



# Selwyn Water

BOARD PACK

for

Selwyn Water Ltd Board Meeting - Public

Wednesday, 8 April 2026

10:00 am (NZST)

Held at:

Virtual

via MS Teams

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# AGENDA

## SELWYN WATER LTD BOARD MEETING - PUBLIC



<b>Name:</b>	Selwyn Water
<b>Date:</b>	Wednesday, 8 April 2026
<b>Time:</b>	10:00 am to 10:30 pm (NZST)
<b>Location:</b>	Virtual, via MS Teams
<b>Board Members:</b>	Murray Strong (Chair), John Brockies, Linda Falwasser, Bruce Gemmell
<b>Attendees:</b>	Alex Cabrera, Elaine McLaren, Heather Geddes, Jo Gallop, Neisha Livermore, Rachael Brown, Bronwyn Knutson, Tania Absolom, Sydney Blyde, Zac Kedgley-Foot

### 1. Opening Meeting

#### 1.1 Opening Karakia

Supporting Documents:

1.1.a	Karakia Whakataka Te Hau - Opening Karakia (1).pptx	6
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#### 1.2 Confirm Minutes

Murray Strong

##### For Noting

Minutes of Selwyn Water Board Meeting, 10 December 2025, for confirmation.

Supporting Documents:

1.2.a	Minutes : Selwyn Water Ltd Board Meeting - Public - 18 Feb 2026	7
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#### 1.3 Interests Register

Murray Strong

##### For Noting

No amendments to Interests Register recorded since last meeting.

Supporting Documents:

1.3.a	Interests Register	10
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### 2. Actions from Previous Meetings

#### 2.1 Action List

##### For Information

Supporting Documents:

2.1.a	02.1 Action list as at 30-03-2026.docx	11
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### 3. Discussion Items

#### 3.1 Risk Register

Heather Geddes

##### For Noting

Attached for information.

Supporting Documents:

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3.1.a	03.1 Board Governance Risk Register - March 2026.docx	12
3.1.b	03.1a Draft Governance Risk Register Mar 2026.pdf	13

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#### 3.2 Treasury Policy

Alex Cabrera

##### For Decision

David Walker, Bancorp Treasury, will attend to provide oversight of the draft policy.

Supporting Documents:

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3.2.a	03.2 Treasury Policy Report to SWL Board.docx	16
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### 4. Health Safety and Wellbeing

#### 4.1 HSW Monthly Dashboard Report

Bronwyn Knutson, Tania Absolom

##### For Noting

Supporting Documents:

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4.1.a	04.1 HSW Update and Dashboard - FebMar 2026.docx	30
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### 5. Information

#### 5.1 Engagement and Communications Report

Neisha Livermore

##### For Noting

An overview of key engagement and communications activities.

Supporting Documents:

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5.1.a	Engagement and Communications Update.docx	35
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#### 5.2 Drinking Water - Annual Compliance Report

Elaine McLaren

##### For Noting

Helen Graham, Water Services Quality and Compliance Lead, will be in attendance to present the report.

Supporting Documents:

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5.2.a	Annual Drinking Water Quality and Compliance Report 2025.docx	38
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Supporting Documents:

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5.2.b	05.2a Annual Drinking Water Quality Report 2025_Rev 1_Final.docx	40
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### **5.3 DIA Quarterly Monitoring Report**

Heather Geddes

#### **For Noting**

Supporting Documents:

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5.3.b	05.3a DIA Quarterly-monitoring-report-Selwyn Water Limited DRAFT.docx	64

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## **6. Other Business**

### **6.1 Resolution to move into Public Excluded**

Murray Strong

Supporting Documents:

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6.1.a	06.1 Resolution to Exclude the Public 8 April 2026.docx	67
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## **7. Close Meeting**

### **7.1 Close of the Public meeting**

**Next meeting:** Selwyn Water Ltd Board Meeting - Public Excluded - 8 Apr 2026, 10:30 am

# Whakataka Te Hau - Opening Karakia

**Whakataka te hau ki te uru** *Cease the winds from the west*

**Whakataka te hau ki te tonga** *Cease the winds from the south*

**Kia mākinakina ki uta** *Let the breeze blow over the land*

**Kia mātaratara ki tai** *Let the breeze blow over the sea*

**E hī ake ana te atakura** *Let the re-tipped dawn come with a sharpened air*

**He tio, he huka, he hau hū** *A touch of frost, a promise of a glorious day*

**Tīhei mauri ora!**

# MINUTES (in Review)

## SELWYN WATER LTD BOARD MEETING - PUBLIC



<b>Name:</b>	Selwyn Water
<b>Date:</b>	Wednesday, 18 February 2026
<b>Time:</b>	10:00 am to 10:35 am (NZDT)
<b>Location:</b>	Virtual, via MS Teams
<b>Board Members:</b>	Murray Strong (Chair), John Brockies, Linda Falwasser
<b>Attendees:</b>	Alex Cabrera, Amon Nunns, Elaine McLaren, Heather Geddes, Jo Gallop, Neisha Livermore, Rachael Brown, Tania Absolom

### 1. Opening Meeting

#### 1.1 Opening Karakia

#### 1.2 Confirm Minutes

**Selwyn Water Ltd Board Meeting - Public 21 Jan 2026**, the minutes were confirmed with the following changes:

##### *4.1 Health, Safety and Wellbeing Dashboard*

*The Board requested that H&S site visits be added to the Board Work Plan.*

*Action: Health and safety site visits be added to the Board Work Plan.*

The Board reviewed the previous meeting's minutes, and amendments were noted.



#### Confirmation of Minutes

The minutes were approved with amendments noted.

<b>Decision Date:</b>	18 Feb 2026
<b>Mover:</b>	Murray Strong
<b>Seconder:</b>	John Brockies
<b>Outcome:</b>	Approved



#### Confirmation of Minutes

Noted that a summary of the changes to the minutes, along with the associated actions items would be circulated to the board following the meeting.

<b>Due Date:</b>	2 Mar 2026
<b>Owners:</b>	Alex Cabrera, Jo Gallop

#### 1.3 Interests Register

## 2. Actions from Previous Meetings

### 2.1 Action List

The CEO provided an update on the programme of site visits and activities being arranged for the Board. He noted that he would continue to build on the work completed to date.

The Board discussed the value of half-day site visits, including inviting Councillors to create a shared understanding across the newly formed Council.



#### **Governance Site visits with Councillors**

The Chair will discuss this with the Mayor the value of including Councillors on site visits with the Board to create a shared understanding across the newly formed Council.

**Due Date:** 30 Jun 2026

**Owners:** Alex Cabrera, Murray Strong

## 3. Discussion Items

### 3.1 Risk Register

Heather Geddes presented an overview of the risk register and noted the Board has requested that the organisation's architectural approach to risk needs to continue evolving. The Board suggested that external expertise may be valuable in updating a comprehensive risk management framework to align with the next phase of the organisation's maturity. The CEO confirmed he was open to considering additional support, noting that several external experts were already contributing to risk escalation within the organisation, and he would review the scheduling to ensure alignment.

Concerns were raised by the Board regarding the timing of current risk management cycles, suggesting that additional resource might be necessary to ensure priorities are addressed appropriately and that expert advice could benefit the organisation's overall risk architecture. The CEO observed that there may be overlap with the Council's ARC processes, raising the possibility of a joint mitigation plan. Management agreed that the Board's focus on prioritisation would be critical in ensuring the organisation is prepared for 1 July.

