survey 2021 - Audit and Risk Committee	101
7.8	Audit and Risk Committee Work Programme 2021 - Update November 2021	104

TAKE MATATAPU | PUBLIC EXCLUDED

8	<u>Mōtini hei aukati i te iwi whānu Procedural motion to exclude the public</u>	110
C1	In Committee Auditor / Committee Member Discussion	

1 Whakatūwheratanga o te hui | Meeting Opening

2 Ngā whakapāha/Tono whakawātea | Apologies/Leave of Absence

The apology from Cr James Thomas be received.

3 Pānui i Ngā Take Ohore Anō | Notification of Urgent/Additional Business

Section 46A(7) of the Local Government Official Information and Meetings Act 1987 (as amended) states:

“An item that is not on the agenda for a meeting may be dealt with at that meeting if-

- (a) The local authority by resolution so decides; and
- (b) The presiding member explains at the meeting, at a time when it is open to the public,-
 - (i) The reason why the item is not on the agenda; and
 - (ii) The reason why the discussion of the item cannot be delayed until a subsequent meeting.”

Section 46A(7A) of the Local Government Official Information and Meetings Act 1987 (as amended) states:

“Where an item is not on the agenda for a meeting,-

- (a) That item may be discussed at that meeting if-
 - (i) That item is a minor matter relating to the general business of the local authority; and
 - (ii) the presiding member explains at the beginning of the meeting, at a time when it is open to the public, that the item will be discussed at the meeting; but
 - (iii) no resolution, decision or recommendation may be made in respect of that item except to refer that item to a subsequent meeting of the local authority for further discussion.”

4 Whākī pānga | Declaration of Interest

Members are reminded of their obligation to declare any conflicts of interest they might have in respect of the items on this Agenda.

5 Whakaaetanga mēneti | Confirmation of minutes

Minutes, as circulated, of the Ordinary Meeting of Audit & Risk Committee , held on 12 October 2021

6 Pūrongo me whakatau | Decision Reports

Schedule of Meetings for 2022

CM No.: 2521222

Rāpopotonga Matua | Executive Summary

The Audit and Risk Committee is asked to confirm dates for their 2022 meeting schedule.

Tūtohunga | Recommendation

That:

1. The information be received.
2. The Audit and Risk Committee confirms its meeting schedule for 2022.

Ngā Take/Kōrerorero | Issues/Discussion

Attached to the agenda is the meeting planner for 2022 showing the proposed dates for Council and its Committees.

The overall pattern of meetings is set as:

- Council meet monthly every 2nd Wednesday, with extra meetings for hearings and adoption of documents as required.
- Corporate and Operations Committee (COC) meet monthly every 4th Wednesday.
- Audit and Risk Committee meet quarterly on Tuesday, based on respective Council meetings.
- Te Manawhenua Forum meet every 2 months on the 1st Tuesday of the relevant month
- Waharoa (Matamata) Aerodrome Committee meet three times a year on the third or fourth Thursday of a month.

Proposed meeting schedule – Audit and Risk Committee 2022

MONTH	DATE	VENUE
March	Tuesday, 8 th	Matamata-Piako District Council Council Chambers, 35 Kenrick Street, Te Aroha
June	Tuesday, 28 th	
September	Tuesday, 13 th	
December	Tuesday, 6 th	TBC

The proposed meeting dates for Audit and Risk are currently aligned with milestones for the Annual Plan project and Annual Report project.

Changes to these proposed dates will need to be discussed with staff to confirm the planned agenda items can still be managed at each meeting.

Ngā Tāpiritanga | Attachments

[A↓](#). Final MPDC Meeting Planner 2022



Ngā waitohu | Signatories

Author(s)	Stephanie Hutchins Governance Support Officer	
Approved by	Sandra Harris Placemaking and Governance Team Leader	
	Don McLeod Chief Executive Officer	

Item 6.1

Attachment A

MPDC Meeting Planner 2022

	January	February	March	April	May	June	July	August	September	October	November	December	
Sat	1 New Year's Day									1			
Sun	2 Day after New Year's				1					2			
Mon	3 New Year's Day (obs)				2			1		3			Mon
Tue	4 Day after New Year's (obs)	1	1		3			2		4	1		Tue
Wed	5	2 Workshop (TBC)	2 Workshop (TBC)		4 Council	1 Workshop (TBC)		3 Workshop (TBC)		5 Council (TBC)	2 Council* (Swearing in)		Wed
Thu	6	3	3		5	2		4	1	6	3	1	Thu
Fri	7	4	4	1	6	3	1	5	2	7	4	2	Fri
Sat	8	5	5	2	7	4	2	6	3	8 Election polling day	5	3	Sat
Sun	9	6 Waitangi Day	6	3	8	5	3	7	4	9	6	4	Sun
Mon	10	7 Waitangi Day (obs)	7	4	9	6 Queen's Birthday	4	8	5	10	7	5	Mon
Tue	11	8 TMF	8 ARC	5 TMF	10	7 TMF	5	9 TMF	6	11	8	6 TMF* ARC*	Tue
Wed	12	9 Council	9 Council	6 Workshop (TBC)	11 Council Hearing	8 Council	6 Workshop (TBC)	10 Council	7 Workshop (TBC)	12	9 Council*	7 Council*	Wed
Thu	13	10	10	7	12 Council Hearing (if req)	9	7	11	8	13 Official result declared 13-19 Oct	10	8	Thu
Fri	14	11	11	8	13	10	8	12 Nominations close (12 noon)	9	14	11	9	Fri
Sat	15	12	12	9	14	11	9	13	10	15	12	10	Sat
Sun	16	13	13	10	15	12	10	14	11	16	13	11	Sun
Mon	17	14	14	11	16	13	11	15	12	17 CE Forum	14	12	Mon
Tue	18	15	15	12	17	14	12	16	13 ARC	18	15	13	Tue
Wed	19	16 Workshop (TBC)	16 Workshop (TBC)	13 Council	18 Workshop (TBC)	15 Workshop (TBC)	13 Council Public notice of Election	17 Workshop (TBC) Public notice of candidates	14 Council	19	16 Workshop (TBC)	14 COC*	Wed
Thu	20	17	17	14	19	16	14	18	15	20	17	15	Thu
Fri	21	18	18	15 Good Friday	20	17	15 Nominations open	19	16 Electoral voting opens	21	18	16	Fri
Sat	22	19	19	16	21	18	16	20	17	22	19	17	Sat
Sun	23	20	20	17	22	19	17	21	18	23	20	18	Sun
Mon	24	21 CE Forum	21	18 Easter Monday	23 Hauraki Gulf Forum	20 CE Forum	18	22 Hauraki Gulf Forum	19	24 Labour Day	21	19	Mon
Tue	25	22	22	19	24	21	19	23	20	25	22	20	Tue
Wed	26 Workshop (TBC)	23 COC	23 COC	20 Workshop (TBC)	25 COC	22 Workshop (TBC)	20 Workshop (TBC)	24 COC	21 Workshop (TBC)	26	23 COC*	21	Wed
Thu	27	24	24 WMAC	21	26	23 WMAC	21	25	22 WMAC	27	24	22	Thu
Fri	28	25	25	22	27	24 Matariki	22	26	23	28	25	23	Fri
Sat	29	26	26	23	28	25	23	27	24	29	26	24	Sat
Sun	30	27	27	24	29	26	24	28	25	30	27	25 Christmas Day	Sun
Mon	31 Auckland Anniversary Day	28 Hauraki Gulf Forum	28	25 ANZAC Day	30	27	25	29	26	31	28	26 Boxing Day	Mon
Tue			29	26	31	28 ARC	26	30	27 TMF		29	27 Christmas Day (obs)	Tue
Wed			30 Workshop (TBC)	27 COC		29 Council / COC (rates strike)	27 COC	31 Workshop (TBC)	28 COC		30 Workshop (TBC)	28	Wed
Thu			31	28		30	28		29			29	Thu
Fri				29			29		30			30	Fri
Sat				30			30					31	Sat
Sun							31						Sun

Council COC – Corporate and Operations Committee TMF – Te Manawhenua Forum ARC – Audit and Risk Committee WMAC – Waharoa (Matamata) Aerodrome Committee * - Meetings to be determined following Election

6 Pūrongo me whakatau | Decision Reports

Draft Work Programme for 2022 - Audit and Risk Committee

CM No.: 2523948

Rāpopotonga Matua | Executive Summary

This report outlines the proposed Work Programme for 2022.

Tūtohunga | Recommendation

That:

1. The Work Programme for 2022 be approved.

Horopaki | Background

Prior to the commencement of each calendar year the Committee sets a work programme. While priorities can shift during the year as unexpected issues arise, the work programme is a useful tool to enable Committee members to set their direction and to allow staff to understand the work priorities that need to be achieved.

The Committee will also need to consider whether its draft work programme is consistent with its Charter (see separate agenda item).

Ngā Take/Kōrerorero | Issues/Discussion

The attached draft work programme is proposed for discussion by the Committee. The work programme has been developed and reviewed on an annual basis as a suggested base work programme. There may be other matters that the Committee may wish to consider for inclusion or replacement in the work programme.

Ngā Tāpiritanga | Attachments

[A↓](#). Audit and Risk Committee Work Programme 2022



Ngā waitohu | Signatories

Author(s)	Stephanie Hutchins Governance Support Officer	
Approved by	Sandra Harris Placemaking and Governance Team Leader	
	Don McLeod Chief Executive Officer	

Audit and Risk Committee Work Programme 2022

8 March 2022

Work programme
Annual update on organisational culture - vision and values
Annual Report – review of the Audit Arrangements Letters (if available)
Annual Report – review of the six-month report
Local Government Reform update
- 3 waters
- Future of Local Government
- Resource Management
Treasury Policy Review
Annual Plan – project update
BDO Internal Audit plan
IT Security Audit
Standing item – Specific Project Risk Management Review (if required)
Standing item – Review of any audit reports that have been completed (if required)
Standing item – Policy review (if required)
Standing item – In committee auditor/committee member discussion
Standing item – Quarterly procurement report

28 June 2022

Work programme
Annual Report – review of the report on the interim audit
Annual update on organisational culture - vision and values
Long Term Plan – project update
Annual Insurance Programme Review
Weathertight Buildings Update
Annual Plan – project update
Annual risk management framework/analysis review & Risk Management Policy
Accounting Policies
Local Government Reform update
- 3 waters
- Future of Local Government
- Resource Management
IT Security Report
Standing item – Specific Project Risk Management Review (if required)
Standing item – Review of any audit reports that have been completed (if required)
Standing item – Policy review (if required)
Standing item – In committee auditor/committee member discussion
Standing item – Quarterly procurement report

13 September 2022

Work programme
Annual Report – review of the final Annual Report, Summary, Audit Opinion and letter of representation (if available)
Long Term Plan – project update
Annual financial warrant of fitness assessment
Annual review of delegations
Annual review of legislative compliance assessment
Self-evaluation of committee circulated
Policies raised in interim management report
Web Security Audit
Local Government Reform update
- 3 waters
- Future of Local Government
- Resource Management
Standing item – Specific Project Risk Management Review (if required)
Standing item – Review of any audit reports that have been completed (if required)
Standing item – Policy review (if required)
Standing item – In committee auditor/committee member discussion
Standing item – Quarterly procurement report

6 December 2022

Work programme
Review of the Audit and Risk Committee Charter
Proposed meeting dates for 2023
Draft work programme for 2023
Annual Report – review of the final Annual Report, Summary, Audit Opinion and letter of representation (if not addressed at September meeting)
Annual update of External Audit being undertaken by Council
Annual Risk Policy review
Self-evaluation of committee completed
LGOIMA requests
Standing item – Specific Project Risk Management Review (if required)
Standing item – Review of any audit reports that have been completed (if required)
Standing item – Policy review (if required)
Standing item – In committee auditor/committee member discussion
Standing item – Quarterly procurement report

6 Pūrongo me whakatau | Decision Reports

Review of Audit and Risk Committee Charter

CM No.: 2524413

Rāpopotonga Matua | Executive Summary

This report provides the Committee with a copy of its Charter (attached) as approved by Audit and Risk Committee in December 2019 and approved by Council. The Charter was last reviewed in December 2020 with no changes recommended to Council.

This annual review provides an opportunity for the Committee to consider amendments to be recommended to Council for approval if required.

Tūtohunga | Recommendation

That:

1. **The information be received.**
2. **The Audit and Risk Committee confirm the current Charter remains relevant and no updates are required. OR**
3. **The Audit and Risk Committee recommend any amendments to its Charter to go to Council for approval.**

Horopaki | Background

The Office of the Auditor General (“OAG”) has resources available on their website regarding making the most of audit committees, guiding principles etc. These resources can be viewed at <http://www.oag.govt.nz/our-work/audit-committees>. These resources have replaced the previous good practice guide ‘Audit committees in the public sector’ which recommends that public sector entities should consider putting in place an Audit Committee.

Ngā Take/Kōrerorero | Issues/Discussion

At Council’s meeting on 13 November 2013 the Audit and Risk Committee was first established and delegated the role of “ensuring Council has appropriate risk management and internal and financial control systems”. Further to this Council resolved that the Audit and Risk Committee propose a work programme for consideration by Council for the fulfilment of this delegation. The Committee has remained in place since 2013.

While not specifically requested by Council, the OAG recommends that a charter is developed to guide the work of the Committee and advises “*It is useful to set out the purpose, roles, and responsibilities of the audit committee and its scope in the context of the entity’s governance framework.*”

The Charter was last reviewed at the Committee’s December 2020 meeting, where no changes were recommended.

OAG guidance is that a charter should formally document the accountability, authority, duties, membership, role, and responsibilities of the audit committee. The charter should be approved by the governing body and reviewed and confirmed each year.

The charter should include the audit committee’s:

- objective (its role or purpose, the governance framework/context within which it operates, and how it relates to other governance mechanisms/committees);
- authority (the power or authority it has to fulfil its objectives);
- composition and tenure of members (the size of the audit committee, the sort of members it has, how new members are appointed and reappointed, how long members remain on the audit committee, and how members (including the chairperson) are removed in the event of non-performance);
- responsibilities;
- administrative arrangements (meetings, attendance and quorums, decision-making and voting, secretariat, conflict of interest provisions, induction);
- performance assessment arrangements; and
- systems and schedules for reviewing the charter.

Ngā Whiringa | Options

The Committee should review the charter and consider whether in its view, the charter still meets the intent of the delegation from Council and is consistent with the good practice guidance issued by the OAG.

Ngā take ā-ture, ā-Kaupapahere hoki | Legal and policy considerations

A charter for the Audit and Risk Committee is not a statutory requirement, it is recommended as good practice by the OAG.

The Audit and Risk Committee will assist Council in ensuring it has appropriate risk management and internal and financial control systems across a wide range of functions provided for under the Long Term Plan/Annual Plan, for example the Council's Annual Report.

Ngā Pāpāhonga me ngā Wātaka | Communications and timeframes

Any amendments to the charter will be provided to Council for approval.

The Audit and Risk Committee should seek approval of any amendments to its Charter as soon as reasonably possible.

Ngā take ā-lhinga | Consent issues

There are no consent issues

Ngā Tāpiritanga | Attachments

[A↓](#). Matamata-Piako District Council - Audit and Risk Committee Charter - December 2019



Ngā waitohu | Signatories

Author(s)	Ellie Mackintosh Legal Counsel	
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Approved by	Niall Baker Policy and Legal Team Leader	
	Don McLeod Chief Executive Officer	

**Matamata-Piako District Council
Audit and Risk Committee
Charter and Terms of Reference
Reviewed by the Audit and Risk Committee December
2019**



1. Objectives

The primary objective of the Audit and Risk Committee (Committee) is to assist the Matamata-Piako District Council (Council) in fulfilling its overall responsibilities relating to accounting and reporting, internal and external audit, treasury, compliance and risk management. The Committee will review the financial reporting process, the system of internal control and management of financial risks, the audit process, and the Council's process for monitoring compliance with laws and regulations.

In addition, the Committee will:

- 1.1 Oversee and appraise the quality of the audits conducted by the Council's internal and external auditors.
- 1.2 Ensure the integrity of Council's financial management and reporting processes and monitor Council's internal audit practices.
- 1.3 Ensure the integrity of Council's internal control environment.
- 1.4 Maintain open lines of communications among the Council, any internal auditors and the external auditors, to exchange views and information.
- 1.5 Serve as an independent and objective party to review the basis and quality of financial information presented by senior management to Council, regulators and the general public and also advise in the development of the future format and content of external reporting.
- 1.5 Determine the adequacy of the organisation's administrative, operating and accounting controls.
- 1.6 Review Council's risk management programme and the effectiveness of risk management activities.

2. Authority

The Council authorises the Committee, within the scope of its responsibilities to:

- 2.1 Seek any information it requires from:
 - any employee of Council, for the avoidance of doubt this includes the Chief Executive Officer (CEO) and all staff employed by the

- CEO on behalf of Council (and all employees are directed to cooperate with any request made by the Committee); and external parties.

- 2.2 Obtain outside legal or other professional advice from within Council allocated resources or with the approval of Council should additional unfunded resource be needed.
- 2.3 Ensure the attendance of Senior Management at meetings as appropriate.

Provided that the Council may define and approve other delegations as appropriate as the Committee's work is progressed.

3. Composition

The Chairperson must be suitably qualified and shall be an external appointment with skills and experience to provide value for the Council. The Committee size will be determined by Council and must include members who are financially literate, and have appropriate skills and interest, with provision for a second external member.

4. Term of Membership

The Committee membership may be reviewed by Council but otherwise will be appointed for the term of Council.

5. Meetings

- 5.1 The Committee will hold at least four regular meetings per year, and such additional meetings as the Chairperson shall decide in order to fulfill its duties. In addition, the Chairperson is required to call a meeting of the Committee if requested to do so by a majority of Committee Members, the Council or the external auditors.
- 5.2 The external auditors, Chief Executive and Financial Manager will normally attend Committee meetings, but the Committee may meet as it determines with the Auditors without management being present.
- 5.3 The Committee will be supported by Council's Committee Secretary who shall be responsible, in conjunction with the Chairperson, for compiling the agenda and circulating it, supported by explanatory documentation to Committee Members prior to each meeting.

The Committee Secretary will also be responsible for keeping the minutes of meetings of the Committee, and circulating them to Committee Members and to the other members of the Council.

- 5.4 A quorum shall consist of a majority of the Members.

5.5 The Committee will adopt Standing Orders to support its functions.

6. Access

6.1 The Committee shall have unrestricted access to:

- the external auditors;
- the internal auditors;
- senior management of the organisation; and
- Council employees' responsible for internal audit functions.

The Committee shall also have the ability to consult independent experts where they consider it necessary to carry out their duties as approved by Council or as may be authorised under delegation (refer clause 2 also).

6.2 The external Auditors, and the Head of Internal Audit, will have access to the Chairperson of the Committee at any time.

7. Duties and Responsibilities

The duties and responsibilities of the Committee are as follows:

Internal Controls

- 7.1 Evaluate whether management is setting the appropriate control culture by communicating the importance of internal control and the management of risk and ensuring that all employees have an understanding of their roles and responsibilities.
- 7.2 Consider the adequacy of security of computer systems and applications, and the contingency plans for processing financial information in the event of a systems breakdown.
- 7.3 Monitor the implementation by management of internal control recommendations made by internal and external auditors.
- 7.4 Gain an understanding of the internal control systems implemented by management for the approval of transactions and the recording and processing of financial data.
- 7.5 Ensure that management has established an effective risk management framework which includes policies and procedures to effectively identify, treat, monitor and report key business risks.
- 7.6 Monitor the work programme of internal auditors, and review the outcomes, and implementation of recommendations as the result of internal audits.

Financial Reporting

(a) General

- 7.6 Gain an understanding of the current areas of greatest financial risk and how management is managing these effectively.
- 7.7 Consider with the internal and external auditors any fraud, illegal acts, deficiencies in internal control or other similar issues.
- 7.8 Review significant accounting and reporting issues, including recent professional and regulatory pronouncements, and understand their impact on the format, preparation, reporting responsibilities and financial position of Council.
- 7.9 Ask management and the internal and external auditors about significant risks and exposures and the plans to minimise such risks.
- 7.10 Review any legal matters which could significantly impact the financial statements.
- 7.11 Review and approve all significant changes in accounting policy.
- 7.12 Review insurable risk management and the adequacy of the Council's insurance programmes.

