

30 January 2026

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Redacted for proactive release

OIA 30584

Tēnā koe Redacted for proactive release

Thank you for your email of 1 December 2025, in which you request the following under the Official Information Act 1982 (OIA):

RNZ requests release in full and in fully searchable and copyable format, of

- *A copy of the independent review into the Ministry's approach to health and safety led by David Smol including all appendices and attachments*
- *A copy of any record of any MFAT considerations or responses to the review*
- *A list of titles of any and all reports or similar MFAT has asked for or received that are related to the Smol review.*

You provided the following additional information to explain how you would like your request to be interpreted:

Please provide all relevant attachments and appendices.

Please date any and all of the released info; pls release all attachments and appendices

Please redact all junior non-decisionmakers' names.

Please make sure all info is searchable and copyable.

Please provide documents where sought, and not statements.

Please provide links to already published info within scope, including any OIAs.

Please do not refuse on grounds of proactive release is imminent; however, if you do, pls take note of the Ombudsman's guidance that, "As a matter of good practice, agencies should provide the precise or approximate date by which the information will be published" to the OIA requester.

I ask anything within the spirit of the request be included in the response.

Please get back to me with any queries within 7 working days; pls advise of any need to transfer any of these questions anywhere, within 7 working days.

We note that you submitted your request as a media request with the note:

Please get back to me with any queries within 7 working days; pls advise of any need to transfer any of these questions anywhere, within 7 working days.

On 2 December 2025, we acknowledged your request and notified you that we would respond to your request as soon as practicable and in terms of the timeframes and requirements of the OIA.

On 20 January 2026, the timeframes for responding to your request were extended by an additional 8 working days due to the consultations necessary to make a decision on your request (section 15A(1)(b) of the OIA refers).

Response to your request

The final version of the document titled, *Review of the Ministry of Foreign Affairs and Trade's approach to health and safety*, was received by the Ministry of Foreign Affairs and Trade (the Ministry) on 27 October 2025. It is attached with some information withheld under the following sections of the OIA:

- 6(a): to avoid prejudicing the security or defence of New Zealand or the international relations of the New Zealand Government;
- 9(2)(g)(i): to protect the free and frank expression of opinions by departments; and
- 9(2)(h): to maintain legal professional privilege.

At the time your request was received, the Ministry held one email chain relating to considerations of, and responses to the review's findings and recommendations. This is attached with some information withheld under section 9(2)(a) of the OIA to protect the privacy of individuals.

The Ministry has accepted all 14 recommendations and intends to set up a team to support implement the report's recommendations.

Regarding the third part of your request, we have identified the following two titles as being in scope:

1. *Investigation into process for managing earthquake risk at Port Vila post.*
2. *Untitled* (incomplete piece of work being undertaken by the Ministry's Asset Management Division)

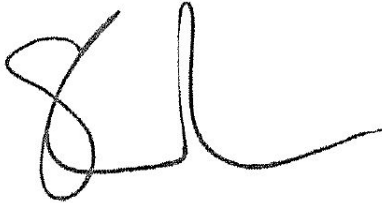
Where the information has been withheld under section 9 of the OIA, no public interest in releasing the information has been identified that would override the reasons for withholding it.

Please note that it is our policy to proactively release our responses to official information requests where possible. Therefore, our response to your request (with your personal information removed) may be published on the Ministry website:

www.mfat.govt.nz/en/about-us/contact-us/official-information-act-responses/

If you have any questions about this decision, you can contact us by email at: DM-ESD@mfat.govt.nz. You have the right to seek an investigation and review by the Ombudsman of this decision by contacting www.ombudsman.parliament.nz or freephone 0800 802 602.

Nāku noa, nā

A handwritten signature in black ink, consisting of a large loop on the left and a long horizontal stroke extending to the right.

Sarah Corbett
for Secretary of Foreign Affairs and Trade

Review of the Ministry of Foreign Affairs and Trade's approach to health and safety

Released under the Official Information Act

David Smol
October 2025

Disclaimer

Views expressed in this report are those of the independent reviewer and may not reflect the views of the New Zealand Government.

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Executive summary and recommendations

1. In June 2025, the Chief Executive of the Ministry of Foreign Affairs and Trade (MFAT) commissioned this independent review of the Ministry's approach to health and safety.
2. MFAT is committed to maintaining a safe and healthy working environment for all staff employed in New Zealand and offshore and contractors. This may also include families posted offshore with seconded staff, and NZ Inc colleagues at Post.
3. However, recent events (notably the 17 December 2024 earthquake in Vanuatu) highlighted significant shortcomings in the Ministry's approach to managing seismic risk over time, including at governance level and raised questions about the potential for similar shortcomings in other parts of the Ministry's approach to the management of health and safety.
4. The key objective of this review is to assess whether the Ministry's current systems, capabilities, and accountabilities for managing health and safety are effective and, if not, to recommend a more optimal approach. The scope of the review covers governance, accountability and organisational design.
5. The approach taken was to review relevant documents provided by MFAT and open-source information, and interview key MFAT people including heads of functional teams in Wellington, a cross-section of Heads of Mission and Heads of Posts (HOM/HOPs) and governance committee members.
6. Activities that give rise to health and safety risks for MFAT include office work in New Zealand; extensive travel to a diverse set of international locations; managing a portfolio of over 300 properties spread across 50 countries; living and working at Posts and facing hazards on a day-to-day basis that can include some or all of contagious diseases, poor air quality, extreme weather events and natural disasters, crime and civil unrest; delivery of the International Development Cooperation Programme via a variety of contractual mechanisms; and contributing to consular and humanitarian responses.

Current state

7. MFAT has invested significant resource and made considerable progress in strengthening its health and safety system since the Health and Safety at Work Act (HSWA) was passed in 2015¹.
8. However, the health and safety system has evolved somewhat organically over recent years rather than being organised around a fully defined and articulated operating model. As a result, the system is less coherent than it might be and the potential for synergies between respective teams has not been fully explored or realised.
9. Issues with the current arrangements include:
 - A lack of clarity about accountabilities, for example between HOM/HOPs and functional experts in Wellington and amongst the functional groups;
 - Inconsistency of decision-making, for example in relation to chanceries identified as high seismic risk;
 - Differing understandings, especially between Wellington and Posts, about what constitutes an acceptable level of risk;

¹ The purpose of the Act is to provide a balanced framework to protect workers and other persons against harm to their health, safety and welfare by eliminating or minimising risks from work as far as is reasonably practicable

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- Failure to act in a timely way in response to known risks, for example the fire risk at the Suva chancery and seismic risk at Port Vila;
 - Inconsistent practice in assessing risk and instances of incomplete or late reporting of health and safety incidents by Posts;
 - Diffused centres of responsibility for providing advice on health and safety, including a partially separate health and safety system to support the international development programme;
 - Use of multiple information systems to capture health and safety information which limits the effectiveness of MFAT governance in overseeing the performance of the health and safety system and prioritising improvement actions;
 - A disjunct between the identification of risks and action on those risks, including at a governance level;
 - A related sense that governance of health and safety is not yet effective. Contributory factors include the lack of clarity of accountability and the limitations on the information underpinning health and safety reporting to the relevant governance committee.
10. Recent legal cases have clarified the obligations on officers in relation to health and safety. The courts have found that an officer in a large PCBU² must personally acquire and maintain sufficient knowledge to reasonably satisfy him or herself that the PCBU is complying with its duties under HSWA.
11. MFAT's current governance arrangements for health and safety comprise a 30-minute agenda item every second month for the Organisational Development and People Committee, with the health and safety report (and minute of the discussion) included as part of the Chair's report back to the relevant monthly MFAT Board meeting. This may not be sufficient to meet the due diligence requirements for individual officers under the Act.