## 4. Health Safety and Wellbeing

### 4.1 HSW Monthly Dashboard Report

The Board welcomed Bronwyn Knutson to the meeting. She provided an overview of the HSW paper. The CEO reported that an internal review of health and safety practices was underway.

The Board emphasised the importance of leadership-led safety practices, including routine safety moments at senior levels.

The CEO and Chair acknowledged the substantial effort and resilience demonstrated by the team, noting the significant workload the organisation was currently managing.

## 5. Information

### 5.1 Engagement and Communications Report

Neisha Livermore presented the Engagement and Communications report. She highlighted the operational impacts of recent weather events on public communication.

The Board positively remarked on the increased communications activity, and Alex noted that the public's main interests remained next year's cost implications and the programme of capital delivery.

During the discussion, the Board noted the importance of understanding how rainfall events could impact wastewater. The Board agreed that this should be incorporated into the risk register



### **Rainfall events impact on Wastewater added to Risk Register**

The Board noted the importance of understanding how rainfall events could impact wastewater and agreed that this should be incorporated into the risk register.

**Due Date:** 30 Apr 2026  
**Owner:** Neisha Livermore

## 6. Other Business

### 6.1 Resolution to move into Public Excluded



#### **Resolution to move into Public Excluded**

The Board **resolved to move into Public-Excluded session** at the conclusion of the public agenda to consider items relating to section 7(2)(h).

**Decision Date:** 18 Feb 2026  
**Mover:** Murray Strong  
**Seconder:** John Brockies  
**Outcome:** Approved

## 7. Close Meeting

### 7.1 Close of the Public meeting

**Next meeting:** Selwyn Water Ltd Board Meeting - Public - 8 Apr 2026, 10:00 am

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Interests Register

## Selwyn Water



As of: 8 Apr 2026

Person	Organisation	Active Interests	Notice Date
<b>John Brockies</b>	Resolve Group Ltd - independent non exec	Fees Paid	8 Nov 2025
	Tauranga City Te Maunga Program Board	Fees Paid	13 Nov 2025
	Te Pukenga - independent risk committee member	Fees paid	8 Nov 2025
	Walworth Ltd - director	Fees paid	8 Nov 2025
	Waste Disposal Services - independent chair	Fees paid	8 Nov 2025
<b>Linda Falwasser</b>	Kohae Limited	Director / Principal - 21/10/2016 - current. Fees paid. Kohae provides governance, strategy, advisory, and architectural design services.	1 Oct 2025
	Te Mana o Ngāti Rangitahi Limited	Director - 31/03/2025 - current. Fees paid. Iwi-owned PSGE commercial investment company in the Eastern Bay of Plenty.	1 Oct 2025
<b>Murray Strong</b>	CoDE Ltd	Centre of Digital Excellence, NZ Ltd - Chairman - 1/12/2018-current. Fees paid	3 Jan 2025
	DCC	Digital Interactive Health/MedTechIQ - Chairman - 1/08/2023-current. Fees paid.	3 Jan 2025
	Health NZ	New Dunedin Hospital, Digital Transformation Board - Chairman - 20/12/2021-current. Fees paid.	3 Jan 2025
	University of Canterbury	Industry Lead - Executive MBA - Digital Transformation	1 Aug 2025

## Action List - Selwyn Water

As at 30 March 2026

Subject	Action	Due Date	Responsibility	Status Update
<b>Enterprise Risk Categories</b>	Develop and agree enterprise risk categories following further Board discussion on the overall risk management approach.	30 Jun 2026	Heather Geddes	<b>CLOSED</b>

# Board Report

8 April 2026

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## Governance Risk Register – January 2026

**Presenter: Heather Geddes**

**RECOMMENDATION:** That the Board **NOTE** the Governance Risk register for March 2026

### Risk Register Update

During the Board workshop in January, the Board provided direction to further develop and expand the risk management framework, register and reporting to reflect that the assets transferred 18 December 2025. Asset transfer included a post transition wash up period to 30 June 2026 which will mean the risk profile will require dynamic revision until complete.

The risk register has been updated to include the categories requested by the Board. The risk register is amended to include risks identified for inclusion in this report.

As part of the review the following categories have been updated within the register. Current risks being managed have been retained and adjusted to these categories and further risks added as a result of changes to the risk profile between the last reporting period and the end of March 2026.

### Highlighted risks for governance attention

Since the last reporting period the situation in the Middle East has presented considerable risk to the organisation in supply chain and fuel supply. The register includes these risks and more detailed information is supplied in the public excluded report to the Board.

RISK #	Category	Risk	RISK CONTROL	Risk owner(s)	Risk rating			Mitigations/Actions		
					Probability	Impact	Rating	Mitigation	Status	Action (updated 30/03/26)
AP003	Asset Performance & Renewals	Asset failure due to poor condition.	In control	Director Assets	Possible	Major	High Med	Establish a risk-based renewals programme against AMPs and IDP. Critical assets identified and preventative maintenance programme put in place.	Open	Asset condition assessment scoped and priced scheduled to start in April.
AP004	Asset Performance & Renewals	Unknown asset condition.	In control	Director Assets	Possible	Major	High Med	Proactive condition assessment approach used, implement a risk based condition assessment programme (critical assets first).	Open	Asset condition assessment scoped and priced scheduled to start in April.
CD002	Capital Delivery	Cost escalation and delays.	In control	Director Assets	Possible	Major	High Med	Project controls put in place to track time, cost and quality on individual projects and across programme delivery performance. Prioritisation and decision gates implemented.	Open	Strengthen governance through Capital Delivery Steering Group and escalation. Strengthened mechanisms in place with main contracting provider.
CD003	Capital Delivery	Contractor performance issues.	In control	Director Assets	Possible	Major	High Med	Contract reviewed, terms and conditions assessed and increased visibility through reporting. Establish procurement process to diversify.	Open	Diversify contractors, review contracts.
CR001	Climate & Resilience	Flood/drought impacts services.	In control	Director Operations	Possible	Major	High Med	Resilience and climate modelling for flood protection. Catchment and land use reviewed.	Open	Adaptation strategies included in network capacity planning.
FS003	Financial Sustainability	Unfunded commitments impact debt.	In control	Director Finance	Possible	Major	High Med	Financial controls established.	Open	Confirm commitments and develop a debt strategy.
FS004	Financial Sustainability	Affordability constraints.	In control	Director Finance	Possible	Major	High Med	Pricing strategy established.	Open	Review pricing against asset and operations requirements.
GC001	Growth & Capacity	Cumulative development exceeds capacity.	In control	Director Assets	Possible	Major	High Med	Planning coordination between SWL and SDC and growth strategies aligned to network capacity thresholds.	Open	Capacity framework established, proactive growth planning and Development Contributions Policy.
GC002	Growth & Capacity	Misaligned growth and infrastructure timing.	In control	Director Assets	Possible	Major	High Med	Planning coordination between SWL and SDC and growth strategies aligned to network capacity thresholds and capital planning.	Open	Align planning
HS001	Health & Safety	Injury to staff/contractors.	In control	Director Operations	Possible	Major	High Med	Health and Safety Systems assessed and monitored.	Open	Improve oversight and establish and H&S improvement implementation plan.
PC001	People & Capability	Contractor dependency.	In control	Director Operations	Possible	Major	High Med	Capacity and capability modelling established against ongoing operational requirements to determine longer term BAU requirements against shorter term specialist work.	Open	Develop internal capability, establish protocols against contracting and consultancy use.
FS001	Financial Sustainability	If the Transfer Agreement is not an accurate reflection of the current assets and liabilities for transfer this may impact on SWL meeting solvency requirements.	In control	Chief Executive	Possible	Major	High Med	Conduct due diligence and agree a remediation plan with SDC that provides for transfer of assets to meet legislation with a remediation period to work through inaccuracies.	Open	Operational Working Group actions in place to work through wash up activities over the next 3 to 12 months.
RC001	Regulatory Compliance	If there is ambiguity over the statutory responsibilities between Council and the CCO during transition this may cause non-compliance.	In control	Chief Executive	Unlikely	Moderate	Low Med	Clear accountability matrix established and a transition plan for statutory obligations. Shared issues register kept which records decisions.	Open	Issues register has been developed and joint decisions on issues reached with SDC and recorded.
RC002	Regulatory Compliance	If there is insufficient water industry, public health, infrastructure or financial expertise appointed to the Board of Directors it may impact decision making.	In control	Board	Possible	Moderate	High Med	Governance framework developed with legal team to ensure it meets all statutory requirements. Alignment with SDC process included.	Open	Board is appointed against agreed skills matrix. Director appointments increased in 2026.