(b) Annual Financial Statements

- 7.13 Review the annual financial statements and determine whether they are complete and consistent with the information known to Committee Members; assess whether the financial statements reflect appropriate accounting principles.
- 7.14 Pay particular attention to complex and/or unusual transactions such as restructuring charges.
- 7.15 Focus on judgmental areas, for example those involving valuation of assets and liabilities; warranty, product or environmental liability; litigation reserves; and other commitments and contingencies.
- 7.16 Meet with management and the external auditors to review the financial statements and the results of the audit.
- 7.17 Review the other sections of the annual report before its release and consider whether the information is understandable and consistent with member's knowledge about the Council and its operations.

(c) Interim Financial Statements

- 7.18 Be briefed on how management has prepared interim financial information together with the assumptions and processes used.

- 7.19 Assess the fairness of the preliminary and interim statements and disclosures, and obtain explanations from management and internal auditors on whether:
- actual financial results for the interim period varied significantly from budgeted or projected results;
 - financial policies have been complied with;
 - generally accepted accounting principles have been consistently applied;
 - there are any actual or proposed changes in accounting or financial reporting practices;
 - there are any significant or unusual events or transactions;
 - the Council's financial and operating controls are functioning effectively; and
 - the preliminary announcements and interim financial statements contain adequate and appropriate disclosures.

Internal Audit

- 7.20 Consider the Council's overall audit requirements and recommend to the Council to consider the internal audit requirements.
- 7.21 Approve the Annual Internal Audit Plan.

External Audit

- 7.22 Review the external auditors proposed audit scope and approach and ensure an appropriate scope is being undertaken.
- 7.23 Approve the Annual External Audit Plan.
- 7.24 Review the performance of the external auditors.
- 7.25 Consider the independence of the external auditor, including approving and reviewing the level of non-audit services provided and an assessment of any impact this may have on their independence.
- 7.26 Make recommendations to the Council regarding the reappointment of the external auditors.
- 7.27 Meet separately with the external auditors to discuss any matters that the Committee or auditors believe should be discussed privately.
- 7.28 Ensure that significant findings and recommendations made by the external auditors are received, considered and actioned on a timely basis.
- 7.29 Make enquiries of external audit regarding the differences identified during the audit. If any differences remain unadjusted obtain explanations from management as to why.

- 7.30 Ensure that management responds to recommendations by the external auditors.
- 7.31 Discuss with Council's external auditors, judgments about the appropriateness of the accounting principles as applied in the financial reporting.
- 7.32 Review and approve the statements included in the annual report in relation to internal control and the management of risk.
- 7.33 Ensure receipt from external auditors of a formal written statement delineating all relationships between auditor and Council.
- 7.34 Review audit fees and management consulting services and related fees provided by the external auditors, and recommend an appropriate budget.
- 7.35 Receive and consider all external functional audits.

Compliance with Laws and Regulations

- 7.36 Review the effectiveness of the system for monitoring compliance with laws and regulations and the results of management investigations and follow-up (including disciplinary action) of any fraudulent acts or non-compliance.
- 7.37 Obtain regular updates from management regarding compliance matters.
- 7.38 Be satisfied that all regulatory compliance matters have been considered in the preparation of the financial statements.
- 7.39 Review the findings of any examinations by regulatory agencies.

Reporting Responsibilities

- 7.40 Regularly update the Council on Committee activities and make appropriate recommendations.
- 7.41 Ensure the Council is aware of matters which may significantly impact the financial condition or affairs of the business.

Other Responsibilities

- 7.42 Review annually all Financial, Accounting, Compliance and Risk Management Policies.
- 7.43 Review the effectiveness of ethics and values programmes.

- 7.44 Perform other oversight functions as requested by Council.
- 7.45 Recommend to Council Delegations of Authority levels and limits.
- 7.46 If necessary, institute special investigations and, if appropriate, hire special counsel or experts to assist.
- 7.47 Review and update the Charter; receive approval of changes from the Council annually.
- 7.48 Evaluate the Committee's own performance on an annual basis.

7 Ngā Pūrongo Whakamārama | Information Reports

Acknowledgment of the passing of Hon. John Luxton

CM No.: 2525161

Rāpopotonga Matua | Executive Summary

The Committee would like to acknowledge the recent passing of Hon. John Luxton on 16 November 2021.

Mr Luxton was the Chair of the Audit and Risk Committee from 2018 through to his resignation in January 2021.

Tūtohunga | Recommendation

That:

1. The information is received.

Ngā Tāpiritanga | Attachments

There are no attachments for this report.

Ngā waitohu | Signatories

Author(s)	Stephanie Hutchins Governance Support Officer	
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Approved by	Niall Baker Policy and Legal Team Leader	
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7 Ngā Pūrongo Whakamārama | Information Reports

Introduction to new Risk Manager

CM No.: 2524776

Rāpopotonga Matua | Executive Summary

Dennis Bellamy in attendance to introduce Matamata-Piako District Council's new Risk Manager Lesley Steeples to the Committee.

Tūtohunga | Recommendation

That:

1. The information be received.

Ngā Tāpiritanga | Attachments

There are no attachments for this report.

Ngā waitohu | Signatories

Author(s)	Stephanie Hutchins Governance Support Officer	
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Approved by	Dennis Bellamy Group Manager Community Development	
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7 Ngā Pūrongo Whakamārama | Information Reports

BCA IANZ Special Assessment Report

CM No.: 2522147

Rāpopotonga Matua | Executive Summary

Matamata-Piako District Council underwent a Routine Reassessment in March 2021. During that assessment 31 general (GNC's) and 10 serious (SNC's) non-compliances were identified. IANZ was concerned about the BCA's lack of compliance with the Regulations and the Lead Assessor at the time made a decision to revisit the BCA in 6 months' time to conduct a Special Assessment so that IANZ could be assured that the BCA had regained and were able to maintain compliance with accreditation requirements.

The special assessment was carried out from the 5th to the 8th October and resulted in 10 GNC's being raised. However while the number of GNC's was low, IANZ made a decision to issue an 'Initial Notice that Sustained Non-compliance may lead to Revocation'.

Tūtohunga | Recommendation

That:

1. The information be received.

Horopaki | Background

Matamata-Piako District Council underwent a Routine Reassessment in March 2021. During that assessment 31 general and 10 serious non-compliances were identified. IANZ was concerned about the BCA's lack of compliance with the Regulations, and with the understanding that the new BCA manager had only been in his role for two weeks, the Lead Assessor at the time made a decision to revisit the BCA in 6 months' time to conduct a Special Assessment so that IANZ could be assured that the BCA had regained and were able to maintain compliance with accreditation requirements.

This limited scope Special Assessment, carried out over four days, identified that whilst the BCA had demonstrated significant improvements in its quality assurance matters and gained more familiarity with its BCA quality manuals, concerns were raised in relation to the BCA's technical decision outputs.

A number of areas were identified where the BCA had been issuing building consents where full code compliance had not been demonstrated, and conducting inspections where the BCA had not fully considered compliance of the building work with the Building Code and/ or the Building Consent.

Ngā Take/Kōrerorero | Issues/Discussion

IANZ discussed the outcome of the special assessment with MBIE and they considered the BCA posed a **Medium to High Risk** and therefore made a decision to issue an 'Initial Notice that Sustained Non-compliance may lead to Revocation'.

The Initial Notice required the BCA to provide a detailed action plan that documents each of the actions that the BCA will take to address the BCA's non-conformances with the Building (Accreditation of Building Consent Authorities) Regulations 2006, including the timeframes for each action to be undertaken. The action plan was required by 27 October 2021.

The BCA was also required to provide an action plan by 12 November 2021 to determine how to resolve the 10 GNC's raised in the special assessment and to clear the issues by 11 February 2022.

Considerable discussion is continuing with the Lead Assessor about the outcome of the assessment, particularly the risk rating when their risk decision framework states:

Low risk “Normal” risk (the BCA is likely to remain substantially compliant over the next two years) E.g. 3 – 15 GNCs regarding implementation

The BCA with 10 GNC's appears to fall within the low risk. Both action plans required above have been submitted to IANZ within the required timeframes and approved.

Mōrearea | Risk

Sustained non-compliance with accreditation requirements may lead to revocation of IANZ accreditation. Revocation of accreditation involves a five step process:

1. Initial notice that non-compliance may lead to revocation
2. Second notice that revocation is to be recommended
3. A 20 working day time period for the BCA to provide supporting evidence and to “be reasonably heard”.
4. A formal decision that accreditation will be revoked
5. A final notice that revocation is in effect

Ngā Tāpiritanga | Attachments

A↓. [BCA Accreditation Special Assessment](#)



B↓. [Initial Notice](#)



Ngā waitohu | Signatories

Author(s)	Dennis Bellamy Group Manager Community Development	
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Approved by	Dennis Bellamy Group Manager Community Development	
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The NZ mark of competence
Tohu Matatau Aotearoa

**BUILDING CONSENT AUTHORITY ACCREDITATION
SPECIAL ASSESSMENT**

INITIAL ASSESSMENT REPORT

AMENDED ON 16/11/2021

MATAMATA-PIAKO DISTRICT COUNCIL

CONTENTS

INTRODUCTION	3
ASSESSMENT SUMMARY	3
CONTINUING ACCREDITATION	4
RISK ASSESSMENT	4
NEXT ACCREDITATION ASSESSMENT	5
BCA AND ASSESSMENT DETAILS	6
ASSESSMENT OBSERVATIONS	7
RECORDS OF NON-COMPLIANCE	Error! Bookmark not defined.
SUMMARY OF RECOMMENDATIONS	28
SUMMARY OF ADVISORY NOTES	47
SUMMARY TABLE OF NON-COMPLIANCE	Error! Bookmark not defined.

INTRODUCTION

This report relates to the on-site accreditation assessment of the Matamata-Piako District Council Building Consent Authority (BCA) which took place during **October 2021** to determine compliance with the requirements of the *Building (Accreditation of Building Consent Authorities) Regulations 2006* (the Regulations).

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

This report has now been amended to incorporate amendments to the content of the report summary, risk assessment and the removal of GNC 7 initially raised in Regulation 9 as requested by BCA, along with amendments to some of the observation records due to the incorrect data provided to the assessment team on site.

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

ASSESSMENT SUMMARY

Matamata-Piako District Council underwent a Routine Reassessment in March 2021. During that assessment, 31 general and 10 serious non-compliances were identified. IANZ was concerned about the BCA's lack of compliance with the Regulations, and with the understanding that the new BCA manager had only been in his role for two weeks, the Lead Assessor at the time made a decision to revisit the BCA in 6 months' time to conduct a Special Assessment so that IANZ could be assured that the BCA had regained and were able to maintain compliance with accreditation requirements.

This limited scope Special Assessment, carried out over four days, identified that whilst the BCA had demonstrated significant improvements in its quality assurance matters and gained more familiarity with its BCA quality manuals, concerns were raised during in relation to the BCA's technical decision outputs.

A number of areas were identified where the BCA had been issuing building consents where full code compliance had not been demonstrated and issuing CCC where full compliance of the building with the building consent and building code had not been demonstrated.

The assessment team was aware that the BCA had contacted various processing contractors to assist with its consenting workload while the BCA took the opportunity to deliver training to their new building control officers, as well as on-boarding a new Team Leader. However, a number of applications processed by the BCA's contractors were believed to not have demonstrated to be fully code compliant, and the BCA had not reviewed or peer reviewed the applications before they were granted and issued. Multiple Building Code clauses and Act requirements had not been considered during processing of these applications, including fire safety, means of escape from fire, assessment of the alterations and additions of the building, and change of use.

The abovementioned concerns are elaborated in the non-compliances within this report. The BCA is suggested to consider the ramifications if building consents are issued where full code compliance has not been demonstrated, inspections have not been fully/appropriately conducted, and/or Code Compliance Certificates have been issued for work that has not been demonstrated to fully comply with the building consent or building code. This may result in financial risk and ongoing liability for Matamata-Piako District Council.

The abovementioned concerns and issues will likely require significant resources to address. There are currently limited resources within the marketplace and as a result IANZ must consider the next steps to be taken in this process to ensure that compliance is achieved and maintained. IANZ have discussed this situation with MBIE and have made a decision to issue an Initial Notice that Sustained Non-compliance may lead to Revocation.

CONTINUING ACCREDITATION

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

Addressing non-compliances identified during the assessment

Action Plan: Your non-compliances with the Regulations have been summarised and recorded in detail in this report. Please complete the Record of Non-compliance table/s detailing your proposed corrective actions and the evidence that will be provided, and forward a copy to IANZ.

Evidence of addressing non-compliances: Evidence, as described in your action plan, must be supplied to IANZ to demonstrate that you have addressed your non-compliances.

To maintain accreditation you must provide evidence of the actions taken to clear non-compliance to IANZ within the required timeframe. Please allow at least 10 working days for IANZ to respond to any submitted material and allow sufficient time after submission of your evidence in case further evidence is required.

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

If you have a complaint about the assessment process, please refer the BCA Accreditation disagreements guidance which can be found [here](#) or contact the IANZ Lead Assessor, IANZ Programme Manager – Building, or IANZ Operations Manager - Inspection and BCA sectors, for further information about the IANZ appeals and complaints process.

RISK ASSESSMENT

The BCA's risk, both to the Territorial Authority, as a BCA and also as an organisation accredited by IANZ was assessed. The BCA was considered to pose a Medium to High Risk. A Medium Risk BCA is where the BCA is not currently compliant and is unlikely to demonstrate substantial compliance at the next assessment. A High Risk BCA is where there are serious concerns, including regarding the technical outputs complying with minimum requirements.

The main reasons for considering this risk category were:

- This was a special assessment, made necessary due to the many non-compliances raised during the March 2021 assessment. Not all parts of the Regulations were assessed during this assessment.
- 10 general non-compliances were raised during this assessment, none were serious.
- The assessment team was concerned about the BCA's technical output, as there were implementation findings raised for Processing, Inspections and CCC consideration and issues where the BCA (and their contractors) had not assessed the applications well. In some cases technical decisions were not fully supported by appropriate reasons for decisions..
- Many non-compliances raised were related to the BCA's implementation of their documented procedures.
- While improvement was noted since the March 2021 Routine Assessment, the BCA had not been substantially compliant with statutory timeframes for the whole time since its Routine Reassessment. The BCA was only monitoring its statistics for granting and issuing building consents, and issuing or refusing code compliance certifications from its AlphaOne system. The small number of outstanding applications that were still logged in its Authority system had not been taken into consideration. The BCA indicated after the assessment that the incorrect set of statistics were provided to the Lead Assessor at the time and this has been taken into consideration.

- The BCA appeared to have insufficient internal resources to address the findings, however, the BCA's responsible manager had indicated that they were working to recruit more FTEs and in the future hoped to perform all building control functions in-house.
- The BCA did not have a fully functioning internal audit system. The internal audit conducted in September was against its Waikato Cluster manual, along with the BCA's own desk files, however, the BCA had not audited against all building control functions as required by Regulation 17(2)(h). Furthermore, the BCA had started conducting technical audits for its building control functions, but this was not documented, and was happening on an ad hoc basis.


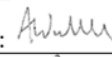

NEXT ACCREDITATION ASSESSMENT

The concern about the BCA's compliance with the Regulations has resulted in the need for **Initial Notice that Sustained Non-compliance may lead to Revocation to be issued with this report**. That notice requires monthly progress reporting to occur concurrently with the clearance of the findings of this assessment.

Unless your BCA undergoes a significant change, requiring another interim assessment, or the BCA is unable to clear the identified non-compliances within the agreed timeframe, the next assessment of the BCA is currently planned as a **Special Monitoring Assessment for March 2022**. At the end of the assessment process (clearance of all GNCs), IANZ will reassess the risk of the organisation and may choose to delay or remove the requirement for the planned assessment.

You will be formally notified of your next assessment six weeks prior to its planned date.

BCA AND ASSESSMENT DETAILS

ORGANISATION DETAILS											
Organisation:		Matamata Piako District Council									
Address for service:		Cnr Tui & Tainui Streets, Matamata 3400									
Client Number:	7437	Accreditation Number:	18								
Chief Executive:		Mr Don McLeod									
Chief Executive Contact Details:		DMcLeod@mpdc.govt.nz									
BCA Responsible Manager:		Mr Daniel Kruger									
BCA Responsible Manager Contact Details:		dkruger@mpdc.govt.nz									
BCA Authorised Representative:		Mr Daniel Kruger									
BCA Authorised Representative Contact Details:		dkruger@mpdc.govt.nz									
BCA Quality Manager:		Mr Daniel Kruger									
BCA Quality Manager Contact Details:		dkruger@mpdc.govt.nz									
Number of BCA FTEs Total FTEs should = technical FTEs + admin FTEs + vacancies	Technical	7	Admin support	2							
	Vacancies (Technical)	1	Vacancies (Admin)	0							
Building Consents											
BCA Activity during the previous 12 months						R1	676	R2	161	R3	46
						C1	60	C2	3	C3	0
						CCCs					834
						New compliance schedules					12
						BCA Notices to Fix					2
ASSESSMENT TEAM											
Assessment Date:		5 October 2021 to 8 October 2021									
Lead Assessor:		Lesley Chen									
Lead Assessor Contact Details:		LChen@ianz.govt.nz									
Technical Experts:		Phil Judge									
Observer/s:		Gary Higham (MBIE)									
ASSESSMENT FINDINGS											
		This assessment:		Last assessment:							
Total # of "serious" non-compliances:		0		10							
Total # of "general" non-compliances:		11-10		31							
Total # of non-compliances outstanding:		11-10		41							
Recommendations:		6		3							
Advisory notes:		3		3							
Date clearance plan required from BCA:		12 November 2021									
Date non-compliances must cleared:		11 February 2022									
NEXT ASSESSMENT											
Recommended next assessment type:		Special Monitoring Assessment									
Recommended next assessment date:		March 2022									
IANZ REPORT PREPARATION											
Prepared by: Lesley Chen	Date: 11 October 2021	Signature: 									
Checked by: Adrienne Woollard	Date: 13 October 2021	Signature: 									
Amended by: Lesley Chen	Date: 15 November 2021	Signature: 									

Checked by: Adrienne Woollard	Date: 16 November 2021	Signature: 
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ASSESSMENT OBSERVATIONS

REGULATION 6A NOTIFICATION REQUIREMENTS

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Regulation 6A was not assessed as part of this Special Monitoring Assessment.	

REGULATION 7 PERFORMING BUILDING CONTROL FUNCTIONS

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Regulation 7(2)(a) was not assessed as part of this Special Monitoring Assessment.	