A potential future state

12. A target future state operating model for MFAT's health and safety system, considering the nature of the Ministry's activities and building on current arrangements would include the following elements:
- A vision (or equivalent) for health and safety at MFAT, supported by a programme of change to work towards achievement of the vision;
 - To the extent practicable, a shared understanding of MFAT's risk appetite as articulated by the Chief Executive and MFAT Board and tested and operationalised through engagement with the organisation and codified through policies and standards;
 - Distributed accountability for health and safety (including personal security), with frontline managers assessing and managing risks on a dynamic basis, supported and monitored by Wellington-based functional teams;
 - Consistent application by frontline managers (including in the Pacific and Development Group) of Ministry-wide health and safety policies, standards and processes in a way that works given the local context and conditions, and supported by:
 - Up-to-date hazard registers at Posts that are visible in Wellington;
 - Documented risk assessments for non-routine activities and timely reporting of health and safety incidents on the MFAT system;

² Person Conducting a Business or Undertaking

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- Guidelines on when to escalate decision-making to a Divisional Manager or Deputy Secretary;
- Policies that are principles-based (enabling sufficient flexibility in application to reflect local circumstances) except where more prescriptive arrangements are clearly required;
- Wellington-based functional teams/divisions that:
 - Develop policies, standards and processes in consultation with frontline managers and workers for approval by the MFAT Board or the relevant governance committee;
 - Support frontline managers with induction, training, advice and guidance as required;
 - Monitor and verify adherence by the frontline (and other managers) to the relevant policies, standards and processes and engage as required to address identified issues (without diluting the accountability of the frontline managers);
 - Work collaboratively across areas of interdependence with clarity for frontline managers on how to engage with the centre on all matters relating to health and safety;
- A structured, transparent and consistently applied system for managing risks associated with the property portfolio including filling information gaps, prioritising actions and monitoring for timely completion;
- A focus on critical risks (those most likely to cause fatality or serious injury) – identification, implementation of controls and verification that the controls are effective;
- Oversight of the health and safety system by one Deputy Secretary (supported by functional experts) with the objective of ensuring that the various components of the system are in place and working effectively individually and collectively and initiating action when that is not the case;
- Integrated information management systems that are easy to use for frontline managers and staff and which provide MFAT governance with a full and up-to-date picture of the performance of the health and safety system;
- Governance of the health and safety system by the MFAT Board and governance committees, organised around the due diligence obligations of officers under HSWA, informed by targeted information collection and reporting that provides an end-to-end picture of the performance of the system with a focus on critical risks, review of serious incidents and sharing and embedding of learnings and of good practice;
- An integrated approach to audit and assurance that ensures a strong third line of defence in the management of health and safety risks.

Recommendations

The recommendations are intended to support MFAT in moving from the current position to the future target state for health and safety.

1. *Develop a vision (or equivalent) for the future state of MFAT's health and safety system;*
2. *Define and articulate the operating model for health and safety that will underpin delivery of the future state including clarity of accountabilities as between governance, frontline managers, functional expert teams and independent assurance and verification;*
3. *Strengthen MFAT's approach to governance through increased attention to health and safety at the MFAT Board organised around the due diligence requirements of officers under HSWA;*

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4. *Adopt the MFAT-wide approach to health and safety in the Pacific and Development Group while maintaining specialist knowledge of development in the health and safety team, for example via a 'dotted line' reporting arrangement;*
5. *Finalise the identification of MFAT's critical risks and further develop the key controls and means of verifying that the controls are effective with oversight of each critical risk allocated across the Senior Leadership Team;*
6. *Integrate the policies and processes for ensuring personal safety with those for personal security (as defined in the Protective Security Requirements) – this could be through changes to ways of working or (more likely) through organisational change;*
7. *Improve the identification and assessment of building-related risks through filling current information gaps, developing a prioritised action plan and monitoring actions through to completion;*
8. *Develop a 'single source of truth' which records and reports health and safety information in a timely way;*
9. *Improve reporting to relevant governance committee to enable effective oversight – organised around the due diligence obligations of officers under HSWA which includes lead indicators (such as completion rates for health and safety training), a focus on critical risks and review of serious incidents;*
10. *Assign a second-tier leader (likely to be the Deputy Chief Executive, People and Operations) to have oversight of MFAT's health and safety system and to ensure that the various components are working effectively individually and collectively;*
11. *Reactivate the Worker Engagement Committee as one means of gathering insights to inform further improvements in MFAT's health and safety system and to increase worker engagement in health and safety;*
12. *Involve the Corporate Legal Unit (and external legal advice as required) proactively in working with governance and the health and safety team to ensure that MFAT maintains a focus on keeping people healthy and safe while complying with the requirements of HSWA rather than the other way around;*
13. *Invite WorkSafe to a meeting of the MFAT Board to establish the relationship and work through any issues of ambiguity in the application of HSWA from MFAT's perspective;*
14. *Strengthen the contribution of audit and assurance to improved health and safety outcomes through a more integrated approach across the various functional groups and a higher profile for health and safety in audits of frontline operations (including Posts).*

Context for the review

13. MFAT has invested significant resource in health and safety since the passing of the Health and Safety at Work Act in 2015 and put in place the various components of a health and safety management system including governance, policies, standards and processes, reporting of incidents and of trends in a range of lead and lag indicators.

14. Following indications that current arrangements are not working consistently well³, the Chief Executive decided to commission an independent review of the Ministry's approach to health and safety.
15. The Terms of Reference for the review cover the following areas:
 - Governance: review the current governance arrangements pertaining to the Ministry's health and safety management. The review should consider the Ministry's governance structure as well as its operation in practice;
 - Accountability: review the Ministry's accountability frameworks for health and safety management to ensure that accountabilities (and related processes) are clear and fit for purpose. This should consider the dispersed nature of the Ministry's operating model, including its offshore network;
 - Organisational design: review the Ministry's current approach at the organisational level to assess whether it is the most efficient and effective way for the Ministry to manage its health and safety responsibilities.

Review approach

16. The review involved:
 - Reading relevant documents provided by MFAT and open-source information including documents published by WorkSafe and Institute of Directors;
 - Interviewing relevant MFAT leaders including HOM/HOPs, managers of functional teams based in Wellington and senior managers, and health and safety leads from Australia's Department of Foreign Affairs and Trade, NZ Police, NZTE and MBIE; and
 - Preparation of a draft report for comment by MFAT.
17. I would like to thank interviewees for giving their time and for their constructive openness in discussions.