RISK #	Category	Risk	RISK CONTROL	Risk owner(s)	Risk rating			Mitigations/Actions		
					Probability	Impact	Rating	Mitigation	Status	Action (updated 30/03/26)
AP001	Asset Performance and Renewals	If the asset valuation and potential liabilities are not known before transfer there could be remediation required for asset management and capital delivery that is not included in current budget planning.	In control	Chief Executive	Possible	Major	High Med	Risk assessment conducted with recommendations for inclusion in transfer agreement documentation (if applicable) and asset management plans (if applicable).	Open	Transfer agreement allows for agreed amendments up to 6 months post transfer enactment.
RS001	Reputation and Stakeholder	If SDC wants to change the Statement of Expectations then the Water Services Strategy cannot be progressed (must be done 6 months post approval of the SoE)	In control	Chief Executive	Unlikely	Moderate	Low Med	Clear and open communication process with SDC and SWL to agree SoE contents and a mirroring of expectations with current SDC water service requirements.	Open	SoE approved 17 September, ongoing discussions with the new Council. WSS with Council for feedback and expected to progress. Risk downgraded 30/03/26.
RS002	Reputation and Stakeholder	If SWL fails to establish trust and legitimacy with communities, iwi, regulators and the workforce it will impact Council trust with the CCO.	In control	Chief Executive	Unlikely	Major	High Med	Establish a stakeholder engagement plan and implement.	Open	Stakeholders mapped and communications plan drafted. Meeting scheduled with Taumutu Runanga, community meetings scheduled and attended as part of S&E Policy engagement.
RS003	Reputation and Stakeholder	If there is a lack of transparency and visibility of decision making then there may be a breakdown of Council trust of the CCO performance.	In control	Chief Executive	Unlikely	Major	High Med	Establish a relationship protocol and Transition Steering Group to jointly assess and resolve issues. Establish regular reporting mechanisms to Council and Councillors	Open	Steering Group established and briefing sessions provided to Councillors, regular quarterly reporting activity to be initiated against SoE.
AP002	Asset Performance and Renewals	If there is uncertainty regarding the condition and maintenance and how the history of transferred assets is recorded it may impact costs and efficiencies.	In control	Chief Executive	Possible	Major	High Med	Conduct a thorough asset valuation and condition assessment to anticipate financial and operational risks.	Open	Organisation approached to conduct asset condition assessment.
RS004	Reputation and Stakeholder	If data transferred is lost, corrupted or inaccurate it will impact on the ability to use evidence-based data for asset management, financial and customer decisions.	In control	Director Strategy	Possible	Major	High Med	A clone is done of each data set to retain historical data within SDC prior to go live operation by CCO, robust user access testing completed prior to go live.	Open	Data migration, cleansing and testing plan and resources in place. Prioritisation of customer information, testing with sample groups and gap identification and alignment ongoing.
CD001	Capital Delivery	If there are undocumented decisions made for capital delivery that are not included in the Water Services Strategy it may cause solvency issues for the CCO.	In control	Chief Executive	Possible	Major	High Med	Due diligence done of informal communication channels used to engage with consent applications and a remediation plan established including potential legal and financial considerations. Capital delivery stocktake completed and reviewed against approvals within SDC.	Open	Confirmed list of commitments provided as part of transfer. Capital delivery programme assessed against scope, time, cost and quality requirements. Master list established and process defined for projects to be added to the list.
FS002	Financial Sustainability	If the borrowing arrangements between SWL, SDC, LGFA and the trading banks are not put in place, SWL will not be able to establish debt limits and borrowing arrangements.	In control	Chief Executive	Possible	Moderate	High Med	LGFA, Bell Gully, Bancorp, Russell McVeigh and Simpson Grierson to engage to identify steps, risks, barriers and establish a path to bring back to SWL and SDC for consideration.	Open	LGFA registration underway, agreements final and in executed format and with SWL Board of Directors and SDC for approvals.
PH001	Public Health and Drinking Water Safety	Drinking water source quality – sudden elevated nitrate concentrations exceed the Maximum Acceptable Value (MAV), leading to source water no longer being available for drinking water supply due to non-compliance with the Water Services Act, Drinking Water Quality Assurance Rules. This may cause public health risks (especially for infants), and require do not use notices, trigger regulatory enforcement from Taumata Arowai, result in reputational damage, emergency expenditure, and operational disruption.	In control	Director Operations	Unlikely	Major	Med	Enhanced monitoring including increased nitrate sampling frequency. Continuing trend analysis to understand source water quality. Review alternate source or additional treatment process options, including long-term option funding. Develop alternative supply options.	Open	Work is underway to determine short-term and longer-term measures to respond on current nitrate trends and sudden elevation in levels. Communication of nitrate levels and link to creditable information sources on risk levels available online and to customers/consumers.
PH002	Public Health and Drinking Water Safety	Legislative and/or regulatory changes to the Maximum Acceptable Values (MAV) for inorganic determinands e.g. Nitrate	In control	Director Operations	Unlikely	Major	High Med	Ongoing monitoring of legislative changes.	Open	Ongoing dialogue with Taumata Arowai, the Ministry of Health and WHO to understand any potential changes to advice, legislation and/or regulation.
PH003	Public Health & Drinking Water Safety	Treatment failure leads to unsafe drinking water.	In control	Director Operations	Possible	Major	High Med	Treatment processes and monitoring to meet compliance and regulatory requirements.	Open	Enhance monitoring; redundancy
PH004	Public Health & Drinking Water Safety	Source water contamination risk.	In control	Director Operations	Possible	Major	High Med	Source protection plans	Open	Strengthen catchment controls
RC003	Regulatory Compliance	Non-compliance with regulators.	In control	Director Strategy	Possible	Major	High Med	Compliance requirements mapped and accountability and responsibility assigned. Mechanisms in place to capture and report.	Open	Reporting established, new Commerce Commission requirements added into responsibilities.
RS005	Reputation & Stakeholder	Loss of stakeholder confidence.	In control	Chief Executive	Possible	Major	High Med	Engagement plans established and regularly reviewed.	Open	Communication plans established and actioned.
SC001	Supply Chain & Resilience	Fuel supply disruption.	In control	Director Operations	Possible	Major	High Med	Supply assessed and emergency storage options established. Review against local and central government planning to ensure essential services maintained. Prioritisation schedule established.	Open	Fuel storage established. Security being assessed, activity assessed against essential services to understand impact from rationing, cost impacts being assessed.
SC002	Supply Chain & Resilience	Critical materials shortage.	In control	Director Assets	Possible	Major	High Med	Procurement adjusted to ensure critical infrastructure requirements can be met.	Open	Stockpile materials