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 1
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Regulations 7(2)(b) and 7(2)(d)(i) were not assessed as part of this Special Monitoring Assessment.</p> <p>The BCA updated their vetting procedure since the March 2021 assessment, to indicate that they must vet building consent applications within 48 hours of receipt.</p> <p>Implementation of their updated procedure was not adequate, where the BCA had not been able to complete its vetting exercise within 2 working days. GNC 1 to be resolved.</p>	

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 2
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulation 7(2)(d)(ii) was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures were not adequate, where the BCA had miscategorised some applications e.g.:</p> <ul style="list-style-type: none"> • One example reviewed was categorised as C1 when it should have been C2 due to the stated building use being SC (Sleeping Care). • One example reviewed was categorised as R1 when it should have been C1. The application was a farm storage and office. The indicated classified use was 6.0 Industrial, and building use was WL (Working Low). <p>GNC 2 to be resolved.</p>	

Regulations 7(2)(d)(iii): allocating applications to employees or contractors to process

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulation 7(2)(d)(iii) was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p>	

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 3
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulation 7(2)(d)(iv) was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedure was not always adequate, notably:</p> <ul style="list-style-type: none"> the level of recorded reasons for decisions was inconsistent between the processing officers. Some building consent application files contained good processing notes, while others just contained the pre-populated notes from within the AlphaOne system, which were not specific to the application. the BCA had not adequately considered all relevant code clauses when processing building consents; e.g. <ul style="list-style-type: none"> Examples reviewed where compliance with NZBC clause C3 – fire affecting areas beyond the fire source was indicated as N/A on the processing checklist when it is relevant to the application. When C/AS1 was indicated as the means of compliance, Part 5 of C/AS1 required soffits within 650mm of a boundary plus the supporting structure to provide a min 30min fire rating however, the section of the processing checklist regarding external fire spread was indicated as N/A. Examples where Section 112 had been considered but the reasons for decision did not align with the scope of the application. This was due to the use of generic notes in the AlphaOne system and the generic notes included the requirement for consideration of access and facilities for people with disabilities when it was not relevant to the building. Examples where the consideration of section 115 for the change of use of a building was not appropriate to satisfy compliance. When Specified Systems were relevant to the application, the consideration of these systems was not appropriate as the systems in the application did not align with those considered within the processing, and did not align with those indicated on the Building Consent. Examples where some Code clauses that were relevant to an application were indicated as N/A or the consideration is not appropriate <p>GNC 3 to be resolved.</p>	

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 4
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Compliance with Form 5 The BCA's procedures for Regulation 7(2)(d)(v) in regard to the Compliance with Form 5 was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures were not always adequate, as the BCA had not always ensured the Building Consents were accurate and/or appropriate, e.g.:</p> <ul style="list-style-type: none"> Where Specified Systems formed part of the building works, all relevant specified systems were not listed on the Building Consent. Performance Standards were not listed on Building Consents when Specified Systems formed part of the consent. Building Consents indicated that a Compliance Schedule was required for the building and listed Specified Systems, but the building did not require a Compliance Schedule. Section 92(4) was incorrectly listed as a condition on Building Consents when it was not an appropriate condition. Some advice notes listed on the attachments section were not appropriate. E.g.; indicating that an application for CCC must be made within 24 months of the BC being issued. (Which does not align with the requirements of the Act where the BCA is to make a decision to issue/not issue CCC 24 months from date of granting). In addition, the BCA required Form 6A's when not applicable to the use of the building. <p>GNC 4A to be resolved.</p> <p>Lapsing The BCA had documented its procedure for lapsing of Building Consents, in accordance with Regulation 7(2)(d)(v). However, the BCA had not adequately updated its desk file procedures to align with its new AlphaOne process for lapsing of Building Consents. GNC 4B to be resolved.</p> <p>Implementation of its procedures were not always adequate, where:</p> <ul style="list-style-type: none"> The BCA had not sent its 11th month notification letters out on the 11th month of the consent issue date as per their documented procedures. The BCA had not lapsed building consents on the anniversary date as required by Section 52 of the Act. <p>GNC 4B to be resolved.</p> <p>Compliance with statutory timeframes The BCA's compliance with the statutory timeframes had substantially improved from 28.6% in April to 70% in September, with the average for the past six months being around 63.6%. The BCA was however still not considered to be compliant with the statutory timeframe. GNC 4C to be resolved.</p>	

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 5
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Inspections were adequately planned as part of processing.</p> <p>The BCA's procedure for Regulation 7(2)(e) was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures were not always adequate, notably:</p> <ul style="list-style-type: none"> • The BCA was not consistent with implementing its procedure for what constituted a minor variation or an amendment. • The BCA had not adequately followed its documented procedures for conducting site inspections, e.g.: <ul style="list-style-type: none"> - the building works were not checked for completeness against the consented documents by the inspector. - the consented documents were not checked before the inspection was conducted. - ad hoc inspections were added on site, which was not part of the BCA's procedures. - compliance with the Building Code was not always considered by the inspector. <p>GNC 5 to be resolved.</p>	

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 6
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R2
Number of advisory notes:	1
Advisory note number/s:	A1
Observations and comments, including good practice and performance	
<p>Application for a code compliance certificate The BCA's procedure for Regulation 7(2)(f) in regard to the Application for a Code Compliance Certificate was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedure was adequate.</p> <p>Code compliance certificates The BCA's procedure for Regulation 7(2)(f) in regard to consideration and issue of Code Compliance Certificates was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedure was not always adequate, where the Code Compliance Certificate, Form 7, was not completed accurately; e.g.:</p> <ul style="list-style-type: none"> The current, lawfully established, use was indicated as Unknown when it was known as it was indicated in the Form 2 applications. The CCCs did not always indicate that a Compliance Schedule was attached when one was relevant to the building work. <p>GNC 6A to be resolved.</p> <p>24 month CCC decision The BCA's procedure for Regulation 7(2)(f) in regard to 24 month CCC decisions was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures were not always adequate, where the BCA had not sent 22-month notification letters by the required time as per the BCA's procedures.</p> <p>GNC 6B to be resolved.</p> <p>Compliance with statutory timeframes The BCA's statutory timeframe for issuing Code Compliance Certificates within 20 working days was slightly improved from 31% in April, to 57% in September; the average for the past six months was around 56.4%.</p> <p>The BCA is recommended to manage its statutory clock appropriate and accurately, as one example reviewed indicated the clock had not been started due to no final inspection being carried out. See Recommendation R2.</p>	

Compliance schedules

The BCA's procedure for Regulation 7(2)(f) in regard to the Compliance Schedules was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.

Implementation of its procedure was not always adequate, notably:

- The system type, make and model was not always appropriate, clear or included for all systems.
- The description was not always clear, accurate or included for all systems.
- The Performance Standards indicated were not always considered appropriate/specific and some were not listed for each system.
- The inspection standards/procedures listed were not always considered appropriate, as they were not clear as to the frequency or the person(s) responsible. In some cases, they had not included the frequency as required by the listed inspection standard.
- The maintenance standards/procedures listed were not always appropriate, as they were unclear as to what was required; some indicated "buildings requiring daily maintenance" and some had no maintenance requirement indicated at all.
- Some Performance Standards indicated within the Compliance Schedule did not align with those listed on the Building Consent.
- Some information provided on the Compliance Schedule was not relevant to the use of the building.

GNC 6C to be resolved.

The BCA is advised to consider referencing plans within the compliance schedule for clarity of location of the specified systems. These can then be included in the compliance schedule document or included as attachments.

See Advisory Note A1.

Notices to fix

The BCA's procedure for Regulation 7(2)(f) in regard to the Notices to Fix was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.

No evidence of implementation was reviewed, as the BCA had not issued any Notices to Fix since March 2021.

Regulation 7(2)(g): customer inquiries

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedure for Regulation 7(2)(g) was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedure was effectively implemented. Customer inquiries were received in various different ways, and should it become material to building consent applications, a note would be added into the consent record. Otherwise, the front of house staff would record any inquiries into its CRM system for record keeping purposes.</p>	

Regulation 7(2)(h): customer complaints

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedure for Regulation 7(2)(h) was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>No evidence of implementation could be sighted, as the BCA had not received any formal complaints for BCA matters. However, should a complaint be submitted, it would be documented and recorded against the Council's CRM system, and, if it were related to a building consent, it would be noted on the complaint.</p>	

REGULATION 8 ENSURING ENOUGH EMPLOYEES AND CONTRACTORS

Regulation 8(1): forecasting workflow

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Regulation 8(1) was not assessed as part of this Special Monitoring Assessment, as the forecasting was completed to clear non-compliances from the Routine Reassessment in March 2021, and the next round of forecasting was not planned until November. 2021	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	Yes
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	1
Advisory note number/s:	A2
Observations and comments, including good practice and performance	
<p>Regulation 8(2) was not assessed as part of this Special Monitoring Assessment.</p> <p>However, it was worthy to note that since the Routine Reassessment in March 2021, the BCA was able to secure additional resources into its structure, including a new Team Leader and two BCOs who were all in training.</p> <p>Due to the arrival of the new recruits, the BCA had decided to contract the majority of its processing work to contractors to complete. This allowed the BCA to deliver training to their new recruits to undertake inspection activities. The BCA was also influenced in this decision due to the significant increase in inspection activities in the area.</p> <p>The BCA's statutory timeframes were still not fully compliant, with compliance with the building consent statutory timeframe averaging around 63.6% and CCC statutory timeframes averaging around 56.4% for the last six months. The BCA was also considering recruiting more permanent BCOs to increase its capacity in an effort to become fully compliant.</p> <p>The BCA is advised to include calculations of the BCA's FTEs (without the use of contractors) against the workflow when they conduct their next round of forecasting exercise, to provide a clear indication of actual FTE numbers required should the BCA wish to increase its technical staff to full capacity. See Advisory Note A2.</p>	

REGULATION 9 ALLOCATING WORK

Non-compliance? Y/N	No
Non-compliance number/s:	GNC 7
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulation 9 was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedure was not adequate, where a person who did not have a current competency accepted the Certification documentation. GNC 7 to be resolved.</p> <p>This GNC had been removed as the assessment team and the BCA had a misunderstanding when discussing the details of this function. The BCA has since confirmed that the person who did not have a current competency only performed a non-technical role of collating documentation for Code Compliance Certificates.</p>	

REGULATION 10 ESTABLISHING AND ASSESSING COMPETENCY OF EMPLOYEES

Regulation 10(1): assessing prospective employees

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Regulation 10(1) was not assessed as part of this Special Monitoring Assessment.</p>	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Regulations 10(2) and 10(3)(a) to (f) were not assessed as part of this Special Monitoring Assessment, as updated competency assessments were required to be provided to clear non-compliances identified during the March 2021 assessment, and therefore the BCA had not been required to provide new competency assessments to review.</p>	

REGULATION 11 TRAINING EMPLOYEES DOING A TECHNICAL JOB

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulations 11(1), 11(2)(a) to (f) were not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of the BCA's training procedures were adequate and effective. The BCA had submitted their annual training needs assessment as part of the clearance process for the March assessment. The BCOs were actively adding their continuous training into their training plans and professional development logs as appropriate.</p>	

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 7
Opportunities for improvement? Y/N	Yes
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	1
Advisory note number/s:	A3
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulation 11(2)(e) was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures was not always adequate,:</p> <ul style="list-style-type: none"> • there were applications reviewed where no supervision records were documented when it was required. • where supervision had been documented, it was not considered appropriate as all relevant sections of the Building Act or code clauses had not been considered during processing, yet the supervisor had not identified the shortfall. • a person who did not have a current competency and was under training accepted the Certification documentation without adequate supervision being recorded. <p>GNC 7 to be resolved.</p> <p>The BCA is advised to consider utilising the File Notes function within AlphaOne system to document its supervision notes and outcomes. See Advisory Note A3.</p>	

REGULATION 12(1) and (2)(a) to (f) CHOOSING AND USING CONTRACTORS

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 8
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulation 12(1) and 12(2)(a) to (f) were not reviewed during this Special Monitoring Assessment because they had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures was not always adequate. On the new written contract with a newly engaged contractor:</p> <ul style="list-style-type: none"> • the BCA had incorrectly granted powers and authorities to the contractor. The BCA manager confirmed that was not the intention and was incorrect. • the BCA's contract had not described how internal and external communications, including 	

engagement with media would be managed.
GNC 8 to be resolved.

REGULATION 13(a) and (b) ENSURING TECHNICAL LEADERSHIP

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Regulations 13(a) and (b) were not assessed as part of this Special Monitoring Assessment, as updated competency assessments to provide technical leadership were required to be provided to clear non-compliances in the March 2021 assessment, and therefore the BCA had not required to conduct new competency assessments and/or technical leadership assessments.</p>	

REGULATION 14 ENSURING NECESSARY (TECHNICAL) RESOURCES

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulations 14 were not reviewed during this Special Monitoring Assessment because they had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures was appropriate and effective, where the BCA had kept good calibration records for their moisture meters and thermometers, as well as adequately storing their technical resources.</p>	

REGULATION 15(1)(a) and (b) and (2): KEEPING ORGANISATIONAL RECORDS

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 9
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulations 15(1)(a), (b) and 15(2) were not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of the BCA's procedure for Regulation 15(2) was not adequate, where the BCA's delegations register where it recorded the sections of the Act and its powers delegated to its employees for the building control functions had not included the following sections: 19, 28, 31, 45, 47(3), 53(2)(b), 58, 95A, 103, 104, 166, 238-240. GNC 9 to be resolved.</p>	

REGULATION 16(1) and (2)(a) to (c): FILING APPLICATIONS FOR BUILDING CONSENT

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA had an appropriate procedure for allocating every application for building consent, and building consent amendment its own unique identification. The procedure was appropriately implemented in accordance with Regulation 16(1).</p> <p>The BCA had an appropriate procedure for putting information on an applications file and storing it securely and in a way that made it accessible and retrievable. This was appropriately implemented in accordance with Regulation 16(2)(a) to (c).</p>	

REGULATION 17 ASSURING QUALITY

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R3
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA had developed a Quality Assurance System that covered its Management and Operations.</p> <p>The BCA is recommended to ensure all of its desk file procedure referenced the correct regulation(s). E.g. Continuous Improvement System (DF_QC_09) referenced Regulation 17(2)(h) instead of Regulation 17(2)(e). See Recommendation R3.</p>	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulations 17(2)(b) and 17(3) were not reviewed during this Special Monitoring Assessment because they had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>The BCA had appointed a Quality Manager, named as Daniel Kruger in its Quality Assurance System, in accordance with Regulation 17(3).</p>	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Not applicable to this BCA, that is also a TA.	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulations 17(2)(d) were not reviewed during this Special Monitoring Assessment because they had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures was adequate, where the BCA had recorded good minutes in relation to their management review, against its quality objectives, as well as other operational matters.</p>	

Regulation 17(2)(e) Supporting continuous improvement

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulations 17(2)(e) were not reviewed during this Special Monitoring Assessment because they had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures was appropriate and effective, where the BCA kept excellent records of their continuous improvement entries.</p>	

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 10
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R4
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulations 17(2)(h) were not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures was not always adequate and effective, where:</p> <ul style="list-style-type: none"> The BCA had not adequately described their technical audit process in its desk file procedures. The internal audit conducted in September was only against the procedures and the cluster manual, and not necessarily against the Regulations. The audit also did not address whether implementation of the BCA's procedures was adequate and/or effective. <p>GNC 10 to be resolved.</p> <p>The BCA is recommended to describe in its documented procedures, their technical audit process. See Recommendation R4.</p>	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulations 17(2)(i) were not reviewed during this Special Monitoring Assessment because they had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedure was appropriate and effective. The BCA kept good records of conflicts of interest entries experienced by their staff members.</p>	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulations 17(2)(j) were not reviewed during this Special Monitoring Assessment because they had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures was appropriate and effective. The BCA kept good meeting minutes of their team meetings and technical meetings, as well as management team meetings. All external communications were required to be approved by the BCA manager before being published.</p>	

Regulation 17(3A): Complaints about building practitioners

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R5
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedures for Regulations 17(3A) were not reviewed during this Special Monitoring Assessment because they had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedures was adequate, where relevant concerns for LBPs were recorded in the BCA's Concerns Register. This was also marked as an agenda item within its team meeting minutes template to document any concerns about practitioners raised during team meetings.</p> <p>The BCA is recommended to link the LBP Concerns Register to its desk file procedure, and ensure concerns discussed during team meetings were adequately recorded in the register. See Recommendation R5.</p>	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedure for Regulations 17(4) was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedure was adequate, where the BCA held regular meetings and documented meeting records where changes to the quality system, updates on trainings, progress on new BCOs' training, continuous improvement and internal audit progress was documented. New BCOs had adequate induction into the quality system, which was documented in their training plans.</p>	

Regulation 17(5): Strategic management reporting and review

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R6
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA's procedure for Regulations 17(5) was not reviewed during this Special Monitoring Assessment because it had not changed or been updated since the completion of the Routine Reassessment in March 2021.</p> <p>Implementation of its procedure was appropriate when the BCA had conducted their strategic management review and developed a plan for the upcoming financial year.</p> <p>The BCA is recommended to elaborate on the decision when reviewing and evaluating the appropriateness and effectiveness of the quality assurance system. See Recommendation R6.</p>	

REGULATION 18 TECHNICAL QUALIFICATIONS

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Regulation 18 was not assessed as part of this Special Monitoring Assessment.</p>	

RECORDS OF NON-COMPLIANCE

RECORD OF NON COMPLIANCE #:	GNC 1
Breach of requirement:	Regulation 7(2)(c)
Finding:	General Non-compliance
FINDING DETAILS	
The BCA had not been able to complete its vetting exercise within 2 working days as per their documented procedure.	
BCA ACTIONS REQUIRED	
Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.	
Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.	
Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.	
IMPORTANT DATES	
Plan of action from BCA due by:	12/11/2021
All action plans accepted by IANZ:	13/11/2021
Date final evidence of implementation is required from BCA:	28/01/2022
Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
Plan of action (To be provided by BCA):	
<ul style="list-style-type: none"> The BCA manual will be changed to reflect vetting will be achieved within agreed timeframes. Remove 48 hours from planning service agreement. Remove 48 hours from manual. MPDC employed a specific vetting officer July 2021 – trained in Alpha August 2021, net results of vetting will be monitored in the future, so timeframes are realistic. 	
Proposed evidence of implementation (To be provided by BCA):	
<ul style="list-style-type: none"> Changed vetting procedure. Vetting monitoring results. 	
Evidence of implementation and discussion:	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

RECORD OF NON COMPLIANCE #:	GNC 2
Breach of requirement:	Regulation 7(2)(d)(ii)
Finding:	General Non-compliance
FINDING DETAILS	
The BCA had miscategorised its applications. This had also not been identified by the processing officer.	
BCA ACTIONS REQUIRED	
Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.	
Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.	
Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.	
IMPORTANT DATES	
Plan of action from BCA due by:	12/11/2021
All action plans accepted by IANZ:	16/11/2021
Date final evidence of implementation is required from BCA:	28/01/2022
Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
Plan of action (To be provided by BCA):	
<ul style="list-style-type: none"> All staff to undertake an online learning module on categorisation of buildings. 1st question on Alpha processing checklist Advisory note sent to all processing contractors to remind them. Undertake specific auditing / monitoring for 1 month. Sample of 4 projects sent to IANZ. 	
Proposed evidence of implementation (To be provided by BCA):	
<ul style="list-style-type: none"> Training records Copy of advisory note sent by email to contractors Internal audit records demonstrate compliance. Sample of 4 building consents 	
Evidence of implementation and discussion:	
13/11/2021 IANZ – Please indicate number of audits to be completed, and upon submitting the audit, also submit the vetting records (or screenshots) used for those audits.	
15/11/2021 MPDC – 4 audits (as indicated above)	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

RECORD OF NON COMPLIANCE #:	GNC 3
Breach of requirement:	Regulation 7(2)(d)(iv)
Finding:	General Non-compliance
FINDING DETAILS	
<p>Implementation of the BCA's processing procedures were adequate, notably:</p> <ul style="list-style-type: none"> the level of recorded reasons for decisions was inconsistent between the processing officers. Some have good notes, and others are just using the pre-populated notes within the AlphaOne system, which were not specific to the application. the BCA had not adequately considered all relevant code clauses when processing building consents; e.g. <ul style="list-style-type: none"> compliance with NZBC clause C3 – fire affecting areas beyond the fire source, this was indicated as N/A on the processing checklist when it is relevant to the application. When C/AS1 was indicated as the means of compliance, Part 5 of C/AS1 required soffits within 650mm of a boundary plus the supporting structure to provide a min 30min fire rating. External fire spread section of the processing was indicated as N/A on the processing checklist. Section 112 had been considered but the reasons for decision did not align with the scope of the application. This was due to the use of generic notes in the AlphaOne system and the generic notes included the requirement for access and facilities when it was not relevant to the building. The consideration of section 115 for the change of use of a building was not appropriate to satisfy compliance When Specified Systems were relevant to the application, the consideration of these systems were not appropriate as the systems in the application did not align with those considered within the processing, and did not align with those indicated on the Building Consent. Some Code clauses that were relevant to an application are indicated as N/A or the consideration is not appropriate 	
BCA ACTIONS REQUIRED	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p><u>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed no later than the "Date final evidence of implementation is required from BCA" indicated below.</u></p>	
IMPORTANT DATES	
Plan of action from BCA due by:	12/11/2021
All action plans accepted by IANZ:	16/11/2021
Date final evidence of implementation is required from BCA:	28/01/2022
Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
<p>Plan of action (To be provided by BCA):</p> <ul style="list-style-type: none"> All staff to undertake an online learning module on reasons for recording decisions. Contact has been made with Solutions Team who have extra capacity to take more processing jobs for us. This provides interim service provision whilst we unpack learnings with contractor. Solutions Team is an accredited Organisation – Building (AOB). Thus, our reasons for selecting this contractor. Working with our contractors to improve and will undertake careful auditing and monitoring. 	

