

Audit and Risk Committee Meeting

Public Business Agenda

A meeting of the Audit and Risk Committee
will be held in the Council Chamber,
29 Bowler Avenue, Gore
on Tuesday 11 February 2025
commencing at 4:00pm

Our vision:

*To provide an environment that allows people to enjoy the lifestyle
and culture of their choice*

Health and safety – emergency procedures

Toilets – The toilets are located in the corridor near reception.

Evacuation - Should there be an evacuation, please exit the chambers via the main door, then through the office front doors to the assembly point at the front of the building, near the road.

Earthquake - Drop, cover and hold. Once the shaking has stopped, evacuate through the chamber's main door, then through the office front doors to the assembly point near the road.

Phones - Please turn your mobile device to silent mode.

Recording - These proceedings are being live-streamed and will be available to share or download from the Council's YouTube channel. You consent to being filmed for public viewing by remaining in the meeting.

Attendees

Members	Mayor	B Bell
	Chairperson	Cr S MacDonell
	Councillors	J Gardyne
		P McPhail
		R McPhail
		B Reid
		J Stringer
		M Chamberlain (independent)
Staff	Chief Executive	D Lascelles
	General Manager (GM) Corporate	L Straith
	General Manager (GM) Critical Services	J Domigan
	Governance - minutes	S Jones

Agenda confirmed by:



D Lascelles
Chief Executive

Recommendations contained in reports are **not** to be construed as **Council decisions**.
Refer to the Council minutes for **resolutions**.

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- 1. Welcome / Karakia**

- 2. Apologies / Leave of Absences**

- 3. Declaration of Conflicts of Interest**

- 4. Confirmation of Agenda**

5. Reports for Information

5.1 Quarterly Treasury Management Report as at 31 December 2024

Report to:	Audit and Risk Committee
Meeting date:	Tuesday, 11 February 2025
Author:	Lornae Straith
Author title:	General Manager Corporate Support/Chief Financial Officer
Report date:	Friday, 31 January 2025
Confidentiality:	Public

Purpose

1. To inform the Audit and Risk Committee on the Council's Treasury Management position at 31 December 2024.
2. The Council's liability management policy requires that quarterly reports be prepared covering the key details of the council's debt and hedging profile.

Recommendation

3. That the Audit and Risk Committee:
 - a) receives and notes the Quarterly Treasury Management Report as at 31 December 2024.

Executive Summary

4. In the three months to 31 December 2024, the Council refinanced \$8.5m short term (commercial paper).
5. The Council's total borrowing at 31 December 2024 was \$55.1m.
6. The Council's cost of funds (inclusive of the bank line fee) as at 31 December 2024 was 4.04% down from the 4.77% at 31 December 2023.
7. Compliance with Liability Management Policy

Liability Management Policy Compliance Summary	Yes/No
Are all treasury transactions in compliance with the policy?	Yes
Are the fixed-rate hedging percentages within policy control limits?	Yes
Is the Council maintaining liquidity within policy control limits?	Yes
Are all counterparty exposures within policy control limits?	Yes
Are all borrowing covenants and limits being complied with?	Yes

Context

8. The detail discussed in this report is to keep the Committee informed and up to date with the treasury management performance of the Council through the provision of a quarterly report provided by Bancorp, the Council's treasury advisor.

Risks

9. The Council has very little headroom until the debt ceiling is reached. This will be mitigated by the Council decision in December 2024 to obtain a credit rating to extend the debt limit.

Reference

- 2024/25 Annual Plan (<https://www.goredc.govt.nz/council/official-documents/annual-plan>)
- 2021 – 2031 Long Term Plan (<https://www.goredc.govt.nz/council/official-documents/10-year-plan>)
- Liability Management Policy (page 188, 2021 -31 Long Term Plan)

Attachments

Quarterly Treasury Report 31 December 2024 prepared by Bancorp Treasury Services Limited.



Quarterly Treasury Report

31 December 2024

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BANCORP

BANCORP TREASURY SERVICES LIMITED



Economic Commentary (for the December 2024 quarter)

Global

10 Year Government Bond Rates						
	US	NZ	Australia	UK	Germany	China
30-Sep-24	3.85%	4.24%	4.00%	4.00%	2.12%	2.17%
31-Dec-24	4.60%	4.41%	4.36%	4.57%	2.36%	1.67%
Change	+0.75%	+0.17%	+0.36%	+0.57%	+0.24%	-0.50%

As the above table shows, US long-term rates have moved significantly higher in the December quarter. Behind this move is a view that Trump's pro-growth policies will make the US Fed more cautious in delivering further rate cuts. Trump's inauguration on the 20th of January will be closely watched as he rolls out his policies, focusing on tariffs, geopolitics, immigration settings and future US government debt levels. Market expectations of further Fed rate cuts have been paired back with no rate cut expected at the next meeting on 29 January. However, there remain expectations of at least two rate cuts in 2025.

The US remains the global economy's bright spot, with China and Europe remaining weak. China is particularly vulnerable, given the threat of significant US tariffs. Europe is emerging from a period of stagnation, a Ukrainian/Russian-induced energy crisis and is exposed to protectionist US trade policies.

In Australia, the Reserve Bank of Australia ("RBA") has continued with a cautious approach to monetary policy, saying that inflation remains too high. This has resulted in continued restrictive policy settings. However, the market is pricing in 50 basis points of cuts by August 2025

New Zealand

	OCR	90 day	2 year swap	3 year swap	5 year swap	7 year swap	10 year swap
30-Sep-24	5.25%	4.87%	3.58%	3.47%	3.55%	3.70%	3.89%
31-Dec-24	4.25%	4.17%	3.38%	3.38%	3.52%	3.72%	3.93%
Change	-1.00%	-0.70%	-0.20%	-0.09%	-0.03%	+0.02%	+0.04%

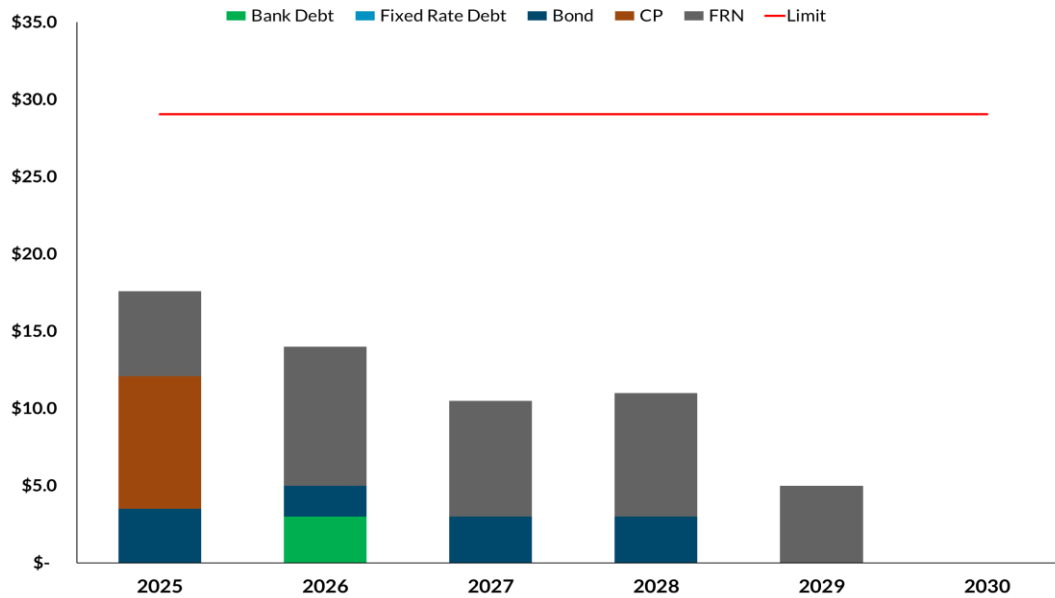
Over the December quarter, the Reserve Bank of New Zealand ("RBNZ") cut the Official Cash Rate ("OCR") by 50 basis points in October and a further 50 basis points in November to take it to 4.25%. In delivering the *Monetary Policy Statement* ("MPS") on 27 November, the RBNZ expressed confidence that inflation was near the midpoint of the 1.0-3.0% inflation target, while indicating that economic activity is subdued and that the economy has excess productive capacity. The shock September quarter Gross Domestic Product ("GDP") released in mid-December reinforced that the RBNZ has more work to do with the market now expecting a 50 basis point cut in February. The GDP result revealed a 1.0% decline in the September quarter (compared to market expectations of -0.4%) while the annual measure fell 1.5%, and included a downward revision to the June quarter fall to -1.2%, representing the weakest 6-month period since 1991 (excluding Covid periods).

Over the quarter, the upward movement in US long-term rates saw significant changes in the shape of the NZ yield curve, resulting in substantial changes in forward-start swap pricing. However, the typical correlation between NZ and US longer-term rates has temporarily broken down following the GDP numbers, which has helped deliver more attractive swap rates. Current market expectations are for 1.0% of cuts by August 2025 and an OCR low of 3.00% by October 2025.



Funding and Liquidity

Gore District Council - Maturity Profile



Policy Compliance	Compliant
Have all transactions been transacted in compliance with policy?	Yes
Is fixed interest rate cover within policy control limits?	Yes
Is the funding maturity profile within policy control limits?	Yes
Is liquidity within policy control limits?	Yes
Are counterparty exposures within policy control limits?	Yes

Debt
\$55.1m
 External Council Drawn Debt

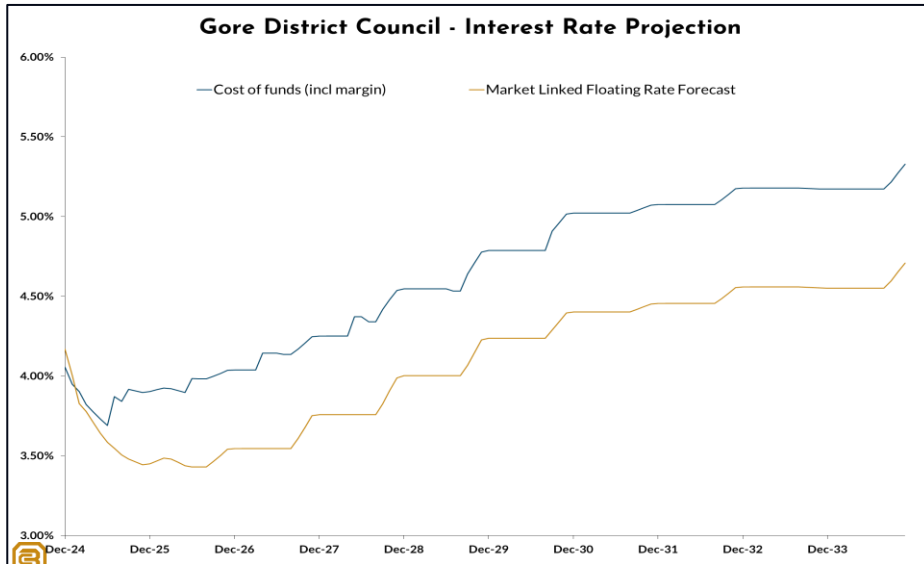
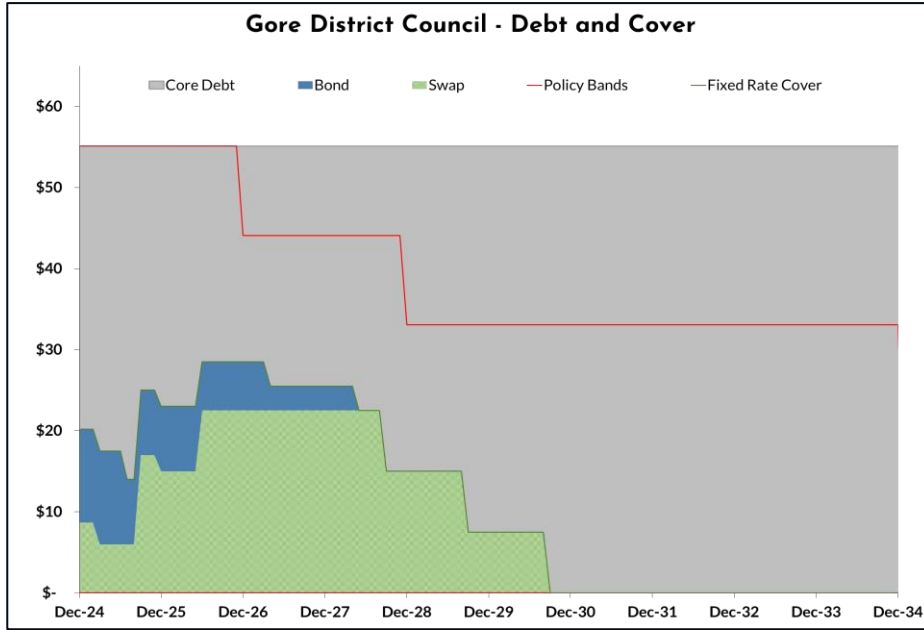
LGFA Debt
\$55.1m
 Funds Drawn from LGFA

Headroom = undrawn bank facility,
 cash in bank, term deposits
\$9.18m

Liquidity Ratio
116.7%
 Definition: (Cash Reserves + Lines of Credit + Drawn Debt)/Drawn Debt

Cost of Funds as at 31 December
 2024
4.04%

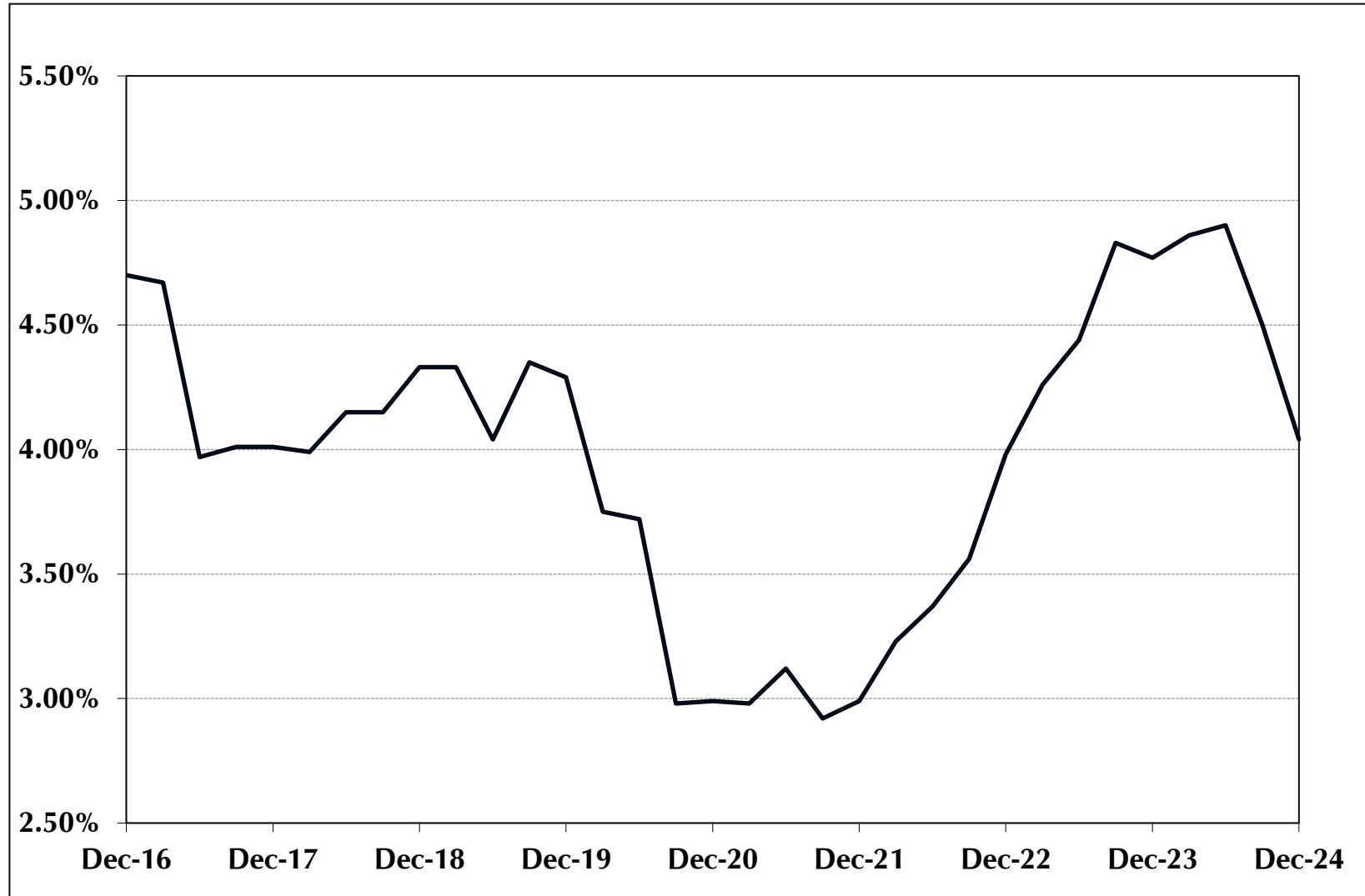
Interest Rate Risk Management



Current % of Debt Fixed	36.7%
Current % of Debt Floating	63.3%
Value of Fixed Rate (m)	\$20.2
Weighted Average Cost of Fixed Rate Instruments	2.52%
Weighted Average Cost of Fixed Rate Instruments (incl margin)	2.78%
Value of Forward Starting Cover	\$22.5
Weighted Average Cost of Forward Starting Cover	3.63%
Value of Floating Rate (m)	\$34.9
Current Floating Rate	4.17%
Current Floating Rate (incl margin)	4.77%
All Up Weighted Average Cost of Funds Including Margin	4.04%
Total Facilities In Place	\$58.1

Fixed Rate Hedging Bands			
	Minimum	Maximum	Policy
0 - 2 years	0%	100%	Compliant
2 - 4 years	0%	80%	Compliant
4 - 10 years	0%	60%	Compliant

Cost of Funds History



Debt and Swaps - as at 31 December 2024

Instrument	Maturity	Yield	Margin	Amount
LGFA CP	21-Feb-25	4.59%	N/A	\$8,600,000
LGFA FRB	15-Jul-25	0.99%	N/A	\$3,500,000
LGFA FRN	15-Jul-25	5.22%	0.57%	\$1,000,000
LGFA FRN	15-Jul-25	5.29%	0.64%	\$2,000,000
LGFA FRN	15-Jul-25	5.18%	0.53%	\$2,500,000
LGFA FRB	24-Jun-26	1.94%	N/A	\$2,000,000
LGFA FRN	15-Jul-26	5.33%	0.68%	\$2,000,000
LGFA FRN	15-Jul-26	5.35%	0.70%	\$2,000,000
LGFA FRN	15-Jul-26	5.27%	0.62%	\$2,500,000
LGFA FRN	15-Jul-26	5.24%	0.59%	\$2,500,000
LGFA FRB	15-Apr-27	1.95%	N/A	\$3,000,000
LGFA FRN	15-Apr-27	5.50%	0.85%	\$2,000,000
LGFA FRN	15-Apr-27	5.39%	0.74%	\$3,000,000
LGFA FRN	15-Jul-27	5.44%	0.79%	\$2,500,000
LGFA FRB	28-May-28	2.14%	N/A	\$3,000,000
LGFA FRN	15-Jul-28	5.38%	0.73%	\$1,500,000
LGFA FRN	15-Jul-28	5.46%	0.81%	\$1,500,000
LGFA FRN	15-Jul-28	5.51%	0.86%	\$2,500,000
LGFA FRN	15-Jul-28	5.55%	0.90%	\$2,500,000
LGFA FRN	15-Jul-29	5.41%	0.76%	\$5,000,000

Instrument	Start Date	Maturity	Amount	Rate
Swap	13-Aug-14	5-Mar-25	\$2,700,000	4.79%
Swap	5-Sep-19	5-Sep-25	\$2,000,000	2.95%
Swap	5-Sep-19	5-Sep-25	\$2,000,000	2.85%
Swap	15-Dec-18	15-Dec-25	\$2,000,000	3.34%
Swap	5-Sep-25	5-Sep-29	\$7,500,000	3.63%
Swap	5-Sep-25	5-Sep-30	\$7,500,000	3.72%
Swap	24-jun-26	5_sep-28	\$7,500,000	3.55%
Total			\$31,200,000	



LGFA Borrowing Rates

As at 31 December 2024

Listed below are the credit spreads and applicable interest rates as at 31 December 2024 for Commercial Paper (“CP”), Floating Rate Notes (“FRN”) and Fixed Rate Bonds (“FRB”), at which Gore District Council could source debt from the Local Government Funding Agency (“LGFA”).