Health and Safety at Work Act

18. The Health and Safety at Work Act 2015 (HSWA) is the primary legislation relevant to organisational health and safety. The purpose of the Act is to provide a balanced framework to secure the health and safety of workers and workplaces by, amongst other things, protecting workers and other persons against harm to their health, safety and welfare by eliminating or minimising risks from work as far as is reasonably practicable (paraphrased from Part 3 of the Act).
19. Under the legislation, health refers to physical and mental health.
20. The Act defines 'reasonably practicable' as that which is reasonably able to be done in relation to ensuring health and safety, taking into account and weighing up all relevant matters including the likelihood and consequence of a hazard or risk occurring, the availability and suitability of ways to eliminate or minimise the risk and, after assessing the extent of the risk and available ways of eliminating or minimising the risk, the cost associated with eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.

³ Examples include inconsistent management of similar events (processes for escalation, basis of decision-making), incidents with potentially serious consequences, feedback that governance arrangements may not be fully effective, questions about whether functional teams contributing to Health and Safety are working sufficiently collaboratively.

21. Under Part 2 of the Act, a Person Conducting a Business or Undertaking (PCBU) has a duty to ensure, so far as is reasonably practicable, the health and safety of workers who work for the PCBU, while the workers are at work in the business or undertaking and workers whose activities in carrying out work are influenced or directed by the PCBU, while the workers are carrying out the work.
22. Section 44 of HSWA sets out the due diligence and other duties of officers under the Act. An officer is any person occupying a position in relation to the business or undertaking that allows the person to exercise significant influence over the management of the business or undertaking.
23. Officers do such things as setting the organisational vision and strategy, approving policies for health and safety and monitoring the performance of the organisation.
24. s9(2)(h)
25. Section 44 (4) of HSWA defines due diligence as taking reasonable steps to:
 - Maintain up to date knowledge of health and safety matters;
 - Gain an understanding of the operations carried out by the organisation and of the associated hazards and risks;
 - Ensure the PCBU has, and uses, appropriate resources and processes to eliminate or minimise those risks;
 - Ensure the PCBU has appropriate processes for receiving and considering information about incidents, hazards and risks, and for responding to that information in a timely way;
 - Ensure there are processes for complying with any duty, and that these are implemented;
 - Verify that these resources and processes are in place and being used.
26. Officers must exercise the care, diligence, and skill that a 'reasonable officer' would exercise in the same circumstances.
27. Recent legal cases have sharpened the focus of officers on their health and safety obligations, including:
 - Whakaari: judgement confirmed that the Court assesses officers' due diligence obligations on an individual basis (it is not sufficient to rely on other officers or committees)⁵;
 - Ports of Auckland: the first prosecution of an officer of a major company. The judgement found that an officer in a large PCBU cannot simply rely on others within the organisation who may be assigned health and safety obligations or roles. The officer must personally acquire and maintain sufficient knowledge to reasonably satisfy him or herself that the PCBU is complying with its duties under the Act⁶.

Application of HSWA to MFAT

28. s9(2)(h)

s9(2)(h)

⁵ WorkSafe New Zealand v Andrew Buttle, James Buttle and Peter Buttle [2023] NZDC 18939

⁶ Maritime New Zealand v Gibson [2024] NZDC 27975
s9(2)(h)

s9(2)(h)

29. In operationalising the provisions of HSWA offshore, MFAT takes local circumstances into account in applying the 'so far as reasonably practicable' test to the elimination or minimisation of risks.

The work of MFAT from a health and safety perspective

30. MFAT's Strategic Intentions 2024-28 sets out the Ministry's purpose and functions.
31. MFAT's purpose is to act in the world to build a safer, more prosperous, and more sustainable future for New Zealanders. MFAT engages with countries, and with regional, international, and multilateral bodies, to influence outcomes that align with New Zealand's values and protect our enduring interests. MFAT's key functions are to:
- Advise the Government on issues, risks, and opportunities related to New Zealand interests;
 - Influence internationally, including through maintaining an effective network of overseas Posts;
 - Deliver foreign policy, including through leading New Zealand's response to international events of significance and managing the international dimensions of New Zealand's response to domestic crises;
 - Support New Zealanders, including through consular services and safe-travel advice, and leading responses to international events that affect New Zealanders;
 - Manage the International Development Cooperation (IDC) Programme: supporting development outcomes that foster a more peaceful, prosperous, and resilient world, especially in the Pacific and Indo-Pacific regions and delivering humanitarian support that saves lives and relieves suffering during natural and protracted crises.
32. From the perspective of workplace health and safety, relevant aspects of MFAT's work include:
- The normal risks associated with office-based work in New Zealand (mainly at the national office in Wellington) including psychosocial;
 - Frequent international travel from New Zealand to a wide range of locations;
 - Managing a portfolio of properties – office and residential, owned (around 100) and leased (over 200), and spread across 50 countries. The standard of contracting services for construction and maintenance in some countries is not equivalent to the standard in New Zealand;
 - Living and working offshore typically in urban centres some of which involve risks that do not present to the same extent in New Zealand such as communicable diseases, poor air quality, corruption, civil unrest, higher rates of crime, extreme weather events and natural disasters. Supporting systems may be less comprehensive than in New Zealand e.g. regulatory systems and standards for buildings and transport, social systems (e.g. access to health and education services), emergency response capability and capacity. Everyday life can be more stressful given the heightened risks (e.g. of routine travel), no go areas, constrained opportunities to exercise and limited systems of support such as extended family and community. Risk levels can change rapidly (e.g. if civil unrest escalates);

- Travelling from a home base to sometimes remote locations that involve additional risk relating to travel and to potentially heightened risk at the destination often with limited information on which to base a risk assessment;
 - Overseeing a wide range of construction and other projects as part of the IDC programme through funding and sometimes contracting for and monitoring delivery across multiple developing countries;
 - Exposure for some staff to distressing material potentially on a repeated basis;
 - Consular services that can involve supporting New Zealanders in dangerous situations;
 - Supporting emergency response e.g. following natural disasters – standing up emergency control centres and potentially deploying first-responder groups under MFAT leadership.
33. MFAT is organised into seven groups each led by a Deputy Secretary or Deputy Chief Executive reporting to the Chief Executive. Six of the groups predominantly face outwards, delivering services to Ministers and working to represent New Zealand's interests through bilateral and multilateral relationships. Most of the enabling services (functional experts) are located in the People and Operations Group.

Outward-facing teams

34. The predominantly outward-facing groups and their work from a health and safety perspective are:
- Americas and Asia Group and Europe, Middle East and Africa Group which undertake foreign policy and related functions through a network of offshore Posts located in host countries and accredited in proximate countries where MFAT does not have a permanent presence;
 - Pacific and Development Group which:
 - i. Undertakes foreign policy and related functions in the Pacific through a network of Posts and accreditations;
 - ii. Operates the Development Programme for which the Pacific is the highest priority followed by Southeast Asia;
 - iii. Leads MFAT's provision of humanitarian support, centred in Wellington and which can involve NZ Inc deployments led by MFAT;
 - iv. Contains enabling functions specific to the development programme, including health and safety, IT, legal and procurement;
 - Trade and Economic Group;
 - Policy Group (which also hosts the Audit and Risk Division);
 - Multilateral and Legal Group which delivers consular services amongst other things (and includes the Corporate Legal Unit).