<ul style="list-style-type: none"> • MPDC will not allocate any commercial consents for processing to Supreme group for the immediate future until Supreme have satisfied MPDC they comply with the requirements. • Undertake technical audits of processing • New process immediately set up to track allocations to contractors (Alpha report and spreadsheet). 	
<p>Proposed evidence of implementation <i>(To be provided by BCA):</i></p> <ul style="list-style-type: none"> • Staff training records • List of consents processed each month – those selected for in-depth audit • Results of technical audit of processing 	
<p>Evidence of implementation and discussion:</p> <p>13/11/2021 IANZ – Please indicate number of audits to be completed, and upon submitting the audit, also submit the processing records/checklists used in those audits.</p> <p>15/11/2021 MPDC – 1 audit per month</p>	
<p>NON COMPLIANCE CLEARED</p>	
<p>Signed:</p>	<p>Date: Click here to enter a date.</p>

RECORD OF NON COMPLIANCE #:	GNC 4A
Breach of requirement:	Regulation 7(2)(d)(v)
Finding:	General Non-compliance
FINDING DETAILS	
<p>Implementation of the BCA's procedures for granting and issuing building consents were not always adequate, as the BCA had not always ensured the Building Consents were accurate and/or appropriate, e.g.:</p> <ul style="list-style-type: none"> Where Specified Systems formed part of the building works, all relevant systems were not listed on the Building Consent. Performance Standards were not listed on Building Consents when Specified Systems form part of the consent. Building Consents indicated that a Compliance Schedule was required for the building and listing Specified Systems, but the building did not require a Compliance Schedule. Section 92(4) was incorrectly listed as a condition on Building Consents when it was not an appropriate condition. Some advice notes listed on the attachments section were not appropriate. E.g.; indicating that an application for CCC must be made within 24 months of the BC being issued. (Which does not align with the requirements of the Act where the BCA is to make a decision to issue/not issue CCC 24 months from date of granting). In addition, the BCA required Form 6A's when not applicable to the use of the building. 	
BCA ACTIONS REQUIRED	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p><u>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed no later than the "Date final evidence of implementation is required from BCA" indicated below.</u></p>	
IMPORTANT DATES	
Plan of action from BCA due by:	12/11/2021
All action plans accepted by IANZ:	16/11/2021
Date final evidence of implementation is required from BCA:	28/01/2022
Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
<p>Plan of action <i>(To be provided by BCA):</i></p> <ul style="list-style-type: none"> All staff to undertake an online learning module on specified systems and compliance schedules. Selected commercial consents for auditing and peer review. 	
<p>Proposed evidence of implementation <i>(To be provided by BCA):</i></p> <ul style="list-style-type: none"> Staff training records. Results of commercial consents peer review. 	
Evidence of implementation and discussion:	

13/11/2021 IANZ – Please indicate number of audits to be completed, and upon submitting the audit, also submit the processing records/checklists used in those audits.

15/11/2021 MPDC – 1 month's records of commercial building consents - October and November 2021

NON COMPLIANCE CLEARED

Signed:

Date: [Click here to enter a date.](#)

RECORD OF NON COMPLIANCE #:	GNC 4B
Breach of requirement:	Regulation 7(2)(d)(v)
Finding:	General Non-compliance
FINDING DETAILS	
<p>The BCA had not adequately updated its desk file procedures to align with its new AlphaOne process for lapsing of Building Consents.</p> <p>Implementation of its procedures were not always adequate, where:</p> <ul style="list-style-type: none"> The BCA had not sent its 11th month notification letters out on the 11th month of the consent issue date as per their documented procedures. The BCA had not lapsed building consents on the anniversary date as required by Section 52 of the Act. 	
BCA ACTIONS REQUIRED	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.</p>	
IMPORTANT DATES	
Plan of action from BCA due by:	12/11/2021
All action plans accepted by IANZ:	16/11/2021
Date final evidence of implementation is required from BCA:	28/01/2022
Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
<p>Plan of action (To be provided by BCA):</p> <ul style="list-style-type: none"> Desk file procedures to be updated to align with AlphaOne system. Change desk file to allow for weekly review process. <ul style="list-style-type: none"> Print report on weekly basis – check if customer service notification and letter to be sent out for 11th month notice. Sampling audits to be undertaken for a period of a month initially. MPDC will set up a projects team to deal with historic backlog. 	
<p>Proposed evidence of implementation (To be provided by BCA):</p> <ul style="list-style-type: none"> Report and audit records Procedure for historic backlog project reports on clearance of backlogs. 	
<p>Evidence of implementation and discussion:</p> <p>13/11/2021 IANZ – Please indicate number of audits to be completed, and upon submitting the audit, also submit the processing records/checklists used in those audits.</p> <p>15/11/2021 MPDC – 100% audited each month</p>	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

RECORD OF NON COMPLIANCE #:	GNC 4C
Breach of requirement:	Regulation 7(2)(d)(v)
Finding:	General Non-compliance
FINDING DETAILS	
<p>The BCA's compliance with the statutory timeframes had substantially improved from 28.6% in April to 70% in September, with the average for the past six months being around 63.6%. The BCA was not considered to be compliant with the statutory timeframe.</p>	
BCA ACTIONS REQUIRED	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.</p>	
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Date final evidence of implementation is required from BCA:	28/01/2022
Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
<p>Plan of action (To be provided by BCA):</p> <ul style="list-style-type: none"> • BCA will review its Alpha Global report data and legacy stats. • Possible glitch in time clock activating and stopping. This will be explored and reported upon. • Provide IANZ with two months' worth of data October - December 2021. • Monthly reports to be provided to IANZ on statutory timeframes with a view to improving statutory compliance. 	
<p>Proposed evidence of implementation (To be provided by BCA):</p> <ul style="list-style-type: none"> • Two months of CCC data reports: October - December 2021. • Continuous improvement plan ongoing for statutory compliance. 	
Evidence of implementation and discussion:	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

RECORD OF NON COMPLIANCE #:	GNC 5
Breach of requirement:	Regulation 7(2)(e)
Finding:	General Non-compliance
FINDING DETAILS	
<p>Implementation of the BCA's inspections procedures were not always adequate, notably:</p> <ul style="list-style-type: none"> The BCA was not consistent with implementing its procedure for what constituted a minor variation or an amendment. The BCA had not adequately followed its documented procedures for conducting site inspections, e.g.: <ul style="list-style-type: none"> the building works were not checked for completeness against the consented documents by the inspector. the consented documents were not checked before the inspection was conducted. ad hoc inspections were added on the spot on site, which was not part of the BCA's procedures confirmed by the BCA manager. compliance with the Building Code was not always considered by the inspector. 	
BCA ACTIONS REQUIRED	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.</p>	
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Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
<p>Plan of action (To be provided by BCA):</p> <p>Minor variations and amendments:</p> <ul style="list-style-type: none"> All staff to undertake an online learning module on minor variations and amendments. Add to desktop processes: provision for inspector to make a file note for minor variation on site in Alpha. <p>Desk files and manual to be updated to incorporate ad hoc inspections and the management of these to ensure regulatory requirements are met and are incorporated into the booking system.</p> <p>Site inspections consented plans</p> <ul style="list-style-type: none"> Undertake specific auditing / monitoring for 1 month. 	
<p>Proposed evidence of implementation (To be provided by BCA):</p> <ul style="list-style-type: none"> Staff training records for minor variations and amendments Updated desk file inspection notes Sample of 4 site inspection audits Updated procedure 	
Evidence of implementation and discussion:	

13/11/2021 IANZ – Please confirm what the training records are for?	
15/11/2021 MPDC – Staff training records for minor variations and amendments	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

RECORD OF NON COMPLIANCE #:	GNC 6A
Breach of requirement:	Regulation 7(2)(f)
Finding:	General Non-compliance
FINDING DETAILS	
<p>Implementation of its procedures for issuing Code Compliance Certificates were not always adequate, where the Code Compliance Certificate Form 7 was not accurately completed; e.g.:</p> <ul style="list-style-type: none"> The current, lawfully established, use was indicated as Unknown when it was known as it was indicated in the Form 2 applications. The CCCs did not always indicate that a Compliance Schedule was attached when one was relevant to the building work. 	
BCA ACTIONS REQUIRED	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.</p>	
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Date final evidence of implementation is required from BCA:	28/01/2022
Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
<p>Plan of action (To be provided by BCA):</p> <ul style="list-style-type: none"> MPDC will cross check the data reports generated by Alpha verses the global report monthly and report back to IANZ on findings due to a discrepancy in information. Sample audits of documentation completion to be undertaken. 	
<p>Proposed evidence of implementation (To be provided by BCA):</p> <ul style="list-style-type: none"> Audit reports demonstrating compliance. Monthly report of findings. 	
<p>Evidence of implementation and discussion:</p> <p>13/11/2021 IANZ – Finding was raised in relation to Form 7 Code Compliance Certificates reviewed with the abovementioned information missing. Please submit audits reviewing a range of CCCs issued, and provide the Form 7s for those used in the audit.</p> <p>15/11/2021 MPDC – Form 7 Code Compliance Certificates audit results to be provided.</p>	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

RECORD OF NON COMPLIANCE #:	GNC 6B
Breach of requirement:	Regulation 7(2)(f)
Finding:	General Non-compliance
FINDING DETAILS	
Implementation of the BCA's 24-month notification procedures were not always adequate, where the BCA had not sent 22-month notification letters by the required time as per the BCA's procedures.	
BCA ACTIONS REQUIRED	
Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.	
Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.	
Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.	
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Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
Plan of action (To be provided by BCA):	
24-month CCC decision:	
MPDC will review the CCC process and rewrite the process to align with form 6 CCC application and the Building Act 2004 to ensure building work is finished, inspections cleared, before CCC is applied for.	
Statutory timeframes:	
At 22 months a report will be generated to trigger the upcoming 24-month decisions required. This will be monitored monthly.	
MPDC will undertake a special project to review the circa 200-300 legacy consents and make a decision to refuse or issue CCC. MPDC will provide a report on progress to IANZ.	
Proposed evidence of implementation (To be provided by BCA):	
<ul style="list-style-type: none"> • Monthly CCC report • New procedure for CCC applications and processing • Special project results report 	
Evidence of implementation and discussion:	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

RECORD OF NON COMPLIANCE #:	GNC 6C
Breach of requirement:	Regulation 7(2)(f)
Finding:	General Non-compliance
FINDING DETAILS	
<p>Implementation of its procedure for compiling and issuing Compliance Schedules was not always adequate, notably:</p> <ul style="list-style-type: none"> The system type, make and model was not always appropriate, clear or included all systems. The location was not always clear, accurate or included all systems. The Performance Standards indicated were not always considered appropriate/specific and some were not listed for each system. The inspection standards/procedures listed were not always considered appropriate, as they were not clear to the frequency or the persons responsible. In some cases, they had not included the frequency as required by the listed inspection standard. The maintenance standards/procedures listed were not always appropriate, as they were unclear as to what was required; some indicated "buildings requiring daily maintenance" and some had no maintenance requirement indicated at all. Some Performance Standards indicated within the Compliance Schedule did not align with those listed on the Building Consent. Some information provided on the Compliance Schedule that was not relevant to the use of the building. 	
BCA ACTIONS REQUIRED	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later</u> than the "Date final evidence of implementation is required from BCA" indicated below.</p>	
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Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
<p>Plan of action (To be provided by BCA):</p> <ul style="list-style-type: none"> Building Networks will provide training and oversight of new procedures for the creation of Compliance Schedule information from draft to final issue MPDC to provide Building Networks with samples of the building consents issued for the latest commercial jobs with specified systems and performance standards detailed on the form 5 for peer review. Report back to MPDC and then to IANZ on follow up actions required. 	

Proposed evidence of implementation <i>(To be provided by BCA):</i>	
<ul style="list-style-type: none"> • Training plan • Training records • Outcomes monitored by auditing processing and inspection results • Results of commercial consent peer review. 	
16/11/2021 – MPDC	
To supply samples of Form 5 - BC, Form 7 - CCC, and Compliance Schedules to capture performance standards, makes and models. Compliance Schedules to include plans and frequency of inspections. To supply 3 samples.	
Evidence of implementation and discussion:	
13/11/2021 IANZ – Samples of compliance schedules are required to be audited, and submit the Compliance Schedules used for the audits as evidence for review.	
16/11/2021 – MPDC – To supply samples of Form 5 - BC, Form 7 - CCC, and Compliance Schedules to capture performance standards, makes and models. Compliance Schedules to include plans and frequency of inspections. To supply 3 samples.	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

RECORD OF NON COMPLIANCE #:	GNC 7
Breach of requirement:	Regulation 11(2)(e)
Finding:	General Non-compliance
FINDING DETAILS	
<p>Implementation of the BCA's supervision procedure was not always adequate.:</p> <ul style="list-style-type: none"> there were applications reviewed where no supervision records were documented when it was required. where supervision had been documented, it was not considered appropriate as all relevant sections of the Building Act or code clauses had not been considered during processing. a person who did not have a current competency and was under training accepted the Certification documentation without adequate supervision records. 	
BCA ACTIONS REQUIRED	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.</p>	
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Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
<p>Plan of action (To be provided by BCA):</p> <ul style="list-style-type: none"> Temporary suspension of commercial work assigned to Supreme contractor. Solutions Team contract has been extended and they will now take the bulk of the processing work in the medium term. Solutions is an accredited BCA Organisation – Building (AOB) in their own right. Technical audit procedure to be put in place and monitored. Review the staff /contractors competency matrix and review against workload forecasting 	
<p>Proposed evidence of implementation (To be provided by BCA):</p> <ul style="list-style-type: none"> Spreadsheet list of consent processed over November 2021 – February 2022, identifying who was assigned to each job, high level review and jobs selected for in depth technical review. Technical audit results 	
<p>Evidence of implementation and discussion:</p> <p>13/11/2021 IANZ – Finding was raised in relation to supervision records reviewed not having sufficient records. For BCOs internally, supervision where the BCO has yet to achieve competency are still required to be fully supervised. Please review and revise action plan and proposed evidence of implantation.</p> <p>15/11/2021 MPDC –</p> <ul style="list-style-type: none"> List of staff and individual contractors with competency and those under supervisions Alpha One file note records indicating supervision notes 	

• Internal staff supervision job log	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

RECORD OF NON COMPLIANCE #:	GNC 8
Breach of requirement:	Regulation 12(2)(c)
Finding:	General Non-compliance
FINDING DETAILS	
<p>Implementation of its procedures was not always adequate. On the new written contract with a newly engaged contractor:</p> <ul style="list-style-type: none"> the BCA had incorrectly granted powers and authorities to the contractor. The BCA manager confirmed that was not the intention and was incorrect. the BCA's contract had not described how internal and external communications, including engagement with media would be managed. 	
BCA ACTIONS REQUIRED	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.</p>	
IMPORTANT DATES	
Plan of action from BCA due by:	12/11/2021
All action plans accepted by IANZ:	Click or tap to enter a date.
Date final evidence of implementation is required from BCA:	28/01/2022
Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
<p>Plan of action (To be provided by BCA):</p> <ul style="list-style-type: none"> MPDC will review contractor terms of engagement and set up annual contractor review process. New documentation to be supplied to IANZ with confirmation contractors have been communicated with. A more robust internal auditing process will be setup for contracting work. 	
<p>Proposed evidence of implementation (To be provided by BCA):</p> <ul style="list-style-type: none"> Reviewed contractor terms of engagement. Annual contractor review scheduled and meeting minutes. Updated contract template. 	
<p>Evidence of implementation and discussion:</p> <p>13/11/2021 IANZ – BCA indicated that the scope of Solutions Team's contract was increased, please submit updated/new contract. 15/11/2021 MPDC – contract scope change agreed to via email exchange (attached).</p>	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

RECORD OF NON COMPLIANCE #:	GNC 9
Breach of requirement:	Regulation 15(2)
Finding:	General Non-compliance
FINDING DETAILS	
<p>The BCA's delegations register where it recorded the sections of the Act and its powers delegated to its employees for the building control functions missed the following sections: 19, 28, 31, 45, 47(3), 53(2)(b), 58, 95A, 103, 104, 166, 238-240.</p>	
BCA ACTIONS REQUIRED	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.</p>	
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Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
<p>Plan of action <i>(To be provided by BCA):</i> The delegations register will be updated by the Council legal officer to include the sections identified above.</p>	
<p>Proposed evidence of implementation <i>(To be provided by BCA):</i> Updated delegations register and minutes of Council meeting minuting this – November 2021</p>	
Evidence of implementation and discussion:	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

RECORD OF NON COMPLIANCE #:	GNC 10
Breach of requirement:	Regulation 17(2)(h)
Finding:	General Non-compliance
FINDING DETAILS	
<p>Implementation of its procedures was not always adequate and effective, where:</p> <ul style="list-style-type: none"> The BCA had not adequately described their technical audit process in its desk file procedures. The internal audit conducted in September was only against the procedures and the cluster manual, and not necessarily against the Regulations. The audit also did not address whether the implementation of the BCA's procedures were adequate or effective. 	
BCA ACTIONS REQUIRED	
<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.</p>	
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Final date non-compliance to be cleared by:	11/02/2022
EVIDENCE	
<p>Plan of action (To be provided by BCA): MPDC has engaged external assistance via Building Networks NZ Ltd to review current audit procedures to align with Regulation 17 requirements. It is proposed that a new annual audit regime be set up and managed for 6 months whilst MPDC staff are trained and equipped to self-audit.</p>	
<p>Proposed evidence of implementation (To be provided by BCA): Revised annual audit calendar. Audit results by month November 2021- February 2022.</p>	
Evidence of implementation and discussion:	
NON COMPLIANCE CLEARED	
Signed:	Date: Click here to enter a date.

SUMMARY OF RECOMMENDATIONS

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

It is recommended that:

- R1 Regulation 7(2)(d)(ii)** – The BCA is recommended to ensure the processing BCOs confirm the category of the building to be correct before continuing processing. One example reviewed where the application had not been correctly categorised in accordance with the BCA's procedures.
- R2 Regulation 7(2)(f)** – The BCA is recommended to manage its statutory clock appropriate and accurately, as one example reviewed indicated the clock had not been started due to no final inspection being carried out.
- R3 Regulation 17(1)** – The BCA is recommended to ensure all of its desk file procedure referenced the correct regulation(s).
- R4 Regulation 17(2)(h)** – The BCA is recommended to describe in its documented procedures, their technical audit process. Although there was an internal audit conducted in September, the audit itself was only against the procedures, it had not addressed whether the implementation of the BCA's procedures were adequate or effective.
- R5 Regulation 17(3A)** – The BCA is recommended to link the LBP Concerns Register to its desk file procedure, and ensure concerns discussed during team meetings were adequately recorded in the register.
- R6 Regulation 17(5)(2)** – The BCA is recommended to elaborate on the decision when reviewing and evaluating the appropriateness and effectiveness of the quality assurance system.

SUMMARY OF ADVISORY NOTES

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

IANZ advises that:

- A1 Regulation 7(2)(f)** – The BCA is advised to consider referencing plans within the Compliance Schedule for clarity of location of the specified systems. These can then be included in the Compliance Schedule document or included as attachments.
- A2 Regulation 8(2)** – The BCA is advised to include calculations of the BCA's FTEs (without the use of contractors) against the workflow when they conduct their next round of forecasting exercise, to provide a clear indication of actual FTE numbers required should the BCA wish to increase its technical staff to full capacity.
- A3 Regulation 11(2)(e)** – The BCA is advised to utilise the File Notes function within AlphaOne to document its supervision notes and outcomes.