Maturity	Margin	FRN (or CP Rate)	FRB
3 month CP	0.20%	4.37%	N/A
6 month CP	0.20%	4.07%	N/A
April 2025	0.61%	4.78%	4.54%
April 2026	0.61%	4.78%	4.54%
April 2027	0.78%	4.95%	4.02%
May 2028	0.92%	5.09%	4.07%
April 2029	1.05%	5.22%	4.24%
May 2030	1.15%	5.32%	4.36%
May 2031	1.22%	5.39%	4.53%
May-2032	1.25%	5.42%	4.68%
April 2033	1.29%	5.46%	4.79%
May 2035	1.32%	5.49%	4.96%
April 2037	1.38%	5.55%	5.13%



Disclaimer

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09 912 7600

www.bancorp.co.nz

5.2 Aged Debt Profile Overview

Report to:	Audit and Risk Committee
Meeting date:	Tuesday, 11 February 2025
Author:	Michael Neil
Author title:	Management Accountant
General Manager lead:	General Manager Corporate Support
Report date:	Thursday, 30 January 2025
Confidentiality:	Public

Purpose

To inform the Committee with an update of the current aged debt profile.

1. Recommend any necessary actions to the committee related to our debt profile if required.

Recommendation

2. That the committee,
 - a) Receives and notes the Aged Debtors Report.

Executive Summary

3. Aged debt profile overview (2nd quarter report for the financial year ending 31 December 2024):

Aged receivables balance:

- a) December 2024: **\$749,416.**

Notable debtors:

- b) Two debtors with overdue balances over \$5,000 exceeding 90+ days, totalling **\$126,879.89.**

Rates arrears:

- c) Total as at 31 December 2024: **\$529,803** (1.70% of the total rates balance for the 2024/25 year)
- d) Arrears are expected to continue to reduce as they are passed to Debt Management Central (DMC) for collection and/or through payment arrangements with ratepayers.

DMC managed arrears:

- e) Total as at 31 December 2024: **\$526,600**

Year-on-Year comparison:

f) December 2024:

- Total balance of rates arrears: **\$529,803** (1.70% of current year rates strike)

g) December 2023:

- Total balance of rates arrears: **\$517,897** (2.02% of previous year rates strike)

Context

4. This report provides the Committee an opportunity to be aware of the total aged receivables balance and have an early indication of cash flow issues that may arise.
5. The committee can also get a sense and feel of the financial health and compliance of ratepayers and customers.
6. The Council always reports the total rates arrears, not just the current year.

Risks

7. The risks associated with rates arrears and overdue debtor balances is that ultimately it will take time and resources to collect these funds or that the Council could receive less than was expected.

Reference

Local Government Rating Act 2002

Attachments

- Aged debt profile overview to 31 December 2024
- Gore District Council – DMC December Dashboard

Aged debt profile overview to 31 December 2024

Aged receivables breakdown by category shown in Figure 1 as at 31 December 2024:

Code	Category	90+ days	61-90 days	31-60 days	0-30 days	Current	Total
1	Sundry Debtors	13,592	71,631	2,268	18,864	499,756	606,111
2	Cemetery Debtors	3,991	460	3,665	2,715	10,831	21,662
3	Building Consent Debtors	6,351	295	11,325	38,428	48,397	104,796
4	Resource Consent Debtors	-	-	1,719	7,219	3,717	12,654
5	Licensing Debtors	-	-	326	1,593	2,275	4,193
Total		23,935	72,386	19,302	68,818	564,976	749,416
		3.2%	9.7%	2.6%	9.2%	75.4%	100.0%

Figure 1 – Aged debtor balances as at 31 December 2024

- On 31 December 2024, the current balances are due for payment on 20 January 2024.
- A total of 84.6% of debt owed to the Council is current or less than 30 days due.
- A total of 3.2% is greater than 90 days overdue.

Notable debtors

Debtors with a balance of more than \$5,000 and outstanding for 90+ days as of 31 December 2024:

1. **Overdue sundry debtor (90+ days):** \$8,050.00
 - Staff are actively working to recover this debt.
2. **Water debtors (not covered in this report):** \$118,820.89
 - The debtor's business has been placed into liquidation. Staff are in contact with the liquidators, however, it is too early to predict what if anything may be recovered once the liquidation process is complete.
 - \$69,577.45 (90+ days overdue)
 - \$49,243.44 (currently due)

Note: The majority of the debtors owing less than \$5,000 in the 90+ days category have entered a payment arrangement with the Council.

Clean Air Loans

- The Council is owed \$7,118.63 as of 31 December 2024 in respect of Clean Air Loans. These all have direct debit payment arrangements in place.
- The Council is not accepting new applications due to the legislative changes brought about by the revision of the CCCFA.

Council Rates and Arrears Overview

Total set rates for 2024/25: \$31,159,634 (including GST), set in early July 2024.

- **Outstanding rates and arrears (as of 31 December 2024):** \$529,803 (1.70% of total set rates for the 2024/25 year).
- **Overdue rates and penalties (as of 30 June 2024):** \$385,927 (1.50% of total rates set for the 2023/24 year).

Note: As the year progresses, the current arrears of 1.70% will continue to decrease.

- Figure 2 shows how dishonours fluctuate month to month see comparison below:

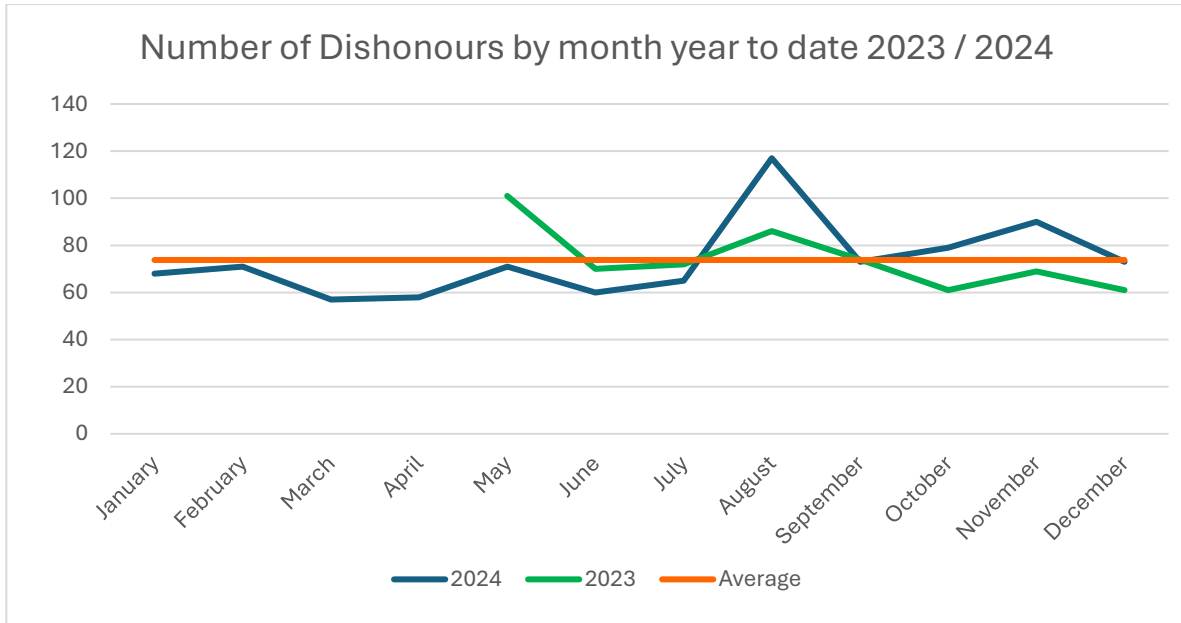


Figure 2 – Dishonours by month for the year to date

- Figure 3 illustrates the last 3 years arrears as a proportion of total rates and the actual current arrears (2024/25).

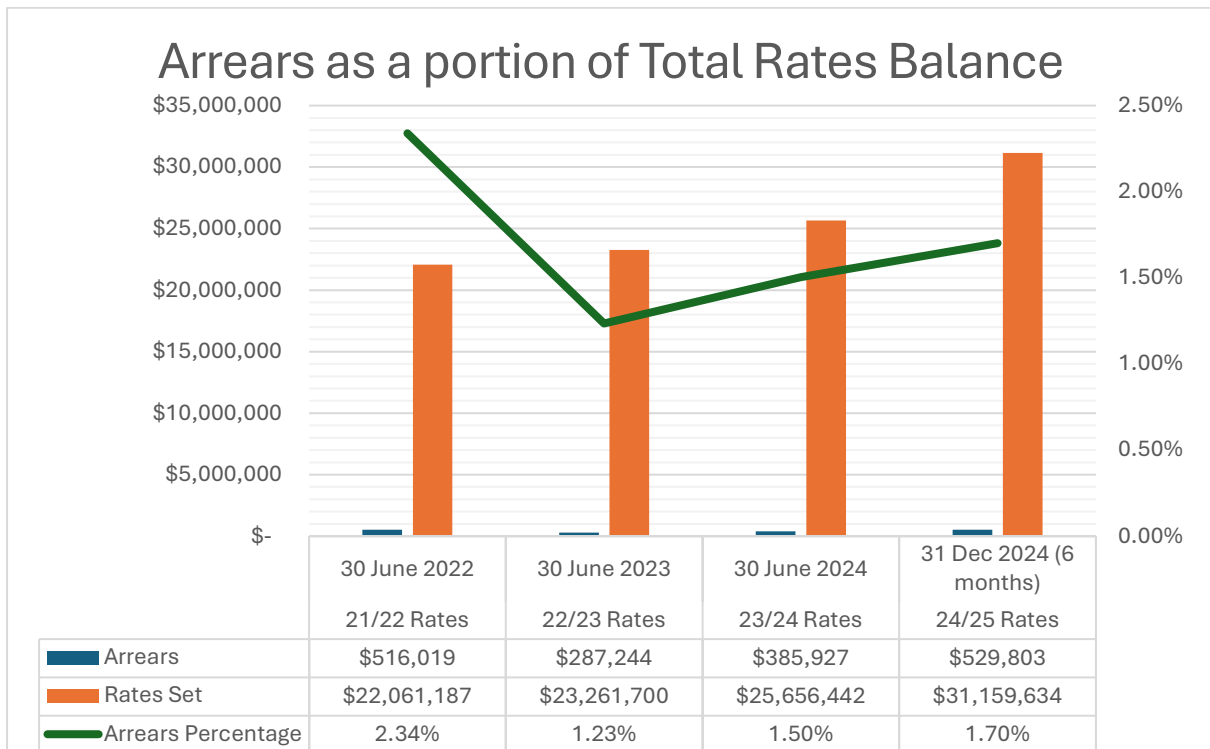


Figure 3: Arrears as a proportion of total rates balance

Section 62 (1)(c) of The Local Government (Rating) Act 2002 has a provision for Councils to demand rates arrears from the first mortgagee, usually the bank, if the owner defaults on their rates. This requires 3 months' notice, and the demand cannot be made before 1st November each year.

The graph above only shows rates arrears at year end. A comparison from December 2023 to December 2024 has been provided below to compare the trends.

1. December 2023

- Total balance of rates arrears: **\$517,897** (2.02% of previous year rates strike)

2. December 2024

- Total balance of rates arrears: **\$529,803** (1.70% of current year rates strike)

This represents:

- A **2.30% increase** in the dollar value of current rates arrears compared to December 2023.
- A **15.84% decrease** in the percentage of total rates compared to December 2023.

Debt Management Central (DMC)

The summary of the Council's debt referred to DMC as at 31 December 2024 is illustrated in the attached dashboard. Key points to note include:

1. Active files

- DMC is managing \$526,600 in active files for debt collection on behalf of the Council. This amount is expected to decrease as the year progresses.

2. Outstanding balance difference

The difference between the outstanding balance reported by DMC (\$526,600) and the total arrears rates balance (\$529,803) as at 31 December 2024 is due to:

- Timing differences between actuals and the reports supplied to DMC.
- Ratepayers who are in payment arrangements made directly with the Council.

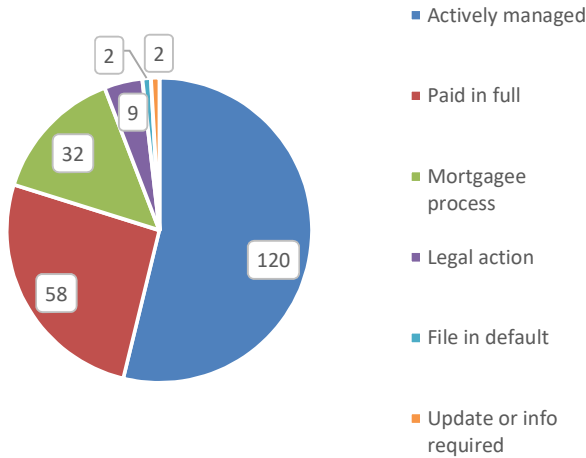
Dashboard

31-Dec-24

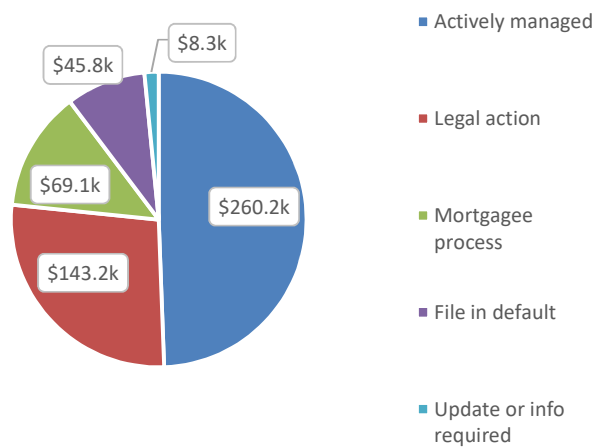
Debt Type
(Multiple Items)



Summary of all files **223**



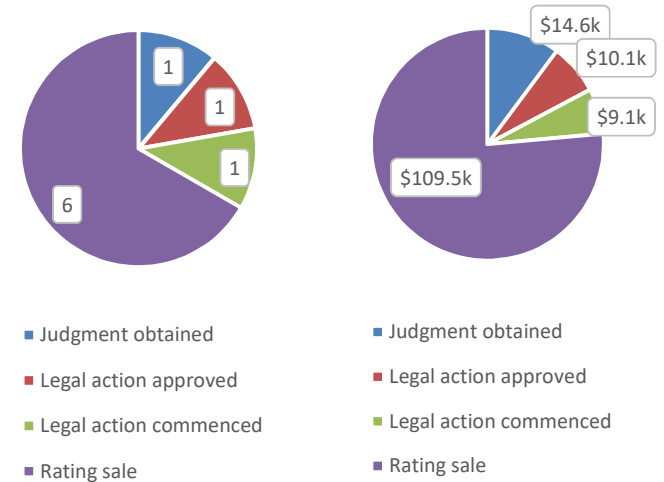
Summary of active files \$ **526.6k**



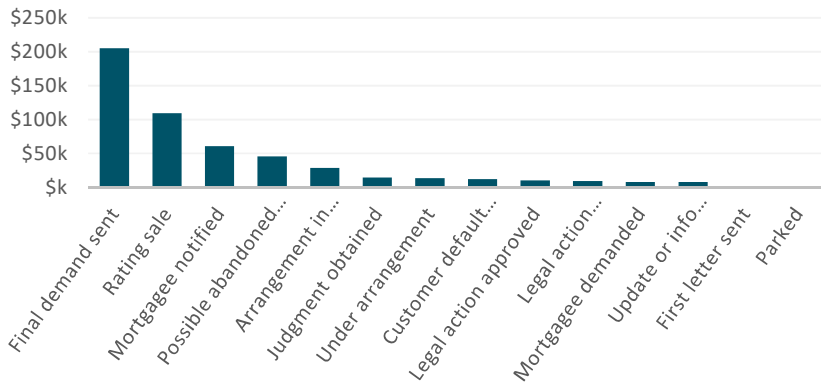
Gore District Council

Total collected YTD \$ **232.6k**

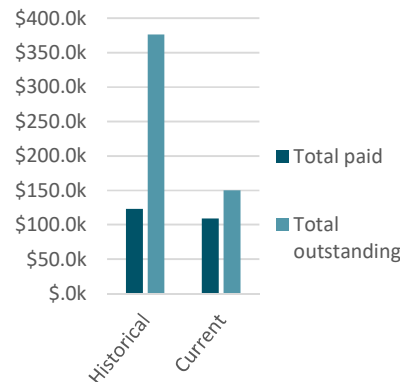
Summary of legal files



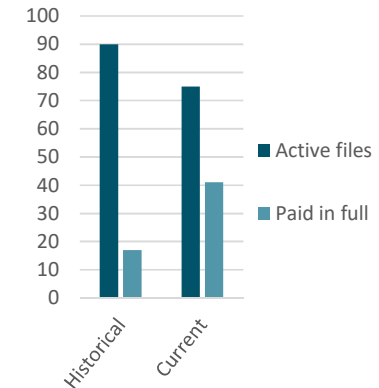
Status of active files



Debt Overview



File Overview



5.3 Gore and Maitaura DWQAR Summary 2024

Report to:	Audit and Risk Committee
Meeting date:	Tuesday, 11 February 2025
Author:	Aaron Green
Author title:	3 Waters Operations Manager
General Manager lead:	General Manager Critical Services
Report date:	Monday, 20 January 2025
Confidentiality:	Public

Purpose

1. To inform the Audit and Risk committee on end of year water compliance.

Recommendation

2. That the Committee:
 - a) receives and notes Gore and Maitaura Drinking Water Quality Assurance Rules (DWQAR) summary for 2024.