Posts

35. Posts vary in size and complexity. Some Posts host employees of other NZ Inc agencies (most commonly NZTE, Police, Primary Industries, Customs, Defence, Immigration). Posts face varying levels of health and safety risk from day-to-day living, planned activities and responding to events.
36. The HOM/HOP is accountable for the health and safety (including security) of MFAT staff seconded from New Zealand and locally employed staff and for resident family members of

seconded staff. HOM/HOPs also have a more limited accountability for the health and safety of NZ Inc staff based at the post. These accountabilities require making ongoing judgements about health and safety-related risks in the operating environment, ensuring that location-specific policies are appropriate (e.g. in relation to travel at night or to remote locations) and are kept current as circumstances change (e.g. as an area that was assessed as safe becomes riskier).

37. Posts typically include an Administration Manager who will support the HOM/HOP in many areas including the health and safety of staff at the post and as Post Security Officer.
38. HOM/HOP responsibilities include maintaining a register of hazards (including in relation to buildings occupied by MFAT people) and ensuring that all reasonably practicable steps are taken to eliminate or mitigate the risks associated with each of the hazards. In doing so, HOM/HOPs are guided by MFAT's health, safety (including security) and wellbeing policies and standards and can draw on advice from subject matter experts in Wellington.
39. HOM/HOPs have varying degrees of experience to inform what are often tricky assessments of risks in close to real time.
40. Health and safety themes and examples emerging from interviews with HOM/HOPs (including in the Pacific region) and Wellington-based teams that interact with the Posts on a regular basis include:
 - HOM/HOPs all feel a strong obligation to support the health, safety and wellbeing of people under their leadership and have varying degrees of experience on which to draw in assessing health and safety-related risks in their local contexts;
 - MFAT people are strongly committed to the Ministry's mission and are reluctant to be slowed down by what they sometimes perceive as overly complex and compliance-driven health and safety processes and undue conservatism from functional experts and senior leaders in Wellington who may have an incomplete understanding of conditions on the ground (while noting that staff in the field are typically less familiar with the Ministry's legal obligations in relation to health and safety);
 - MFAT is a career ministry for many of its people who see themselves as competing for a limited number of senior and/or prestigious positions and so may want to be perceived as robust and open to any challenge. This can disincentivise openness about such things as feelings of stress and psychosocial pressure;
 - MFAT's natural orientation is to look out from New Zealand to the world, which complicates the task of functional teams in Wellington in supporting the delivery of MFAT's services while protecting the organisation from undue risk and ensuring compliance with New Zealand legislation;
 - There have been instances where engaging with 'Wellington' on issues relating to property (for example seismic or fire risks) has taken a long time with a lack of clarity about where and why decisions are taken and a sense that the system sometimes responds to the most persistent voice;
 - At times 'Wellington' can over-react to events where an activity was planned and risk assessed and then something has not gone as planned, which will happen from time to time;
 - Risk assessment practices across Posts and for missions that involve international travel are not always done using a consistent methodology. Individual Posts or team managers may develop their own processes (e.g. checklists) to apply in their context;

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- Leaders and subject matter experts in Wellington can sometimes spend a long time debating an issue without achieving any cut through. Discussion of the psychosocial dimension of health and wellbeing was one example cited;
- Limited opportunities to visit Posts for staff in the enabling functions means they sometimes lack sufficient knowledge of conditions on the ground to give reliable and timely advice. This appears to be the case more for the health and safety team than for Security and Organisational Resilience Division (SORD) or AMD;
- Posts are not always timely in recording incidents in the health and safety information system (Risk Manager), which can prevent early awareness and, if necessary, action from functional experts or escalation to the relevant governance committee;
- The extent to which incoming HOM/HOPs and other seconded and locally engaged staff get full health and safety inductions and complete ongoing training is variable, mainly because of their time constraints;
- Providing the information requested by 'Wellington' is complicated by the multiple information systems in use (for each of health and safety, security and asset management). Posts maintain spreadsheet-based hazard registers for health and safety which are in the process of being transferred to Risk Manager⁸;
- HOM/HOPs have varying understandings of the respective roles and responsibilities of the various enabling teams in Wellington with which they interact on health and safety matters, and on accountability for decision-making as between post and subject matter experts in Wellington;
- At some Posts, locally employed MFAT staff are exposed to levels of work-related risk of concern to the HOM/HOPs for example in travelling to and from the office, who would value more flexibility in MFAT policies (subject to managing within budget).

Pacific and Development Group (PDG)

41. In considering health and safety responsibilities associated with development projects, MFAT assesses the degree of control or influence over the project. For example, directly contracting a New Zealand company to deliver a project would involve a high degree of control and influence; contributing to UN-led projects with partner countries would involve minimal control or influence for MFAT and a high degree of reliance on the health and safety policies and controls of the lead agency.
42. MFAT sometimes has choices over how much control to seek to establish over a given development project. From a health and safety perspective, delivering through organisations that are better resourced to manage development projects and have more of a local presence wherever practicable is an attractive option.
43. In selecting partners or contractors through which to deliver projects MFAT assesses health and safety systems and processes and includes health and safety considerations in project specifications (e.g. for a school or bridge) and in the project delivery plan. Where appropriate, MFAT monitors progress including in relation to health and safety and acts in the event of concerns.

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44. Development projects are led by a Wellington-based team and involve the relevant post in such things as managing local relationships, monitoring progress in project delivery and maximising the diplomatic benefit to New Zealand of making any given investment.
45. PDG has some of its own enabling functions, including health and safety. This reflects a view that the work of PDG from a health and safety perspective is materially different than for other parts of MFAT.
46. PDG has developed a comprehensive approach to health and safety which includes:
 - A health and safety system organised into strategic, operational and tactical elements;
 - A set of critical risks which have partial overlap with the set of MFAT critical risks;
 - Reporting on the status of project-related health and safety risks (assessed as low, medium, high or extreme) through PDG's information management system;
 - Reporting of health and safety incidents, their status and any trends and a narrative overview of significant incidents;
 - Status of continuous improvement initiatives (e.g. sharing lessons learned);
 - Independent assurance (to the extent resources allow).
47. The current arrangements for health and safety in PDG seem to work satisfactorily from the perspective of the PDG team notwithstanding a feeling expressed by some that the PDG H&S team may sometimes overstate health and safety risks in contexts where MFAT has little influence on health and safety practices, concerns expressed by the central health and safety team about management of some risks by PDG and a sense (as for Posts, as discussed above) that 'Wellington' can be unduly conservative because of an incomplete understanding of conditions on the ground.
48. PDG has one health and safety specialist (employed on a fixed-term contract) which creates a key person risk. Collaboration between PDG and the central health and safety team appears to be variable.
49. From an MFAT governance perspective, the largely separate approach to health and safety in PDG militates against achieving consistency of practice and realising potential synergies.
50. Health and safety reporting from PDG is not integrated with health and safety reporting for the balance of the organisation. Many of the risks being managed are similar both in the nature of the risk (e.g. how to manage health and safety in work undertaken by contractors) and in the location of the work (with the associated set of location-specific risks such as communicable disease, extreme weather, security risk, travel-related risk).
51. Posts in countries where development projects are undertaken are interacting with two health and safety systems. The likelihood of inconsistent treatment of a given risk between PDG and other parts of MFAT seems material.
52. If MFAT decides to integrate health and safety for IDC projects with health and safety for the wider organisation, this could be done in a way that retains the strengths of the current model while, over time, integrating health and safety practices in PDG with those of the wider organisation. One model might be for the health and safety team to include an experienced person dedicated to supporting the work of PDG (in a 'dotted line' reporting arrangement).