RISK #	Category	Risk	RISK CONTROL	Risk owner(s)	Risk rating			Mitigations/Actions		
					Probability	Impact	Rating	Mitigation	Status	Action (updated 30/03/26)
TC001	Technology & Cyber	SCADA outage or cyber attack.	In control	IT Manager	Possible	Major	High Med	IT controls established against cyber security protocols.	Open	Cyber strategy being developed. Currently under SDC protections.
WW001	Wastewater Environmental Compliance	Consent breaches or overflows.	In control	Director Assets	Possible	Major	High Med	Consent monitoring established.	Open	Upgrade network; monitoring
WW002	Wastewater Environmental Compliance	Failure to meet future standards.	In control	Director Assets	Possible	Major	High Med	Compliance requirements mapped and accountability and responsibility assigned. Mechanisms in place to capture and report.	Open	Plan upgrades

# Board Report – Public Excluded

8 April 2026

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## Treasury Management Policy

**Presenter: David Walker, Bancorp Treasury**

**RECOMMENDATION:** That the Board review and **APPROVE** the adoption of the Selwyn Water Ltd Treasury Management Policy

### Purpose

To seek Board approval for the adoption of the attached Treasury Management Policy (the “Policy”), which establishes a formal framework for managing the organisation’s funding risk, liquidity risk, interest rate risk, foreign exchange risk, counterparty credit risk, operational risk, cash management and reporting

### Background

Selwyn Water has significant funding, liquidity and interest rate risks, arising largely from its core debt. This Treasury Policy (“the policy”) outlines the objectives and approach for Selwyn Water to manage these material exposures/treasury risks. While Selwyn Water does not seek to profit from its treasury activities speculatively, it recognises that active and prudent management of its treasury risks within defined management parameters will assist the company in achieving its overall commercial objectives.

### Key considerations for the Board:

- Approach to hedging forecast debt as outlined in the Interest Rate Risk Management section
- Approval of Fixed Rate Cover Percentages (hedging bands)
- Any board guidance as to where it would like to sit within the bands, e.g. policy minimums or midpoints (after due consideration or whether hedging should include any part of forecasted debt)

### Appendix 1

Treasury Policy (Draft)

CONFIDENTIAL

# TREASURY POLICY

## SELWYN WATER LIMITED (SWL)

*This document is approved by the Board and is subject to annual review.*

**Board Approval Date:** 8 April 2026

**Next Review Due Date:** 8 April 2027

## 1. Introduction

Selwyn Water Limited (SWL) faces significant funding, liquidity, and interest rate risks arising primarily from its core debt. This Policy outlines the objectives and approach for managing exposures and treasury risks.

This policy covers the following treasury risks:

- Funding Risk & Liquidity Risk
- Interest Rate Risk
- Foreign Exchange Risk
- Counterparty Credit Risk (arising from treasury transactions only)
- Operational Risk & Investment Concentration Risk
- Ring-Fencing / Legislative Compliance Risk

## 2. Treasury Objectives

The primary objectives of SWL's treasury function are to:

- Minimise the cost of borrowing through cost-effective financing techniques while considering balance sheet constraints.
- Mitigate the impact of interest rate volatility.
- Ensure SWL can meet its financial obligations as they fall due through active liquidity and funding risk management.
- Ensure compliance with all terms, financial covenants, and security arrangements contained in borrowing documentation.
- Safeguard financial market assets by establishing and regularly reviewing treasury credit limits.
- Maintain adequate internal controls to minimise operational risk, including the effective management of third-party registry and paying agents.
- Ensure strict ring-fencing of water services funds in accordance with the Local Government (Water Services) Act 2025 (LGWSA).

## 3. Organisational and Responsibility Structure

Personnel responsible for treasury activities of SWL:

- **Board of Directors:** Approves policy, risk limits, and new debt facilities.
- **Chief Executive Officer (CEO):** Overall management, approves bank accounts and authorised signatories.
- **Director of Finance (DF):** Day-to-day treasury management, execution of hedging, compliance monitoring, and relationship management with LGFA and lenders.
- **Senior Accountant (SA):** Settlement, cashflow forecasting, reconciliation, and accounting.

## 4. Approved Funding and Borrowing Instruments

SWL is authorised to raise funds and manage its debt portfolio using the following approved instruments:

- Committed bank facilities and short-term bank debt.
- Borrowings from the New Zealand Local Government Funding Agency Limited (LGFA), including Short term loans, cash advance facilities, Fixed Rate Bonds and Floating Rate Notes.

## 5. Security Policy (Granting of Security)

To facilitate access to the LGFA and other debt capital markets, SWL's borrowings and financial market obligations will be secured.

- Security will be granted over SWL's water services charges and all revenue from those charges (together with the proceeds of those water services charges and revenue from those charges (except proceeds that comprise assets of the water services network)) via a **Specific Security Deed**.
- This security will be held and managed by an independent Security Trustee (Covenant Security Trustee Limited) under a **Security Trust Deed**, which will govern how the security is shared among beneficiaries (including the LGFA, Commercial Lenders, and specific hedging counterparties).

## 6. Borrowing Capacity and Financial Covenants

SWL's borrowing capacity is explicitly governed by the financial covenants set out in its accession to the LGFA Multi-issuer Deed. SWL must ensure ongoing compliance with these limits.

### 6.1 Bespoke Interim Testing Period (Through 30 June 2030)

For the financial years leading up to 30 June 2030, SWL will comply with the following bespoke interim covenants:

Financial Year	Adjusted FFO to Net Debt Ratio	Adjusted FFO to Cash Interest Coverage Ratio	Max % of Development Contributions Recognised in Operating Revenue
2025/2026	None	None	50%
2026/2027	3.50%	1.00x	50%
2027/2028	5.00%	1.25x	50%
2028/2029	7.00%	1.50x	50%
2029/2030	8.00%	1.50x	50%

### 6.2 Standard Tiered Covenants (Post-30 June 2030)

Following the bespoke testing period, SWL will comply with LGFA tiered covenants based on the number of drinking water connections:

- For SWL's expected tier (e.g., 20,001–50,000 connections):
  - Adjusted FFO to Net Debt  $\geq$  9%;
  - Adjusted FFO to Cash Interest  $\geq$  1.50x;
  - Max Development Contributions = 50%.

*(Note: The DF will monitor connection numbers annually to ensure the correct tier limits are applied per the LGFA Accession Deed).*

## 7. Funding Risk Management

Funding risk is the inability to secure access to external lines of credit. Key controls include:

- Stagger debt maturity profile so that no more than 35% of total funding facilities mature in any rolling 12-month period.
- **LGFA Specific Limit:** To minimise concentration risk, no more than the greater of NZD \$100 million or 33% of SWL's borrowings from the LGFA will mature in any 12-month period.
- The DF must renegotiate or replace maturing funding facilities at least 30 days prior to maturity.

## 8. Liquidity Risk Management

Liquidity risk management ensures adequate liquid assets are available to meet short-term obligations.

- SWL will target liquidity (defined as external term debt + unutilised committed debt facilities + liquid investments divided by current external debt) at **110%** of projected peak debt, with a minimum of 105%.
- Rolling 12-month cashflow reporting mechanisms will monitor projected liquidity.