Executive Summary

3. Under the DWQAR, the Council is required to report against some of the rules at the end of the calendar year.
4. These reports show how the treatment plants and network have measured up against the Drinking Water quality assurance rules.

Context

5. During 2024, the Council employed a second Compliance Officer to assist with the increasing workload that is required to meet the new regulations. This was anticipated and budgeted for as part of the 2021-2031 LTP. This has also meant the Council had the opportunity to start on some work that has been waiting in the background.
6. In the report, it shows that the network rules for both Gore and Maitaura were met with no non-compliance days reported.
7. The Hilbre Avenue treatment plant did not meet the compliance rules for Protozoal as it does not have a barrier installed but the Maitaura River Crossing project to have one WTP supplying all of Gore residents, planned to be completed before the end of 2025, will rectify this.
8. The Maitaura WTP has had a successful year with two reported days as non-compliant. This was due to elevated turbidity and at the time the cable to show the UV dose was not connected to prove that we had a barrier in place. This has since been resolved.

9. East Gore reported no issues.
10. It is important to note that a reported non-compliance does not mean that the water is not safe to drink.
11. All of these issues discussed in the report have been brought in front of the Audit and Risk Committee or Council throughout the year as they occurred.

Attachments

1. Gore Water Supply DWQAR Compliance Summary 2024
2. Maitai Water Supply DWQAR Compliance Summary 2024

Gore Water Supply Drinking Water Quality Assurance Rules (DWQAR) Compliance Summary 2024

Version 2

7 January 2025

Ame McSparran

3 Waters Senior Compliance Officer



Background

On 14 November 2022, the new Drinking Water Quality Assurance Rules (DWQAR) came into effect replacing the previous Drinking Water Standards for New Zealand 2005 (Revised 2018). The DWQAR, developed by the new Drinking Water Regulator Taumata Arowai, outlines a series of rules that water suppliers must meet to ensure the safety of their drinking water and maintain compliance. The DWQAR were accompanied alongside the Water Services (Drinking Water Standards for New Zealand) Regulations 2022 which outline a determinands maximum allowable value (MAV) which outlines the maximum concentration a determinand is allowed to be in a potable water supply.

The rules relevant to a supply depends on the source water and treatment available at the water treatment plant. As of 1 January 2023 reporting against these rules began. 2024 marks the second year that water suppliers are required to report against the DWQAR. The following report is a summary of the Gore water supply's compliance against all relevant rules in the DWQAR for the 2024 reporting year.

DWQAR Structure

Under the DWQAR in 2024 the Gore Water Supply has 117 rules to be evaluated and reported against. With some rules required to be reported against multiple times against different supply components, this equates to 177 rule evaluations to be reported against. These rules also include 416 individual determinand results for samples collected from raw water, water leaving the WTP, and within the distribution network. All test results are assessed against the Water Services (Drinking Water Standards for New Zealand) Regulations 2022.

Rules in the DWQAR are split into four categories; general (G), source water (S), treatment (T), and distribution (D). For the Gore Water Supply rules in the DWQAR are either reported monthly or annually. Monthly reporting must be completed within 10 working days from a month ending and annual reporting must be completed within 40 working days of the end of the year. At the writing of this report, all monthly reports had been submitted to Taumata Arowai. A finalised copy of the annual report is yet to be submitted to Taumata Arowai, but the information contained within this report is not expected to change.

Monthly Compliance Summary

The Gore water supply has six relevant rules which are reported upon to Taumata Arowai at the end of each month. Three rules relate to the performance of the East Gore WTP, one for the performance of Hilbre Ave WTP, and the remaining two rules relate to the quality of water within the Gore distribution network. A summary of the Gore water supply's monthly compliance is presented in Table 1.

East Gore Water Treatment Plant (WTP)

The East Gore WTP was fully compliant against the relevant bacterial and protozoal disinfection rules reported monthly to Taumata Arowai.

Hilbre Avenue Water Treatment Plant (WTP)

The Hilbre Avenue WTP currently has no protozoal treatment so while no non-compliant conditions were directly reported to Taumata Arowai the plant is considered non-compliant for the entirety of 2024 reporting period.

Hilbre Avenue WTP was reported as non-compliant for 14 periods/days against the relevant bacterial disinfection rules reported monthly to Taumata Arowai. Two days were the result of an I/O Card failure which the Council was notified of during the in-committee portion of the Council meeting held 21 May 2024. The remaining 12 days were the result of five SCADA trending outage events that occurred during 2024. The first trending outage which occurred 23-27 May 2024 was brought to the attention of the Audit and Risk Committee at the 18 June 2024 meeting. It is worth noting that during the trending outage events, all monitoring equipment and subsequent alarms were still functional at the WTP. It was the fact that a historical record of the monitoring was unable to be recorded, therefore the non-compliance reported to Taumata Arowai is a technical non-compliance due to the absence of historical data.

It is important to note that non-compliance is not necessarily a reflection of unsafe water and at no point during 2024 did we consider the water supplied from the Hilbre Avenue WTP unsafe.

Gore Distribution Network

During 2024 no E.coli was identified through routine sampling and residual chlorine was sufficient (> 0.2 mg/L) within Gore's distribution network. As a result, full compliance for Gore's distribution network was reported monthly for 2024.

Table 1 Summary of monthly compliance data reported to Taumata Arowai for the Gore Water Supply

	East Gore WTP				Hilbre Ave WTP			Gore Network		
	Bacterial Compliance		Protozoal Compliance		Bacterial Compliance	Protozoal Compliance		FAC Residual Disinfection	E.coli/Total Coliform Sampling	
Rule	T3.2		T3.76	T3.77	T3.2		Not Attempted	D3.19		D3.29
	Maximum Non-Compliant Periods	Non-Compliant Periods	Non-Compliant Periods	Non-Compliant Periods	Maximum Non-Compliant Periods	Non-Compliant Periods	Non-Compliant Periods	Maximum Non-Compliant Periods	Non-Compliant Periods	Non-Compliant Periods
January	31	0	0	0	31	0	31	1	0	0
February	28	0	0	0	28	0	28	1	0	0
March	31	0	0	0	31	0	31	1	0	0
April	30	0	0	0	30	2	30	1	0	0
May	31	0	0	0	31	5	31	1	0	0
June	30	0	0	0	30	0	30	1	0	0
July	31	0	0	0	31	4	31	1	0	0
August	31	0	0	0	31	0	31	1	0	0
September	30	0	0	0	30	1	30	1	0	0
October	31	0	0	0	31	0	31	1	0	0
November	30	0	0	0	30	2	30	1	0	0
December	31	0	0	0	31	0	31	1	0	0

Annual Compliance Summary

The Gore water supply has 171 relevant rules to be reported to Taumata Arowai annually. Rules relating to the treatment of bacteria or protozoa and evaluation of continuous monitoring data are typically evaluated on a daily basis, therefore if the requirement of the rule is not met at any point during the day, non-compliance is reported only for that day. Other rules are evaluated on an annual basis, therefore if the requirement of the rule is not met on any day, non-compliance is reported for the whole year.

East Gore WTP

The East Gore WTP achieved full compliance against all relevant bacterial disinfection and protozoal disinfection rules evaluated daily and reported annually (Table 2). East Gore WTP however was recorded as non-compliant against the following rules with annual evaluations:

- S3.3-cond (source water must be monitored for conductivity continuously)
- S3.3-turb (source water must be monitored for turbidity continuously)

The installation of continuous conductivity and pH monitoring of the raw water entering the East Gore WTP was completed 27 February 2024. Due to the compliance period of these rules they have to be reported as non-compliant to Taumata Arowai for the year however, these rules will be able to be recorded as compliant starting the 2025 reporting period. For the purpose of this report, these rules are considered to have achieved partial compliance.

A summary of how East Gore WTP was reported against the relevant rules is presented in Figure 1.

Table 2 Summary of non-compliant periods of rules with daily compliance periods for East Gore WTP.

	Maximum possible non-compliant periods	T3.3	T3.4	T3.5	T3.6	T3.74	T3.79	Days non-compliant
January	31	0	0	0	0	0	0	0
February	28	0	0	0	0	0	0	0
March	31	0	0	0	0	0	0	0
April	30	0	0	0	0	0	0	0
May	31	0	0	0	0	0	0	0
June	30	0	0	0	0	0	0	0
July	31	0	0	0	0	0	0	0
August	31	0	0	0	0	0	0	0
September	30	0	0	0	0	0	0	0
October	31	0	0	0	0	0	0	0
November	30	0	0	0	0	0	0	0
December	31	0	0	0	0	0	0	0
Total		0	0	0	0	0	0	0

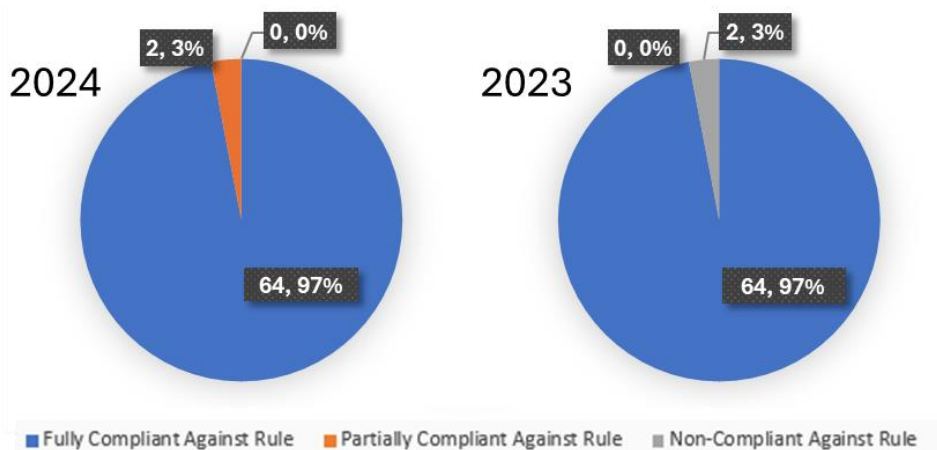


Figure 1 Summary of the annual rules reported against East Gore WTP for 2024 compared to the rules reported in 2023

Hilbre Avenue WTP

The Hilbre Avenue WTP was reported as non-compliant against four bacterial disinfection rules evaluated daily in 2024 with a total of 254 non-compliant days across 2024. When these non-compliant conditions occurred is presented in Table 3. Of these 254 non-compliant days, the Hilbre Avenue WTP was non-compliant for 14 days against all relevant bacterial disinfection rules. For the remaining 240 days, some bacterial disinfection rules were still met (Figure 2).

Table 3 Summary of non-compliant periods of rules with daily compliance periods for Hilbre Ave WTP.

	Maximum non-compliant periods possible	T3.3	T3.4	T3.5	T3.6	Days non-compliant
January	31	0	0	0	0	0
February	28	0	0	0	0	0
March	31	0	0	0	0	0
April	30	9	2	2	2	9
May	31	31	5	5	5	31
June	30	30	0	0	0	30
July	31	31	4	4	4	31
August	31	31	0	4	4	31
September	30	30	1	1	1	30
October	31	31	0	0	0	31
November	30	30	2	4	4	30
December	31	31	0	0	0	31
Compliant Periods 2024		111	347	345	345	
Non-Compliant Periods		254	14	20	20	254

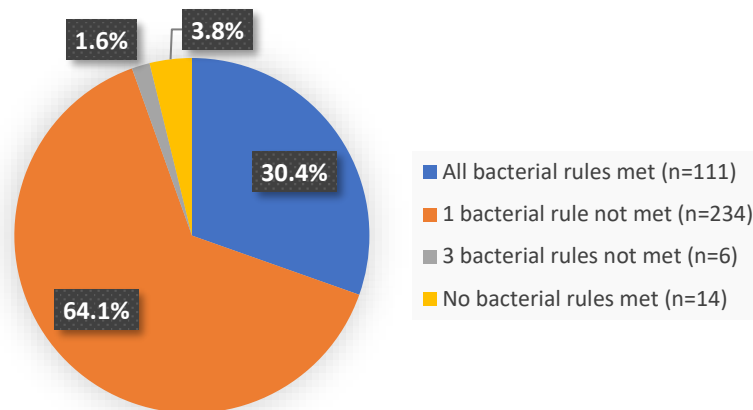


Figure 2. Summary of the daily evaluations against the four bacterial rules reported annually for the Hilbre Ave WTP (2024)

A summary of the causes of non-compliances are as follows:

- 22-23 April 2024 – one of three I/O cards that allows communication between onsite and offsite computer systems failed. Due to the age of these cards a replacement cannot be sourced. This meant that the data being received by the failed I/O card was not being output into Datran for these two days. Each I/O card only has a limited amount of data ports so while some critical monitoring tags such as FAC and turbidity were able to be transferred to the remaining I/O cards, some monitoring tags had to be sacrificed (eg pH). FAC and turbidity were prioritised over pH due to:
 - Their prevalence in the relevant bacterial disinfection DWQAR rules
 - pH is more stable from the raw water source and during the treatment process and presents the least variability

As part of the new pumpstation that has been installed at Hilbre Ave WTP late 2024, new I/O cards have been installed. At the writing of this report the I/O cards were yet to be set up and were awaiting an electrician.

- 22 April - 31 December 2024 - as a result of the above since 22 April 2024 the pH being monitored at the WTP has not been recorded in our Datran system and consequently FACe (Rule T3.3) cannot be monitored. It is important to note that the WTP is still continuously monitoring pH at the plant, this information is just not able to be stored in the SCADA system to be converted into FACe. Following the completion of the Gore drinking water centralisation project this monitoring at Hilbre Avenue WTP will become redundant and will instead be completed at the East Gore WTP.
- 23-27 May 2024 – the failure of trending software resulted in the loss of continuous monitoring data. Due to the age of the plant, only the last two hours of data was able to be recovered, the outstanding data was completely lost. During this time, the WTP continued to treat, monitor and alarm as usual and there was never an issue with the quality of the treated water. The non-compliance arises from the lack of historical minute-by-minute data to prove compliance against the relevant DWQAR rules. Since this initial event, subsequent trending outages have occurred on the following dates:
 - 3-4 July 2024
 - 12-13 July 2024
 - 3 September 2024
 - 11-12 November 2024

An alarm has since been set up to identify when trending software has failed and alert the 3 Waters Treatment Supervisor. Instructions has been provided by the software developer on how to restore the trending software, which if implemented within 2-hours of the failure will be able to recover data from the Hilbre Avenue WTP. While they are still affected by the trending outages, the modern systems now installed at East Gore and Mataura WTP have a larger backlog of data (multiple days) can now be recovered from the on-site system.

- 28-31 August 2024 – new high reticulation pumps had been installed and commissioned at the Hilbre Avenue WTP. Initially these pumps were air-locking and having to be bled which resulted in air entrainment into the water line. The air entrainment caused turbidity to spike beyond what is allowable in the DWQAR rules. While turbidity was high, the water was considered non-compliant, however there was no concern to the safety of the water due to the turbidity being caused by air entrainment rather than solid particles. Due to the location of turbidity monitoring equipment at Hilbre Avenue WTP not being optimum some tasks can interfere with monitoring equipment. At the writing of this report, new analytical equipment for chlorine, pH and turbidity had been installed in the new pumpstation to analyse treated water leaving the reservoir and was awaiting final electrical installation. Once this equipment is online, the interference with monitoring equipment will be reduced.
- 7-8 November 2024 – Riser main was drained to enable a sample of pipe to be collected for detailed condition analysis. Upon startup and refilling of the main air was entrained in the water causing an increase in turbidity. While the turbidity was high the water was considered non-compliant, however there was no concern about the safety of the water due to the turbidity being caused by air entrainment rather than solid particles. Similarly to above,

following electrical installation of new analytical equipment interference with the monitoring equipment will be reduced.

Despite the Hilbre Avenue WTP having been non-compliant against one of six bacterial disinfection rules since 22 April 2024, at no point was the water produced by the Hilbre Avenue WTP considered unsafe by 3 Waters staff. As a result, no notifications were made to Taumata Arowai. As highlighted previously, non-compliance is not necessarily a reflection of unsafe water.

Had continuous monitoring been in place for the water leaving the reservoir at Hilbre Avenue WTP, it is expected that some of these non-compliant results (28-31 August and 7-8 November 2024) would not have occurred. East Gore and Mataura WTP have shown that the quality of water leaving the reservoirs is much more consistent as any spikes or changes that may occur during initial disinfection processes are diluted. Improved data will not become available until installation of new monitoring equipment is completed and connected to the Council's telemetry system.

Hilbre Avenue was recorded as having not complied against the following rules with annual evaluations:

- S3.3-cond (source water must be monitored for conductivity continuously)
- S3.3-turb (source water must be monitored for turbidity continuously)
- S3.3-pH (source water must be monitored for pH continuously)
- G13 (separation between continuous monitoring data for treatment plants must be no greater than one minute)
- G14 (continuous monitoring data must not be interrupted for more than 15 consecutive minutes or a total of 72 minutes in one day)
- G17 (where continuous monitoring equipment fails grab samples can be taken every 30 minutes to substitute continuous monitoring)
- T3.1 (all water passing through a WTP must be monitored for various parameters)
- T3.22 (a protozoal barrier must be installed that provides treatment equal or exceeding the log level of the source water)

Continuous turbidity monitoring of the raw water entering the WTP used to be recorded but following the I/O card failure this data had to be sacrificed for more critical monitoring parameters. Conductivity, turbidity and pH monitoring of raw water from Jacobstown Wells will not be in place until the water is re-directed to East Gore WTP as part of the Gore water centralisation project. Reliability of continuous monitoring equipment will also improve following the completion of the centralisation project.

A summary of how the Hilbre Avenue WTP was reported against the relevant rules is presented in Figure 3. This is a decline compared to what was reported for the 2023 reporting year.