Consular and Humanitarian

53. The consular and humanitarian functions utilise well-established systems and processes including to manage health and safety risks. Both teams uses Risk Manager to lodge incidents relating to health and safety.

54. Interviewees noted that MFAT is not always effective at ensuring the burden is shared during intense periods of activity in either function. SORD is developing policies to address welfare in situations where an emergency control centre has been established, which should assist with managing this risk.

Enabling teams

55. In the context of health and safety, MFAT's enabling teams serve a dual role: supporting the outward-facing teams to do their work in a way that keeps everyone healthy and safe and supporting MFAT's leadership in governing health and safety: developing policies, standards and processes, monitoring compliance, reviewing reporting on risks and incidents and addressing emerging issues.
56. The health and safety team is part of the People Division which is led by the Chief People Officer. The Head of the Health, Safety and Wellbeing team is a Tier 4 manager. The People and Operations Group hosts several of the enabling functions that support health and safety including a wellbeing-oriented team in the People Division, SORD (personal security) and AMD (property).

Health and safety

57. Functions of MFAT's Health, Safety and Wellbeing team include:
- Supporting identification and management of critical risks;
 - Incident management and related investigations to ensure lessons are learned and applied;
 - Developing health and safety policies, standards and processes and monitoring their implementation across MFAT;
 - Providing a range of options for health and safety training and development some of which are intended to be mandatory;
 - Undertaking or commissioning health and safety audits and tracking completion of agreed actions;
 - Administering MFAT's outsourced arrangement for offshore staff to access healthcare and dental services;
 - Collecting and reporting health and safety information to the ODP Committee to enable monitoring of trends and emerging issues at the governance level;
 - Supporting worker engagement in health and safety including through worker representatives interacting with management and governance;
 - Health and safety support to MFAT governance.
58. The Health, Safety and Wellbeing team consists of health and safety professionals of varying levels of seniority and experience who are committed to improving the effectiveness of MFAT's health and safety system and have made significant progress on several elements of the system. A specific example of the team adding value was in helping to escalate the concerns over fire risk at the Suva Chancery in 2024. NZ Inc partners commented positively on working relationships with the health and safety team.
59. Issues identified in this review that appear to limit the effectiveness of the health and safety team are:
- The team sometimes feels accountable for decisions or actions (e.g. to mitigate and then accept a risk) that should lie either at the governance level or with frontline managers

(such as HOM/HOPs) which can cause a level of frustration for the team and for parts of the wider organisation;

- For reasons that are open to interpretation, the Health, Safety and Wellbeing team appears not to work effectively with the relevant parts of SORD and AMD. This can mean duplication or gaps in accountabilities and processes taking longer than necessary. The friction in horizontal relationships amongst the enabling teams is one reason MFAT has yet to achieve a fully integrated health and safety system. The three groups all operate their own information management systems which further complicates the challenge for MFAT governance in developing a full picture of health and safety across the Ministry;
 - The Health, Safety and Wellbeing team struggles to get on the same wavelength as MFAT's frontline managers, particularly those working offshore. One reason cited is the limited opportunity health and safety team members have had to travel to and spend time at Posts. As a result, some of the health and safety initiatives and products (such as policies and standards) are not being fully embedded in the frameworks and tools used by frontline managers to assess health and safety-related risks on a day-to-day basis;
 - A preference, sometimes, for rules-based over principles-based approaches, which can be hard to apply in some of the contexts in which MFAT undertakes work.
60. Arrangements to ensure effective worker engagement on health and safety matters at MFAT are not yet working effectively. The July 2025 Health and Safety report to the ODP Committee noted that:
- MFAT has 27 active Health and Safety Representatives (14 of whom are located offshore) which is ahead of the target of 15;
 - MFAT's Worker Engagement Committee (WEC) has remained inactive due to the non-appointment of a chair and a lack of balanced representation across the organisation.
61. Critical risks and health and safety reporting to governance are discussed below.

Wellbeing

62. Promoting wellbeing at work goes well beyond compliance with health and safety requirements. In relation to wellbeing, MFAT 'works to function as a happy, healthy and high performing community for all'⁹. Enablers include effective leadership, valuing diversity and inclusion and supporting staff to grow and develop including through providing meaningful work opportunities in a safe and enabling environment.
63. MFAT's People Division supports MFAT leadership to organise work in a way that limits psychosocial pressures by design, as well as providing a range of supports to help people build resilience and to manage stress effectively where necessary. The health, safety and wellbeing team supports wellbeing from the perspective of managing psychosocial risks.

Asset Management Division

64. AMD manages MFAT's portfolio of office, official residence and residential property which, as noted above, is spread across 50 countries and includes around 100 owned properties and over 200 leased properties.
65. AMD is accountable for the selection, development and maintenance of MFAT's property. Construction and maintenance work is undertaken by contracted parties under MFAT supervision. AMD project managers are domiciled in Wellington. Day-to-day maintenance is devolved to Posts.

⁹ MFAT's Strategic Intentions 2024-2028, page 27

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66. AMD has recently entered into a contract with Downers to manage maintenance of MFAT's buildings in the Pacific. Downers undertakes health and safety assurance before employing sub-contractors.
67. AMD has a suite of frameworks, contracts and processes for managing buildings and contractors. Health and Safety is an integral consideration for AMD in developing specifications for property and in selecting and managing contractors. AIMS (Asset Information Management System) is the management system used by AMD to record and store information relating to enterprise assets and maintenance processes, which includes a health and safety module. AIMS is not used for incident reporting.
68. AMD works with Posts to identify suitable options for office and residential accommodation. This includes location in safe areas of town for working, living and travelling between home and office.
69. AMD seeks input from the Health, Safety and Wellbeing team in PEP and from SORD where relevant (e.g. the location of Posts, residences and staff accommodation, consideration of structural and fire safety, options for egress in emergencies). As noted above, the three groups appear not always to collaborate as effectively as they might. A recent example was the time taken to integrate the Health, Safety and Wellbeing team into an appropriate role in the development of MFAT's new national office.
70. As noted above, MFAT appears to have followed inconsistent practice over recent years in relation to buildings rated as high risk from a seismic perspective. MFAT exited the Embassy in Tehran (a decision most likely made by the relevant Deputy Secretary in consultation with the HOM – records are lacking to confirm) and at Honiara (a decision made by the then-Chief Executive) but remained in the Port Vila Chancery (which collapsed in the Vanuatu earthquake of 17 December 2024).
71. The MFAT Chief Executive commissioned an investigation by Audit and Risk Division (AUR) into the Port Vila event in order to learn relevant lessons. The Health and Safety Assessment Programme for MFAT's property portfolio commenced in 2016 and ended with the onset of COVID-19. The Programme had a governance group.
72. The process under the Programme in relation to the Port Vila Chancery included an initial assessment by GHD (a contractor), then an Initial Seismic Assessment (ISA) in 2018 which recommended a detailed assessment due to the lack of structural information available; a further ISA was undertaken in 2023 which reached a similar conclusion to the 2018 ISA. No Detailed Seismic Assessment had been commissioned when the building collapsed in the 2024 earthquake.
73. The AUR investigation identified several issues including in relation to governance, decision making, inconsistencies across chanceries, inadequate timeframes for addressing seismic risks with potential high vulnerabilities, the lack of clear communication with the Administration Manager at the Post and with successive HOMs. The investigation concluded with several recommendations consistent with themes arising from this review.
74. Recommendations included addressing identified gaps in policy and guidance, revisiting seismic assessments for Posts that are potential risks, ensuring property hazards for Posts are recorded in one place, ensuring broader responsibilities for health and safety on property matters are clear and well understood and ensuring good coordination between AMD and health and safety teams.
75. Fire risk at the Suva chancery (no safe means of egress from a multi-storey building) was known about for over 10 years with no action being taken (partly because a new chancery was planned)

until a nearby building burned to the ground, the limitations of the local fire service became apparent and a proactive HOM was able to make the case to move out of the building.