## 9. Interest Rate Risk Management

Interest rate risk management aims to provide certainty in funding costs and mitigate volatility.

- Hedging projected future core debt should be considered only when it is highly probable and supported by approved capital plans.
- **Transition Period:** A 6-month transition period applies from the date of debt transfer to allow the re-establishment or novation of existing SDC swaps to SWL while retaining flexibility to enter into new hedging transactions under favourable market conditions.
- **Fixed/Floating Interest Rate Control Limits:**
  - 0 to 2 years: 40% - 100%
  - 2 to 5 years: 30% - 80%
  - 5 to 10 years: 15% - 60%
  - 10 to 15+ years: 0% - 40%

**Approved Derivative Instruments:**

- Fixed interest rate swaps (including forward starting swaps).
- Interest rate options (caps, swaptions, and collars). *Options with an exercise rate >1.50% above the equivalent period swap rate at inception cannot be counted toward fixed rate cover.*

**10. Foreign Exchange Risk Management**

- Foreign currency borrowing must be 100% hedged back to NZD at inception using approved instruments (unless approved by the Board).
- Other foreign exchange transactions (e.g., equipment purchases) exceeding NZD 250,000 equivalent must be hedged 100% upon receipt of an approved purchase order.

**11. Counterparty Credit Risk and Approved Investments**

Counterparty credit risk arises from the default of a financial counterparty.

**Approved Counterparties & Investments include:**

- **New Zealand Local Government Funding Agency (LGFA):** Approved for borrowing and as an investment counterparty (specifically for mandatory **LGFA Borrower Notes** which SWL must subscribe to under the Notes Subscription Agreement).
- New Zealand registered banks or financial institutions with a long-term credit rating of 'A' or above (S&P/Fitch) or equivalent.
- Maximum exposure limits will apply per counterparty for term deposits, derivatives, and FX contracts to avoid concentration risk.

**12. Operational Risk**

Operational risk arises from mismanagement, errors, or system failures. Key controls include:

- **Segregation of Duties:** No single individual can execute, confirm, settle, and account for a treasury transaction.
- **Outsourced Registry & Paying Agent:** To mitigate internal operational risk surrounding the issuance of Notes (MTNs/CPs), SWL has appointed Computershare Investor Services Limited as the Registrar and Paying Agent. All communications regarding Noteholder registers and payments will be managed through them.
- All inward deal confirmations must be independently checked against deal tickets by the Senior Corporate Accountant.

**13. Cash Management**

- The FC is responsible for day-to-day cash and short-term debt management.
- Surplus funds will be invested short-term (e.g., bank deposits) until the next opportunity to repay debt.
- Board or FC approval is required for pre-funding investments exceeding 6 months of

operating expenses.

## 14. Reporting

Quarterly treasury reporting to the Board will include:

- Total debt facility utilisation (including LGFA and debt capital markets).
- Interest rate maturity profile against percentage hedging limits.
- Funding and liquidity profile against the 110% policy limit.
- Compliance with LGFA specific financial covenants (FFO/Net Debt, Interest Coverage).
- Statement of policy and ring-fencing compliance.

DRAFT

## APPENDIX 1: Tasks and Responsibilities

As far as is practical, transaction, settlement and accounting functions should be segregated between finance personnel. By segregating these responsibilities, no one individual is able to execute, confirm, process and report a transaction undertaken with an external party.

The respective responsibilities of those personnel involved in treasury operations are detailed below:

• TREASURY OPERATION / TASK	RESPONSIBLE PARTY
• Approval of Treasury Policy and amendments	Board
• Approval of one-off transactions or risk positions outside of policy	Board
• Approval of new debt facilities from new lenders or changes to existing facilities	Board
• Approval of Treasury counterparties	Board
• Monitoring overall effectiveness of Treasury Policy and discussing improvements with management	Board
• Approval of future core debt level for interest rate risk management purposes	Board
• Approval of opening new or closing existing bank accounts	CEO
• Prepare determination of future core debt level for interest rate risk management purposes	CEO
• Approval of new financial instruments or changes to existing financial instruments	CEO/DCEO/DF/DC
• Overall management of Treasury risks and compliance with Policy	Director Finance
• Implementation of transition period for applying the new hedging profile (novating existing SDC swaps and or managing new hedging transactions)	Director Finance
• Hedging instrument selection and execution with established counterparties	CEO/DCEO/DF/DC

<ul style="list-style-type: none"> <li>Approval of the issuance new financial instruments or the subscription for new financial instruments or changes to existing financial instruments held by SWL or issued by SWL</li> </ul>	CEO/DCEO/DF/DC
<ul style="list-style-type: none"> <li>Approval for drawdowns of existing limits under existing bank facilities</li> </ul>	CEO/DCEO/DF/DC
<ul style="list-style-type: none"> <li>Execution of approved FX hedging transactions</li> </ul>	Director Finance
<ul style="list-style-type: none"> <li>Staggering debt maturities to avoid &gt;35% maturing in a rolling 12-month period</li> </ul>	Director Finance
<ul style="list-style-type: none"> <li>Renegotiation/replacement of maturing funding facilities 30 days prior to maturity</li> </ul>	Director Finance
<ul style="list-style-type: none"> <li>Obtaining indicative letters of offer at least 3 months before long-term facility maturities</li> </ul>	Director Finance
<ul style="list-style-type: none"> <li>Obtaining at least two quotes when sourcing bank finance</li> </ul>	Director Finance
<ul style="list-style-type: none"> <li>Targeting committed funding facilities at 110% of projected peak debt (minimum 105%)</li> </ul>	Director Finance
<ul style="list-style-type: none"> <li>Monitoring counterparty credit ratings and reporting downgrades to the Board</li> </ul>	Director Finance
<ul style="list-style-type: none"> <li>Preparation of quarterly treasury reports for Board approval</li> </ul>	Director Finance
<ul style="list-style-type: none"> <li>Recording Treasury transactions and preparing reconciliations</li> </ul>	Senior Accountant
<ul style="list-style-type: none"> <li>Monthly review of surplus or deficit cash balances, in accordance with the cash reserves policy.</li> </ul>	Senior Accountant
<ul style="list-style-type: none"> <li>Maintaining cashflow forecasts and ensuring sufficient funds are held to meet cash needs, while minimising borrowings.</li> </ul>	Senior Accountant
<ul style="list-style-type: none"> <li>Authorisation of payments (electronic fund transfers require two signatories)</li> </ul>	System controlled

## Appendix 2: Legislative Framework

This policy must be read alongside the following legislative provisions (citations are provided for ease of reference)

- LGWSA 2025, s18 – Financial principles for water service providers.
- LGWSA 2025, s20 – Duty to retain ownership of infrastructure; prohibition on using assets as security, with limited exceptions for charges.
- LGWSA 2025, s221 – Part 4 applies in place of certain LGA 2002 provisions for water organisations.
- LGWSA 2025, s251 – Financial management for water organisations (revenue/expense prudence).
- LGWSA 2025, s252 – Borrowing in foreign currency (permitted despite LGA 2002 s113).
- LGWSA 2025, s253 – Charges as security; receiver powers; prohibition on security over infrastructure.
- LGWSA 2025, Subparts 1 & 2 – Planning and reporting: water services strategy, annual budget, annual report.
- Receiverships Act 1993 – s40A–s40B (as referenced in LGWSA 2025 s253).
- Relevant LGFA covenants where applicable to WSOs.