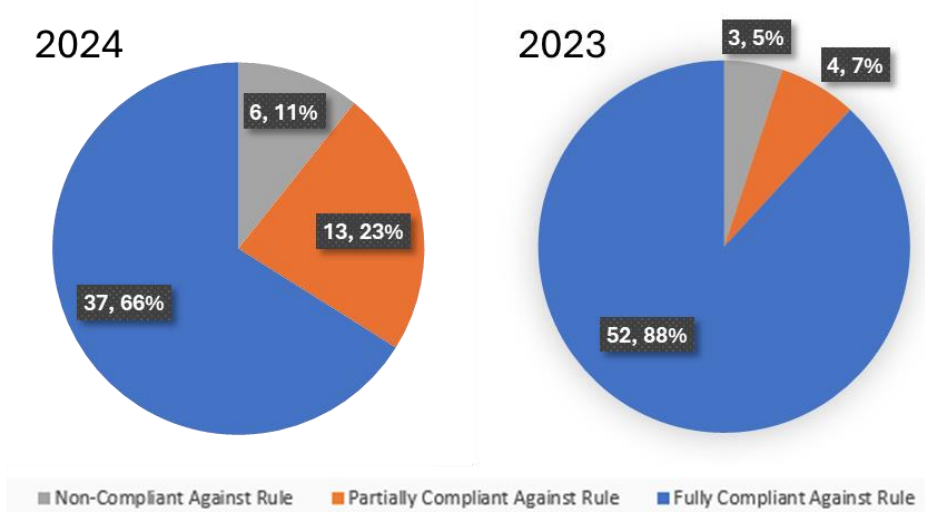


Figure 3 Breakdown of Hilbre Ave WTP compliance for 2024 against rules reported annually compared to 2023. More rules were reported against in 2023 due to the utilisation of both Jacobstown Well 1 and 3 during the year

Gore Network

The Gore distribution network reported full compliance against the 38 rules required to be reported against annually.

Laboratory Sample Results Summary

A total of 456 individual laboratory test results of determinands outlined in the Water Services (Drinking Water Standards for New Zealand) Regulations 2022 were reported to Taumata Arowai (Table 4) a reduction from the 611 test results reported during the 2023 period. A total of 130 test results were reported to Taumata Arowai as part of our monthly reporting and 286 reported are part of our annual reporting. Tests included 226 bacterial results (*E.coli* and total coliforms) and 190 chemical/physical results (eg metals, colour, and disinfection-by-products).

Table 4 Summary of Gore Water Supply laboratory tests carried out in 2024

Determinand type	Source Water	Water Treatment Plant	Distribution Network	Total
Bacterial	96	40	130	266
Chemical/Physical	126	24	40	190
Total	222	64	170	456

The reason for a reduction in the number of tests taken in 2024 compared to 2023 was the completion of a 12-month determinand monitoring programme required by DWQAR in 2023 (Figure 4).

Rule Number	Requirement	Assurance/ Monitoring	Compliance period
T3.92	Values for determinands in treated water that: <ol style="list-style-type: none"> 1. exceed 50% of their MAV in the source water, or 2. are added or formed in the treatment process (as well as impurities in treatment chemicals), must be identified by the collection and analyses of 15 samples over a 12-month period (with no more than two samples collected in any calendar month).	Assurance	1 year
T3.93	Determinands identified by the sampling programme outlined in rule T3.92 must be categorised as either standard typical range or elevated typical range and must be sampled at the frequency set out in Table 33.	Monitoring	1 month

Figure 4. DWQAR rules require a 12-month determinand sampling programme to be carried out by water suppliers

Under the DWQAR (Section 4.10.3), All water treatment plants must undergo a 12-month determinand monitoring programme where all risk determinands (as identified in a Source Water Risk Management Plan), determinands that may be added as part of the treatment process, and disinfection-by-products are sampled 15 times across 12 months. Gore's 12-month determinand monitoring programme was completed in 2023 and included:

East Gore WTP

- Chloroform
- Bromoform
- Bromodichloromethane
- Dibromochloromethane
- Dichloroacetic acid
- Trichloroacetic acid
- Nitrate

Hilbre Avenue WTP

- Chloroform
- Bromoform
- Bromodichloromethane
- Dibromochloromethane
- Dichloroacetic acid
- Trichloroacetic acid

The results from the 12-month determinand monitoring programme were assessed to determine if a determinand has a standard typical range (< 50% of the MAV) or an elevated typical range (50-100% of the MAV). All results from the 12-month determinand monitoring programme for Hilbre Ave WTP returned below 50% of the determinands' MAV (standard typical range) and therefore only have to be sampled annually. All results from the 12-month determinand monitoring programme for the East Gore WTP returned below 50% of the determinands' MAV (standard typical range) except for nitrate which some results returned between 50-100% of the MAV (elevated typical range). Therefore, all determinands are sampled annually, except for nitrate which is sampled monthly.

Laboratory testing also included 40 microbiological tests from the Hilbre Ave WTP. These samples are not required by the DWQAR but have been implemented as an action while protozoal treatment is not present at the Hilbre Avenue WTP and await the completion of the Gore drinking water centralisation project. This action was approved by Taumata Arowai following a discussion with them regarding the actions we have in place to ensure the safety of the water treated at the Hilbre Avenue WTP while protozoal treatment is absent. This additional sampling has also proved beneficial since having lost pH monitoring and intermittent data failures to ensuring the safety of the water produced. Initially microbiological samples were being collected every sample run (approximately once per week)

however this was reduced to twice per month due to the consistent absence of *E.coli* and total coliforms in the samples. This sampling will cease once the centralisation project has been completed.

Reflection of 2024 and Looking Forward to 2025 and Beyond

The 3 Waters team has continued to improve its understanding of the DWQAR and now recognise events that may affect compliance and are able to discuss options prior to the event or report the event immediately and record the necessary information. This has streamlined the compliance assessment process and created a more efficient working environment.

In 2024, a second 3 Waters Compliance Officer was employed. Evaluating compliance against the DWQAR had proven to be a time consuming task, but with the addition of a second staff member, many opportunities for improving reporting efficiencies have been capitalised on. This has included:

- Amending reports so that evaluations of continuous monitoring data are correct and produce less errors.
- Improved data input and record keeping from operators so that regular maintenance tasks that must be taken, but also impact compliance reporting (such as chlorine meter calibrations) are recorded, easily identifiable and can be used to show that compliance was maintained.
- Improved record keeping has also streamlined the auditing process both for staff and auditors, with one auditor commending the process the Council uses at a conference for making the auditing process easier and faster.

Once the Gore drinking water centralisation project is completed, compliance will improve since the water abstracted from Jacobstown Wells will be treated at a plant capable of achieving full compliance against the DWQAR and there is no longer a reliance on the aged and inadequacy of the Hilbre Avenue WTP.

A key focus area in 2025 will be the Gore water supply's protection against private property backflow through the improvement and implementation of the current backflow prevention programme. Following the completion of the Gore water supply centralisation project, numerous reports, including the Gore Source Water Risk Management Plan, Gore Water Safety Plan, GDC Drinking Water Sampling Plan and GDC Cyanobacteria and Cyanotoxin Management Plan will need to be reviewed and updated to reflect changes made to the configuration of Gore's water supply.

Conclusion

This is now the second reporting year that the DWQAR has been operative. The Gore distribution network has continued its full compliance reported in 2023 into 2024. Unfortunately, compliance at the Hilbre Avenue WTP has dropped this year as a result of events which due to the age of the plant make it difficult and expensive to bring compliance back to the same level reported in 2023. Given the Hilbre Avenue WTP will become redundant following the completion of the Gore water supply centralisation project - expected to be completed towards the end of 2025 - it is difficult to justify spending the money required to maintain compliance in the meantime. The East Gore WTP is now fully compliant with the installation of conductivity and pH monitoring at the raw water inlet. The 3 Waters team have done an excellent job in adapting to the challenges posed by the Gore water supply this year as well as ensuring a continual supply of safe drinking water to the township of Gore with minimal disruption. With the Gore water centralisation project in the pipeline, it will not be long before all of Gore benefits from the safe and compliant water produced by the East Gore water treatment plant.

Mataura Water Supply Drinking Water Quality Assurance Rules (DWQAR) Compliance Summary 2024

Version 1

9 January 2025

Ame McSparran

3 Waters Senior Compliance Officer



Background

On 14 November 2022, the new Drinking Water Quality Assurance Rules (DWQAR) came into effect replacing the previous Drinking Water Standards for New Zealand 2005 (Revised 2018). The DWQAR, developed by the new Drinking Water Regulator Taumata Arowai, outlines a series of rules that water suppliers must meet to ensure the safety of their drinking water and maintain compliance. The DWQAR are accompanied alongside the Water Services (Drinking Water Standards for New Zealand) Regulations 2022 which outline a determinands maximum allowable value (MAV) which represents the maximum concentration a determinand is allowed to be in a potable water supply.

The rules relevant to a supply depends on the population supplied, source water type and treatment process. As of 1 January 2023 reporting against these rules began and 2024 marks the second year that suppliers are required to report against the DWQAR. The following report is a summary of the Maitua water supply's compliance against relevant rules in the DWQAR for the 2024 reporting year.

Maitua Water Treatment Plant (WTP)

During 2023, the Maitua WTP underwent an upgrade to improve its treatment process and guarantee its capability to meet bacterial and protozoal compliance as well as improve intermittent taste and odour issues. Upgrading of the WTP began in April 2023. Prior to April 2023, the WTP would intermittently fail to meet the required protozoal treatment through its coagulation, sedimentation, flocculation and filtration treatment process. In September 2023, the majority of the WTP upgrade to the treatment process was completed including the addition of UV disinfection. Since the completion of the upgrade we have observed a vast improvement in the compliance of the plant's treatment process. As from August 2024, Maitua's UV treatment was fully compliant with the DWQAR with the addition of complete continuous monitoring.

DWQAR Structure

Under the DWQAR in 2024, the Maitua water supply had 129 rules to be evaluated and reported against. These rules included 232 individual determinand results for samples collected from raw water, water leaving the WTP and within the distribution network. All test results are evaluated against the Water Services (Drinking Water Standards for New Zealand) Regulations 2022.

Rules in the DWQAR are split into four categories: general (G), source water (S), treatment (T), and distribution (D). For the Maitua water supply rules in the DWQAR are reported either monthly or annually. Monthly reporting must be completed within 10 working days from a month ending and annual reporting must be completed within 40 working days of the end of the year. At the writing of this report, all monthly reports had been submitted to Taumata Arowai. A finalised copy of the annual report is yet to be submitted to Taumata Arowai, but the information contained within this report is not expected to change.

Monthly Compliance Summary

The Maitua water supply has six rules reported to Taumata Arowai at the end of each month. Four rules relate to the performance of the water treatment plant, and the remaining two rules relate to the quality of water within the distribution network. A summary of Maitua water supply's monthly compliance is presented in Table 1.

Table 1 Summary of monthly compliance data reported to Taumata Arowai for the Maitara Water Supply in 2024.

Rules Month	Maitara Water Treatment Plant					Maitara Network		
	Maximum Non-Compliant Periods	Bacterial Compliance T3.2 Non-Compliant Periods	Protozoal Compliance		UV T3.86 Non-Compliant Periods	Maximum Non-Compliant Periods	Residual Disinfection D3.19 Non-Compliant Periods	E.coli/Total Coliform Sampling D3.29 Non-Compliant Periods
			Coagulation Sedimentation Flocculation and Filtration T3.47 Non-Compliant Periods	T3.48 Non-Compliant Periods				
	31	0	0	0	0	1	0	0
January	31	0	0	0	0	1	0	0
February	28	0	2	0	0	1	0	0
March	31	0	0	0	0	1	0	0
April	30	0	0	0	0	1	0	0
May	31	0	0	0	0	1	0	0
June	30	0	0	0	0	1	0	0
July	31	0	0	0	0	1	0	0
August	31	0	2	1	0	1	0	0
September	30	0	0	0	0	1	0	0
October	31	0	1	0	0	1	0	0
November	30	0	1	1	0	1	0	0
December	31	0	0	0	0	1	0	0
2024	365	0/365	2/365	0/365	0/153	12	0/12	0/12

Note: Cells highlighted red were reported to Taumata Arowai as non-compliant. Cells highlighted in yellow were technically non-compliant but were not reported due to an alternative treatment process available to be reported upon. This was the agreed approach following a discussion with Taumata Arowai as their system could not identify that the plant was compliant for protozoa if it was reported as non-compliant for one type of treatment, and compliant for a second type of treatment.

The Mautara water treatment plant had two non-compliant periods/days during 2024. These days occurring 13 and 14 February 2024 were due to elevated turbidity resulting in insufficient protozoal treatment. The combination of low reservoir levels due to prolonged power outage and disruption to a typical backwash sequence on both filters resulted in a continued period of elevated turbidity. Turbidity plateaued for an extended period at 0.11 NTU, in excess of the 0.1 NTU limit set by the DWQAR. With reservoir levels dropping and morning peak demand nearing, the decision was made to manually divert treated water that was marginally out of spec to begin refilling the reservoirs. Unfortunately, while the UV treatment process was installed, continuous UV dose monitoring had not yet been set up in the telemetry system and was not available to prove that sufficient protozoal treatment was achieved via UV rather than the filters. While the 3 Waters team was confident that the UV treatment was sufficient, there was no way to prove this and a notification was made to Taumata Arowai.

Since this event, continuous monitoring of the UV dose has been set up in the telemetry system and can now be used for reporting. Following this event, there have been an additional four days where the filters have failed to meet the protozoal requirements of the DWQAR, but now that all UV treatment rules can be continuously monitored and reported against, UV rules were reported instead of filter rules so that protozoal compliance can be maintained.

Causes for the filters failing to achieve protozoal treatment requirements included:

- An intense rainfall event caused a rapid spike in raw water turbidity which the coagulant dose system had a slow response to resulting in an elevated turbidity leaving the filters. Adjustments have since been made to improve the control loop of the coagulant dose.
- Diverting the raw reservoir to allow for de-silting increased the head/pressure of water on the coagulant pump beyond what the pump was able to pump into. Adjustments were made to the pump and any future plans to de-silt the raw reservoir will include adjustments to the coagulant pump when the raw reservoir is diverted.
- An unknown fault occurred on the coagulant dosing pump causing it to stop. Increased monitoring of the dosing pump was implemented during the plant visits.

Since the completion of the Mautara WTP upgrade, staff have observed an improvement in the quality of water produced to meet DWQAR requirements (Figure 1). With the addition of full UV monitoring it is hoped that this trend will continue, and full compliance will be reported for 2025.

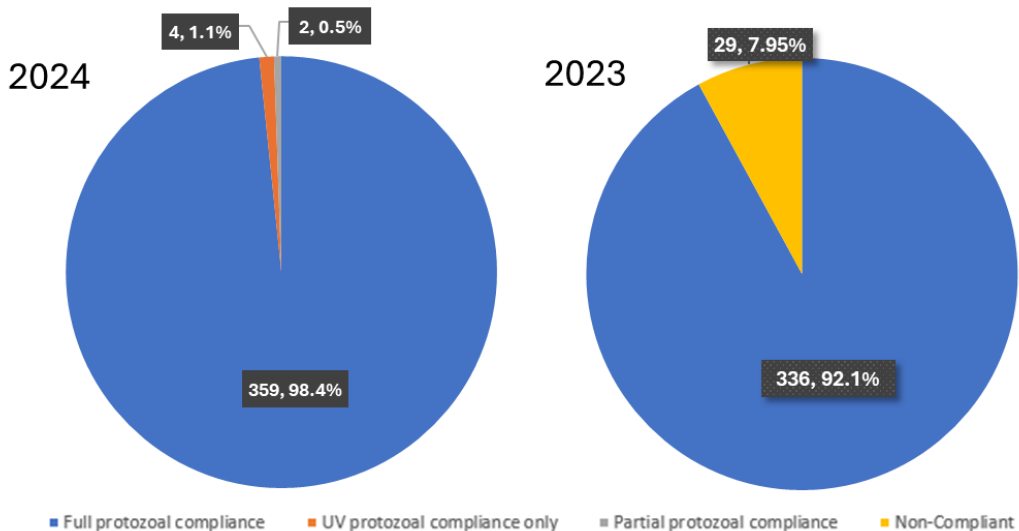


Figure 1 breakdown of Mautara WTP compliance for 2024 against protozoal rules reported monthly to Taumata Arowai compared to the same protozoal rules reported in 2023

It is important to note that non-compliance is not necessarily a reflection of unsafe water and at no point during 2024 did staff consider the water supplied to Mataura as unsafe. Bearing in mind, that for whatever reason a WTP is non-compliant against a rule for a defined period, it is considered non-compliant for the entire day. So while two non-compliant days are reported, the actual length of time water being treated was non-compliant was significantly less.

The Mataura distribution network did not identify any *E.coli* present in the samples collected and residual chlorine was sufficient (> 0.2 mg/L) through routine sampling for 2024. As a result, full compliance for Mataura's distribution network was reported for 2024.

Annual Compliance Summary

The Mataura water supply had 123 rules reported to Taumata Arowai annually in 2024. Rules relating to the treatment of bacteria or protozoa and evaluation of continuous monitoring data are typically evaluated on a daily basis, therefore if the requirement of the rule is not met at any point during the day, non-compliance is reported only for that day. Remaining rules are evaluated on an annual basis, therefore if the requirement of the rule is not met on any day, non-compliance is reported for the year.

Mataura WTP

Mataura WTP achieved full compliance against all relevant bacterial and protozoal disinfection rules evaluated daily and reported annually (Table 2). The Mataura WTP however, was recorded as non-compliant against the following rule with an annual evaluation:

- T3.22 (a protozoal barrier must be installed that provides treatment equal to or exceeding the log level of the source water)

Due to the elevated turbidity event on 13-14 February 2024, the Mataura WTP failed to provide a protozoal barrier that treated the water to the equivalent of, or in excess of the 4-log credits required. This is an improvement on 2023 where the Mataura WTP was reported as not having met seven rules reported annually to Taumata Arowai. This rule has a compliance period of one year so due to not providing adequate protozoal treatment for those two days, Mataura has to be reported as non-compliant for 2024.

Table 2 Summary of non-compliant periods of rules with daily compliance periods for Mataura WTP.

Max possible non-compliant periods		Bacterial Disinfection				Protozoal Treatment (UV)			
		T3.3	T3.4	T3.5	T3.6	T3.87	T3.88	T3.89	T3.90
January	31	0	0	0	0				
February	28	0	0	0	0				
March	31	0	0	0	0				
April	30	0	0	0	0				
May	31	0	0	0	0				
June	30	0	0	0	0				
July	31	0	0	0	0				
August	31	0	0	0	0	0	0	0	0
September	30	0	0	0	0	0	0	0	0
October	31	0	0	0	0	0	0	0	0
November	30	0	0	0	0	0	0	0	0
December	31	0	0	0	0	0	0	0	0
Compliant Periods	365	365	365	365	365	153	153	153	153
Non-compliant Periods		0	0	0	0	0	0	0	0

Similarly to rules reported against monthly, non-compliance is not necessarily a reflection of unsafe water and at no point during 2024 did staff consider the water supplied to Matura as unsafe. Now that continuous UV monitoring has been installed, it is expected that we will be able to report as compliant against this rule in 2025.

Matura Network

The Matura distribution network reported full compliance against the 38 rules required to be reported against annually.