Initial Notice that Sustained Non-compliance may lead to Revocation



BCA: Matamata Piako District Council
Date of issue: 13 October 2021

IANZ are contracted by MBIE to assess BCAs for their compliance with the Building (Accreditation of Building Consent Authorities) Regulations 2006. BCAs are then accredited by IANZ when they can demonstrate on-going compliance with the Regulations. Sustained non-compliance with accreditation requirements may lead to revocation of IANZ accreditation. Revocation of accreditation involves a five step process:

1. Initial notice that non-compliance may lead to revocation
2. Second notice that revocation is to be recommended
3. A 20 working day time period for the BCA to provide supporting evidence and to "be reasonably heard".
4. A formal decision that accreditation will be revoked
5. A final notice that revocation is in effect

Matamata Piako District Council BCA has been assessed by IANZ in March 2021 and October 2021 and it has been determined that the BCA has demonstrated sustained non-compliance with accreditation requirements. The BCA is therefore formally notified that failure to achieve compliance with the accreditation requirements within no more than 6 months from the date of this notice may result in revocation of accreditation.

As a result of this notice IANZ' lead assessor is required to monitor the BCA's progress in addressing the non-compliances. This monitoring will be undertaken under an action plan notified by the BCA to the accreditation body.

Please provide to IANZ a detailed action plan that documents each of the actions that the BCA will take to address the BCA's non-conformances with the Building (Accreditation of Building Consent Authorities) Regulations 2006, including the timeframes for each action to be undertaken. The action plan must be received by IANZ **no later than 27 October 2021**.

This action plan will then be reviewed by IANZ who may request further information, or a revision of the content or timeframes if required.

Once the action plan is accepted, IANZ will monitor the BCA's progress towards achieving compliance by review of monthly reporting and evidence provided by the BCA to demonstrate that the goals documented in the plan are being consistently achieved. If the action plan has not been followed or the goals have not been achieved this will result in a second notice that revocation is to be recommended.

Assuming that the requirements of the action plan are being demonstrated, IANZ may require one or more monitoring visits before undertaking a full technical reassessment to determine that the BCA has regained full compliance with the Regulations.

Issued by:

Adrienne Woollard
Programme Manager - Building

7 Ngā Pūrongo Whakamārama | Information Reports

Draft Annual Report 2020/21

CM No.: 2522839

Rāpopotonga Matua | Executive Summary

The Local Government Act 2002 (LGA) requires Council to adopt its Annual Report and Summary by 31 October each year. This year due to COVID-19 there has been an extension for councils provided under legislation until 31 December 2021, with Council Controlled Organisations (CCOs) extended until 30 November 2021.

Council's Debenture Trust Deed requires Council to deliver to the Trustees, a completed and signed Reporting Certificate, along with an auditor's assurance report, within four months of the end of the financial year. Audit New Zealand have completed their limited independent assurance engagement in relation to Council's Debenture Trust Deed. We expect the Auditors to provide an independent assurance report with an unqualified conclusion.

Lauren Clarke from Audit New Zealand and Audit and Risk Committee Chair, Ms Joanne Aoake, will be in attendance at the Council meeting on 1 December for the adoption of the Annual Report.

This report covers the following items, all of which have been circulated separately:

- a. the Annual Report and Summary 2020/21
- b. the draft Audit Opinions for the Annual Report and Summary 2020/21
- c. the warrant of fitness for the Annual Report and Summary 2020/21
- d. the letter of representation for the Annual Report and Summary 2020/21 and staff review of representations made
- e. the misstatement schedule from the Annual Report final audit
- f. the Chief Executive's Reporting Certificate for the Debenture Trust Deed
- g. the Auditor's Independent Assurance Report for the Debenture Trust Deed
- h. the letter of representation for the Debenture Trust Deed and staff review of representations made.

Audit New Zealand has completed the majority of their work in regards to Council's Annual Report and Summary, with Council set to adopt the report at its meeting 8 December 2021.

At the time of agenda closing, the draft Annual Report and Summary were not yet available. Both documents will be circulated to members as soon as it is available.

Staff will provide a verbal update at the time of the meeting.

Tūtohunga | Recommendation

That:

- 1. The information be received.**
- 2. The following documents be received:**
 - a. the Annual Report and Summary 2020/21**
 - b. the draft Audit Opinions for the Annual Report and Summary 2020/21**
 - c. the warrant of fitness for the Annual Report and Summary 2020/21**
 - d. the letter of representation for the Annual Report and Summary 2020/21 and staff review of representations made**
 - e. the misstatement schedule from the Annual Report final audit**
 - f. the draft management report on the Annual Report (not yet received)**
 - g. the Chief Executive's Reporting Certificate for the Debenture Trust Deed**
 - h. the Auditor's Independent Assurance Report for the Debenture Trust Deed 2020/21**
 - i. the letter of representation for the Debenture Trust Deed 2020/21 and staff review of representations made**
- 3. Feedback on the received documents is provided to Council prior to the adoption of the Annual Report and Summary 2020/21**

Horopaki | Background

The LGA requires Council to adopt the Annual Report and Summary by 31 October each year, this year due to COVID-19 there has been an extension provided under legislation until 31 December 2021, with Council Controlled Organisations extended until 30 November. The Summary must be published within one month of its adoption. The Annual Report and Summary must be audited, and an opinion on the Annual Report and Summary provided to Council and the report's readers.

At the Corporate and Operations Committee meeting on 22 September 2021 Council received a summary of financial and performance measures in the draft Annual Report and Summary 2020/21 that was to be submitted to Council's Auditors. Through the audit process, which started on the 20 September, some changes were made to the Annual Report.

Council is scheduled to adopt its Annual Plan and Summary for 2020/21 at its meeting 8 December 2021 (subject to Audit). This means the following items, will be provided to Council once the Annual Report is to be adopted:

- i. the final Annual Report and Summary 2020/21**
- j. the draft Audit Opinions for the Annual Report and Summary 2020/21**
- k. the warrant of fitness for the Annual Report and Summary 2020/21**
- l. the letter of representation for the Annual Report and Summary 2020/21 and staff review of representations made**
- m. the misstatement schedule from the Annual Report final audit**
- n. the draft management report on the Annual Report 2020/21**
- o. the Chief Executive's Reporting Certificate for the Debenture Trust Deed**
- p. the Auditor's Independent Assurance Report for the Debenture Trust Deed**

- q. the letter of representation for the Debenture Trust Deed and staff review of representations made.

Ngā Take/Kōrerorero | Issues/Discussion

a. COVID-19 Impact on Timelines

COVID-19 had an impact on the timelines for the annual report and under legislation the final adoption date was moved out to the 31 December 2021. Any material events after balance date are also required to be reported to Audit, who will assess whether it needs to be reflected in our accounts. This will continue until the Annual Report adoption, any material events could require additional auditing and financial updates (depending on the situation) and could further affect the adoption date.

b. Annual Report and Summary 2020/21

Financial overview

Staff to provide a verbal update at the meeting.

Non-financial information

In 2020/21 we have focused on maintaining our services to support our community. We delivered our extensive range of activities and services to similar levels as detailed in the Long Term Plan 2018-28 and at a similar standard as previous years. Comparisons to both targets and previous year's results are available in the full Annual Report.

There are a total of 61 performance measure targets which Council reports on in the Annual Report. Council achieved its target performance for 42 of these. Of the 21 mandatory non-financial performance measures (introduced by Department of Internal Affairs in 2015) we achieved our target for 13 mandatory performance measures. Two mandatory performance measure was not measured being the quality of ride on our sealed roads and the condition of footpaths, and one is measured as half achieved and half not achieved (as stated below).

The eight measures that we did not achieve and page reference of the Annual Report are:

Roading, page 102

- *The number of serious or fatal crashes on our roading network.*
- *The percentage of customer service requests relating to roads and footpaths that the territorial authority responds within the time frame specified in the Long Term Plan (this was half achieved, half not achieved, we failed non-urgent requests).*

Stormwater, page 112

- *The number of complaints we receive about the performance of our stormwater system.*

Wastewater, page 107

- *The number of dry weather sewage overflows from our wastewater system.*

Water, page 126-128

- *Compliance with Part 4 and Part 5 of the New Zealand Drinking Water Standards.*
- *Percentage of water loss from Council's networked reticulation system.*
- *The number of complaints we received about water clarity, taste, odour, pressure/flow, continuity of supply or response to any of these issues.*

Audit requested minor changes to some performance measures which have all been made during the audit process.

c. Draft Audit Opinions for the Annual Report and Summary 2020/21

Under the Local Government Act 2002 Council is required to obtain an audit of its Annual Report and Summary. Auditing on the Annual Report and Summary 2020/21 started on the 20 September 2021.

d. Warrant of fitness for the Annual Report and Summary 2020/21

The warrant of fitness (WOF) will be completed and circulated once Audit clearance has been received. The WOF has proven to be a useful tool for staff to check that significant matters have been considered in the preparation of the Annual Report. It is intended to provide some assurance to the Committee and Council in this regard.

The Warrant of Fitness section 13 is to be completed by Elected members.

Ngā take ā-ture, ā-Kaupapahere hoki | Legal and policy considerations

There are no legal or policy issues.

The Annual Report measures our performance against the Long Term Plan 2018-28

Ngā Pāpāhonga me ngā Wātaka | Communications and timeframes

The Annual Report and its Summary are set to be adopted by Council 8 December 2021. The adopted documents will be made public on the Council website within one month of adoption, and publicly notified in the local newspapers.

Te Tākoha ki ngā Hua mō te Hapori me te here ki te whakakitenga o te Kaunihera | Contribution to Community Outcomes and consistency with Council Vision

The Annual Report measures achievements and progress against the community outcomes.

Pānga ki te pūtea, me te puna pūtea | Financial Cost and Funding Source

The production of the Annual Report and Summary has a budget of \$7,000 (staff time and circulation of the Summary). Annual Report audit fees have a budget of \$155,000.

Ngā Tāpiritanga | Attachments

There are no attachments for this report.

Ngā waitohu | Signatories

Author(s)	Ann-Jorun Hunter Senior Policy Advisor	
	Larnia Rushbrooke Finance and Business Services Manager	

Approved by	Niall Baker Policy and Legal Team Leader	
	Don McLeod Chief Executive Officer	

7 Ngā Pūrongo Whakamārama | Information Reports

LGOIMA Requests Summary for 2021

RM No.: 2523813

Executive Summary

The relevant legislation for requests for information is Local Government Official Information and Meetings Act 1987 (LGOIMA). We are required to respond to LGOIMA requests as soon as reasonably practicable and (except in some specific instances) within 20 working days.

For the year from (from 1 October 2020 to 30 September 2021) there was a total of 103 LGOIMA requests, of these seven were referred to another agency. The average time to respond was 8.99 days (up to 20 working days are provided for in law, the average last year was 8.05 days).

The \$38 per half hour charge is set in line with guidelines produced by the Ombudsman. This is not likely to be reviewed for some time.

The expectation of the Ombudsman is very much that Council's should provide information at little or no cost where possible, with the view that freely available information supports a transparent government.

Tūtohunga | Recommendation

That:

1. This information be received by the Audit and Risk Committee.

Horopaki | Background

The Audit and Risk Committee in 2016 requested staff to review the way in which LGOIMA requests are handled by Council including the potential for recovering costs associated with the time spent in responding.

Issues

An issue is providing information to requestors that meet their expectations, within a reasonable timeframe. There is also the matter of when and how much Council should charge to recover its costs in responding to these requests.

These matters need to be considered in light of the purpose of the legislation in relation to releasing information which is:

- “(a) to increase progressively the availability to the public of official information held by local authorities, and to promote the open and public transaction of business at meetings of local authorities, in order—
- (i) to enable more effective participation by the public in the actions and decisions of local authorities; and
 - (ii) to promote the accountability of local authority members and officials,—
- and thereby to enhance respect for the law and to promote good local government in New Zealand:
- (b) to provide for proper access by each person to official information relating to that person.”

Charging

Council has set the following charges and guidance since 2016/17 for charging for requests.

Official information charges		
Time - first hour or part thereof		Free
Time - after first hour	Per half hour or part thereof	\$38.00
Pages copied - first 20 A4 (or smaller) pages free	Over 20 pages/per page	\$0.20
Cost of CDs, video, tapes, printing larger than A4 and other materials or viewing arrangements requested		Actual cost

The Local Government Official Information and Meetings Act 1987 (Act) requires us to make available certain information which we hold. The Act also makes provision for us to make a charge for the information supplied but this charge must be reasonable and is for the cost of labour and materials involved in making the information available. If the request expresses urgency then the Council may have to use additional resources to gather the information promptly and the Act permits the Council to charge for these extra resources. If there is a charge for information we will advise you of the likely charges before we commence processing the request and will give you the opportunity to decide whether or not to proceed with the request. In such cases we may also require that the whole or part of any charge be paid in advance before commencing to process the request. If the time taken to process the information and/or the number of copies supplied is only a small margin over the 'free' allowance, we may use our discretion as to whether any charge should be made.

Where repeated requests are made by the same person or group in respect of a common subject over intervals of up to eight weeks we will aggregate these requests for charging purposes. This means that the second and subsequent requests will not be subject to one hour of free time and 20 free standard A4 (or smaller) photocopies.

The charge represents a reasonable fee for the cost of providing information. It may include (but is not limited to) time spent:

- *in searching an index to establish the location of the information*
- *in locating and extracting the information from the place where it is held*
- *in reading or reviewing the information*
- *in supervising the access to the information.*

Under the Act we are not permitted to charge for:

- *locating and retrieving information which is not where it ought to be*
- *time spent deciding whether or not access should be allowed, and in what form.*

The liability to pay any charge may be modified or waived at the discretion of the delegated officer receiving the request. Such decisions should have regard to the circumstances of each request. However, it would be appropriate to consider:

- *whether payment might cause the applicant hardship*
- *whether remission or reduction of the charge would facilitate good relations with the public or assist the department in its work*
- *whether remission or reduction of the charge would be in the public interest because it is likely to contribute significantly to public understanding of, or effective participation in, the operations or activities of the government, and the disclosure of the information is not primarily in the commercial interest of the requester.*

Charges are set in accordance with Ministry of Justice, Charging Guidelines for Official Information Act 1982 Requests (2002). If an identifiable natural person seeks access to personal information about that person then the request is governed by the Privacy Act 1993 and these charges do not apply. Information that is already publicly available (for example at our libraries and offices or on our website) is not subject to the Act, and normal charges apply to the supply of this information. A person who makes a request for information under the Act may make a complaint to the Office of the Ombudsmen regarding our decision regarding supply of that information.

Requests

The following table sets out the LGOIMA requests received by Council. The analysis shows the list of requests for information, the number of days to respond and the amount of staff time it took to respond, for the past year. The average time to respond was 8.99 days (up to 20 working days are provided for in law, the average last year was 8.05 days).

There were three requests that went over the 20 days. Two ran over time due to a human error or a misjudgement of days left. For the third one it was a large request and staff should have requested an extension on the timeframe but did not.

Date of Request	Description	Number of Days to Respond	Reason
2020-10-01	Dog Control Income and Expenses	11	
2020-10-05	Contaminated Material Leaking into River	2	Referred to another agency
2020-10-05	Dogs in Townships and Liquor Ban	10	
2020-10-06	Procurement Timeframes Enquiry	1	
2020-10-07	Morrinsville River Walkway	4	
2020-10-09	MPDC Use of the Public Works Act 1981	1	
2020-10-14	Compliance Monitoring Enforcement records relating to JSwap	9	
2020-10-21	Ignition Festival Complaints	15	
2020-10-21	Trade Waste and Stormwater Bylaw Breaches	20	
2020-10-21	Ignition Festival Complaints	0	
2020-10-23	Council Building Energy Performance	3	
2020-10-28	Contractors Involved in Felling the Phoenix Palms	0	
2020-11-09	Waitoa Industrial Estate Ltd (previously Wallace)	2	
2020-11-23	Cash Flows to External Organisations	7	
2020-11-23	Police Property Enquiry	14	
2020-11-24	Documents Relating to Dog Control Activity	16	
2020-12-02	Dog Exercise Area and Oxidization Ponds	19	
2020-12-02	Copy of Swap Park Feasibility Study 2018	10	
2020-12-07	Mayoral discretionary funds (and similar)	16	
2020-12-07	Contracts Awarded Without Tender in 2020	16	
2020-12-08	Number of Staff Employed at MPDC	16	
2020-12-08	Replacement Value of the 3-Waters System	13	
2020-12-09	Town Centers Question in MPDC	14	
2020-12-10	Closed Door Council Meetings 2018, 2019, 2020	11	
2020-12-17	Resource Consents and Applications for Sand Extraction and Manufacturi	8	
2020-12-22	Consented/Permitted Fill Sites (Landfills, Cleanfills Etc) and Transfe	9	
2021-01-13	Matamata Stadium, Station Road Councillor Correspondence and Informati	23	Was a large request staff should have requested an extension.
2021-01-25	Calcutta Farms No. 2 - Bypass Designation	0	
2021-01-29	Landfill space	3	
2021-02-09	Council's Food Service Outlets	6	
2021-02-09	List of Morrinsville Cow Sculptures	1	
2021-02-11	Tradewaste Data Disputes	13	
2021-02-12	Refuse Costs and Rubbish Bags	16	
2021-02-17	External Consultants Procured Over \$1000	20	
2021-02-22	dates of AMap Shows in Matamata-Piako for 2009 & Locations	1	

2021-02-25	High Build Garage being Constructed at 22 Sim Street Matamata	15	
2021-02-27	TAKOA Maori Resources Service Update	0	
2021-03-01	Use of Water Fluoridation	0	
2021-03-02	Community Health Workers	6	Referred
2021-03-05	RLTP 2021 Consistency with GPS 2021	9	Referred
2021-03-08	2021 Ratepayers' Report	11	
2021-03-11	Old Forge Cafe Land Use Consent	20	
2021-03-16	New Kerb and Channeling Project Cost	2	
2021-03-22	Water and Wastewater Pipes Geospatial Data	0	
2021-03-23	Peaceful Protest at Piakonui Road	16	
2021-03-24	Residential Water Ratepayers and Water and Wastewater Income	14	
2021-03-26	Swimming Pool Inspections	17	
2021-03-26	Population and Ratepayer Numbers	1	
2021-03-29	Headon Stadium (Consultation)	17	
2021-03-29	Registered Number of Dogs in Te Aroha	8	
2021-03-30	Rates Council has Charged for LGOIMAs	17	
2021-03-30	MPDC submission to Climate Change Commission	17	
2021-03-30	Urban Rural Effects on Waterways	-	Referred
2021-03-31	Accurate dog numbers in Matamata	16	
2021-04-07	Light Pollution	7	
2021-04-07	Rainwater Tank Requirements	5	
2021-04-13	Type and Quantities of Herbicides Used by MPDC	6	
2021-04-14	Request a copy of the Council letter - Mr K. Diprose of the Landing Es	11	
2021-04-19	Eldonwood Right of Way Information	31	Was not initially realised to be a LGOIMA
2021-04-21	Police annual strategy assessment	13	
2021-04-27	Headon Stadium flooring & Matamata Stadium timing and cost	9	
2021-04-28	Maori ward establishment and post action	4	
2021-04-28	Sand Extraction Resource Consent	-	Referred
2021-04-28	Dog - name, sex, breed and reason for euthanasia	-	Referred
2021-05-04	Trade-Waste Permit/Consent Records With KiwiRail	1	
2021-05-05	Council Owned Public Facilities and their Earthquake Assessment Status	18	
2021-05-05	Total of Council Land Leased in the Matamata Ward	14	
2021-05-05	Drinking Water Standards in Matamata	17	
2021-05-05	LTP Your Voice, Your Vision - Business Case	14	
2021-05-05	Water Quality Complaints - FYI Requests	2	
2021-05-05	Drug & Alcohol pathology/testing at MPDC	10	
2021-05-07	Mayor Ash Tanner's salary division for the financial year 2019/2020	3	
2021-05-19	Dog Park at Swap Park Matamata	4	
2021-05-20	Psychometric Testing - MPDC	18	
2021-05-25	Matamata Bypass Report & Matamata Swimming Pool information	20	
2021-05-25	Information Regarding Private Plan Change Applications, Inghams and Ta	0	
2021-05-25	MPDC Financial Position - Clarification and LTP	15	
2021-05-25	Requestor's own information - MPDC Animal Control	10	
2021-05-26	Lump-Sum Contribution Projects	4	
2021-06-08	Request for Info on Closed Council Meetings (last 12 months)	16	
2021-06-09	Accessible Places in Matamata-Piako District	15	

2021-06-24	MB request building consents for owner builders and LBPs	15	
2021-06-28	Council fee information - subdivisions	-	Referred
2021-07-16	Te Aroha Population - Households	1	
2021-07-20	Sale price of all residential houses in a territorial authority	0	
2021-07-21	Requesting copies of new off-licence applications [Alcohol]	1	
2021-07-22	Representation Review - MPDC papers and minutes from 2012	1	
2021-07-22	Non-For-Profit Organisations in MPDC	0	
2021-07-22	Distribution of council's general and targeted rates and the use of uniform annual charges	38	This was missed by staff, human error
2021-07-23	Bridges in Matamata-Piako District	15	
2021-07-27	Illegal Vegetation Clearance	6	
2021-08-09	Survey results of the representation review 2017	9	
2021-08-12	OIA Freedom Camping	0	
2021-08-18	Payments over \$5,000 for the Year 2020	1	
2021-08-19	Over 200 complaints - Farrah's noise community group	1	
2021-08-20	Council's Position Regarding the 3Waters Reform	0	
2021-08-23	Cost of water, raw treated disposal	12	
2021-08-25	unpaid infringement notice fees	10	
2021-09-02	Human Resource and People Management, Training, Recruitment and Perform	5	
2021-09-05	Section 35(2)(d) of the RMA - Monitoring the Exercise of Resource Consents	4	
2021-09-13	Drinking water quality data (university study)	11	
2021-09-29	Urban speed limits in Morrinsville	12	
2021-09-29	Resource Consents for Department of Conservation (DOC)	1	

Analysis

Council follows the Ombudsman's guide which can found online at the [Ombudsman's Website](#).