## Appendix 3: Glossary of Acronyms

• ACRONYM / TERM	• DEFINITION
• SWL	• Selwyn Water Limited
• CCO	• Council Controlled Organisation
• SDC	• Selwyn District Council
• The Policy	• Treasury Policy
• Board of Directors	• SWL Board of Directors
• CEO	• Chief Executive Officer
• DF	• Director Finance
• SA	• Senior Accountant
• FX	• Foreign Exchange
• LGFA	• Local Government Funding Agency
• FFO	• Funds from Operations
• IRS	• Fixed Interest Rate Swaps

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## Appendix 4: Treasury Risk & Mitigation Table

RISK CATEGORY	RISK DESCRIPTION	POTENTIAL IMPACT	MITIGATION / CONTROL
<b>Funding Risk</b>	Inability to access funding for core debt or working capital.	Liquidity shortfalls, delayed projects, higher financing costs.	<ul style="list-style-type: none"> <li>• Board approval for all new facilities or changes.</li> <li>• Stagger debt maturities: max 35% in any rolling 12 months.</li> <li>• Renegotiate maturing facilities 30 days prior.</li> <li>• Obtain at least 2 quotes when sourcing finance.</li> <li>• Contingency funding plans.</li> </ul>
<b>Liquidity Risk</b>	Insufficient liquid assets to meet obligations.	Default on debt, inability to pay suppliers or staff.	<ul style="list-style-type: none"> <li>• Rolling 12-month cashflow projections.</li> <li>• Committed funding at 110% of peak debt (min 105%).</li> <li>• Maintain contingency funding plans.</li> </ul>
<b>Interest Rate Risk</b>	Variability in borrowing costs due to market rates.	Increased debt servicing costs, budget overruns.	<ul style="list-style-type: none"> <li>• Interest rate hedging according to fixed-rate cover limits.</li> <li>• Hedging only for highly probable core debt supported by approved capital plans.</li> <li>• Annual review of hedging strategy.</li> </ul>
<b>Foreign Exchange Risk</b>	FX fluctuations on borrowing or capital purchases.	Increased cost of imported assets or foreign debt servicing.	<ul style="list-style-type: none"> <li>• 100% hedging for foreign currency borrowings (unless Board approved).</li> <li>• FX transactions &gt;NZD250k must be fully hedged.</li> </ul>
<b>Counterparty Credit Risk</b>	Default or inability of bank or financial institution to meet obligations.	Loss of invested funds or derivative value, operational disruption.	<ul style="list-style-type: none"> <li>• Approved counterparties rated 'A' or above.</li> <li>• Maximum exposure limits per counterparty.</li> <li>• Semi-annual rating monitoring.</li> <li>• Diversify investments across multiple banks.</li> </ul>

RISK CATEGORY	RISK DESCRIPTION	POTENTIAL IMPACT	MITIGATION / CONTROL
Operational Risk	Errors, fraud, system failures, policy breaches.	Financial loss, reputational damage, regulatory non-compliance.	<ul style="list-style-type: none"> <li>• Segregation of duties for treasury transactions.</li> <li>• Two authorised signatories for payments.</li> <li>• Cybersecurity controls for electronic banking and treasury systems.</li> <li>• Transaction reconciliation and reporting.</li> </ul>
Investment Concentration Risk	Concentrating surplus cash in one institution.	Loss if counterparty fails, regulatory non-compliance.	<ul style="list-style-type: none"> <li>• Diversify investments across at least 2–3 approved banks.</li> <li>• Limit per institution based on credit rating.</li> </ul>
Pre-Funding / Surplus Cash Risk	Misalignment between cash investment and debt repayment timing.	Opportunity cost, liquidity shortfall, policy breach.	<ul style="list-style-type: none"> <li>• Maximum pre-funding term: until debt repayment.</li> <li>• Board/DC approval for pre-funding &gt;6 months of operating expenses.</li> <li>• Record and monitor all pre-funding investments.</li> </ul>

## Appendix 5: Approved Derivative Interest Rate Risk Management Instruments

The following is a list of approved interest rate risk management instruments:

- Interest rate swaps (“IRS”).
- Interest rate options.
- Interest rate collar.

Products that create a contingent risk on SWL, for example, ratio options, are expressly prohibited.

### Examples of the use of Derivative Risk Management Instruments

#### **Interest Rate Swap**

An interest rate swap is an agreement between SWL and a bank counterparty protecting SWL against a future adverse interest rate movement. SWL pays (or receives) a fixed interest rate and receives (or pays) a floating interest rate. The parties agree to a notional principal amount, the future interest rate, the settlement dates and the benchmark floating rate.

#### **Objective**

To provide SWL with certainty as to its interest rate cost on an agreed principal amount for an agreed period. Floating rate sets are typically every one or three months over the life of the swap.

#### **Interest Rate Options**

The purchase of an interest rate option gives the holder (in return for the payment of a premium) the right but not the obligation to borrow (described as a cap) or invest (described as a floor) at a future date. SWL and the counterparty agree to a notional future principal amount, the future interest rate, the benchmark dates and the benchmark floating rate (usually BKBM FRA rate).

#### **Objective**

To provide SWL with worst-case cover on its interest rate cost on an agreed principal amount for an agreed period. Rate sets are typically at three monthly intervals. A premium is payable when entering into an interest rate option.

#### **Zero Cost Interest Rate Collar**

The combined purchase (or sale) of a cap or a floor with the sale (or purchase) of another floor or cap.

#### **Objective**

To provide SWL with certainty (within a specified interest rate range) as to its interest rate cost on an agreed principal amount for an agreed period, but at the same time, avoids the need to pay an up-front premium.

# Board Report

8 April 2026

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## Health Safety & Wellbeing Update and Dashboard – February/March 2026

**Presenter:** Bronwyn Knutson, Business Partner People & Culture

**Supported by:** Tania Absolom, External Consultant (Rubix Safe)

**RECOMMENDATION:** That the Board **NOTE** progress updates and are provided with assurance that health safety and wellbeing initiatives are being managed effectively.

### Summary

- This is for the reporting period 1st February to 27<sup>th</sup> March 2026.
- One notifiable incident occurred at the Kirwee Pump Station in February involving a contractor engaged by Corde. A brushcutter blade struck a wire fence, projecting a fragment that injured a worker's shoulder, requiring hospital treatment. Medical advice determined surgical removal was not required. The worker has since returned to full duties.
- All health and safety inductions are current, including those completed for four new starters this month — two employees and two contractors.
- Actions identified through the Pines incident review are being implemented as recommended in the November Board report (refer page 3).
- **Note on reporting methodology:** Previous reports presented incident numbers as a rolling year-to-date figure from 2025. This has been adjusted to reflect incidents occurring within the current calendar year only (2026), which is the standard approach for corporate reporting.
- **Wellbeing — Flu Vaccinations:** As we head into the autumn/winter season, staff are encouraged to take advantage of the flu vaccination clinic being held onsite on 15 April from 2pm, provided by Nikki from Leading Edge Health and Safety.
- **First Aid:** Aimee Bradley is renewing her first aid certification in April 2026.
- **De-escalation Training:** Two four-hour de-escalation training sessions are being coordinated for staff, with a focus on those in frontline roles. The sessions will be delivered by external provider Marcus Fowler, with final approval pending.
- **HSW Meetings:** Following SWL's separation from SDC, some previously established health and safety engagement structures have fallen away. As part of our continuous improvement journey, formal opportunities for workers to contribute to health and safety discussions will be re-established. In the interim, health and safety now forms a standing agenda item across all staff meetings.