Laboratory Sample Results Summary

A total of 232 individual laboratory test results of determinands outlined in the Water Services (Drinking Water Standards for New Zealand) Regulations 2022 were reported to Taumata Arowai (Table 3) a reduction from the 499 test results reported during the 2023 period. A total of 65 sample results were reported to Taumata Arowai as part of our monthly reporting and 167 reported are part of our annual reporting. Tests included 113 bacterial results (E.coli and total coliforms) and 119 chemical/physical results (inc. metals, colour, and disinfection-by-products).

Table 3 Summary of Matura Water Supply sampling carried out in 2024.

Determinand type	Source Water	Water Treatment Plant	Distribution Network	Total
Bacterial	48	0	65	113
Chemical/Physical	63	16	40	119
Total	111	16	105	232

The primary reason for a reduction in the number of tests taken in 2024 compared to 2023 was the completion of the 12-month determinand monitoring programme required by the DWQAR in 2023 (Figure 2).

Rule Number	Requirement	Assurance/ Monitoring	Compliance period
T3.92	Values for determinands in treated water that: <ol style="list-style-type: none"> 1. exceed 50% of their MAV in the source water, or 2. are added or formed in the treatment process (as well as impurities in treatment chemicals), must be identified by the collection and analyses of 15 samples over a 12-month period (with no more than two samples collected in any calendar month).	Assurance	1 year
T3.93	Determinands identified by the sampling programme outlined in rule T3.92 must be categorised as either standard typical range or elevated typical range and must be sampled at the frequency set out in Table 33.	Monitoring	1 month

Figure 2. DWQAR rules require a 12-month determinand sampling programme to be carried out by water suppliers

Under the DWQAR (Section 4.10.3), all water treatment plants must undergo a 12-month determinand monitoring programme where all risk determinands (as identified in a Source Water Risk Management Plan), determinands that may be added during the treatment process, and disinfection-by-products are sampled 15 times in 12 months.

Matura's determinand monitoring programme included:

- Aluminium
- Antimony
- Arsenic

- Cadmium
- Copper
- Chromium
- Lead
- Manganese
- Mercury
- Nickel
- Chloroform
- Bromoform
- Bromodichloromethane
- Dibromochloromethane
- Dichloroacetic acid
- Trichloroacetic acid

The results from the 12-month determinand monitoring programme were assessed to determine if a determinand has a standard typical range (< 50% of the MAV) or an elevated typical range (50-100% of the MAV). All results from the 12-month determinand monitoring programme returned below 50% of the determinands' MAV (standard typical range). Therefore, heading into 2024 these determinands were only required to be sampled annually and will continue to be sampled annually unless a test result returns in excess of 50% of a determinand's MAV.

Reflection of 2024 and Looking Forward to 2025 and Beyond

The 3 Waters team has continued to improve its understanding of the DWQAR and now recognise events that may affect compliance and are able to discuss options prior to the event or report the event immediately and record the necessary information. This has streamlined the compliance assessment process and created a more efficient working environment.

In 2024, a second 3 Waters Compliance Officer was employed. Evaluating compliance against the DWQAR had proven to be a time consuming task, but with the addition of a second staff member, many opportunities for improving reporting efficiencies have been capitalised on. This has included:

- Amending reports so that evaluations of continuous monitoring data are correct and produce less errors.
- Improve data input and record keeping from operators so that regular maintenance tasks that must be taken, but also impact compliance reporting (such as chlorine meter calibrations) are recorded, easily identifiable and can be used to show that compliance was maintained.
- Improved record keeping has also streamlined the auditing process both for staff and auditors, with one auditor commending the process GDC uses at a conference for making the auditing process easier and faster.

In 2024, Mataura's Drinking Water Safety Plan (DWSP) was reviewed by Taumata Arowai. Feedback provided on the DWSP was minimal with only two recommendations made. The first was updating the improvement schedule to reflect recent improvements made with the completion of continuous UV dose monitoring. This improvement item was completed after the DWSP review was initiated and changes were intended to be made as part of our annual DWSP review scheduled for March 2025. The second was an improved reflection on how c.t. (product of chlorine concentration and contact time) is monitored at the WTP which is planned to be improved in the next revision.

A key focus in 2025 and beyond will be Mataura's protection against private property backflow through the continual improvement and implementation of the current backflow prevention programme.

Conclusion

This is now the second reporting year that the DWQAR has been operative. The Mataura distribution network has continued its full compliance reported in 2023 into 2024. Unfortunately a lack of monitoring, despite adequate treatment being in place in the form of UV treatment meant that there were two non-compliant days reported at the Mataura WTP. However, this is an improvement on the

previous year. Since connecting continuous monitoring of UV dose to the telemetry system there has been no non-compliant conditions reported within the Mataura water supply. The water treatment plant has undergone a great deal of change as part of its upgrade and our 3 Waters team have done an excellent job in adapting to the changes as well as ensuring a continual supply of safe drinking water to the township of Mataura. Given the trend observed across the last two years, it is anticipated that Mataura's water supply will have a clear reporting record for 2025.

5.4 Audit and Risk draft work programme

Report to:	Audit and Risk Committee
Meeting date:	Tuesday, 11 February 2025
Author:	Lornae Straith
Author title:	General Manager Corporate Support/Chief Financial Officer
Report date:	Monday, 3 February 2025
Confidentiality:	Public

Purpose

1. To provide the Audit and Risk Committee with the draft forward work programme of proposed committee reports.

Recommendation

2. That the Audit and Risk Committee:
 - a) receives and notes the draft work programme.

Executive Summary

3. The draft work programme for the Audit and Risk Committee (the Committee) provides the councillors, committee members, staff, and the community with an outline of the reports that are anticipated to be reported to the Committee throughout the year.
4. This will be a standing agenda item and is subject to change as circumstances as new issues arise and need to be reported to the Committee.
5. Included in the report below is a high-level status update for areas where there is no specific report on this agenda.

Context

6. An annual work programme is considered “best practice” to assist the Council to manage and schedule key activities and compliance requirements.

Discussion

7. The table below provides a high-level status update on areas of consideration for the Committee:

Consideration	Status
Significant Accounting Issues	Management is not aware of any significant accounting issues.
External Audit	The external auditors are onsite from 10 February to audit the Consultation Document for the Council's Long Term Plan.
Internal Audit	An internal audit work programme is yet to be established for the coming year.
Risk Management	Staff are currently working on a Business Continuity Plan. The Risk Management framework is on the work programme to be reviewed and reported on at a future Committee meeting.
Compliance	Management is not aware of any incident of non-compliance since the last Committee meeting.
Fraud	Management is not aware of any fraud matters. The Fraud Policy is scheduled for review and will be the subject of a report to the May Committee meeting.

Attachment

Draft work programme February 2025.

AUDIT & RISK COMMITTEE

DRAFT ANNUAL WORK PROGRAMME

Responsibility	Consideration	Feb-25	May-25	Aug-25
Financial Reporting	Review of year-to-date management reports	X	X	
	Review Annual Report (available Sept/Oct)			
	Aged Debtor Report	X	X	X
Treasury Management	Quarterly report	X	X	X
External Audit	Review audit recommendations	X	X	X
	External Audit Plan		X	
	Deloitte Management Report (available Oct/Nov)			
Internal Audit				
Risk Management	Review Risk Management Framework			X
	Review Cyber Risk Response		X	
	Review Insurance Arrangements		X	
Compliance	Review Incidents of Non-Compliance	*	*	*
LGOIMA	6 monthly report on LGOIMAs received	X		X
Performance Management	Review key performance indicators	X	X	X
	Annual HR report			X
Audit Committee Effectiveness	Review Committee and Member Performance			X
Policies	Review and endorse policies	*	*	*
	Review Status Report Policy Register		X	X
Workplace Health & Safety	Quarterly status report	X	X	X
Business Continuity	Review the BCP		X	

* as they arise

5.5 LGOIMA Requests – July 2024 to January 2025

Report to:	Audit and Risk Committee
Meeting date:	Tuesday, 11 February 2025
Author:	Taylah King
Author title:	Corporate Support Officer
General Manager lead:	General Manager Corporate Support
Report date:	Tuesday, 4 February 2025
Confidentiality:	Public

Purpose

1. To inform the Committee on the number of LGOIMA requests received to date since 1 July 2024.

Recommendation

2. That the Committee:
 - a) receives and notes *LGOIMA Request Report – July 2024 to January 2025*.

Context

3. It has been requested by the Audit & Risk Committee to have a six-monthly report provided on LGOIMAs received by the Council.
4. Since the beginning of the 2024/25 financial year, the Council has processed 47 requests. Three requests required additional time due to the substantial collation of information, third party involvement and legal reviews.
5. There are currently six active requests due for response before 28 February 2025. These include:

Applicant	Brief description of request
NZ Taxpayer's Union	Information on unelected members
Groundswell NZ	Listings of all payments made to Ngai Tahu entities, Hokonui Runanga or any external contractors relating to consultation or correspondence with Ngai Tahu since 1 January 2020.
Stuff	Copies of documents with regards to the work of the planning consultants during the district plan.

Stuff	Information on workshops held by Council since the Ombudsman's call in October 2023.
The Grease Trap Guy	Information on businesses within the Gore District which have consent to discharge trade waste.
A Gore District resident	Information on the Waikaka toilets.

6. The page on Council's website listing the LGOIMA responses has had 121 visits since 1 July. Please see <https://www.goredc.govt.nz/council/official-information-requests-lgoima/lgoima-responses>

6. Reports for decision

6.1 Proposal to roll over the TAB Venue and Class 4 Gambling policies

Report to:	Audit and Risk Committee
Meeting date:	Tuesday, 11 February 2025
Author:	Leon Mitchell
Author title:	Strategy and Policy Advisor
General Manager lead:	General Manager Corporate Support
Report date:	Friday, 31 January 2025
Confidentiality:	Public

Purpose

1. To inform the Audit and Risk Committee of the need to roll-over the existing TAB Venue and Class 4 Gambling policies.

Recommendation

2. That the Audit and Risk Committee:
 - a) receives and notes the proposal to roll over the TAB Venue and Class 4 Gambling policies;
 - b) approve the Chief Executive to review and suggest amendments to the TAB Venue and Class 4 Gambling policies in late 2025; and
 - c) recommends to the Council:
 - i. the roll-over of the existing and unchanged TAB Venue and Class 4 Gambling policies.

Executive Summary

3. The existing Gore District Council policies for Class 4 Gambling and TAB Venue are required to be reviewed every three years, and a review would require the special consultative procedure.
4. Both policies reached their three-year review in August 2024, so are now marginally overdue.
5. Rolling over the existing and unchanged policies would not trigger the special consultative procedure requirement.
6. This means Council staff would not be undertaking as many consultations in the first half of 2025, which is already prioritised for the Long-Term Plan and bylaw consultations.
7. Following the local body elections in October 2025, a review of the policies and public consultation can be undertaken.

Context

8. The existing Gore District Council policies for Class 4 Gambling and TAB Venue are required to be reviewed every three years as directed by 102 (5) of the Gambling Act 2003 and section 97 (4) of the Racing Industry Act 2020 respectively.
9. Class 4 gambling refers to electronic gaming machines, better known as pokies, that are in the local pubs and clubs (not casinos). Pokies are considered 'Class 4' by the Department of Internal Affairs (DIA) because they are a form of 'continuous gambling', meaning the winnings are awarded immediately, and can be put back into the machine right away.
10. TAB Venue is premises owned or leased (in full as a standalone venue, or in part as a kiosk), by the Totalisator Agency Board (TAB) where the main business carried out on the premises is providing racing or sports betting services.
11. DIA has oversight of the governing legislation, and its Gambling Team manages regulatory oversight of all TAB and Class 4 venues. This oversight includes monitoring of local Councils to ensure they have relevant policies in place.
12. The current Class 4 Gambling and TAB Venue policies were last updated and adopted by Gore District Council in August 2021, as such they are now overdue for review and adoption.
13. Reviews of these policies legislatively required to be conducted in accordance with the special consultative procedure set out in section 83 of the Local Government Act 2002.
14. In December 2024, the Senior Management Team considered a proposal for the merger of the Class 4 Gambling and TAB Venue policies, along with a suite of proposed amendments which reflected changes in legislation and enacted new requirements for Class 4 gambling operators.
15. The Senior Management Team decided to defer the process, as it was considered that the priority for early and mid-2025 was the consultation and adoption for the Long-Term Plan, followed by the local authority elections in October.

Discussion

16. Following the decision to defer the review process, the Gambling Team at the DIA was asked for confirmation on options for the policy review noting that the policies are overdue.
17. DIA has confirmed that a proposal to roll-over the policies, with the intention to review formally later in 2025, would ensure we remain compliant with the DIA requirement to have a current policy.
18. Rolling over the existing policies also means that no changes are being made, and therefore no special consultative procedure is required.
19. DIA is about to contact any local Council that is overdue for their policy review, and as our review is now marginally overdue, DIA strongly suggests we clearly document the decision process and rationale for when our next review is being undertaken.
20. Once the policies have been rolled over, DIA will need to be notified so it can update its records to show the Council as compliant.

Options

21. Staff have assessed that there are two reasonable and viable options for the Audit and Risk Committee to consider. The options are:
22. Option One – Roll over of existing policies (*recommended*)
23. This option would see no changes in current policies, with Council members approving the roll-over of the existing policies.
24. It would mean council staff work on a review of the policies and undertake special consultative procedure at a time when there are not as many high-profile consultations being undertaken.
25. Option Two – Undertake a full review of the policies now
26. This option would see council staff undertaking a full review of the policies now and do a full community engagement as required by the special consultative procedure.
27. The risk associated with this option is that the community will have ‘consultation fatigue’ and it could result in mixed messages and perhaps even being conflated in responses.
28. Staff recommend Option One because it allows the Council to be compliant with DIA requirements and also allows proper engagement with the community at a quieter time.

Linkage to Strategic Plan Priorities

29. The recommendations in this report align with the Council’s Vision to provide an environment that allows people to enjoy the lifestyle and culture of their choice.

Consultation (External)

30. This proposal to delay the review of the policies was developed in consultation with Gambling Team at DIA and has been reviewed by the Senior Management Team.

Financial Considerations

31. There is no financial consideration if the proposal to roll over the policies is approved.

Risks

32. As discussed in paragraph 27, there is a risk of consultation-fatigue if the review and special consultative procedure is undertaken in the first half of 2025.
33. By electing not to approve a roll-over, and also not undertaking a review, the Gore District Council would be in violation of legislation requiring local authorities to have current policies.

Significance and Engagement Policy

Significance

34. Staff have considered the key considerations under the Significance and Engagement Policy and have assessed that the recommendation in this report is of low significance for the community.

Engagement

35. Given the level of significance, no specific external consultation or engagement is required.

Attachments

Attachment One - Gore District Council Class 4 Gambling Policy

Attachment Two – Gore District Council TAB Venue Policy

GORE DISTRICT COUNCIL CLASS 4 GAMBLING POLICY 2021



1. OBJECTIVES OF THE POLICY

- I. To assist in limiting the harm of problem gambling in the community.
- II. To encourage responsible gambling practices and attitudes in Class 4 Gambling Venues.
- III. To reduce the number of electronic gaming machines in the community.

2. CLASS 4 GAMING

- (a) The Gore District Council will not grant consent under section 98 of the Gambling Act 2003 to allow any increase in class 4 gaming venues or class 4 machine numbers except in the circumstances set out below.
- (b) The Gore District Council will grant a consent where two or more corporate societies are merging and require Ministerial approval to operate up to the statutory limit in accordance with section 95 (4) of the Gambling Act 2003. The total number of machines that may operate at the venue must not exceed nine machines.
- (c) For the avoidance of doubt except for the circumstances described in 2 (b), or damage caused to an existing premises through an event such as flood, earthquake or fire, a transfer to a new venue by the same or different licensee, will not be approved.

Applications

Applications for consent to the Gore District Council must be made on the approved form and must provide:

- Name and contact details for the application;
- Street address of premises proposed for the Class 4 licence;
- The names of management staff;
- Evidence of police approval for owners and Managers of the venue;
- A 12 month business plan or budget for the establishment, covering both gambling and other activities proposed for the venue, including details of each floor of the venue; and
- Details of alcohol licence(s) applying to the premises.

Application fees

These will be set by the Gore District Council from time to time, and shall include consideration of the following:

- i. The cost of processing the application, including any consultation and hearings involved;
- ii. The cost of triennially reviewing the Class 4 Gambling Venue and TAB Venue Policy;
- iii. The cost of inspecting Class 4 gambling venues on a regular basis to ensure compliance with consent or license conditions; and
- iv. A contribution towards the cost of gambling in the Gore District

Monitoring and review

The Council will monitor the social and economic impact of gambling on the district's community during the life of the policy. The Council may amend this policy as a result of the findings of any economic and social impact of gaming on the community.

As part of its monitoring, the Council will seek support from licence holders to adopt the Best Practice Code of Conduct attached as appendix 1 to this policy. Licence holders will be invited to submit to the Council evidence of actions taken to comply with this code as part of the monitoring and review process.

If the Council amends or replaces this policy it shall do so in accordance with the special consultative procedure of the Local Government Act 2002. The Council will carry out a review of this policy at a minimum of every three years in accordance with the Gambling Act 2003.

Reviewed and adopted by the Gore District Council at a meeting held on 10 August 2021 .



**BEST PRACTICE CODE OF CONDUCT
CLASS 4 GAMBLING POLICY**

A Code of Conduct is not within the scope of the Class 4 Gambling and TAB venue policies. Any code is voluntary and will not be assessed as part of venue consent. It is envisaged that as part of the District wide Alcohol Strategy and in line with DIA monitoring practices, such a code could be promoted and implemented to assist gambling venues to demonstrate responsible best practice. The code will however assist the Council in assessing the social impact of its Gambling and TAB Venue policies. The table below sets out relevant criteria and supporting actions that form part of the Code.