Printing/Photocopying Costs

Under the Ombudsman's guide mentioned above, they specify a charge of \$0.20 per page for photocopying in excess of 20 pages. In practice almost all of the requests for information are now provided electronically to recipients.

Legal and statutory requirements

The relevant legislation is Local Government Official Information and Meetings Act 1987. Under this act, we are required to respond to LGOIMA requests as soon as reasonably practicable and (except in some specific instances) within 20 working days.

The process was amended last year to make sure that teams are working together to have the details for all LGOIMAs captured in one place so that there is no longer a separation between requests from media and public. There is now one registered where LGOIMAs are placed and containers are created to keep all the information together and making it easier to collate information.

Impact on policy and bylaws

Council's current policy on charging for LGOIMAs is set out in the fees and charges. Staff are of the view that this policy has been complied with.

Consistency with the Long Term Plan / Annual Plan

These issues are not relevant in terms of the Long Term Plan / Annual Plan

Impact on Significance and Engagement Policy

This issue is not significant in terms of Council's policy.

Communication, consultation and decision making processes

These issues do not require community consultation. Council may consult with the information requestor, and other agencies with regards to the transfer of requests. There is a statutory decision-making process which Council must follow set by LGOIMA.

Publicity of Requests

We are currently working on a new system with plans to begin using it next year, this will allow us to put the information requests and responses on our website.

Financial Impact

i. Cost

The actual cost to council in responding to requests is variable, depending on the seniority of the responder, and could range from \$45 per hour to \$125 or more but the fees are set per Ombudsman guidelines.

There were some requests Council could have charged for but for various reason staff did not, including;

- The team responsible decided not to charge.
- The information was requested by Media which we endeavour to not charge as they hold a high public interest threshold.
- The information should have already been available/stored in RM and was not so would not charge for the process of getting it digitised.
- The information was already collated before the collator of the request was made aware of the time it had taken.
- The information was collected through multiple teams.
- If there was a strong belief other people would be wanting the same information, for fairness did not want to charge the first requestor the administrative costs and then allow any subsequent people to have the same information for free.
- Council receives a benefit in providing the information without charging.

ii. Funding Source

The cost of responding is currently absorbed in to salary budgets within each team tasked with responding.

Ngā Tāpiritanga | Attachments

There are no attachments for this report.

Ngā waitohu | Signatories

Author(s)	Ellie Mackintosh Legal Counsel	
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Approved by	Niall Baker Policy and Legal Team Leader	
	Don McLeod Chief Executive Officer	

7 Ngā Pūrongo Whakamārama | Information Reports

Update on the 3 Water Reform Funded Projects

CM No.: 2523999

Rāpopotonga Matua | Executive Summary

This paper updates the Audit and Risk Committee on the progress implementing the Three Waters Reform Stimulus Delivery Plan.

Since the last report in June 2021, significant progress has been made in delivering on the program. This has included major filter upgrade works at Matamata (Tills Road) and the Te Aroha Water Treatment Plants as well as work on access ways to plants and tree removal. A high value contract has been awarded for SCADA (control technology) alongside some smaller projects focused on strategy development. This means that a large proportion of \$4.94M is now committed under contract and/or being delivered. The Council received \$2.5 million in the first tranche of funding, \$853,000 in September in the second tranche and a further \$361,000 in November from tranche three in order to keep our cashflow positive.

Amendments to the Plan continue to be a theme, with a fourth change request having been signed off by the Department of Internal Affairs (DIA). More change requests are envisaged given the re-emergence of Covid and our voyage of discovery on deferred maintenance projects where unforeseen issues continue to be found. The DIA have recognised the issue of delays due to Covid and have extended the deadline for delivery of the plan from the 31st March to 30th June 2022.

Ongoing risks include Council resourcing and external resourcing, procurement, health and safety, management of overlapping PCBUs as contractors arrive onsite and time pressure as the deadline approaches. The People, Safety and Wellness Team have undertaken site audits and have reminded project managers of the need to book audits in as physical works are undertaken on site.

The DIA has issued an “Engineers Report” (Attachment A) on our performance to date and whilst progress and spend are on track for the plan, our reported LTP spend has been raised by DIA.

Tūtohunga | Recommendation

That:

1. The information be received.

Horopaki | Background

In July 2020, the Government announced a \$761 million funding package to provide post COVID-19 stimulus to maintain, improve three waters infrastructure, support a three-year programme of reform of local government water service delivery arrangements (reform programme), and support the establishment of Taumata Arowai, the new Waters Services Regulator. The funding was to remain available until March 31, 2022, at which time funding would be withdrawn. Territorial Local Authorities were allocated a proportionate share of this \$761M stimulus fund, with Council receiving a \$4.94M share.

As reported in June, access to the funding required fast tracking of delivery plans and effectively rolled a 3-year program of work into a little over 12 months on top of business as usual for staff in an already busy market sector. Council responded by utilising existing contractor’s and service providers as well as engaging with the market and our staff, setting up a Governance Group and a

Project Management Office to oversee the roll out of the investment. Significant changes in the portfolio of the original 40 projects has occurred since the plan was approved by the Government. This has been due to incidents happening such as the Morrinsville flood and higher priority deliverables being uncovered as works have progressed for example, the deferred maintenance works area where trees removal works have increased and uncovered underlying issues with assets like the Te Aroha Sewer Trunk Main.

Ngā Take/Kōrerorero | Issues/Discussion

As mentioned in the executive summary; since the last report in June 2021, significant progress has been made in delivering on the program. Spend to date has crossed the 50% milestone at \$2.9M and there is \$700K of committed spend. A further \$600K has been spent on emergency works that could potentially be transferred to reform funding should a budget surplus appear in any of the program areas or projects; subject to approval by DIA.

Recent developments such as the re-emergence of Covid 19 and the continuing global supply chain issues has meant that works in some areas have started to stall. The DIA have acknowledged our concerns and in September agreed to extend the program delivery deadline to the 30th June 2022. Whilst this extension is appreciated, the risk of non-delivery due to extended Covid lockdowns remains, as do cost increases that are not currently covered under the reform funding budget allocation.

The 3 Waters Reform Governance Group are working closely with project managers, consultants, contractors and stakeholders to minimise the impact of these risks on delivery through monthly project reports, financial monitoring and undertaking quarterly workshops with the delivery team.

Amendments to the Plan will continue to be addressed, such as the Tree Removal Project which identified emergency piling work that needed to be completed on the Te Aroha Sewer Trunk Main.

The “Engineers Report” (Attachment A) identifies good progress against our plan. There is some confusion over reporting periods in the report on the LTP spend. This is currently being worked through with the DIA.

Mōrearea | Risk

A risk review was undertaken in October and whilst risks on timing and underspend are significantly reduced over the previous risk assessment thanks to contracted works and the 3-month extension on delivery timeframe, they remain high whilst we are in the shadow of Covid.

The key risks remain largely unchanged from the last report to the committee. These being:

- Risk around the reform funded works including,;
 - o underspending in some project and program areas and not gaining the full benefit of the \$4.94M.
 - o Overspending, which will fall on MPDC to cover.
- Changes in projects or program budgets due to urgent works that need to be completed prior to review and agreement by DIA.
- Delays in delivery, or contract overruns with costs incurred post June 2022 falling on Council.
- Potential for procedural issues and rushed outputs to meet the deadlines, particularly once Covid restrictions are lifted.
- Further staff and resource losses due to an overheated 3 Water market and current water reform generating uncertainty amongst council staff.

The response from the Governance Group and Program Management Office have remained consistent. We have put in place a number of risk management protocols including regular risk reviews, Project Reconciliation meetings and more detailed 1 on 1 interviews with project managers when producing monthly reports. Continuity of work whilst in lockdown is also important and a renewed focus on desktop deliverables (studies and strategies) will help in maintaining delivery momentum.

Ngā Whiringa | Options

At this stage, Council is not being asked to make a decision on project or funding as this is currently being managed through the Governance Group.

Ngā take ā-ture, ā-Kaupapahere hoki | Legal and policy considerations

The agreed projects and funding are subject to formal agreements between Council and the DIA.

Ngā take ā-lhinga | Consent issues

A number of consents have been required for the works being undertaken under the reform program of works.

Te Tākoha ki ngā Hua mō te Hapori me te here ki te whakakitenga o te Kaunihera | Contribution to Community Outcomes and consistency with Council Vision

The financial implications of the reform projects are covered under the Memorandum of Understanding and capped at \$4.94M. Council funding for some parts of the work may be required should the program overrun the budget, certain projects go over approved DIA spend, or spend be incurred post June 2022. A number of these spends would have landed on Council anyway if reform funding wasn't available i.e., Morrinsville Flooding and stormwater works.

Ngā Tāpiritanga | Attachments

[A](#)  MPDC DIA Engineer's Report for July-September 2021



[B](#)  October Financial Status Report



[C](#)  Updated Three Waters Reform Funding Risk Register



Ngā waitohu | Signatories

Author(s)	Fiona Vessey Group Manager Service Delivery	
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Approved by	Fiona Vessey	
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	Group Manager Service Delivery	
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Three Waters

Engineer's report for reporting quarter
July 2021 - September 2021

28 October 2021

Matamata-Piako District
Council



Three Waters | Government Funding - Engineer's report

Quarter ending
September 2021



Matamata-Piako District Council

Amber

Government funding risk

Reviewer commentary (Government funding spend)

Matamata-Piako have spent 59% or \$2.93M of their \$4.94M stimulus programme which is still close to plan. They delivered 97% of the previous quarter forecast. They have forward commitments already entered into, totalling \$4.6M or 93% of their funding allocation. A change request was approved last quarter which is reflected in the revised programme.

Government funding spend by project type

Project type	Jul-Sep'21	Actual PTD	Budget PTD	Programme lifetime	PTD %	Actual vs Budget %
Water pipe inspections	\$492K	\$1,926K	\$1,046K	\$2,198K	88%	184%
SCADA upgrades or new	\$105K	\$277K	\$470K	\$885K	31%	59%
Water Treatment Plant upgrades	\$21K	\$81K	\$110K	\$413K	20%	74%
Strategy study or report	\$35K	\$134K	\$370K	\$400K	34%	36%
Asset data and GIS improvements/update/maintenance	\$44K	\$140K	\$310K	\$400K	35%	45%
Wastewater Treatment Plant upgrades	\$33K	\$48K	\$30K	\$198K	24%	160%
Water security / fencing		\$90K	\$150K	\$150K		60%
New water source added	\$40K	\$104K	\$254K	\$104K	100%	41%
Water meters installed		\$50K	\$290K	\$100K		17%
Preparation for reform		\$70K	\$145K	\$70K		48%
Wastewater pipes upgraded		\$10K	\$100K	\$10K		10%
Total	\$770K	\$2,930K	\$3,275K	\$4,928K	59%	89%

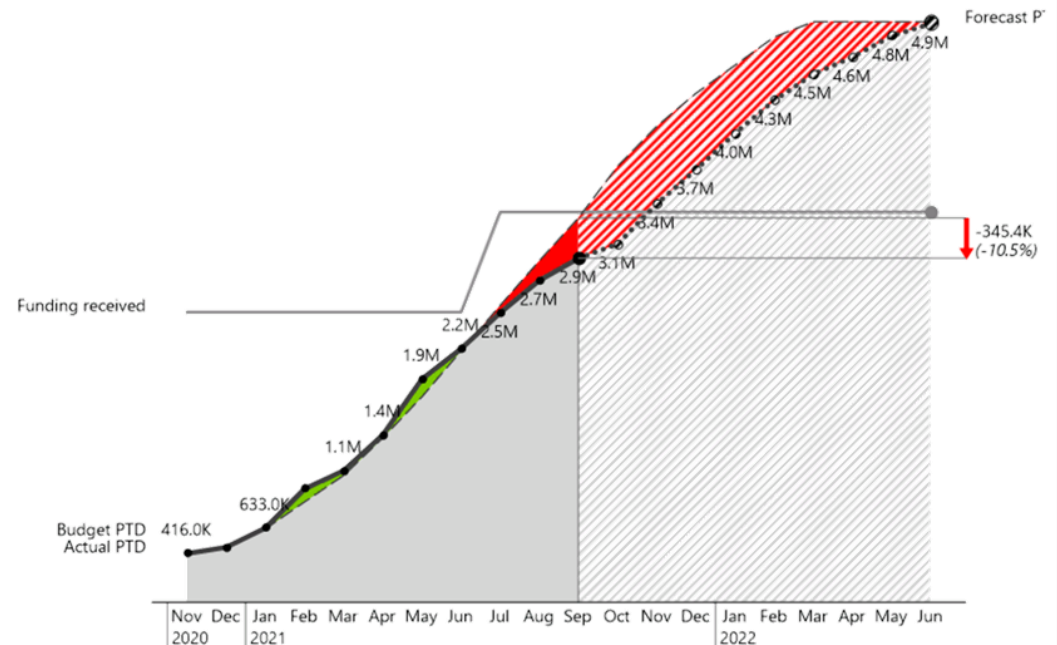
Summary cash position

Funding received at 30 September 2021	\$3,323K
Spend to date	\$2,930K
Funding remaining at 30 September 2021	\$393K
Forecasted spend next quarter to 31 December 2021	\$754K
Funding required in October 2021	\$361K
Funded until	October 2021

Spend statistics

LQ Forecast spend	\$792K
LQ Actual spend	\$770K
LQ Achieved %	97%
LQ Released	\$853K
NQ Forecast spend	\$754K
NQ/LQ run rate %	98%

Cumulative government funding spend



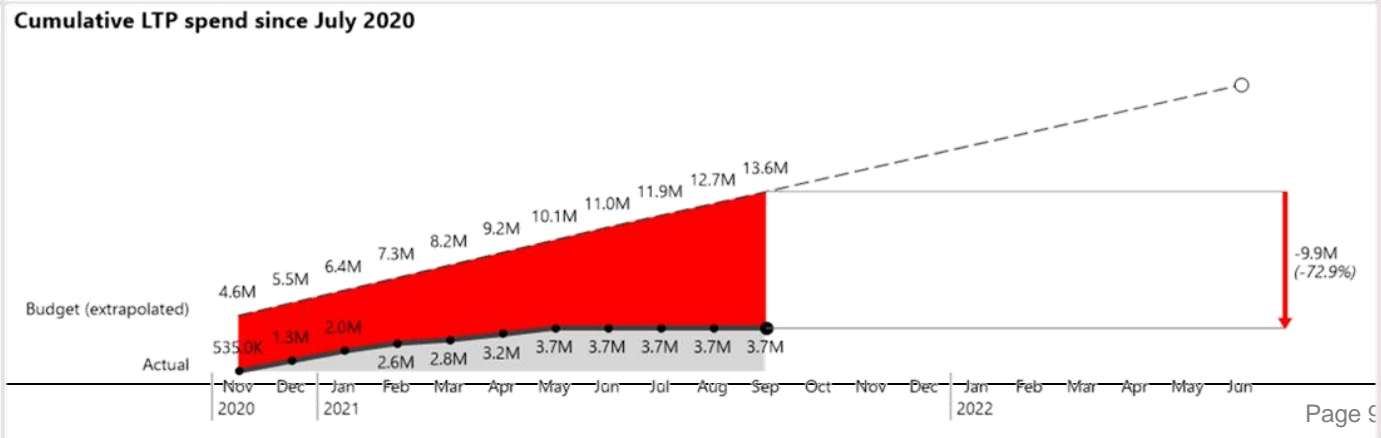


Three Waters | Cofunding & LTP - Engineer's report

Quarter ending
September 2021



Matamata-Piako District Council

<p>N/A Cofunding risk</p>	<p>Reviewer commentary (Cofunding) There is no co-funding in the Matamata-Piako Delivery Plan.</p>																																																															
<p>Actual PTD cofunding spend N/A Actual PTD cofunding spend</p>	<p>Cumulative cofunding spend</p> 																																																															
<p>Programme lifetime cofunding spend N/A Programme lifetime cofunding spend</p>	<p>Budget PTD</p> 																																																															
<p>Red LTP Risk</p>	<p>Reviewer commentary (LTP) As at the close of the reporting period in October 2021, MPDC have been unable to supply details of the expenditure in the LTP for the full 2020/21 year nor for the first quarter of 2021/22.</p>																																																															
<p>Actual LTP since July 2020 \$3.7M Actual LTP since July 2020</p> <p>Forecast LTP since July 2020 \$13.6M Extrapolated LTP spend</p>	<p>Cumulative LTP spend since July 2020</p>  <table border="1"> <caption>Cumulative LTP Spend Data</caption> <thead> <tr> <th>Month</th> <th>Actual Spend (M)</th> <th>Budget (Extrapolated) (M)</th> </tr> </thead> <tbody> <tr><td>Nov 2020</td><td>535.0K</td><td>4.6M</td></tr> <tr><td>Dec 2020</td><td>1.3M</td><td>5.5M</td></tr> <tr><td>Jan 2021</td><td>2.0M</td><td>6.4M</td></tr> <tr><td>Feb 2021</td><td>2.6M</td><td>7.3M</td></tr> <tr><td>Mar 2021</td><td>2.8M</td><td>8.2M</td></tr> <tr><td>Apr 2021</td><td>3.2M</td><td>9.2M</td></tr> <tr><td>May 2021</td><td>3.7M</td><td>10.1M</td></tr> <tr><td>Jun 2021</td><td>3.7M</td><td>11.0M</td></tr> <tr><td>Jul 2021</td><td>3.7M</td><td>11.9M</td></tr> <tr><td>Aug 2021</td><td>3.7M</td><td>12.7M</td></tr> <tr><td>Sep 2021</td><td>3.7M</td><td>13.6M</td></tr> <tr><td>Oct 2021</td><td>-</td><td>-</td></tr> <tr><td>Nov 2021</td><td>-</td><td>-</td></tr> <tr><td>Dec 2021</td><td>-</td><td>-</td></tr> <tr><td>Jan 2022</td><td>-</td><td>-</td></tr> <tr><td>Feb 2022</td><td>-</td><td>-</td></tr> <tr><td>Mar 2022</td><td>-</td><td>-</td></tr> <tr><td>Apr 2022</td><td>-</td><td>-</td></tr> <tr><td>May 2022</td><td>-</td><td>-</td></tr> <tr><td>Jun 2022</td><td>-</td><td>-</td></tr> </tbody> </table>	Month	Actual Spend (M)	Budget (Extrapolated) (M)	Nov 2020	535.0K	4.6M	Dec 2020	1.3M	5.5M	Jan 2021	2.0M	6.4M	Feb 2021	2.6M	7.3M	Mar 2021	2.8M	8.2M	Apr 2021	3.2M	9.2M	May 2021	3.7M	10.1M	Jun 2021	3.7M	11.0M	Jul 2021	3.7M	11.9M	Aug 2021	3.7M	12.7M	Sep 2021	3.7M	13.6M	Oct 2021	-	-	Nov 2021	-	-	Dec 2021	-	-	Jan 2022	-	-	Feb 2022	-	-	Mar 2022	-	-	Apr 2022	-	-	May 2022	-	-	Jun 2022	-	-
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Three Waters | FTE & Outcome Metrics - Engineer's report

Quarter ending
September 2021



Matamata-Piako District Council

Green

FTE risk

Reviewer commentary (FTE)
Average FTE numbers for the September quarter fell this quarter to 8.1. The June 22 rolling forecast is 6.2 FTE.