## Incidents / Events

On 25 February, a notifiable incident occurred at the Kirwee Pump Station involving a subcontractor engaged by Corde. While operating a brushcutter (weed eater), the blade struck a wire fence, causing a fragment of wire to be projected upward and penetrated the worker's shoulder, requiring hospital treatment. The worker has since returned to full duties.

Corde completed a thorough investigation, identifying the key contributing factors and setting out appropriate corrective actions. The findings are sound and reasonable.

However, the investigation took longer to complete than expected, despite regular follow-up from SWL, which delayed timely learning and risk reduction. As part of SWL's ongoing improvements in health and safety maturity, clear expectations will be established with all contracted parties regarding incident notification timeframes, investigation turnaround, and reporting standards, ensuring future incidents are reviewed and communicated promptly and consistently.

## Performance Indicators




The below sets out year-to-date performance indicators:



*\*Note year to date includes current month to date data.*

Leading indicators		
Metric	YTD	This period
Training / inductions completed for new starters	4	4
Inspections (Vehicle/Facility)		
HSW Meetings	1	
Observations		

Lagging indicators		
Metric	YTD	This period
First Aid		
Medical Treatment Injury	1	1
Lost Time Injury		
Near miss		1
Property Damage	1	

## Critical Risks Focus Areas

Critical Risk	Areas of concern or improvement identified (if applicable)	Controls	Status	Management Update
<b>Psychosocial Risk</b>	Change fatigue and uncertainty	<p>Establish a values-based culture</p> <p>Maintain strong communication</p> <p>Continually review work activities</p>		<ul style="list-style-type: none"> <li>Embedding values in organisational activities and processes.</li> <li>Code of Conduct drafted with legal review due February.</li> <li>Rubix Safe has completed a comprehensive review of our health and safety framework, system and governance, with a 12-month improvement plan now presented to the Board. While this work is essential to strengthening our PCBU responsibilities and lifting system maturity, we recognise it comes at a time of high workload and ongoing organisational change. The improvement plan will therefore be paced carefully to support staff wellbeing, minimise change fatigue, and ensure improvements are introduced in a manageable and sustainable way.</li> </ul>
<b>Lone Work</b>	Workers travelling alone into remote regions/areas.	Lone Worker Policy and Arrangements to be strengthened		<ul style="list-style-type: none"> <li>The Rubix Safe review also assessed our controls for lone working, confirming this as a key risk area requiring stronger, more consistent processes. Improvements to these controls, including clearer expectations, better visibility of worker location and travel movements forming part of the 12-month improvement plan.</li> </ul>
<b>Driving</b>	Workers driving long distances, and/or in adverse weather conditions and/or alone.	Driving Policy and support mechanisms to be strengthened		<ul style="list-style-type: none"> <li>The Rubix Safe review also assessed our controls for driving, confirming this as a key risk area requiring stronger, more consistent processes. Improvements to these controls include</li> </ul>

Critical Risk	Areas of concern or improvement identified (if applicable)	Controls	Status	Management Update
				better visibility of worker location and strengthened journey and vehicle safety practices, forming part of the 12-month improvement.
<b>Contractors</b>	Engagement and reliance of third-party contractors to manage work on our behalf	Review capability of contracted parties and ensure mechanisms are in place for assurance and verification.		<ul style="list-style-type: none"> <li>• Review of Contractor processes underway by Rubix Safe.</li> <li>• Expectations for Contractors to be defined and communicated and agreed with those we partner with.</li> <li>• Assurance/Verification processes to be strengthened.</li> <li>• Forums for consulting, coordinating, and cooperating with contracted partners to be better defined.</li> </ul>
<b>Violence and Aggression (Conflict Management)</b>	Frontline staff dealing with conflicting situations	Confirm access to location of interest database and training  De-escalation training		<ul style="list-style-type: none"> <li>• Team members have been selected to attend location of interest database training in 2026.</li> <li>• De-escalation training is currently being arranged with a view to roll out in the first half of 2026.</li> </ul>

## Progress update - Pines Solids Upgrade Project

Pines Solids Upgrade Project has actions assigned – a progress report against these actions is set out below:

Area	Commentary	Due Date	Responsible Person	Progress Update
<b>Critical equipment</b>	Confirm CORDE holds a critical equipment list and that routine inspections/certification are occurring.	19/12/2025	SWL Wastewater & Operations Teams	<b>Overdue</b> CORDE is currently working on an update of the critical equipment list for Pines WWTP to ensure all items required are covered, draft has been received and comments made.  This is now well overdue. SWL to set expectations and dates for resolution.
<b>Include legacy equipment in hazard assessments</b>	Non-operational equipment should be reviewed for potential risks during construction and be subject to inspection regimen.	19/12/2025	CORDE	<b>Overdue</b> Provide updated schedule for inspection and maintenance frequency.  This is now well overdue. SWL to set expectations and dates for resolution.
<b>Critical Risk Control</b>	Review all critical risk priority action items.	28/02/2026	Leadership Team	<b>Complete</b> Review completed with priorities and actions incorporated into the overall H&S Improvement Plan as recommended by Rubix Safe.
<b>H&amp;S Resource</b>	Review the requirements for H&S resource, support and software.	30/03/2026	Leadership Team	<b>Complete</b> Rubix Safe have completed review and made recommendations for Board endorsement moving forward.
<b>Contractor safe work monitoring</b>	Improve the safe work observation programme for contractor works. Review and update KPIs in monthly reporting monitored by SWL.	30/04/2026	Leadership Team	<b>Work-In-Progress</b> This is now incorporated into the overall H&S Improvement Plan as recommended by Rubix Safe.

# Board Report

8 April 2026

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## Engagement and Communications Update

**Presenter: Neisha Livermore, Senior Communications Adviser**

**RECOMMENDATION:** That the Board:

- **NOTES** the update on recent and upcoming engagement and communication activities.

### Summary

This report outlines recent engagement and communications activity during a critical early phase of Selwyn Water's establishment.

Engagement is building initial awareness and participation, particularly in relation to the Significance and Engagement Policy. Media interest remains high, with a strong focus on pricing, affordability, and transparency.

Communications and engagement activity is playing a key role in shaping public understanding and managing reputational risk as Selwyn Water prepares for the upcoming Water Services Strategy engagement.

Key risks relate to pricing perceptions, alignment with Council consultation processes, and maintaining community trust.

### Engagement

Engagement to date indicates a high level of interest in how Selwyn Water will operate and make decisions, particularly in relation to fairness, transparency, and future pricing.

These early interactions are valuable in identifying areas of community concern and will inform the approach to upcoming Water Services Strategy engagement.

### Significance and Engagement Policy

Our draft Significance and Engagement Policy went out for public engagement on 23 March, in line with our communications and engagement plan. Digital, print, and targeted email campaigns are underway. 34 submissions within the first four days, indicating a steady initial response for an early-stage engagement process.

Selwyn Water has been invited to attend the Selwyn District Council Annual Plan consultation community events. We are also using these opportunities to engage with residents on the draft Policy and to begin early conversations about our upcoming Water Services Strategy engagement. This integrated approach ensures consistent messaging and efficient use of engagement opportunities.

Engagement activity has continued across key community groups.

- **Rolleston Residents' Association:** Presented the draft Policy alongside the Mayor's Annual Plan update and provided printed collateral to encourage submissions.