Best Practice	Supporting Action
Host responsibility and harm minimisation policy	<p>The applicant has in place a host responsibility and harm minimisation policy.</p> <p>The programme conforms to best practice as set out by national guidelines or standards should these become available.</p>
Staff training programme or activities	<p>The applicant demonstrates that staff and management are familiar with its Host Responsibility and Harm Minimisation policy.</p> <p>The programme provides information on:</p> <ul style="list-style-type: none"> • The potential effects of gambling on customers; • The identification of problem gambling traits; • The processes for approach, intervention and follow up for patrons with suspected problem gambling; • Identification practices for patrons appearing under 25 and actions to be followed; • Systems in place to support self barring; • Recognition of intoxicated patrons and steps to be followed to prevent intoxicated patrons from gambling; and • Systems to be followed if children are left unattended in premises or nearby premises.
Policy on underage access to gambling machines	<p>The venue manager must ensure that appropriate signage is in place indicating age restrictions so that this is visible at every gambling machine and at the point(s) of entry into the gambling area.</p>

	<p>Policy on identification checks for patrons appearing under 25.</p> <p>Staff training on identification of patrons appearing under 25 and actions to be followed.</p>
Provision of problem gambling information	<p>The venue manager must ensure that patrons have access to appropriate information on problem gambling and problem gambling help services.</p> <p>Gambling help line phone number information is placed on or near all gambling machines.</p> <p>Additional material on problem gambling and help services displayed in at least one other area within the premise, situated near to gambling machines.</p>
Clocks are visible in premise	The venue manager ensures that clocks are visible from the other side of the room from gambling machines.
There is good visibility where gambling machines are located	Natural or artificial light illuminates the area where gambling machines are located at all times when machines are in operation.
Self barring of patrons is supported	<p>The venue manager ensures that systems to support self barring and exclusion by patrons are put in place.</p> <p>Staff training on systems to support self barring or exclusion of patrons.</p>
Children are not left unattended while gambling is undertaken	<p>The venue manager will take active steps to prevent parents leaving their children unattended without adult supervision, including:</p> <ul style="list-style-type: none"> • Requiring employees to report incidents where a child has been left unattended, either inside the premise or immediately outside the premise; and • Where a child has been left unattended, the licensee will take steps to locate an adult responsible for the child. If this attempt is unsuccessful, the licensee will contact the police.
Intoxicated patrons are prevented from gambling	<p>Staff training on identification of intoxicated patrons and actions to be followed if intoxicated patrons attempt to gamble.</p> <p>The venue manager takes practicable steps to ensure that no person who appears to be intoxicated is allowed to gamble.</p>

Host Responsibility and Harm Minimisation – Distribution of Gambling Profits

Corporate societies are encouraged to demonstrate best practice by providing information to the Council and the community on how they distribute the proceeds from their gambling machines.

The Code of Conduct would require corporate societies to provide information on the distribution of gambling profits to community groups by giving public notice at least annually in a newspaper circulated in the district free of charge, of funds allocation and providing a copy of this to the Gore

District Council. Where possible, societies are encouraged to provide information that is specific to the Gore District, and provide data on separate venues within the District. This information may be displayed on the Gore District Council website.

Information about the Trust or body responsible for the distribution of gambling profits should also be made available to the public and to the Gore District Council and should include:

- Contact details (address, phone numbers, electronic contact (if available)); and
- Names of trustees.

GORE DISTRICT COUNCIL TAB VENUE POLICY 2021



Objectives of the policy

- To ensure the Council and the community has influence over the provision of new gambling in the district.
- To allow those who wish to participate in totalisator (TAB) gambling to do so within the district.
- To review the type and number of TAB venues being established in the district from time to time and assess any social effects arising from this activity.

Where TAB venues may be established

TAB venues may be established in the district subject to the Gore District Council Plan, and meeting the following criteria:

- Not being located within 100 metres of any playground, kindergarten, early childhood centre, school or place of worship;
- Not being located within 100 metres of an automatic teller machine;
- Operators supplying adequate evidence that measures will be in place to ensure that people under the age of 18 years cannot access gambling facilities.

Applications

Applications for consent to the Gore District Council must be made on the approved form and must provide:

- Name and address details for the application;
- Street address of premises proposed for the TAB venue;
- The names of management staff;
- A site plan covering both gambling and other activities proposed for the new venue, including details of each floor of the venue. This site plan must clearly show where the TAB stands are to be located on the premises.

Application fees

These will be set by the Gore District Council from time to time and shall include consideration of:

- The cost of processing the application, including any consultation and hearings involved;
- The cost of triennially reviewing the TAB venue policy;
- The contribution towards the cost of triennial assessments of the economic and social impact of gambling in the Gore district.

Monitoring and review

The Council will monitor the social and economic impact of gambling on the district's community during the life of the policy. The Council may amend this policy as a result of the findings of any economic and social impact of gaming on the community.

As part of its monitoring the Council will seek support from licence holders to adopt the Best Practice Code of Conduct attached as appendix 1 to this policy. Licence holders will be invited to submit to the Council evidence of actions taken to comply with this code as part of the monitoring and review process.

If the Council amends or replaces this policy it shall do so in accordance with the special consultative procedure of the Local Government Act 2002. The Council will carry out a review of this policy at a minimum of every three years in accordance with the Racing Act 2003.

Adopted by the Gore District Council at a meeting held on 10 August 2021.

**TAB VENUE POLICY
BEST PRACTICE CODE OF CONDUCT**

A Code of Conduct is not within the scope of the Class 4 Gambling and TAB venue policies. Any code is voluntary and will not be assessed as part of venue consent. It is envisaged that as part of the District wide Alcohol Strategy and in line with DIA monitoring practices, such a code could be promoted and implemented to assist gambling venues to demonstrate responsible best practice. The code will however assist the Council in assessing the social impact of its Gambling and TAB Venue policies. The table below sets out relevant criteria and supporting actions that form part of the Code.

Best practice	Supporting action
Host responsibility and harm minimisation policy	The applicant has in place a host responsibility and harm minimisation policy. The programme conforms to best practice as set out by national guidelines or standards should these become available.
Staff training programme or activities	The applicant demonstrates that staff and management are familiar with its Host Responsibility and Harm Minimisation policy. The programme provides information on: <ul style="list-style-type: none"> • The potential effects of gambling on customers; • The identification of problem gambling traits; • The processes for approach, intervention and follow up for patrons with suspected problem gambling; • Identification practices for patrons appearing under 25 and actions to be followed; • Systems in place to support self barring; • Recognition of intoxicated patrons and steps to be followed to prevent intoxicated patrons from gambling; and • Systems to be followed if children are left unattended in premises or nearby premises.
Policy on underage access to gambling machines	The venue manager must ensure that appropriate signage is in place indicating age restrictions so that this is visible at every gambling machine and at the point(s) of entry into the gambling area. Policy on identification checks for patrons appearing under 25.

	Staff training on identification of patrons appearing under 25 and actions to be followed.
Provision of problem gambling information	The venue manager must ensure that patrons have access to appropriate information on problem gambling and problem gambling help services. Gambling help line phone number information is placed on or near all gambling machines. Additional material on problem gambling and help services displayed in at least one other area within the premise, situated near to gambling machines.
Clocks are visible in premise	The venue manager ensures that clocks are visible from gambling machines.
There is good visibility where gambling machines are located	Natural or artificial light illuminates the area where gambling machines are located at all times when machines are in operation.
Self barring of patrons is supported	The venue manager ensures that systems to support self barring and exclusion by patrons are put in place. Staff training on systems to support self barring or exclusion of patrons.
Children are not left unattended while gambling is undertaken	The venue manager will take active steps to prevent parents leaving their children unattended without adult supervision, including: <ul style="list-style-type: none"> • Requiring employees to report incidents where a child have been left unattended, either inside the premise or immediately outside the premise; and • Where a child has been left unattended, the licensee will take steps to locate an adult responsible for the child. If this attempt is unsuccessful, the licensee will contact the police.
Intoxicated patrons are prevented from gambling	Staff training on identification of intoxicated patrons and actions to be followed to if intoxicated patrons attempt to gamble. The venue manager takes practicable steps to ensure that no person who appears to be intoxicated is allowed to gamble.

Host responsibility and harm minimisation – distribution of gambling profits

Corporate societies are encouraged to demonstrate best practice by providing information to the Council and the community on how they distribute the proceeds from their gambling machines.

The Code of Conduct would require corporate societies to provide information on the distribution of gambling profits to community groups by giving public notice at least annually in a newspaper circulated in the district free of charge, of funds allocation and providing a copy of this to the Gore District Council. Where possible, societies are encouraged to provide

information that is specific to the Gore District, and provide data on separate venues within the District. This information may be displayed on the Gore District Council website.

Information about the Trust or body responsible for the distribution of gambling profits should also be made available to the public and to the Gore District Council and should include:

- Contact details (address, phone numbers, electronic contact (if available)); and
- Names of trustees.

6.2 Proposal to adopt an Unreasonable Complainant Conduct policy

Report to:	Audit and Risk Committee
Meeting date:	Tuesday, 11 February 2025
Author:	Leon Mitchell
Author title:	Strategy and Policy Advisor
General Manager lead:	General Manager Corporate Support
Report date:	Friday, 31 January 2025
Confidentiality:	Public

Purpose

1. To inform the Audit and Risk Committee of the need for a consistent approach for managing any Council staff interactions with customers who have higher demands on council resources, or whose actions present a physical or emotional risk to council staff.
2. To seek the Audit and Risk Committee's recommendation for this proposed policy to be adopted by the Council [refer attachment one].

Recommendation

3. That the Audit and Risk Committee:
 - a) receives and notes the proposal to adopt an Unreasonable Complainant Conduct policy;
 - b) approve the Chief Executive to make any amendments to the policy, as suggested by the Audit and Risk Committee, prior to it going to the Council; and
 - c) recommends to the Council:
 - i. the adoption of the Unreasonable Complainant Conduct policy.

Executive Summary

4. Recently, there have been a number of instances that could cause physical or emotional harm, ranging from threats of violence towards staff, down to repeated and increasingly hostile emails and social media interactions that can be interpreted as cyber stalking or cyber bullying.
5. These are examples of behaviour of customers towards Council staff which have become unreasonable, vexatious, or abusive; and can have a disproportionate and unreasonable impact on our staff, services, time or resources.
6. In each of these scenarios, staff are navigating their response to it on a case-by-case basis, typically only escalating incidents that are perceived as being in the high-risk category.
7. The Council needs a clear policy outlining how it will take action to manage any conduct that negatively and unreasonably impacts on the organisation, its staff or ability to allocate resources fairly across all the complaints it receives.

8. The attached proposed policy is for consideration and recommendation for the Council's adoption. The policy is based on the best practice developed by the Ombudsman, and the Auckland Council's Unreasonable Complainant Conduct policy.
9. The proposed policy does not include elected members. Councillors should consider if, and how, they want to be included in the proposed policy; or if the existing Councillor Code of Conduct is sufficient for their needs.
10. Staff consider the proposal to adopt an Unreasonable Complainant Conduct policy has low community significance and that the recommendations comply with the Council's legal requirements.
11. The Chief Executive recommends that the Council approves the implementation of a formal Unreasonable Complainant Conduct policy to cover off legal and health and safety risks to staff and customers, as detailed in paragraph 19 below.

Context

12. The Council frequently receives complaints and Local Government Official Information and Meeting Act (LGOIMA) requests. The vast majority of complaints or information requests are addressed satisfactorily.
13. There are a very small minority of complainants who make numerous complaints and regularly seek information requests. At times, this conduct places stress and strain on Council resources. Where this occurs, the complainants conduct goes beyond being reasonable, to being unreasonable. The Council's existing process for managing everyday customer complaints is not appropriate for managing unreasonable customer behaviour.
14. A formalised process to manage unreasonable complainant conduct is in line with best practice guidance produced by the Office of the Ombudsman in New Zealand and Australia. This position also aligns with a legal opinion obtained by Auckland Council in 2013 that the Council is not only empowered to adopt such a policy but, given the seriousness of the issue, is obligated to do so.

Discussion

15. The proposed policy is intended as a guide for Council staff when they are faced with customers showing unreasonable conduct. It outlines the grounds under which the Gore District Council can cease, reduce or otherwise manage engagement with customers who have exhibited unreasonable conduct.
16. Unreasonable conduct, as defined in the policy, can be divided into five categories:
 - unreasonable persistence
 - unreasonable demands
 - unreasonable lack of cooperation
 - unreasonable arguments
 - unreasonable behaviours.
17. For each category there may be a different consideration given to how to manage that behaviour, which may range from education on modifying behaviour through to limiting engagement with the customer for a period of time.

18. The policy also includes procedures to ensure fairness in decision making, communicating the decision to the customer, and keeping records of that decision.
19. Under the Health and Safety at Work Act 2015, the Council is organisationally responsible for the health and safety of its staff, and this includes protecting them from both physical and emotional harm as a result of harassment and abuse in the workplace.

Options

20. Staff have assessed that there are three reasonable and viable options for the Audit and Risk Committee to consider. The options are:

Option One – status quo

21. This option would see no changes in current processes, and no adoption of the policy. It would mean Council staff continue to manage difficult situations in an ad hoc manner, with high need customers continuously taking up time and resources.
22. This option also increases the risk to the Council and the Chief Executive under the Health and Safety at Work Act 2015, as referenced in paragraph 19.

Option Two – adoption of this policy and the procedures (recommended)

23. This option would see the proposed Unreasonable Complainant Conduct policy adopted by the Council and includes the implementation of procedures to ensure fairness in decision making, communicating the decision to the customer, and keeping records of that decision.
24. The implementation of procedures for decision making and record keeping is a key aspect of this policy, as it provides evidence for defending a decision in the event of an investigation if there is a complaint to the Office of the Ombudsman.

Option Three – adoption of the policy without the procedures

25. This option would see the proposed Unreasonable Complainant Conduct policy adopted by the Council but would not include any procedures for recording the decision or communicating it to the customer.
26. The lack of evidence for defending the decision would therefore place increased risk and burden on council staff in the event of a complaint and investigation.
27. Staff recommend Option Two because it mitigates both the health and safety risk and the risk of an indefensible decision.

Linkage to Strategic Plan Priorities

28. The recommendations in this report align with the Council's Vision to provide an environment that allows people to enjoy the lifestyle and culture of their choice.
29. The proposed policy strongly links to the Council's Community Outcomes of living in a compassionate, caring community in which we value and respect our environment - which in this instance includes council staff as members of the community.

Consultation (Internal)

30. This draft policy has been developed in collaboration with the communications team and the health and safety advisor and has been reviewed by the Senior Management Team.

Financial Considerations

31. The adoption of this policy is cost neutral, dependant on having internal capability to produce any organisation wide communication and training required to ensure all staff are aware of the policy and the expectations to report and escalate all instances of unreasonable behaviours.
32. Any costs associated with increased education and reporting compliance are likely to be lower than the current situation of costs associated with having multiple engagements and escalations taking time and resources from several staff including the Chief Executive.

Risks

33. As discussed in paragraph 19, the Chief Executive is ultimately responsible under the Health and Safety at Work Act 2015 for the health and safety of Council staff.
34. The Chief Executive has recently introduced access to the Vitae Employee Assistance Programme for all Council staff.
35. By not having a robust policy to enable staff to deal with high needs customers, the risk is that staff may suffer physical or emotional harm as a result of a known potential event where the organisation is aware and has not undertaken adequate measures.

Significance and Engagement Policy

Significance

36. Staff have considered the key considerations under the Significance and Engagement Policy and have assessed that the recommendations in this report are generally of low significance for the community. The proposed policy is largely an operational policy, acting as a guide for council staff in their interactions with the community. The only time the policy presents an increased level of significance is when it triggers a restriction on the engagement of an individual under the criteria as contained in the policy.

Engagement

37. Given the level of significance, it is recommended that no specific external consultation or engagement is required.

References

- [Health and Safety at Work Act 2015](#)
- Gore District Council, [Councillor Code of Conduct](#), 2022
- Auckland Council, [Unreasonable Complainant Conduct Policy](#), November 2021
- Office of the Ombudsman, [Managing unreasonable complainant conduct: A manual for frontline staff, supervisors and senior managers](#), October 2012

Attachment

Draft Gore District Council Unreasonable Complainant Conduct policy.

UNREASONABLE COMPLAINANT CONDUCT POLICY



Document Type	Operational Policy
Adopted By	Full Council
Date Adopted	TBC
Date Effective	TBC
Responsible Department	Corporate Support
Responsible Officer	GM Corporate Support
To be reviewed	Every 3 years

1. Introduction

- 1.1. The Gore District Council is committed to being accessible and responsive to all customers seeking assistance, lodging a complaint, or requesting information or a service. At the same time the success of our operation depends on:
 - our ability to do our work and perform our functions in the most effective and efficient ways possible
 - the health, safety, wellbeing, and security of our staff
 - our ability to allocate our resources fairly across all customers we serve.
- 1.2. In a very small number of cases, the behaviour of customers can become unreasonable, vexatious, or abusive and can have a disproportionate and unreasonable impact on our staff, services, time or resources. When this happens, the Gore District Council will take action to manage any conduct that negatively and unreasonably impacts on the organisation, its staff or ability to allocate resources fairly across all the complaints we receive.
- 1.3. In some cases, the customer is not making a complaint, but seeking information, action, cessation of action, or redress. In these cases, the customer behaviour should also be considered using this policy to assess whether the conduct breaches the threshold of reasonable behaviour. This policy will refer to both unreasonable customer behaviour, and unreasonable complainant conduct interchangeably.
- 1.4. This policy does not apply to elected representatives' management of unreasonable customer behaviour – this is covered by the Gore District Council's [Councillor Code of Conduct](#).
- 1.5. Whether this policy or the outcomes of this policy apply to contractors undertaking work on behalf of the Gore District Council will be case specific for each contractor and their contract with Gore District Council.

2. Purpose

- 2.1. The purpose of this policy is to:
 - assist all staff members to better manage unreasonable customer behaviour
 - define unreasonable customer behaviour
 - explain the types of behaviour we might consider unreasonable customer behaviour
 - outline other resolution strategies to be used in conjunction with this policy
 - provide an overview of the procedural fairness components required to provide a robust and just process
 - ensure the Gore District Council supports and protects staff dealing with unreasonable behaviour
 - outline other resources relevant to this policy.

3. What is unreasonable customer behaviour

- 3.1. Most customers who contact us act reasonably and responsibly, even if they are experiencing distress, frustration or anger about their complaint or concern. However, in a very small number of cases some customers behave in ways that are inappropriate and unacceptable.
- 3.2. These customers can continuously contact us with unnecessary or excessive phone calls and emails, make inappropriate demands about our time and resources, or refuse to accept our decisions and recommendations in relation to their complaints or concerns. When customers behave in these ways, we consider their conduct to be 'unreasonable'.
- 3.3. On some occasions, customers can be aggressive and verbally abusive towards our staff or threaten harm or violence. For this policy, such conduct is referred to as 'unreasonable', and Gore District Council has a zero-tolerance approach towards any violence, harm or threat, and this kind of behaviour is considered unacceptable.
- 3.4. Unreasonable complainant conduct is any behaviour that [because of its nature or frequency] impacts health, safety, wellbeing, resource or equity for our organisation, staff, service users or customers [including the complainant].
- 3.5. Unreasonable complainant conduct can happen anywhere. It is not limited to telephone communications or face-to-face interactions with complainants. It can occur over the internet or on social networking websites, in a public location or in written correspondence. If the complainant's conduct is unacceptable and arises during, or as a direct result of, professional work/services provided by Gore District Council or its staff, it can legitimately be characterised as unreasonable complainant conduct.
- 3.6. Unreasonable conduct can be divided into five categories:
 - unreasonable persistence
 - unreasonable demands
 - unreasonable lack of cooperation
 - unreasonable arguments
 - unreasonable behaviours.