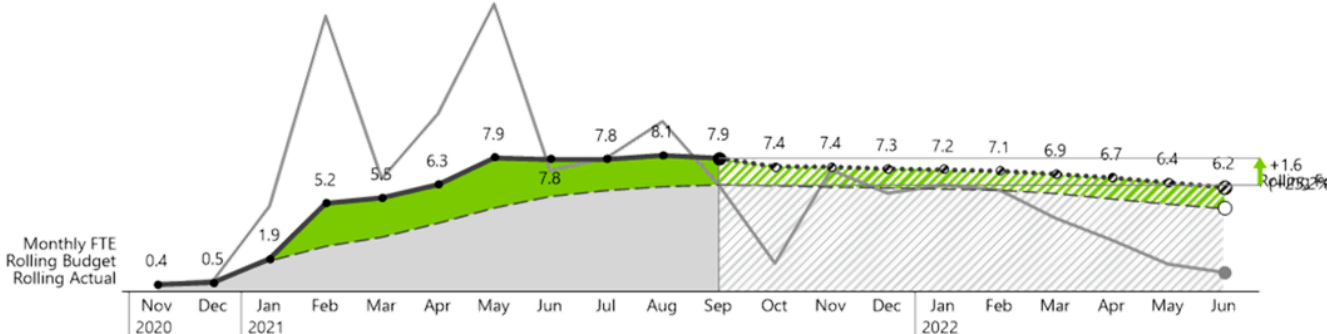
Jul-Sep'21 FTE

8.1

Jul-Sep'21 \$ per FTE

\$95.2K

Rolling FTE profile + monthly FTE line



Month	Monthly FTE
Nov 2020	0.4
Dec 2020	0.5
Jan 2021	1.9
Feb 2021	5.2
Mar 2021	5.5
Apr 2021	6.3
May 2021	7.9
Jun 2021	7.8
Jul 2021	7.8
Aug 2021	8.1
Sep 2021	7.9
Oct 2021	7.4
Nov 2021	7.4
Dec 2021	7.3
Jan 2022	7.2
Feb 2022	7.1
Mar 2022	6.9
Apr 2022	6.7
May 2022	6.4
Jun 2022	6.2
Jul 2022 (Forecast)	+1.6

Key FTE statistics

Jun'22 Forecast rolling FTE	6.2
Jun'22 Budget rolling FTE	4.9
Peak Forecast FTE month	May 2021
Peak Forecast FTE	17.0
FTE per Delivery Plan	27.7

Green

Outcome metrics risk

Reviewer commentary (Outcome metrics)
MPDC achieved 100% completion of new water sources this quarter and one new water source was finished. A third of the SCADA upgrade programme was completed and a further 13% of the asset data and GIS improvement project was completed.

Projects ahead or behind Budget PTD metrics				Project type	Equal or ahead	Behind	Not underway	Projects ahead or behind Budget PTD metrics summary		
Project type	Equal or ahead	Behind	Not underway					● Equal or ahead	● Behind	● Not underway
Water supply				Wastewater						
Water Treatment Plant upgrades				Wastewater pipes upgraded				Water supply		
New water source added				Wastewater Treatment Plant upgrades				Wastewater		
Water meters installed				Reform spending				Reform spending		
Water pipe inspections				Preparation for Reform				Other		
Water security / fencing										
Other										
Strategy Study or Report										
Asset data and GIS										
SCADA										

Three Waters | CIP Engineer review - Engineer's report

Quarter ending
September 2021



Matamata-Piako District Council

<h2 style="color: #FFC000;">Amber</h2> <p>Overall risk</p>		CIP commentary on programme status More good progress was observed during a further site visit to Matamata Piako district in early October 2021. The Morrinsville trunk main flushing has been completed, as has most tree removal works. Power supply to the Morrinsville Dam, and SCADA contracts have now been signed. Work is progressing, though delayed somewhat by Covid alert level restrictions. As a result of the contractor's staff being located in Auckland, the Morrinsville filter media replacement is deferred until March 2022. Site accessway works have started as have a number of strategic studies.													
Work placed to date \$4,600.0K	Total allocation \$4,940.0K														
Government funding Amber Cofunding N/A LTP Red FTE Green Outcome metrics Green Complete by Jun-22 (TA) Green Complete by Jun-22 (CIP) Amber	Top 5 risks as reported by TAs' Risks Supply - Demand imbalance - cost escalator Covid re-emergence Cost Overruns: Poor work scope due to speed of program implementation		CIP commentary on risks The greatest risk to the programme is the Covid alert levels impacting contractor movement from Auckland and Hamilton. Covid impacts are also affecting costs of materials and equipment and unforeseen extra works such as aged and damaged filter nozzles in the filter plenum slabs. Supply chain issues and delivery times continue to be an amber risk.												
Reform funding \$70k / \$70k		CIP commentary on reform funding There was no further spending on Preparation for Reform activities this quarter and no request to fund transition activities was made.													
Key statistics <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Actual crown spend to date</td><td style="text-align: right;">\$2,929.6K</td></tr> <tr><td>Next period spend</td><td style="text-align: right;">\$754.0K</td></tr> <tr><td>Total received to date</td><td style="text-align: right;">\$3,322.6K</td></tr> <tr><td>Implied shortfall</td><td style="text-align: right;">\$361.0K</td></tr> <tr><td>Received to date + shortfall %</td><td style="text-align: right;">74.6%</td></tr> <tr><td>Funding suggested</td><td style="text-align: right;">\$361.0K</td></tr> </table>		Actual crown spend to date	\$2,929.6K	Next period spend	\$754.0K	Total received to date	\$3,322.6K	Implied shortfall	\$361.0K	Received to date + shortfall %	74.6%	Funding suggested	\$361.0K	CIP commentary on funding requested and funding suggested There is an implied funding shortfall of \$361k which may be raised by Matamata-Piako District Council as a funding request this quarter.	
Actual crown spend to date	\$2,929.6K														
Next period spend	\$754.0K														
Total received to date	\$3,322.6K														
Implied shortfall	\$361.0K														
Received to date + shortfall %	74.6%														
Funding suggested	\$361.0K														
CIP funding release recommendation <div style="text-align: center; font-size: 1.5em; color: #008000; font-weight: bold;">Yes</div>		CIP commentary on funding release recommendation I approve the above funding request this quarter.													
		CIP lead reviewer John Mackie	CIP secondary reviewer Anthony Wilson												

Three Waters | Appendix 1 - Engineer's report

Quarter ending
September 2021



Matamata-Piako District Council

Government funding spend by project type

Project type	Jul-Sep'21	Actual PTD	Budget PTD	Forecast Programme lifetime	Budget Programme lifetime	PTD %	Actual vs Budget %	Forecast vs Budget Programme lifetime %
WATER - Water Treatment Plant upgrades	\$0.0M	\$0.1M	\$0.1M	\$0.4M	\$0.4M	20%	74%	116%
WATER - Water security / fencing		\$0.1M	\$0.2M	\$0.2M	\$0.2M		60%	100%
WATER - Water pipe inspections	\$0.5M	\$1.9M	\$1.0M	\$2.2M	\$1.3M	88%	184%	170%
WATER - Water meters installed		\$0.1M	\$0.3M	\$0.1M	\$0.5M		17%	20%
WATER - New water source added	\$0.0M	\$0.1M	\$0.3M	\$0.1M	\$0.3M	100%	41%	41%
WASTE - Wastewater Treatment Plant upgrades	\$0.0M	\$0.0M	\$0.0M	\$0.2M	\$0.2M	24%	160%	99%
WASTE - Wastewater pipes upgraded / renewed or new		\$0.0M	\$0.1M	\$0.0M	\$0.1M		10%	10%
REFRM - Preparation for Reform		\$0.1M	\$0.1M	\$0.1M	\$0.2M		48%	35%
OTHER - Strategy Study or Report	\$0.0M	\$0.1M	\$0.4M	\$0.4M	\$0.5M	34%	36%	80%
OTHER - SCADA upgrades or new	\$0.1M	\$0.3M	\$0.5M	\$0.9M	\$0.9M	31%	59%	100%
OTHER - Asset data and GIS improvements/update/maintenance	\$0.0M	\$0.1M	\$0.3M	\$0.4M	\$0.5M	35%	45%	81%

Three Waters | Appendix 2 - Engineer's report

Quarter ending
September 2021



Matamata-Piako District Council

Outcome metrics overview

Outcomes metrics	Jul-Sep '21	Actual PTD	Budget PTD	Forecast Programme lifetime	Budget Programme lifetime	PTD %	Actual vs Budget PTD %	Forecast vs Budget Programme lifetime %
WATER - Water Treatment Plant upgrades - Physical works % complete		37%	48%	100%	100%	37%	77%	100%
WATER - Water Treatment Plant upgrades - Number of WTP upgrades #		3	7	6	11	50%	43%	55%
WATER - Water security / fencing - Length (metres)		476	950	950	950	50%	50%	100%
WATER - Water pipe inspections - Length (metres)		1	1	1	1	93%	113%	100%
WATER - Water meters installed - Water supply meters installed #		1	7	2	15	50%	14%	13%
WATER - New water source added - Physical works % complete	40%	100%	100%	100%	100%	100%	100%	100%
WATER - New water source added - Number of new sources #	1	1	2	1	2	100%	50%	50%
WASTE - Wastewater Treatment Plant upgrades - Physical works % complete				100%	100%		100%	100%
WASTE - Wastewater Treatment Plant upgrades - Number WWTP upgrades #				3	3	0%		100%
WASTE - Wastewater pipes upgraded / renewed or new - Length (metres)		1	181	1	181	100%	1%	1%
REFRM - Preparation for Reform - % complete	36%	100%	52%	100%	100%	100%	192%	100%
OTHER - Strategy Study or Report - % complete	10%	36%	83%	100%	100%	36%	43%	100%
OTHER - SCADA upgrades or new - Physical works % complete	33%	33%	33%	100%	100%	33%	100%	100%
OTHER - SCADA upgrades or new - Number of sites #		1	1	3	3	33%	100%	100%
OTHER - Asset data and GIS improvements/update/maintenance - % complete	13%	37%	62%	100%	100%	37%	60%	100%

Expenditure Actuals & Committals As at 21 October 2021

Row Labels	Total Sum of Actual	Total Committed.
3Waters Reform - Programme Management - Staff Cost	380385.07	8384.92
3Waters Reform - Project 1 Asset Criticality	49692.12	0.00
3Waters Reform - Project 2 Asset Strategies	14847.50	34956.52
3Waters Reform - Project 3 Asset Data	56415.02	11576.99
3Waters Reform - Project 4 Operational Studies	24974.59	51891.30
3Waters Reform - Project 5 Deferred Maintenance Work	1908492.37	468759.83
3Waters Reform - Project 6 Cross Boundary - Internal	62754.00	0.00
CAPEX - 3Waters Reform - SCADA	209256.09	139000.00
CAPEX - 3Waters Reform - Mixers at Morrinsville Dam	9494.57	143837.00
CAPEX - 3Waters Reform - SCADA	87014.15	6956.51
CAPEX - 3Waters Reform - Site Accessways	56149.76	7972.00
CAPEX - 3Waters Reform - Site Security - CCTV	5816.20	0.00
CAPEX - 3Waters Reform - Water Meters - Meter Install and Renewals Program	27670.66	0.00
CAPEX - 3Waters Reform - Wisely MV West - Project now cancelled but has some costings	3583.74	0.00
CAPEX - CAPEX - 3Waters Reform - Security Fencing	9507.50	0.00
Stormwater Works Morrinsville(Stormwater Morrinsville: Clear Stormwater pipes around Morrinsville & CBD Area)	134533.29	7838.44
Morrinsville Test Bore 2018/19	22906.77	0.00
Water Meters - Wastewater Pumpstation Flowmeter Installations 2020/2021	66137.43	0.00
Grand Total	3129630.83	881173.51

Fast Track Projects Risk Register

Date: 10/11/2021

Risk Assessment				Risk Action Plan				
Describe the consequence	Qualitative Risk Analysis Before		Raw Risk Rating	Raw Risk Treatment	Qualitative Risk Analysis After Raw Risk Treatment		Residual Risk Rating	Comments
	Likelihood Descriptor	Impact Descriptor			Likelihood Descriptor	Impact Descriptor		
Hospitalisation or event notifiable to WorkSafe. Moderate public health impact i.e. tens of cases of water-borne illness.	Likely	High	High	MPDC and Contractors personnel and subcontractors to be inducted for visiting MPDC's sites, and follow relevant H&S procedures. H&S and Traffic Management Plans to be prepared for network field testing where required. Site visits planned in advance including weather and site conditions assessments.	Likely	High	High	This is consistent with any other physical works program
Single fatality or permanent total disability. Major public health impact i.e. hundreds of cases of water-borne illness.	Unlikely	Extreme	High	MPDC and Contractors personnel and subcontractors to be inducted for visiting MPDC's sites, and follow relevant H&S procedures. H&S and Traffic Management Plans to be prepared for network field testing where required. Site visits planned in advance including weather and site conditions assessments.	Unlikely	Extreme	High	
Medical treatment or restricted work injury. Minor public health impact i.e. some cases of water-borne illness.	Unlikely	Moderate	Moderate	Develop realistic programme with float, be mindful of each other's commitments and seek additional resources to spread workload if required Team culture of asking for help (recognise that client is on board) Up front community engagement about the project and processes being used.	Unlikely	Moderate	Moderate	10/11/21 - note program extended to 30/06/22 which should ease pressure a bit. Also note Covid 19 is impacting on deliverables. This has the counter effect. Monitoring of progress continues.
Lost knowledge, re-work, project delays, culture shift	Unlikely	Moderate	Moderate	Diversity in project team (i.e. multiple people involved at various levels) reduces the potential for lack of continuity. Ongoing reviews by project team on workload / program, staff availability / project resourcing. Devise a plan for governance for coming phases of work Data and information capture on project, progress and decisions made.	Likely	Low	Low	10/11/21 some major changes have occurred. In KVS this has had minimal impact, 3 waters team changes during mid 2021 is having some knock on effects.
No one to drive project from MPDC due to lack of depth and/or capacity. Lose operational knowledge	Unlikely	Moderate	Low	Early stages of project, so change impact minimised at present. Keep Governance Group informed AMBI / MPDC working in tandem with buddy system between Shaun and Team in place. Project folder set up with minutes, and key data and information stored logically.	Likely	Low	Low	10/11/21 Some key delivery personnel have moved on from consultancies. In general their services have been retained via alternate means. Keep a watching brief on this as the project develops and knowledge accumulates.
Projects stalled, get cancelled or funding removed.	Unlikely	High	Moderate	Governance Group. Consideration of an MOU with contractors. Joint working group.	Almost certain	Low	Moderate	10/11/21 Changes in program are constant. So far these have been well received by DIA and a flexible approach has been taken to some pretty significant changes already. Keep a watching brief on this as the project develops and knowledge accumulates.
Misaligned messages to the contractors and the community, potential legal action between parties.	Unlikely	High	Moderate	Governance Group. Consideration of an MOU. Joint working group.	Unlikely	Moderate	Moderate	Team approach and verbal agreements in place. The project is at an early stage and joint working

Changes to the culture or collaborative working agreements entered into with contractors leading to adisputes and legal action.	Unlikely	High	Moderate	Governance Group. Consideration of an MOU. Joint working group.	Likely	Moderate	Moderate	10/11/21 Significant changes experienced, though no major impact on contracts. Team approach and verbal agreements in place. The project is now at an advanced stage of delivery with joint working arrangements being key to success.
Upset community and Councillor involvement and adverse local press coverage.	Unlikely	Moderate	Moderate	Governance Group. Consideration of an MOU. Joint working group. Comms Plan	Likely	Moderate	Moderate	10/11/21 whilst the program itself hasn't drawn any bad publicity, 3 waters reform remains high on the agenda and is more in the public view now. Continued monitoring of the situation.
Negative PR and Councillor involvement	Likely	Moderate	Moderate	Be conscious that written documentation (particularly in relation to funding and progress) is likely to be shared with other communities across the district and beyond. Wider comms plan including local press coverage when ready.	Unlikely	Moderate	Moderate	
Inconsistent / confusing messages and liability risk for council.	Unlikely	High	Moderate	Consistent approach and good communications with the regulator and contractors.	Unlikely	Moderate	Moderate	Keep a look out for issues developing and moderate approach accordingly.
More work on alternative options, or changes to program as the project progresses. Negative PR and Councillor involvement	Unlikely	Moderate	Moderate	Governance Group. Consideration of an MOU. Joint working group - including an action to align and simplify regulatory approaches with regulator and MPDC Comms Plan	Unlikely	Low	Low	
Sources of pollution and therefore mitigation not identified. Basis of project approach / wider solutions are incorrect Additional investigations required Additional treatment / investment required further down the track	Unlikely	Moderate	Moderate	Don't be afraid to stop and get more data /ask further questions Once the source and solution are identified, initiate long term sampling and monitoring programme to confirm effectiveness of approach. Lead in Time between investigations, options assessment and construction.	Unlikely	Minor	Low	
High costs to council Stranded assets Councillor involvement Adverse community reaction / press coverage.	Unlikely	High	Moderate	Governance Group. Joint working group - including an action to align and simplify solution approach. Comms Plan	Almost certain	Low	Moderate	10/11/21 significant changes to program, scope and solutions have occurred during program delivery. These have managed by the Governance group and changes accepted by the DIA.
Political intervention / project acceleration or change to scope Enforcement action by existing, or new regulator. Re-work / abortive spend.	Likely	High	High	Strong project governance team to manage political interface Have clearly identified and consulted on solutions and approaches Think about resilience in solutions and plan B. Focus on high risk project deliverables.	Almost certain	Moderate	High	10/11/21 Covid has re-emerged and impacting on program delivery and costs. These are currently being managed by the Governance group and the DIA have extended the program by 3 months in response.
Political intervention / project acceleration or change to scope Enforcement action by existing, or new regulator. Re-work / abortive spend.	Likely	Minor	Moderate	Think about resilience and range of solutions based on risk and implementation - one size does not fit all. Follow industry standards. Have clearly identified and consulted on basis of design/LOS; 1) Identify LOS decisions required 2) decide when and by who these decisions need to be made 3) Obtain agreement from Governance Group	Unlikely	Moderate	Moderate	
				Think about resilience and range of solutions based on				