76. For AMD in managing the stock of properties from a health and safety perspective, good practice would include maintaining up-to-date information on the portfolio in order to inform asset management plans and governance decisions on which property-related investments (including for detailed assessments to address knowledge gaps) to prioritise, with explicit acceptance of risk at the governance level where resource constraints preclude early action. Resource constraints will limit what is reasonably practicable, but a well-informed, prioritised and documented set of decisions at the governance level and monitoring to check that decisions are followed through in a timely way is necessary both to keep people safe and to comply with statutory obligations.

Security and Organisational Resilience Division (SORD)

77. SORD is accountable for ensuring MFAT has policies, processes and systems in place and operating effectively to meet the government's expectations as set out in the Protective Security Requirements (PSR) for security governance and for personnel, information, and physical security. SORD also manages security clearances and insider threats, sets movement standards and supports MFAT's emergency response capability.
78. SORD has developed a structured process to support Posts in undertaking security assessments for proposed activities.
79. Posts seem to have a clearer understanding of the role of SORD (in respect of personal security) than of the Health, Safety and Wellbeing team and value SORD's expertise on personal security. SORD people appear to travel to Posts more than do members of the Health, Safety and Wellbeing team. s6(a)
80. s6(a)
81. SORD also stewards MFAT's emergency response capability, which may be deployed in response to malicious threats or hazards such as natural disasters. Interviewees noted that MFAT is not always effective in managing the cumulative stress on people asked to serve multiple stints in emergency response. Absent deliberate intervention, experienced people can bear a disproportionate burden.
82. SORD is developing or updating policies to address staff welfare and health and safety in emergency response. Ensuring these policies are implemented effectively will help address this source of stress.
83. PSR and health and safety intersect in relation to the security and safety of people. PSR addresses the risk of intentional harm (e.g. terrorism attacks); health and safety focuses on the risk of unintentional harm (e.g. driving accidents). In practice there is a material intersect between the two. For example, assessing the risk of travel requires consideration of personal security and of safety.
84. Notwithstanding this close relationship, the relationship and extent of collaboration between the Health, Safety and Wellbeing and SORD teams appears to have remained patchy and the operation of overlapping policies and processes is a source of confusion for frontline MFAT leaders as they undertake and document risk assessments and evaluate options for mitigation.

s6(a)

85. Closer working between the personal security and health and safety teams (particularly the safety part) and better integration of processes could be achieved through changing ways of working or by putting these functions together one way or the other. As a limited point of reference, NZTE and MBIE both combine health, safety and security.

Audit and Risk Division

86. Audit and assurance programmes, investigations and reviews are a means of obtaining an independent assessment of events and of whether policies, systems and processes are well designed and working as intended.
87. MFAT's Audit and Risk Division (AUR) is located in the Deputy Chief Executive, Policy Group as a means to maintain independence from the main 'line' functions.
88. AUR develops a proposed audit plan each year which is endorsed by the ODP Committee. The plan is then reviewed and endorsed by the Ministry's Audit and Risk Committee before going to the Chief Executive for approval. AUR audits 8-10 offshore Posts each year. Health and safety is not a particular focus but is within the general scope. AUR summarises health and safety findings once a year and reports to the relevant governance group. Other functional groups, including the Health, Safety and Wellbeing team, may undertake or commission specialist assurance reviews relevant to health and safety. PDG undertakes assurance reviews for development projects.
89. Audit and assurance is a primary means for MFAT's senior leaders (and officers under the legislation) to verify that key elements of the health and safety management system (including the identification and treatment of critical risks) are functioning as intended.
90. Current audit and assurance arrangements are somewhat fragmented. A more centralised and prioritised approach has the potential to strengthen the contribution of audit and assurance to improved health and safety performance – a strong 'third line of defence'¹¹.

Corporate Legal Unit

91. One issue MFAT faces in relation to health and safety is a risk of being unnecessarily risk averse because of uncertainty as to how the provisions of the legislation might be applied.
92. The Corporate Legal Team's (CLU) input on health and safety matters is mostly reactive and ad hoc. CLU has intermittent interaction with the Health, Safety and Wellbeing team and does not contribute to support of the relevant governance committee. A more proactive and engaged role for CLU (and access to expert external advice as required) would help MFAT focus more directly on keeping people healthy and safe and less on compliance per se.

MFAT's governance arrangements for health and safety

93. MFAT's governance of health, safety and wellbeing has gone through several iterations since establishment following the passing of the health and safety legislation in 2015. In 2018 the MFAT Board established a dedicated Health and Safety Governance Committee (renamed the Health and Safety Governance Group in 2022) which had its first meeting in March 2019. The Committee was chaired by the Deputy Chief Executive of the People and Operations group, with membership including two other Deputy Secretaries, three tier 3 leaders and an independent adviser with expertise in health and safety. The Committee met quarterly. Feedback included that the Committee functioned primarily as an oversight mechanism for the work programme

¹¹ The three lines of defence model is commonly used by organisations to manage risk. The first line is frontline managers managing risks as an integral part of their business. The second line is functional groups that provide expertise, support, monitoring and challenge on risk-related matters. The third line is independent and objective assurance

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of the Health, Safety and Wellbeing team rather than shifting the dial on health and safety across the Ministry and that the work of the Committee was shaped more by the independent adviser than by MFAT's senior leaders¹².