Unreasonable persistence

- 3.7. Unreasonable persistence is continued, incessant and unrelenting conduct by a customer that impacts health, safety, wellbeing, resource or equity for our organisation, staff, service users or customers.
- 3.8. Some examples of unreasonably persistent behaviour include:
 - contacting staff with unreasonably high levels of phone calls, visits, letters, emails, social media posts (including being copied on correspondence or posts)
 - persistently requesting a review without presenting any new and compelling reasons for review
 - refusing to accept further action cannot or will not be taken on their complaint or concern, after a final decision has been made
 - reframing a complaint to get it taken up again
 - persistently sending copies of information that has been sent already or that is irrelevant

to the complaint or concern

- contacting different people within our organisation or externally to get a different outcome or more sympathetic response to their complaint or concern
- an unwillingness or inability to accept reasonable explanations, including final decisions that have been comprehensively considered and communicated
- using the complaints process to raise new trivial complaints to reopen the original issue or prevent the work needed to implement a decision
- repeatedly changing the substance of a complaint or raising unrelated concerns
- logging repeated requests for action which require investigation, to provide evidence to warrant the Gore District Council to reconsider an original decision
- high frequency of communication which impedes the Gore District Council from pursuing a legitimate aim or implementing a legitimate decision.

3.9. We consider access to the Gore District Council services and processes to be important but sometimes such repeated use may be considered unreasonable and result in an abuse of the Gore District Council services and processes. In such cases consideration will be given to restricting access on a case-by-case basis.

3.10. For example, the Gore District Council will not continue to respond to complaints that have proven over time to be unsubstantiated, such as repeated noise complaints relating to the same or similar noise where previous investigations have demonstrated it does not breach permissible noise levels.

Unreasonable demands

3.11. Unreasonable demands are any demands (express or implied), made by a customer, that impacts health, safety, wellbeing, resource or equity for our organisation, staff, service users or customers.

3.12. Some examples of unreasonable demands include:

- repeatedly demanding responses within an unreasonable timeframe
- insisting on seeing or speaking to a particular member of staff or elected representative when that is not possible, appropriate, or warranted
- insisting on the issue being progressed or determined outside of the normal framework for progressing such requests
- repeatedly changing the substance of a complaint or raising unrelated concerns and demanding that these are considered and investigated through the original process
- issuing instructions and making demands about how we have handled or should handle their complaint, the priority it was given or should be given, or the outcome that was or should be achieved
- insisting on outcomes that are not possible or appropriate in the circumstances, such as calling for someone to be sacked or prosecuted, an apology or compensation when there is no reasonable basis for expecting this
- demanding services that are of a nature or scale that we cannot provide.

3.13. Unreasonable demands consume an excessive amount of staff time which can disadvantage other customers and can prevent the complaint or concern from being dealt with in a reasonable timeframe.

Unreasonable lack of cooperation

3.14. Unreasonable lack of cooperation is the lack of willingness or ability of a customer to cooperate with our organisation, staff and processes which impacts on health, safety, wellbeing, resource or equity for our organisation, staff, service users or customers.

3.15. Some examples of unreasonable lack of cooperation include:

- providing little or no detail with a complaint or presenting information in a sporadic, nonsensical, or disorganised manner
- providing us with no further information, evidence or comments where it is requested to progress the issue
- refusing to help us by summarising their concerns or completing necessary documentation for us
- sending incomprehensible or disorganised information without clearly defining any issues of complaint or explaining how they relate to the core issues being complained about
- refusing to follow or accept our instructions, requirements, processes, or advice, without a clear and justifiable reason for doing so
- withholding information, only providing partial information, acting dishonestly, misrepresenting facts or misquoting others.

3.16. We will always seek to assist someone if they have a specific, genuine difficulty complying with a request in line with the Gore District Council's obligations. However, we consider it to be unreasonable to bring a complaint or issue to us and then not respond or cooperate with our reasonable requests to progress the complaint or issue.

Unreasonable arguments

3.17. Unreasonable arguments include any arguments that are incomprehensible, false or inflammatory, that impacts on health, safety, wellbeing, resource or equity for our organisation, staff, service users or customers.

3.18. Some examples of unreasonable arguments are when they:

- insist on the importance of an issue which is not supported by evidence
- make allegations using unsupported or irrelevant information
- refuse to accept other valid contrary arguments
- make allegations of bullying or victimisation which are not substantiated by evidence
- attempt to undermine staff, for example by challenging professionalism or making unnecessary personal comments or demanding personal details about staff carrying out their roles, such as qualifications, work experience, authority to act, to alter a decision or outcome
- are false, irrational, inflammatory, defamatory, or nonsensical.

Unreasonable behaviour

3.19. Unreasonable behaviour is conduct that is unacceptable in all circumstances – regardless of how stressed, angry or frustrated a customer is – because it compromises the health, safety, wellbeing and/or security of our staff, other service users or customers.

3.20. Some examples of behaviour which is unacceptable include:

- physical violence

- threats, whether:
 - direct or indirect threats of harm to others, including staff or other customers (such as a direct threat of violence)
 - direct or indirect threats of harm to self
 - threats with a weapon or threats to damage property, including bomb threats
 - threatening or intimidating posture or body language
 - stalking (in person or online)
 - harassment or intimidation
 - abusive, degrading, and insulting language (including any derogatory, discriminatory, or defamatory remarks)
 - repeated use of inappropriate tone, volume, and language
 - rude, confronting, or aggressive communication.
- 3.21. The Gore District Council has a zero-tolerance approach towards any violence, harm or threats. Any conduct of this kind will be dealt with in accordance with our duty of care and occupational health and safety responsibilities, and where appropriate, may result in the involvement of the Police and Courts, or other agencies. In addition, the unreasonable behaviour may be considered under this policy.

4. Managing unreasonable customer behaviour

Informal behavioural modification management strategies

- 4.1. Where a customer's conduct exhibits any of the unreasonable behaviours outlined in this policy, or there are wellbeing concerns arising from having to deal with the conduct, the Gore District Council may try to minimise the impact of the conduct by first applying some informal behaviour management strategies.
- 4.2. This type of informal behaviour management is not a restriction under this policy, as the purpose is to enable the Gore District Council to work with the customer to achieve a timely and effective resolution of their issue. Such informal behaviour management strategies are intended to intervene to better manage and prevent potential cases of unreasonable conduct and reduce the impact of potentially unreasonable behaviour on staff.
- 4.3. Informal behaviour management strategies include:
- customers may be asked to moderate their language, tone, or frequency of their interactions with the Gore District Council
 - customers may be asked to engage only with a nominated single point of contact who will work with the customer until a solution can be reached. The purpose of this strategy is to assist a customer and staff by providing a nominated person within the Gore District Council to help both parties work towards a resolution.
- 4.4. Examples of behaviours which may lead to the use of these strategies include:
- a high volume, or inappropriate tone of communications in relation to a particular issue
 - repeated unsubstantiated complaints

- breakdown of relationship(s) with operational staff
 - escalation of a complaint to senior managers due to lack of resolution through standard operational procedures. Informal behaviour management strategies may also be a precursor to a decision being made to apply formal restrictions under this policy.
- 4.5. Informal behaviour management is not mandatory and requires the collaboration of both customer and the Gore District Council staff. Should the informal management break down, not be accepted by the customer, fail to achieve a resolution due to the customer's behaviour, or if the unreasonable behaviour continues, assessment of whether to apply formal restrictions under the policy will be initiated.
- 4.6. In some cases, a customer's behaviour will cross a threshold requiring immediate assessment for whether restrictions should be applied under this policy.

Other strategies

- 4.7. A variety of other strategies can also be used to minimise the impact of the behaviour, or to encourage the customer to behave in a reasonable way. This will depend on the individual customer, context of their issue and behaviour encountered, and will be at the discretion of the Gore District Council.
- 4.8. Other strategies could include:
- using alternative legal mechanisms where appropriate to restrict a customer's access to our services and/or our premises, such as trespass
 - advising the customer to contact an appropriate external agency
 - reporting the behaviour to an appropriate external agency, such as the Police or health services
 - referring the customer to an external review agency, such as the Environment Court or the [New Zealand Ombudsman](#).

Application of restrictions

- 4.9. If the steps taken to work with a customer do not achieve a resolution, and the customer behaviour continues to have unreasonable impacts, or if the behaviour is sufficiently serious, measures may be introduced to manage or minimise the impact of the behaviour.
- 4.10. These management measures are called "restrictions" for the purposes of this Policy and may include imposing restrictions or modifications on a customer's access to our services or taking a coordinated or managed approach to an individual.
- 4.11. The following considerations apply in deciding how or what restrictions to apply:
- the restrictions will be tailored to deal with individual circumstances (that is, be proportionate to the complainant's personal circumstances, level of competency or literacy skills)
 - the restrictions will not be applied in ways that go beyond what is appropriate and necessary to manage a customer's conduct (that is, the least restrictive and proportionate for the context)
 - the focus will be on managing the impact of the behaviour rather than punishing the complainant. The protection of the health and safety of our staff and service users or customers (including the complainant), as well as ensuring equity and fairness in the distribution of our resources are key considerations for proposed modifications or

restrictions

- recognition that more than one strategy may need to be used in individual cases to ensure their appropriateness and efficacy.

Types of restrictions

- 4.12. Unreasonable behaviour will generally be managed by modifying the ways that we interact with or deliver services to customers to minimise the impacts and risks posed by their conduct.
- 4.13. Some examples of types of restrictions which may be imposed are outlined below. The list is not exhaustive, and a combination of several restrictions may be appropriate to manage the impact of the behaviour most effectively.
- **Who** a complainant can make contact with within the Gore District Council. Including limiting contact to a single appointed contact person in our organisation
 - **What** [the subject matter] we will respond to. Including restricting the subject matter that we will consider and respond to
 - **When** a customer can make contact with us. Including placing limits on the number of times a customer can contact us or limiting the customer's contact with us to a particular time, day, or length of time
 - **Where** a customer can interact with us. Including limiting the locations where contact occurs, whether we will interact face-to-face, on the Gore District Council premises or in a neutral location
 - **How** a customer can contact us. Including limiting or modifying the channels of contact that the complainant can have with us. This can include requiring 'writing only' contact; or restricting access to direct staff emails and only allowing access through one of the Gore District Council's general email accounts; prohibiting access to our premises; or contact through a representative only. It may also include blocking (temporarily or permanently) access to post on the Gore District Council's social media accounts.

Gore District Council's relationship with the customer while restrictions are in place

- 4.14. The Gore District Council acknowledges that our relationship to the customer will continue for the provision of infrastructure and services as provided to all ratepayers.
- 4.15. While restrictions are in place for a customer, the Gore District Council will not ignore new interactions, service requests or complaints; however, how or if it responds to the customer will differ.
- 4.16. For example, a customer currently has restrictions in place specifying how often they can contact the Gore District Council and the subject matter they can raise in their contact. If they contact The Gore District Council with a new interaction, we may respond in a number of ways:
- the Gore District Council will adopt standard business rules for the interaction if the customer demonstrates reasonable behaviour; the contact is within the parameters of the restrictions (i.e. frequency); and the issue raised in the new contact is outside of the scope of the specific restrictions (i.e. they are not re-raising restricted subjects)
 - the Gore District Council reserves the discretion not to respond if the customer continues to demonstrate unreasonable behaviour (for example: continuing abusive behaviour or continuing to send incomprehensible information)
 - the Gore District Council reserves the discretion not to respond if the customer

contravenes the restrictions (i.e. contacts too frequently or re-raises restricted subjects)

- 4.17. Any new interaction which exhibits zero-tolerance behaviour, namely violence, harm or threats, will be dealt with in accordance with our duty of care and occupational health and safety responsibilities, and where appropriate, by involving the Police and/or Courts.

5. Procedural fairness

Before restrictions can be put in place

- 5.1. Applications must state: In most circumstances, before restrictions can be put in place the Gore District Council must ensure that:
- any underlying complaint or issue giving rise to the unreasonable behaviour has been dealt with properly and fairly and in line with the relevant procedures and/or statutory guidelines to the extent possible, a final summary response has been provided
 - the customer has been given an opportunity to engage with the Gore District Council in a reasonable manner by clearly communicating to the customer:
 - the specific behaviour that is of concern;
 - what changes to behaviour are expected; and
 - an indication of the consequences should the ongoing behaviour continue
 - the customer is given an appropriate length of time to demonstrate a behaviour change before the Gore District Council considers whether to apply this policy. We note that what constitutes an appropriate length of time will depend on the circumstances and the seriousness of the unreasonable behaviour at issue.
- 5.2. The exception to the above is in circumstances where the behaviour and the impact on the Gore District Council and staff is sufficiently serious to warrant the immediate application of restrictions. For example, where a customer has behaved violently or engaged in threats of violence towards staff or facilities of Gore District Council, restrictions may be put in place immediately to ensure that staff and other Gore District Council customers are kept safe.
- 5.3. In circumstances where the restrictions are put in place immediately, the customer will be notified of the restrictions, provided with the opportunity to comment and a review of the restrictions will take place once the customer's comments are received to ensure the reasonableness of the original restriction decision.

Fairness to customer

- 5.4. At all times Gore District Council must treat the customer fairly and should demonstrate the following at all stages of applying this policy:
- impartiality and open-mindedness
 - transparency
 - evidence based decision making.

Notifying the customer of the decision to impose restrictions

- 5.5. Where a restriction is to be put in place, the Gore District Council will take reasonable steps to identify the customer and confirm their contact details.
- 5.6. The customer must be formally notified of the decision to impose restrictions indicating:

- what restrictions have been put in place
 - why the restrictions have been put in place (what the behaviour was and why it was considered unreasonable). This may include, where appropriate, a summary or copies of the evidence of unreasonable behaviour
 - how the restrictions will impact them and their future interactions with the Gore District Council while the restrictions are in place
 - how long the restrictions will be in place
 - what will happen if they contravene the restrictions
 - what right of appeal is available
 - details of the review process.
- 5.7. Relevant staff throughout the Gore District Council should be notified about the restrictions to enable a coordinated approach.
- 5.8. Where the veracity of the customer's identity is unable to be confirmed the Gore District Council reserves the right to take alternative steps such as blocking emails or social media access, or if appropriate referral to Police, without advising the customer.

Right of appeal

- 5.9. The decision to implement formal restrictions under this policy is final and there is no internal right of appeal available. The process for implementing formal restrictions is rigorous and contains a review which is then signed off with a decision by the Chief Executive or their delegate.
- 5.10. We will advise the customer that if they are dissatisfied with the process or decision, they may seek an external review from the New Zealand Ombudsman. The Ombudsman may investigate the decision to ensure that we have acted reasonably and observed the principles of good administrative practice, including procedural fairness. The restrictions are not permanent and will be periodically reviewed. The details of this review are set out below

Periodic reviews of the restriction

- 5.11. When any restrictions are put in place, a review date will be set. A review should be completed no later than 12 months from the date the restrictions are put in place. This will be based on the circumstances of the case and the severity of the situation.
- 5.12. The status of a customer's restrictions will be reviewed by a senior manager on or before the review date.
- 5.13. If the customer is invited to participate in the review process, this will be in writing only. The customer will not be invited to participate in the review process if it is likely that the invitation will provoke further unreasonable behaviour.
- 5.14. If the outcome of the review is that the restrictions will continue, the Gore District Council will write to the customer to inform them of the details of the restrictions. Where the senior manager decides the restrictions should continue due to the continuance of unreasonable behaviour consistent with this policy, the customer will be provided with the reasons for the decision and the length of restrictions.

When restrictions end

- 5.15. Once restrictions have ended, the expectation is that customers will behave reasonably. The Gore District Council will exercise its discretion in how to support or manage customers whose restrictions have ended.
- 5.16. We recognise the need to balance fairness to the customer with protecting our staff and minimising

exposure to ongoing unreasonable customer behaviour and we will endeavour to act in a manner proportionate to the unreasonable behaviour and degree of risk to the organisation.

- 5.17. If we encounter new instances of unreasonable behaviour in the six months following the ending of restrictions, the Gore District Council must advise the customer of the expected behaviour change required. If there is no change, Gore District Council can act at their discretion by either renewing the original restrictions or by commencing a fresh decision process.
- 5.18. How the Gore District Council will act will be considered on a case-by-case basis depending on the number of factors including:
- the amount of time passed since restrictions have ended (the longer the period of time which has passed since the restrictions ended, the stronger the case for a fresh process)
 - whether the behaviour is the same or similar to the unreasonable behaviour identified in the original restrictions (the more dissimilar the new unreasonable behaviour is compared to the original behaviour, the stronger the case for a fresh process)
 - the number, volume and frequency of the new unreasonable interactions from the customer since the restrictions have ended
 - the amount and quality of communication with the customer about their behaviour – before, during or after restrictions were put in place or removed
 - what the least restrictive and most proportionate response might be to manage the impact of the unreasonable behaviour in the context
 - the degree of risk to the organisation or staff
 - the availability of relevant, reliable and contemporaneous evidence to support action
 - authorisation by the relevant General Manager, or the Chief Executive.
- 5.19. In all cases, an effort must be made to communicate with the customer and give them the opportunity to engage with us in a reasonable manner. Any decision to renew the restrictions will be explained, along with the reasons for the decision and another date for review set (no longer than twelve months after the date the renewed restrictions are imposed).
- 5.20. If unreasonable behaviour is encountered after more than six months has passed since the original restrictions were removed, a new assessment for whether restrictions should be imposed under this policy will take place. The assessment will consider the current behaviour and may consider the previous behaviour which led to the original restrictions being imposed.

Ombudsman may request copies of our records

- 5.21. The Gore District Council will keep records of all cases where restrictions are applied under this Policy. This data will be made available as required pursuant to the Local Government Official Information and Meetings Act 1987 and the Ombudsmen Act 1975.

Record keeping

- 5.22. It is vital that any decisions made in respect of managing unreasonable behaviour are based on accurate, reliable, and appropriate information. Maintaining good quality records is essential, and a clear audit trail will prove vital in the event that any decisions are challenged, or further information is requested. It is the responsibility of all staff to maintain good customer interaction records in a centralised and accessible location.
- 5.23. A record of any decisions to apply restrictions will be administered by the Governance and Corporate Support Manager and overseen by the Senior Management Team. The record will contain:

- the name and address of each customer who is classified as unreasonable and has active restrictions in place
- what restrictions have been put in place
- when any restrictions were put in place, and the date for review of restrictions.

6. Policy review

6.1. All staff are responsible for forwarding any suggestions they have in relation to this policy to the Governance and Corporate Support Manager, who, along with relevant staff, will review the policy periodically.