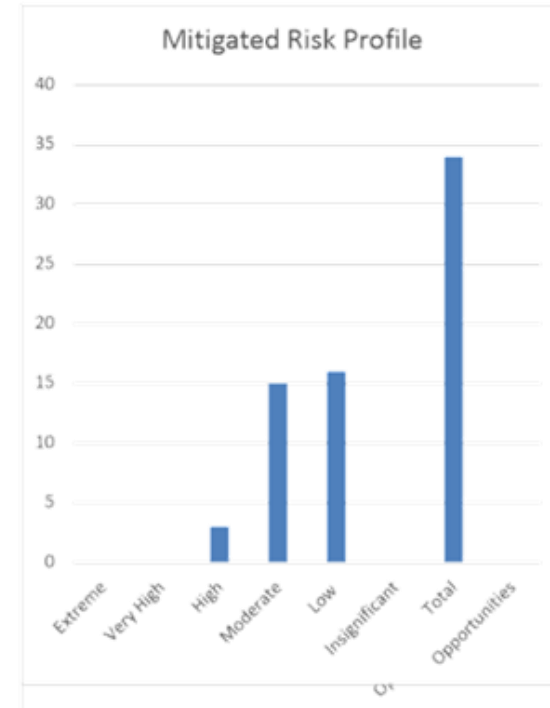
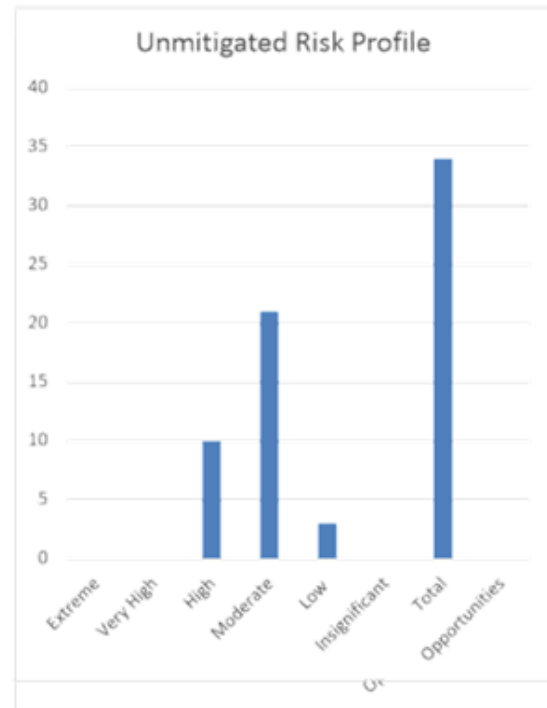
Enforcement action by existing, or new regulator. Re-work / abortive spend. Adverse community response	Unlikely	Low	Low	Develop long term strategy for projects. Raise with Governance Group where short term drivers are compromising long term vision Don't rush project to address short term drivers but equally keep up progress and avoid delays so solutions are developed / delivered as soon as practically Unlikely Do not necessarily be bound by past decisions/existing infrastructure	Likely	Low	Low	10/11/21 some works have taken longer than expected and had led to changes in programs etc . So far impact has been minimal.
Abortive investment / liability Additional capital costs Redundant infrastructure Adverse reaction from wider community on abortive investment	Unlikely	Major	Moderate	Develop long term strategy for deliverables. Raise with Governance Group where short term drivers are compromising long term vision Don't rush project to address short term drivers but equally keep up progress and avoid delays so solutions are developed / delivered as soon as practical. Do not necessarily be bound by past decisions/existing	Unlikely	Moderate	Low	
Investigate too many program options at too great a level of detail, delays / lengthy programme; increased fees	Unlikely	Moderate	Moderate	Develop standard assessment templates. Consultation with MPDC contractors and consultants better understand project solutions and deliverables. Undertaking on site assessment to assess uncertainties in data and solutions	Unlikely	Low	Low	10/11/21 Most work programs have commenced now and changes to program implemented and accepted by DIA.
Solution development and impact assessments incorrect - leading to poor solutions and under / oversized infrastructure	Unlikely	Moderate	Moderate	Site investigation data and information capture and placement on GIS. Additional monitoring points and processes, CCTV surveys and smoke testing.	Likely	Moderate	Moderate	10/11/21 The program of works has experienced some significant discoveries of poor asset condition and risk to service. These have been managed well to date and have led to changes in program delivery for better outcomes.
Further work required on solutions.	Almost Certain	Moderate	High	Site investigation data and information capture and placement on GIS. CCTV surveys and smoke testing.	Likely	Moderate	Moderate	10/11/21 Some new assets have been discovered and information on others improved, overall these have been accommodated within the existing program of works.
Solutions inadequate / incorrect, Models cannot be appropriately calibrated Flow investigations required (network or raw water) - cost and delays	Unlikely	Moderate	Moderate	Give plenty of notice Develop project program Support from Governance Group and Working Group Communications with Ops to get buy in to project and future benefits Engage other contractors	Unlikely	Moderate	Low	
Delays	Likely	Moderate	High	Regular reviews of project management performance and project controls performance. Implement early interventions when issues are identified. Undertake monthly project reviews. Regular scope reviews and gateway workshops with steering and working groups	Unlikely	Minor	Low	
Budget exceedance, poor outcomes	Likely	Moderate	High		Almost certain	Low	Moderate	10/11/21 Significant changes to program have been experienced. These have been managed well and changes made to program that have been accepted by the DIA. There is still a risk of over and under spend as the program

				meeting and steering groups. Joint working and cost / resource share with other councils				continues to morph over time.
Insufficient budget, bad PR, re-work	Unlikely	Moderate	Moderate	Follow procedures for cost estimating, including verification and treatment of risk/contingencies Use local data where available. Communicate uncertainty.	Almost certain	Low	Moderate	10/11/21 Significant changes to cost estimates have been experienced. These have been managed well and changes made to program that have been accepted by the DIA. There is still a risk of over and under spend as the program continues to morph over time.
Re-work, delays	Unlikely	Moderate	Moderate	Maintain back-ups new investigations to identify and fill data gaps	Unlikely	Moderate	Low	
Going off track without level of oversight anticipated at project start	Unlikely	Moderate	Moderate	Develop project governance across the program and teams. Ongoing working and steering group meetings Have a workshop to get buy-in from contractors and consultants for the approach.	Unlikely	Moderate	Low	10/11/21 Governance group and MPDC processes are working well. PMs and SMEs are delivering well in general, but need to adhere to Governance Group procedures.
Project and program delays	Unlikely	Catastrophic	High	Develop clear plan/programme and early understanding of any consents required. Upfront work on options and extensive consultation with key stakeholders Consideration of developing template consents or modifying MPDC internal team consent approach.	Likely	Low	Low	10/11/21 Most if not all consents required for the works program have been granted. The higher risk physical works associated with this are now complete.
Incomplete consent applications being submitted. Consents not meeting MPDC / TRC expectations (duration and content). Inability to assess future supply options. Higher than budgeted capital and operational expenditure.	Unlikely	Moderate	Low	Regular update sessions with iwi . Development of briefing papers, systematic approaches/reports. Undertake CIA on consents. Progressing with technical works and communications documents by the project team. Assessing alternative approaches to consents in terms	Almost certain	Low	Moderate	10/11/21 Project plans and monthly reports remain an issue for the PMO. Whilst the program is being managed in the absence of these reasonably well, there are still unknowns on the program that could impact on budget and deliverables.
Omissions in procedure requiring retrospective works. Lack of visibility/agreement on project approaches and deliverables e.g. solutions, and assessment tools used to reach conclusion. Requirement for incomplete consent applications being submitted (property owners and MPDC). Consents not meeting current expectation in terms of duration and content.	Moderate	Moderate	Moderate	Identifying and addressing procedural omissions. Development of TRC / MPDC coordinated regulatory approach Messaging and "layer cake" process of briefings. Development of briefing papers, systematic approaches and reports. Progressing with technical works and communication documents by the project team.	Likely	Low	Low	10/11/21 Some procedural omissions have been experienced across the program of works. By and large these have been managed at a Governance Group level and issues averted. Most works are now underway so this risk is reducing in significance overall.
Delayed report and decisions	Likely	Moderate	High	Project programme maintenance and phased briefing/IFS. Regular catchups. Better resource planning Identifying and planning project gateways and solution reviews	Likely	Low	Low	10/11/21 internal resourcing has been an ongoing issue though accommodated well by the wider team.
Re-work, mis-direction of the team, diversion of key resources away from key	Likely	Moderate	High	Develop project governance across the regulatory organisations Ongoing working and steering group meetings	Almost certain	Low	Moderate	10/11/21 this has been a constant throughout the program of works. The Governance Group and regular changes to program and projects, supported by the DIA means this risk

tasks				Have a workshop to get buy-in on consultation/communications strategy				program and projects, supported by the BAU teams and that is well managed and accommodated.
Delivery team distracted and less enthused to complete works. Wider council support for works decreases.	Almost certain	Low	Moderate	Majority of works are contracted and under way. Messaging from Governance Group and E team on BAU. Regular reviews of program and deliverables.	Likely	Low	Low	
Poor perception on council and performance to date from DIA and Councillors. Delivery team disenfranchised.	Almost certain	Moderate	High	Continued work from the PMO and Governance Group on messaging and information. Monthly reporting from PMO and PMS, Quarterly reporting to the GM, DIA and regular updates to E team and council.	Likely	Low	Low	

Raw Risk Summary	Extreme	0
	Very High	0
	High	10
	Moderate	21
	Low	3
	Insignificant	0
	Total	34
	Opportunities	0

Current Risk Profile Nov 2021	Residual Risk Summary	Extreme	0
		Very High	0
		High	3
		Moderate	15
		Low	16
		Insignificant	0
		Total	34
		Opportunities	0



7 Ngā Pūrongo Whakamārama | Information Reports

Self-Evaluation Survey 2021 - Audit and Risk Committee

CM No.: 2524715

Rāpopotonga Matua | Executive Summary

Each year as part of its work programme the Audit and Risk Committee completes a self-evaluation of its performance during the calendar year. This report provides information on the self-evaluation framework. The results of the evaluation will be discussed at the Committee meeting.

Results of 2019 and 2020 self-evaluations have been included as additional columns in [blue](#) for reference and comparison to this year's results.

Tūtohunga | Recommendation

That:

1. The report and summary from the Committee Chair regarding the outcome of the self-evaluation be received.
2. Feedback on the self-evaluation and any recommended actions for improvement be provided to Council.

Horopaki | Background

Each year as part of its work programme the Committee completes a self-evaluation of its performance during the calendar year.

The self-evaluation for 2021 involved a questionnaire, completed by the Committee members with 6 out of 8 received.

Ngā Take/Kōrerorero | Issues/Discussion

The Committee members were asked to complete the self-evaluation framework, the outcomes of this exercise are set out below and will be discussed at the Committee meeting.

Audit & Risk Committee Self Evaluation Summary 2021

Number	Question - Scored out of 5	2021	2020	2019
1.	Responsibilities under the Committee's Charter are clearly articulated and understood.	4.00	3.96	4.8
2.	The Audit Committee meets the duties/expectations set out in its Charter.	4.17	3.90	4.8
3.	The role of the Audit Committee Chairman is clearly understood.	4.33	4.47	4.7
4.	Members have an understanding of their role on the Committee.	3.92	3.96	4.7

Number	Question - Scored out of 5	2021	2020	2019
5.	Agenda topics are appropriate and the Audit Committee does not address issues that should be dealt with directly by the Board or another Committee.	4.33	4.28	4.5
6.	The Committee has provided clarity on the escalation process for issues to be followed by management, the external auditor and Group Audit.	4.13	4.14	4.5
7.	The Committee Chairman:			
	(a) Is a good communicator	4.50	4.2	4.7
	(b) Builds trust	4.56	4.6	4.7
	(c) Encourages debate	4.50	4.3	4.7
	(d) Builds consensus	4.55	4.6	4.7
	(e) Fosters effective and efficient decision making.	4.50	4.3	4.8
8.	The balance and mix of skills of the Committee is appropriate.	4.17	3.94	4.2
9.	The Committee is sufficiently informed regarding audit and financial reporting (including regulatory) trends in the external environment which can affect the Council.	4.25	3.66	4.4
10.	Sufficient special tutorial sessions are held to educate Committee members about complex audit and financial reporting (including regulatory) issues.	2.67	3.58	3.4
11.	The Committee has sufficient resources available, both inside and outside the organisation, to allow it to carry out its function effectively.	3.92	4.23	4.5
12.	The Committee understands the organisation's significant financial risks.	4.40	4.47	4.6
13.	The Committee understands the control systems in place to mitigate the organisation's significant financial risks.	4.38	4.24	4.6
14.	The Committee understands the Council's tax matters.	3.96	3.64	4.2
15.	The Committee ensures adequate co-ordination of activities between internal and external audit.	3.96	4.4	4.4
16.	The Audit Committee's annual plan is well understood.	3.96	4.09	4.4
17.	The frequency of Audit Committee meetings is appropriate.	4.42	4.3	4.8
18.	The duration of Audit Committee meetings is appropriate.	4.46	4.5	4.8
19.	There is an appropriate balance between strategic, operational and governance agenda items.	4.42	4.24	4.4
20.	Committee agendas cover the right issues in a timely way.	4.21	4.39	4.6
21.	Committee papers are distributed to members with enough time for members to prepare for meetings.	4.00	4.23	4.1
22.	Committee papers are clear and provide meaningful insight.	3.83	4.36	4.1
23.	Conduct of meetings ensures open communication, meaningful participation and constructive dissent.	4.55	4.73	4.1
24.	The Committees use of time is effective - the time available is mostly allocated to the most important issues and there is sufficient time allocated for a full discussion.	4.30	4.66	4
25.	Enough time is allowed for discussion of more complex issues.	4.50	4.36	4
26.	Committee members have adequate opportunities to share views with each other without management present.	4.55	4.43	4.1
27.	The Committee makes efficient and effective decisions.	4.50	4.23	4

Ngā Tāpiritanga | Attachments

There are no attachments for this report.

Ngā waitohu | Signatories

Author(s)	Stephanie Hutchins Governance Support Officer	
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Approved by	Sandra Harris Placemaking and Governance Team Leader	
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	Erin Bates Strategic Partnerships and Governance Manager	
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7 Ngā Pūrongo Whakamārama | Information Reports

Audit and Risk Committee Work Programme 2021 - Update November 2021

CM No.: 2523991

Rāpopotonga Matua | Executive Summary

The Work Programme for the Committee is attached. It is intended this is a standing item for each Committee meeting.

Tūtohunga | Recommendation

That:

1. The information be received.

Horopaki | Background

Prior to the commencement of each calendar year the Committee sets a work programme.

While priorities can shift during the year as unexpected issues arise, the work programme is a useful tool to enable Committee members to set their direction and to allow staff to understand the work priorities that need to be achieved.

Ngā Tāpiritanga | Attachments

[A↓](#). Audit and Risk Committee Work Programme tracking



Ngā waitohu | Signatories

Author(s)	Stephanie Hutchins Governance Support Officer	
Approved by	Sandra Harris Placemaking and Governance Team Leader	
	Erin Bates Strategic Partnerships and Governance Manager	

Audit and Risk Committee Work Programme

9 March 2021

Work programme	Status – reported to this meeting	Comment / Expected reporting dates
Annual update on organisational culture - vision and values	✘	Don't have all the info - will be ready for June meeting
Annual Report – review of the Audit Arrangements Letters (if available)	✘	Audit Arrangements Letter unavailable for the meeting.
Annual Report – review of the six-month report	✓	
Three Water reform project update	✓	
Long Term Plan – project update	✓	
Treasury Policy Review	✘	Has been delayed - will be ready for June Meeting
Annual Plan – project update	✓	Covered by Long Term Plan update report, Long Term Plan is the Annual Plan for 2021/22 financial year.
BDO Internal Audit plan	✘	No longer engaged by Council - no internal audit plan from them
IT Security Audit	✘	Has been delayed - will be ready for June Meeting
Standing item – Specific Project Risk Management Review (Water)	✓	Annual Risk Management Framework/Analysis Review and Risk Management Policy was reported on.
Standing item – Review of any audit reports that have been completed	✘	No required.
Standing item – In committee auditor/committee member discussion	✓	
Standing item – Quarterly procurement report	✓	
Standing item – Policy review (if required)	✘	Not required.

Additional items reported:

- Appointment to Audit and Risk Committee
- Annual Insurance Programme Review
- Annual Report Project Brief - Year ending 30 June 2021
- Privacy Act

29 June 2021

Work programme	Status – reported to this meeting	Comment / Expected reporting dates
Annual Report – review of the report on the interim audit	✘	Not yet available from Audit NZ
Annual update on organisational culture - vision and values	✓	
Long Term Plan – project update	✓	
Annual Insurance Programme Review	✘	Reported to the 9 March Meeting
Weathertight Buildings Update	✓	
Annual Plan – project update	✓	
Annual risk management framework/analysis review & Risk Management Policy	✘	Reported to the 9 March meeting
Accounting Policies	✓	Review of Treasury policies
Three Water reform project update	✓	
IT Security Report	✘	Has been delayed due to router upgrades being undertaken. Committee will be advised once available.
Standing item – Specific Project Risk Management Review	✘	No specific projects for this meeting
Standing item – Review of any audit reports that have been completed	✓	
Standing item – In committee auditor/committee member discussion	✓	
Standing item – Quarterly procurement report	✘	Not required as submitted at last committee meeting.
Standing item – Policy review (if required)	✘	Council to consider broader procurement outcomes prior to procurement policy review.

Additional items reported:

- Chair Welcome
- Appointment – Audit & Risk Committee Chairperson
- Rescheduled Meeting Times
- Appointed Members’ Declaration of Interests
- Annual Report 2019/20 Management Report and Independent Assurance Report for the Debenture Trust Deed
- Building Control Authority – 2021 Assessment
- Risk Management Framework
- Food Act 2014 Quality Management System Surveillance Audit
- Work Programme
- Review of Cash Up Procedures

12 October 2021

Work programme	Status – reported to this meeting	Comment / Expected reporting dates
Annual Report – review of the final Annual Report, Summary, Audit Opinion and letter of representation	✓	
Long Term Plan – project update	✗	Not required
Annual financial warrant of fitness assessment	✗	The warrant of fitness has been prepared for staff use. It is available for viewing should Committee members request.
Annual review of delegations	✓	
Annual review of legislative compliance assessment	✓	
Self-evaluation of committee circulated	✓	
Policies raised in interim management report	✗	Not yet available from Audit NZ
Web Security Audit	✗	This item will be reported on 30 November
Three Water reform project update	✗	This item will be reported on 30 November
Standing item – Specific Project Risk Management Review	✗	No specific projects for this meeting
Standing item – Review of any audit reports that have been completed	✓	
Standing item – In committee auditor/committee member discussion	✓	
Standing item – Quarterly procurement report	✗	This item will be reported on 30 November
Standing item – Policy review (if required)	✓	2022/23 Annual Plan and Policy Reviews

Additional items reported:

- Staff Conflict Interest Recommendations from OAG Audit
- Work Programme
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-
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30 November 2021

Work programme	Status – reported to this meeting	Comment / Expected reporting dates
Review of the Audit and Risk Committee Charter	✓	
Proposed meeting dates for 2022	✓	
Draft work programme for 2022	✓	
Annual update of Internal Audit being undertaken by Council	✗	Will be addressed in 2022.
Annual Risk Policy review	✗	Will be addressed in 2022.
Self-evaluation of committee completed	✓	
LGOIMA requests	✓	
Three Water reform project update	✓	
Standing item – Specific Project Risk Management Review	✗	Not required for this meeting.
Standing item – Review of any audit reports that have been completed	✗	Not required for this meeting.
Standing item – In committee auditor/committee member discussion	✓	
Standing item – Quarterly procurement report	✗	Not ready by agenda close date - Will be reported at the next meeting in 2022.
Standing item – Policy review (if required)	✗	Not required for this meeting.

Additional items reported:

- BCA IANZ Special Assessment Report
- Draft Annual Report 2020/21
- Introduction to new Risk Manager
- Audit and Risk Committee Work Programme 2021 – Update November 2021

Exclusion of the Public: Local Government Official Information and Meetings Act 1987

The following motion is submitted for consideration:

That the public be excluded from the following part(s) of the proceedings of this meeting.

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

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

C1 In Committee Auditor / Committee Member Discussion

Reason for passing this resolution in relation to each matter	Particular interest(s) protected (where applicable)	Ground(s) under section 48(1) for the passing of this resolution
The public conduct of the part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under section 7.	s7(2)(c)(ii) - The withholding of the information is necessary to protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to damage the public interest.	s48(1)(a) The public conduct of the part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under section 7.