94. In 2024, following a further review of governance, the MFAT Board agreed to disestablish the Health and Safety Governance Group and to allocate health and safety-related functions to the newly established Organisational Development and People Committee (ODP) from March 2025. ODP is chaired by the Deputy Secretary of the Europe, Middle East and Africa, and Australia Group and includes the Deputy Chief Executive, People and Operations, and the Deputy Secretaries for Americas and Asia and Multilateral and Legal Affairs, four tier 3 leaders and an independent expert adviser.
95. ODP meets monthly. Health and safety is allocated a standard agenda time of 30 minutes every two months. Feedback from Committee members is that the role of ODP in governance of health and safety and the information the Committee needs in order to discharge this role is not yet completely clear and that further evolution of the Committee's way of working is likely to be required (informed in part by findings from this review).
96. The health and safety report submitted to ODP is included in the Chair's report back to the MFAT Board. Beyond that, the MFAT Board does not have a standing-agenda item on health and safety although the Board does consider health and safety matters as they arise.
97. In 2024, WorkSafe and Institute of Directors published updated guidance on good practice for health and safety governance. The introduction notes a global evolution since 2015 in the way health and safety is viewed and managed – a move from a compliance-focused, rules-based approach to one that is more focused on productive work and takes more account of the complexity and variability of workplaces. This approach acknowledges that systems and rules cannot predict and cater for all eventualities and that trained and competent workers need to be supported to safely manage activities and adapt to changes in real time¹³.
98. This characterisation is highly relevant to the reality of MFAT's ever-changing environment within which to govern and manage health and safety.
99. The good practice guidance as to what constitutes effective governance of health and safety is organised around:
 - Foundations;
 - Five principles for what to do: Learn and Develop, Anticipate and Understand, Plan and Resource, Trust and Verify, Monitor and Respond;
 - The Five C's of how to do it: Courage, Capability, Curiosity, Context, Care.
100. The Good Practice Guide maps the five principles against the six elements of officers' due diligence. The five principles or the six due diligence obligations are alternative frameworks around which to organise the work programme for MFAT's governance of health and safety. The Good Practice Guide is clear that it is not enough for officers to be told and accept that health and safety is under control. The Guide provides examples of the types of questions for officers to ask in relation to each of the five principles, including:
 - Learn and develop: is there a planned programme of learning for officers? How do officers get regular feedback on the practical reality of how work is normally done? One specific initiative might be to invite WorkSafe to a meeting of the MFAT Board in order to discuss MFAT's approach to health and safety and the management of critical risks;

¹² 'Light review of the Ministry's Governance Framework', Korora Consulting, November 2023

¹³ Page 7 of Health and safety Governance, A Good Practice Guide [2024] WorkSafe and Institute of Directors

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- Anticipate and understand the impacts of change and the range of potential consequences: how do organisational change processes consider health and safety? How might changes in our external environment impact on our approach?
 - Plan and resource: what resources do we have to support critical risk management and provide sufficient advice and support?
 - Trust and verify – we trust our people and partners to give advice and implement the decisions we make and we verify that those things happen and that our critical systems and controls work: has an appropriate process been used to identify key controls for managing critical risks and how have we verified that these controls are working as intended?
 - Monitor and respond: do our reports give us genuine insight rather than just numbers? Does the way we react when people report bad news encourage future reporting? Are we curiously sceptical if reporting appears rose-tinted?
101. An approach to governance organised around the five principles should ensure a high degree of alignment between good health and safety outcomes for all MFAT's people (and people with whom MFAT interacts) and compliance with the requirements of the health and safety legislation.
102. As noted above, recent legal cases have confirmed the need for the MFAT Board (officers as defined in HSWA) to have active oversight of health and safety and that officers have individual accountabilities that require their active engagement in relation to health and safety. MFAT's current governance arrangements for health and safety would be unlikely to meet this test.
103. Given the requirements (and the benefits) of active engagement by all SLT members in health and safety, MFAT may wish to consider moving governance of health and safety from ODP to the MFAT Board. This would avoid what would otherwise involve some duplication for those MFAT Board members also on ODP. A risk would be that health and safety gets insufficient attention on the MFAT Board's agenda.
104. Many organisations have some mix of a vision, strategy, plan and organisation-wide set of prioritised actions to guide the approach to strengthening the health and safety system and improving performance. The lack of such artefacts makes it harder for the many parts of the Ministry contributing to health and safety to see the bigger picture within which individual roles sit and to inform prioritisation choices. MFAT may wish to consider what combination of such documents would work best within the Ministry's wider strategy and planning systems. The Chief Executive has started to address this in his communication to and discourse with MFAT's people.

Health and safety reporting

105. The IOD/WorkSafe Good Practice Guide summarises current good practice on health and safety reporting as: "Reports include narrative as well as metrics to provide context. Data are presented with context, such as trends and progress against plans, rather than raw numbers. All information is provided with statements explaining why it is important and what relevance it has to health and safety performance.....[Reports provide] context and systems information that enables genuine understanding rather than just accident rates."¹⁴
106. MFAT's reporting is a work in progress. A great deal of information is collected across the organisation and assembled in the regular reporting to ODP. The information is not integrated across the various sources, reflecting the use of multiple information systems, siloed ways of working and the separate approach to health and safety reporting taken by PDG. Interpretation

¹⁴ Health and safety Governance, A Good Practice Guide. Institute of Directors and WorkSafe, page 37

of the information presented is limited, with a lack of actionable insights, making it more difficult for Committee members to do such things as develop a sense of how the system is functioning, whether some risks are increasing and what actions to prioritise in pursuit of improved outcomes.

Critical risks

107. WorkSafe defines critical risks as those that are most significant for an organisation, in terms of their potential impact (typically defined as potentially fatal consequences) and encourages organisations to identify and manage these risks (through elimination where reasonably practicable but otherwise mitigations to reduce probability of occurrence and seriousness of consequence). A focus on critical risks is a natural way to prioritise and to avoid allocating scarce resources to managing (comparatively) trivial risks.
108. WorkSafe describes good practice for critical risks: identify, put in place controls (which are in a hierarchy¹⁵), verify the effectiveness of the controls.
109. MFAT has identified seven draft critical risks¹⁶:
 - Psychosocial (workplace mental health), incorporating bullying and harassment, work demands, work content;
 - Outsourced activities, incorporating contractor activities, shared health and safety responsibilities;
 - Physical wellbeing: incorporating infectious diseases, ergonomics;
 - Crime, civil unrest and threats, incorporating assaults, robberies, conflict;
 - Natural and human made hazards, incorporating climate change and air pollution;
 - Travel, incorporating long-haul, vehicle management, business travel;
 - Infrastructure, incorporating electricity, structural integrity, fire risks.
110. MFAT's critical risks have been in draft for some time.
111. Provisionally, the Chief Executive is the Senior Responsible Officer¹⁷ (SRO) for the psychosocial critical risk, with the Deputy Chief Executive, People and Operations the SRO for the other six. A common practice in other organisations is to share leadership for critical risks across the senior leadership team which, as well as distributing leadership for critical risks, supports the leadership team in discharging health and safety obligations. The role of the SRO is not yet defined but would normally include ensuring the organisation has key controls in place to meet the 'so far as reasonably practicable' test, and arrangements to verify the controls are effective. Management of each critical risk might require a cross-Ministry steering group or equivalent.
112. Given the draft status of the critical risks, MFAT has not yet established and documented the set of key controls or verified they are working. This is a priority for MFAT's future health and safety work programme.