- This policy has been developed based on the following external documents:
 - Auckland Council, Unreasonable Complainant Conduct Policy, November 2021
 - Office of the Ombudsman, Managing unreasonable complainant conduct: A manual for frontline staff, supervisors and senior managers, October 2012

7. Commencement of policy

7.1. This policy comes into effect on **TBC** 2025.

This policy was adopted by the Gore District Council at its meeting held on **TBC** 2025.

Debbie Lascelles
 Chief Executive
TBC 2025

Document History and Version Control Table

Version	Action	Approval Date	Approval Authority	Due for Review
1.0	Creation of original document.	TBC 2025	Full Council	2028

8. Guidance and examples

Scripted responses to statements and conduct associated with unreasonable persistence

Statement or conduct	Possible responses
<p>You're not listening to me.</p>	<p>Well [name] I have been listening to you. I've been listening to you for [minutes] now and if you allow me to speak....</p> <p>I'd like to help you, but before I can do that I need to ask you a few questions...</p> <p>I can see you're concerned and I'd like to help, but I need to ... first.</p> <p>Let's see what we can do to get things going/get you what you need.</p>
<p>I have more proof/ information. or I still haven't told you about ...</p>	<p>Can you please stop ...? (explain –e.g. sending me emails every day)</p> <p>If/when I need more information I'll let you know. Until then, please stop....</p> <p>I already asked you not to send any more information/emails /... I ask again that you please stop.</p> <p>You have emailed/phoned/met with us about this issue [number of times]. Unfortunately we have nothing new to tell you. When we do we'll let you know right away.</p> <p>Your frequent emails/phone calls/meetings are taking me away from doing other important work relating to your complaint.... Please give me time to get them done because, until I do, I will not have anything new to tell you/I won't be able to read anything new that you sent to me until...</p> <p>I can't deal with your complaint properly while you're sending all of this information. You'll have to decide whether you want to withdraw your complaint while you get your information together, or let us move forward with what I have and the issues we've identified. What's happening now simply isn't working.</p> <p>Because I've already asked you [number of times] to stop... I'll be following this discussion up with a written request that you stop...I'd appreciate it if you'd agree to stop.</p>

Statement or conduct	Possible responses
<p>Suspected or actual internal forum shopping.</p>	<p>Have you been in contact with anyone else in the office about this issue? If yes, find out whom and redirect them as appropriate.</p> <p>If no, get their name (with correct spelling) and check the system anyway. Otherwise, log their personal details and complaint/inquiry information as appropriate.</p> <p>It seems [person] is dealing with your complaint. Because they are more familiar with the details of your complaint, I'll need to forward your phone call to them.</p> <p>It looks like [person] has spoken to you about this. One minute, while I check if they are available to speak to you right now.</p> <p>Our system shows that you've tried to speak with a number of people about this issue. I should remind you that [person] is responsible for handling your complaint. I can get them to call you back if you like? Do you have their phone number?</p> <p>A lot of work goes into allocating complaints to the right officers and making sure that we use our resources in the best way possible. [Name of person] is responsible for handling your complaint and is very capable of doing so.</p> <p>[Name of person] is responsible for handling your complaint and will do so exclusively, unless we think this needs to change. Would you like me to transfer you over to them now?</p>
<p>Be advised that I have notified /cc'd the Ombudsman/Minister/third party.</p>	<p>Our policy is to treat cc'd letters and emails as general information and not as a complaint.</p> <p>We generally don't respond to cc'd letters and emails, unless...</p> <p>If you want your letter/email to be dealt with as a complaint you will need to clearly indicate this and identify the specific issues you want us to look at.</p> <p>For us to deal with your complaint appropriately, we need you to clearly identify the issues you want us to look at and explain how the information you've sent supports each issue.</p> <p>Have you raised this with another organisation?</p> <p>(If yes) It would be useful if you included copies of the correspondence that you've received from them about this issue.</p> <p>It's clear that this has been dealt with by ... organisation(s)/people. Because we haven't found any outstanding issues that we can help you with/it's unlikely we'll get a different outcome for you, we've decided not to pursue this further.</p> <p>It seems your complaint is being handled by more than one organisation right now. We generally wait until other organisations have finished their investigations before we consider taking up a complaint to minimise repetition. Feel free to contact us again once these investigations are finished if you're still unsatisfied. We'll see if it's something we can help you</p>

Statement or conduct	Possible responses
	<p>with then.</p> <p>Note: Care should be taken to avoid situations where a complainant's issue is declined by all relevant organisations, simply because the complainant has admitted to sending it to other organisations. Communication between organisations can be useful so long as it doesn't breach any privacy or confidentiality obligations.</p>
<p>I want this reviewed/ someone else to handle my complaint.</p>	<p>Our office doesn't just provide a review automatically. If you want one, you'll have to put your request in writing and explain why it's needed. We will then consider it and get back to you.</p> <p>Before we can review your complaint, you'll have to write in and explain why and how you think we have made an error either in the way we handled your complaint or in the decision we have made...</p> <p>Simply disagreeing with our decision isn't a reason for us to provide a review/get another officer involved with your complaint. You'll have to make a case for one by ... (explain).</p> <p>I suggest that you take time to re-read the decision that we sent you and carefully consider if we have made an error or if you simply disagree with the decision. Disagreeing with our decision isn't a reason for us to provide a review.</p> <p>We can review your complaint if you wish, but I must warn you that we have a one review policy at this office – this means ... (provide relevant details of policy and what it means for the complainant).</p>
<p>You call that a review? You clearly don't understand what I'm complaining about.</p> <p>or</p> <p>You've made the wrong finding – after a review.</p>	<p>When someone asks for a review their complaint is given to another case officer, usually a more senior officer, who makes a fresh assessment of the case. In your case that officer found... Our office stands by this finding.</p> <p>I appreciate that this issue is very important to you, but we won't be taking any further action on it.</p> <p>Simply disagreeing with our decision isn't a sufficient reason for us to revisit this issue again. We've explained to you in detail (refer to any relevant correspondence here) how and why we made the decision we have. This hasn't changed.</p> <p>You've had an opportunity to have your complaint reviewed under our one review policy and we are satisfied with the outcome of that review. Any other correspondence that you send to us about this issue will be read and filed without acknowledgement, unless we decide that it requires our attention.</p> <p>As we explained to you before, we only review decisions once. Because of this we make sure that all reviews are very thorough. Your complaint was thoroughly considered and unfortunately we do not agree with you on the appropriate outcome.</p> <p>We'll only reconsider a review decision in highly exceptional cases</p>

Statement or conduct	Possible responses
	<p>(explain).</p> <p>To make sure we distribute our resources fairly to everyone who complains to our office we only provide one review. This has been explained to you in the past.</p>
<p>You can't be finished with my complaint. You haven't looked at/considered/answered...</p>	<p>It's unfortunate, but our office is unable to help you with this issue because ... This has already been explained to you in some detail.</p> <p>It seems that you've contacted us before about this issue and were told that.... There is nothing else that our office can do for you about this issue.</p> <p>It seems this issue/a similar issue may have already been brought to our attention. I'll have to look into it and call you back if that's okay?</p> <p>This issue has already been considered by our office. You were sent a letter on ... explaining our position on it with reasons. Unless you have substantial new evidence or information that is likely to affect our decision we won't re-visit it again.</p> <p>I think that the correspondence we've already sent to you about this clearly explains why we are unable to deal with it any further. Unfortunately, I have nothing else to add to this.</p>
<p>It's your fault. How could you let this happen?</p> <p>or</p> <p>You're incompetent. Who can I complain to about you etc?</p> <p>or</p> <p>What are you/your organisation good for anyway?</p>	<p>I can see that you're upset and I'd like to help, but I won't accept you telling me that I am incompetent.</p> <p>I understand that your complaint is important to you and that you are disappointed with the decision that I've made/what I'm telling you. However, making personal attacks against me is not productive. I'll have to end this conversation if this continues.</p> <p>I'll have to end this call if we can't keep to the issues.</p> <p>I'm sorry we weren't able to do what you wanted us to do/had hoped we could do. The fact is (explain the case details) ...</p> <p>I appreciate that you would have liked us to take up your case. The fact is we are impartial investigators, not advocates for complainants. In this case we have decided ...</p> <p>I'm not sure how you want/expect me to respond to this.</p> <p>I appreciate your disappointment/frustration at my decision and why you may ask this question. You may wish to read our annual reports which explain what we have achieved over the years.</p> <p>You can put your concerns in writing and we'll consider them. If we don't think that they raise a substantial issue that requires our attention, your letter will be read and filed without acknowledgement.</p> <p>We won't review the decision that has been made about your complaint because ... However, if you wish you can make a complaint about me and you are free to do so.</p> <p>One thing I should clarify for you now is that we won't be reviewing</p>

Statement or conduct	Possible responses
	<p>our decision about ... because... However if you believe that I/another officer have done something wrong, you are welcome to complain about it. A senior manager would look into your complaint and if it is substantiated will decide on the appropriate course of action to take.</p> <p>I'm sorry you feel that way. My intention was to deal with your complaint impartially. I believe I have done this. If you're unsatisfied with what I've done you can put your complaint in writing and someone else in the office will consider that complaint.</p>
<p>Unproductive/stressful phone call or interview.</p>	<p>I understand that you're unhappy and I've tried to explain to you how I came to make the decision that I have. But I'm unable to spend any more time explaining it to you. Perhaps you want to put any additional concerns you have in writing and we may try to respond to them.</p> <p>I feel that I've given you all the information I can about this and our conversation seems to be unproductive/circular. Because I have other things to attend to, I'll need to end our discussion here. If you still have questions, you can put them in writing and if they require further action by our office we'll let you know.</p> <p>We've been discussing this for ... minutes now and it's clear that we don't agree on this issue. Unfortunately, I can't spend any more time explaining why I've taken the view that I have, but you can put your concerns in writing if you wish. We would then decide on what action, if any, our office will take.</p> <p>I don't think this conversation is productive for either of us now and I'll have to end our call/interview. You have my full reasons in the letter I sent you.</p> <p>I see what you mean, but as I've explained that isn't something that we can help you with.</p> <p>It seems you want me to say something that I can't. I think it will be best to end our discussion here.</p>
<p>Where can I go where my complaint will be taken seriously?</p>	<p>I'm not aware of any other avenues of redress that may be available to you.</p> <p>It seems you've exhausted all avenues I can think of.</p> <p>Outside of the organisations you've already contacted, I can't think of anywhere else for you to take your complaint.</p> <p>I don't want to waste your time by sending you to another organisation that I don't think can help you.</p> <p>I can't think of another organisation that can help you with this.</p> <p>Sometimes there are problems that can't be sorted out by any government organisation.</p>

Statement or conduct	Possible responses
I'm going to the media/ Minister/Ombudsman etc.	<p>You're free to contact anyone that might be able to help you.</p> <p>That's for you to decide.</p> <p>You're free to take your matter to any forum you choose.</p> <p>That option is certainly open to you.</p> <p>It's for you to decide if you want to bring it to the media's attention...</p> <p>I have no opinion about whether you should go to the Minister/the media /... about this. This is really for you to decide.</p> <p>That's certainly your right. We would have hoped that you would be satisfied with this outcome/our decision because.... but, it's really up to you which path you want to take.</p> <p>It's up to you to do what you consider appropriate now.</p> <p>As I said, that's completely up to you. If that's the case, then I guess we don't have anything else to discuss.</p>

Scripted responses to statements and conduct associated with unreasonable behaviours

Statement or conduct	Possible responses
<p>F#\$%! F#\$%*! F#\$%! S@*! – that is part of their normal communication style or a consequence of being distressed.</p>	<p>I want to hear your side of the story. Please stick to the facts to help me understand what happened.</p> <p>I can hear/see that you're upset/angry. However, I'm uncomfortable with you swearing. Please stop swearing.</p> <p>[Mr/Ms/name] I'll try to do what I can to resolve this situation, but can you please avoid using swear words. They are distracting us from ...</p> <p>I'll have to end this conversation if you don't stop using swear words.</p> <p>I've asked you at least [number of times] to stop using swear words. I'm going to end the call here and may have another officer call you back.</p>
<p>Are you people stupid or something? or Shove it up your a**.</p>	<p>I'm willing to help you with ..., provided that you stop... If it continues I'm going to end this conversation. It's up to you, but I need your agreement now before we continue.</p> <p>I'm happy to talk to you about this issue, but not while you're yelling at me/but I won't accept you calling me...</p> <p>I hear that you're upset/angry, which is making it difficult for us to focus on the task at hand. Perhaps I should call you back in 5 minutes? (make sure to call them back as promised)</p> <p>It's quite difficult for us to focus on the issues that we need to when you're [name behaviour]. I'm happy to continue the conversation with you, but you will have to stop [name behaviour]. Otherwise, I'll have to hang up and call you back in 5 minutes.</p> <p>I understand that your complaint is important to you and that you're disappointed with the decision that I've made/what I'm telling you. However, making personal attacks towards me is not productive. I'll have to end this conversation if this continues.</p> <p>I'm sorry we weren't able to do what you wanted us to do/had hoped we could do. The fact is ...</p> <p>Did you call me a [#\$%]? I can't talk to you if you're going to call me that. I'll end this call now and when you feel you're able to speak to me politely/in more moderate language, you can call me back.</p> <p>Note: only repeat the swear word if you feel comfortable repeating them and/or will not escalate the conversation.</p> <p>(After warning) – It seems like you've made your choice, so I'm ending this conversation. If and when you're willing to talk without negative remarks, I'm willing to help. But right now, this conversation is over.</p> <p>I warned you that I would end this call if you continued to speak to me like this. I'm now ending the call.</p> <p>I'm going to hang up now. I invite you to call me back when you're</p>

Statement or conduct	Possible responses
<p>Aggressive behaviour face to face.</p>	<p>ready to use more appropriate language.</p> <p>When you get too close to me, I feel trapped. I'd like you to step back or I'm going to have to ask you to leave.</p> <p>I've said all that I can about this. I'll have to end our interview here to deal with other people who are waiting.</p> <p>I'm happy to talk with you about your complaint, but not while you're swearing at me. I'll have to end this interview if you don't stop.</p> <p>I'm a bit thirsty. Would you like me to get you a drink while I get one for myself? (leave the room and seek assistance, if necessary or just take a short time out).</p> <p>It's clear that you're upset/angry ...</p> <p>It's quite difficult for us to focus on the issues that we need to when you're [state conduct]. I'm happy to continue with the interview so long as you stop...</p> <p>I'm afraid I have to ask you to leave now. If you've any outstanding concerns you can put them in writing.</p> <p>I'm going to leave the room now. You can call me when you're ready to use more appropriate language.</p>
<p>Escalated behaviour in the presence of others.</p>	<p>I'm sure you prefer that your privacy is protected so let's go to the office and we can continue there.</p> <p>That sounds like very personal information you're telling me. This isn't a private place and I think it would be better if we talked about this in the next room.</p> <p>Why don't we go and sit down in ...room where we can discuss this in more detail and I can get my ... file?</p> <p>So what I hear you saying is that you're upset/frustrated/ angry about ... Why don't we go into the next room and you can tell me more about that feeling and we can see what we can do about it?</p> <p>There's a lot of background noise here, perhaps we should go into another room and talk more privately? If the complainant agrees take them to the room. If you think you may need support, you might say: If you'd like to take a seat, I'm sure we can wrap this up quickly. Let me just go and get your file/other object and I will be right back (go and get support).</p>
<p>Threats</p>	<p>When you say...it sounds like you're threatening to.... Is that what you mean?</p> <p>It seems to me you're saying that you're going to do something to hurt me/other person. Is this correct?</p> <p>So what I hear you saying is that you're going to ...?</p> <p>Did you just say you were going to follow me home and hurt me and my family?</p>

Statement or conduct	Possible responses
	<p>If this is what you said, I'll have to report your threat to my supervisor. I may also have to report it to the Police (or refer to relevant part of your organisation's risk management protocol). Go on to report it immediately.</p>
<p>I'm going to come over there and...</p>	<p>It seems to me that you're saying you'll do something to damage our offices. Is this correct?</p> <p>If this is correct, I'll have to report your threat to my supervisor. It may also have to be reported to the Police.</p> <p>So what I hear you saying is that you're going to ...?</p> <p>Did you just say you were going to throw a brick through our door?</p> <p>If this is what you said, I'll have to end this phone call/interview right now and report your threat to my supervisor. We'll also have to call the Police (or refer to relevant part of your organisation's risk management protocol). Go on to report the threat immediately.</p>
<p>I'm not leaving. You'll have to carry me out of here.</p>	<p>I'm not going to force you to leave. It's really up to you what happens next. I'm going to leave and if you want to stay here a little while to think, then that's fine. But if you aren't gone in twenty minutes, we'll have to contact security/the Police to escort you out of the office. It's up to you.</p>
<p>Inappropriate online conduct.</p>	<p>We can't stop you from posting something online. However, you should be aware that if we are alerted to any online content that either defames, harasses, intimidates or threatens any officer at this organisation or the organisation as a whole, then we may take legal action through the Police and/or the courts.</p> <p>I should warn you that our office takes such conduct seriously and will take legal action if necessary.</p> <p>We treat inappropriate online behaviour the same way we do inappropriate behaviour generally. If it requires legal action, then we'll do that.</p>
<p>Recording the interview/phone call.</p>	<p>Are you using a recording device? If you are, you should know that ... legislation/Act requires that you have my permission to record me. I don't consent to you doing this.</p> <p>Are you using a recording device? If you are, I'll have to terminate this 'phone call/interview and will send ... in writing instead. I don't agree to being recorded.</p> <p>You should know that if you are recording me you are violating my rights to privacy and confidentiality...</p> <p>As you are recording this discussion, I'll have to terminate this phone call/interview here. Goodbye.</p>

7. Confidential Business

Section 48, Local Government Official Information and Meetings Act 1987.

Resolution to exclude the public

Cr MacDonell to move that the public be excluded from the following parts of the proceedings of this meeting.

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

General subject of each matter to be considered	Reason for passing this resolution	Ground(s) Under Section 48(1) for the passing of the resolution
<p><i>1. Update on the recommendations made by Deloitte as part of the audit of the Annual Report for the year ended 30 June 2024.</i></p>	<p><i>To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to members or officers or employees of any local authority in the course of their duty (s 7(2)(fi)); and</i></p> <p><i>To maintain the effective conduct of public affairs through the protection of such members, officers, employees, and persons from improper pressure or harassment (s 7(2)(fii)).</i></p> <p><i>To prevent the disclosure or use of official information for improper gain or improper advantage. (s7(2)(j)).</i></p>	<p><i>The public conduct of this part of the meeting would be likely to result in the disclosure of information for which there is good reason for it being withheld. Section 48(1)(a)</i></p>

AND THAT those in attendance be permitted to remain at the meeting.

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.

8. Meeting closed

Council Mission
Ensuring a sustainable environment for future generations
Encouraging participation by the people
Providing efficient quality services and facilities that meet the affordable needs and aspirations of the people