¹⁵ The hierarchy of controls is elimination, substitution, isolation, engineering controls, administrative controls, personal and protective equipment

¹⁶ As discussed above, the development group has a separate list of critical risks that partially matches the MFAT set of critical risks

¹⁷ Alternatively described as the executive sponsor or risk owner)

Annex 1. List of interviewees

Wellington Based Staff

s9(2)(g)(i)

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Wellington Based Staff

s9(2)(g)(i)

Heads of Mission / Posts

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Annex 2. MFAT health and safety documents reviewed

Date Shared	Document Title
Mon 19/05/25	1 Intranet – H&S Home page
	1.1 Intranet – Incident Management
	1.2 Intranet – Hazard and Risk Management
	1.3 Health and Safety Resources
	2 Intranet - Intranet - Safety Alerts - Electrical Safety - May 2023
	2 Intranet - Safety Alerts - Mpox or Monkey Pox - August 2024
	2 Intranet - Safety Alerts - LGBTQ Special Advisory - February 2024
	2 Intranet - Safety Alerts - Marburg Outbreak - Tanzania
	2 Intranet - Safety Alerts - Oropouche Outbreak - August 2024
	3 Intranet - HRIS Programme
	3 Intranet - Incident Information Gathering and Root Cause Analysis Guide
	3 Intranet - MFAT incident management procedure
	3 Intranet - Managing a notifiable incident - one pager
	3 Intranet - Risk Manager Training Material
	4 Intranet - WorkSafe summary fact sheet - how to manage work risks
	4 Intranet - Hazard Management Procedure _new_
	4 Intranet - Guidance visits and events risk register (1)
	5.1 Critical Risks Page
	5.2 Engagement Page
	5.3 MFAT Governance Framework
	5.4 MFAT Health and Safety at work brochure
	6 Governance - Organisational Development and People Committee - Terms of Reference
	Thursday 05/06/25
MFAT Risk Management Policy	
MFAT Risk Appetite Statement	
MFAT Risk Assessment Matrix	

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Date Shared	Document Title
Monday 09/06/25	MFAT Leadership Org Chart March 2025
	PEP Org Chart June 2025
Thursday 12/06/25	CE Opening remarks on H&S delivered at recent HOM/HOPs
Friday 13/06/25	History of Ministry's Governance Framework – Health, Safety and Well-being – 2016-25
	Draft Minutes HSW Incidents Dashboard May 2025 HSW quarterly update key issues risk opportunities paper (002).docx
	ODP - HSW Reporting Reset - Final (003).docx ODP Minutes March 2025 - HSW Reporting Reset.docx
	2024-12 Workforce report.pptx
	Agenda 3.1 HSW quarterly update one pager on roles and responsibilities.pdf 3.1 HSW quarterly update key issues, risks and highlights.docx Minutes
	Agenda.docx 3.1 HSW BAU Update.docx 3.1 HSW Dashboard.pptx Minutes
	2.g Ministry Governance Framework Proposed amendments and improvement work programme.docx
	2.h Governance Light Review Cover Paper.docx Governance Light Review H&S Sections of Report.docx
	2.a Governance Review Report.docx
	PEP baseline review (not yet approved or shared)
Monday 23 June 2025	Health and Safety Review HOM HOP
Monday 23 June 2025	May 2025 HSW quarterly update _ key issues risks opportunities paper
	HSWGC June 2022 AQM Update
	3.7 Critical risk deep-dive- Overlapping duties in the Pākura project
	3.6 HSWG Nov 24 Discovery Paper ECC Risk Management
	3.3 HSWG Critical Risk Deep Dive – Infectious Disease Aug 24

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Date Shared	Document Title
	<p>3.3 HSWGG Deep Dive – Distressing Material as a Critical Threat May 24</p> <p>3.2 Navigating Health – Challenges of Medical Clearances for Overseas Posting May 24</p> <p>2.5 Update – Comprehensive Well-being Programme Feb 23</p> <p>2.4 Overview Critical Risk Programme June 22</p> <p>2.4 HSWGG Deep Dive - Ergonomics Critical threat Nov 23</p> <p>2.4 Mental Well-being by Design Update May 23</p> <p>2.1 Travel Risk Paper HSWGC May 23</p> <p>2.2 Vulnerability Assessment Aug 22</p> <p>2.1 Critical Risk Deep Dive Contractor Management Oct 22</p>
Monday 23 June 2025	2.2 May 23 HSWCC Critical Risk Review – Deep Dive
Monday 21 July 2025	Health and Safety Review HOM HOP for Smol to interview
Monday 21 July 2025	NZ Inc Agencies Health and Safety Operating Principles and Commitments
Date 12/08/2025	<p>ODP Meeting 8 July : Minutes</p> <p>IDC Email and attached documents.</p> <ul style="list-style-type: none"> • IDC Programme Input – ODP Governance Paper – Interim Health and Safety Reporting • HSWGG IDC Programme –Dashboard April 24 • HSWGG IDC Programme Quarterly Update – 2 August 24 • HSWGG IDC Programme Quarterly Update – 7 Nov 24 <p>DCE P&O Email and attached documents.</p> <ul style="list-style-type: none"> • ODP Governance Paper – Interim Health and Safety Reporting – Final • Critical Risk Ownership and Heat map 25.06.25 <p>s9(2)(h)</p>
Tuesday 26 August 2025	<p>Document from SORD</p> <ul style="list-style-type: none"> • Personal Security Overseas • Travel Security Requirements Quick Ref Guide • Travel and Movement Standard Policy • s6(a) • SOP – Welfare – Domestic Response
Tuesday 26 August 2025 (GBM OCE)	<p>Documents from AMD:</p> <p>Link to list here (Asset Management List)</p>

Date Shared	Document Title
	<p>Link to list here (Project Delivery Unit)</p> <p>Documents from SORD:</p> <ul style="list-style-type: none"> • Travel Risk Assessment Process • s6(a) • Local Movement Standard [Post] Template • s6(a) <p>s6(a)</p>
<p>Tuesday 26 August 2025</p>	<p>Documents from SORD:</p> <ul style="list-style-type: none"> • s6(a) • Travel Delegation Briefing Framework • s6(a)

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Out of scope

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From: CORRY, Bede (CEO)
Sent: Wednesday, 5 November 2025 9:39 am
To: ...WLN-SLT <WLN-SLT@mfat.govt.nz>
Subject: Health and Safety review: Final report [SEC=IN CONFIDENCE]

All,

I am attaching the final version of David Smol's review of our H&S ecosystem.

It does not find any fundamental flaws/smoking guns, but nonetheless identifies quite a bit of scope for improvement in our systems and in our culture.

I do not want the report implemented piecemeal; it's in the nature of the issues identified that the recommendations should be considered as part of an overall programme of work for endorsement by the SLT.

That work needs to be led by somebody and we probably do not have a resource with the necessary bandwidth in the Ministry, so I have asked Cecile to see whether somebody external can be identified.

Please do not circulate the report further. There is a decision needed on breadth of distribution and associated work required on communications (again, this is why I want the organisational fate of the report considered in the round).

Bede

Ngā mihi

Bede Corry

Chief Executive
Secretary of Foreign Affairs and Trade
New Zealand Ministry of Foreign Affairs & Trade | Manatū Aorere

E bede.corry@mfat.govt.nz

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From: LIUFALANI, Raylene (OCE) <Raylene.Liufalani@mfat.govt.nz>
Sent: Tuesday, 4 November 2025 1:50 pm
To: CORRY, Bede (CEO) <Bede.Corry@mfat.govt.nz>
Subject: Health and Safety review: Final report [SEC=IN CONFIDENCE]

[IN CONFIDENCE]

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Final report attached as promised.

Raylene

Raylene Liufalani (she/her)

Chief of Staff

New Zealand Ministry of Foreign Affairs & Trade | Manatū Aorere

s9(2)(a)

E raylene.liufalani@mfat.govt.nz

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