- Darfield Residents: The Chief Executive met directly with residents to discuss local water issues and promote participation in the engagement.
- Malvern Community Board: Provided ward-specific updates, outlined the draft Policy, and invited Board members to submit feedback and promote the engagement through their respective residents' associations.

## Summer water conservation post campaign update

The 2026 Summer Water Conservation campaign delivered strong reach and cost-efficient engagement, generating 576,912 impressions and 3,450 clicks to our "Save Water" webpage. Google display ads were the strongest performer, achieving above-benchmark engagement.

MetService placements performed well, particularly on the app reinforcing the value of including mobile placements. Radio and outdoor channels provided broad regional coverage, with the Springs Road digital billboard over-delivering at 115% of booked plays.

These results demonstrate effective reach into the community ahead of peak demand periods and provide a strong foundation for future demand management campaigns. Insights from this campaign will be used to refine targeting, channel mix, and messaging for future seasonal campaigns.

## Brand and Communication Channel Update

Our refreshed brand assets have now been finalised and released for staff use.

We remain on track to take handover of the next phase of our website in mid-April. This will be a key channel as we begin building awareness and engagement within the community. Website content has been refined and developed, and is currently with the relevant teams for review, feedback, and approval. Alongside this, our social media channels will launch to further support community awareness and conversations.

## Water Services Strategy

Once we have received and reviewed shareholder feedback, our draft Water Services Strategy will move into production, along with a summary engagement document to support community understanding. Following the finalisation of our Significance and Engagement Policy, we will complete our communications and engagement plan to guide the upcoming community engagement activity.\

## Media update

The following outlines recent media releases and enquiries that Selwyn Water has responded to and links to published articles.

We continue to work with Selwyn District Council to ensure a coordinated approach to our messaging.

Media Release	Media Pick-up
<a href="#">Joint effort underway to improve accuracy and fairness in water charges</a>	<ul style="list-style-type: none"> <li>• <a href="#">Selwyn Water wading through issues before billing customers   Star News</a></li> </ul>
<a href="#">Selwyn Water strategy clarifies future charges and lowers projected increase</a>	<ul style="list-style-type: none"> <li>• <a href="#">Selwyn Times: March 18, 2026 - Yumpu.com - Page 1 and 5</a></li> <li>• <a href="#">Selwyn households could face 18 percent water bill hike   RNZ News</a></li> </ul>
<a href="#">Selwyn residents invited to help shape how Selwyn Water engages with the community</a>	<ul style="list-style-type: none"> <li>• <a href="#">Selwyn Times: March 25, 2026 - Yumpu.com - Page 10</a></li> </ul>

## Media enquiries

Date	Media outlet	Enquiry	Articles
13/2/26	Selwyn Times	Requested information regarding potential inconsistencies in water-related charging. Questions focused on water billing accuracy, trade waste charges, and clarification of cost assumptions.	<a href="#">Selwyn Times: February 18, 2026 - Yumpu.com</a> Page 1, 4, 5
20/2/26	Selwyn Times	Requested for update on water billing, and value of historic unpaid charges and caused.	No update published
5/3/26	Selwyn Times	Requested an update on Selwyn Water pricing and alignment with Council's draft Annual Plan consultation.	Published 11 March issue
6/3/26	Selwyn Times	Enquired on timing of pricing consultation and confirmation of Council's Annual Plan process.	<a href="#">Selwyn Times: March 11, 2026 - Yumpu.com</a> Page 1 and 7  Similar article in Ashburton Guardian <a href="#">Selwyn reins in rates rise, with water charges still to be confirmed</a>
13/3/26	Selwyn Times	Requested information relating to Selwyn Water's pricing structure and organisational resourcing.	<a href="#">Selwyn Times: March 18, 2026 - Yumpu.com</a> - Page 1 and 5
16/3/26	Ashburton Guardian	Enquiry on Selwyn Water's draft charges, including why charges were published separately, how they align with upcoming public engagement on Council's Annual Plan.	<a href="#">Selwyn households could face 18 percent water bill hike   RNZ News</a>
24/3/26	Selwyn Times	Query relating to Selwyn Water's support for Upper Selwyn Huts and Council's project for low nitrate water sources.	Not article published to date
25/3/26	The Press	Query relating to Selwyn Water's support for Upper Selwyn Huts and future plans for payment of the settlement's wastewater infrastructure.	Not article published to date

# Board Report

8 April 2026

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## Annual Drinking Water Quality and Compliance Report 2025

**Presenter: Helen Graham, Water Services Quality & Compliance Lead**

**RECOMMENDATION:** That the Board:

- **NOTE** the Annual Drinking Water Quality and Compliance Report 2025

### Report Purpose

This paper is to provide the Board with a summary of the Drinking Water Quality and Compliance for the 2025 compliance period.

### Background

All drinking water suppliers are required to assess compliance of all registered supplies against the *Drinking Water Quality Assurance Rules 2022* (as revised on 29 November 2024) and submit an annual compliance report to the Water Services Authority – Taumata Arowai.

Selwyn's compliance data was submitted in full to Taumata Arowai via Hinekōrako, the self-service portal for drinking water suppliers, within 40 working days of the end of the calendar year. Following receipt of this data Taumata Arowai will then publish an annual Drinking Water Regulation Report, which provides a national overview of drinking water supplier performance based on the information reported.

### Annual Drinking Water Quality and Compliance

A summary of the performance of Selwyn's 26 No. Drinking Water Supplies (1 January 2025 to 31 December 2025) is provided in Appendix A *Annual Drinking Water Quality and Compliance Report 2025*. Performance is assessed against the Water Services (Drinking Water Standards) Regulations 2022 (DWSNZ) and the Drinking Water Quality Assurance Rules (DWQAR).

The report appended highlights key areas of compliance and non-compliance across source, treatment and distribution. It also outlines recommendations and actions to strengthen regulatory compliance and drinking water safety outcomes in future years.

For the majority of this compliance period the drinking water supplies were owned and managed by the Selwyn District Council. The water supplies operated safely throughout 2025 under a robust multi-barrier approach, with significant progress having been made in data integrity, monitoring, viral protection, and operational control.

## Appendix A - Annual Drinking Water Quality and Compliance Report 2025

# Annual Drinking Water Quality and Compliance Report 2025

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Table 1-1 Acronyms &amp; Abbreviations

Acronym/Abbreviation	Definition
AMS	Asset Management Information System
BWN	Boil Water Notice
D Rules	Compliance rules related to Distribution
DBP	Disinfection By-Product
DWSNZ	Water Services (Drinking Water Standards of New Zealand) Regulations 2022
DWQAR	Drinking Water Quality Assurance Rules
DWSP	Drinking Water Safety Plan
FAC	Free Available Chlorine
ID	Infrastructure Data (Lutra Limited) - water data management system
Level 1 Rules	Compliance rules relating to small supplies (26 – 100 people)
Level 2 Rules	Compliance rules relating to medium water supplies (101 – 500 people)
Level 3 Rules	Compliance rules relating to large Water Supplies (>500 people)
LRV	Log Reduction Value
MAV	Maximum Acceptable Value (safe level for drinking water)
SCADA	Supervisory Control and Data Acquisition
S Rules	Compliance rules related to source water
SOP	Standard Operating Procedure
Taumata Arowai	Water Services Authority – Taumata Arowai
T Rules	Compliance rules related to treatment
UV	Ultraviolet
UVT	Ultraviolet Transmissivity

# 1. Executive Summary

This annual compliance report summaries the performance of Selwyn's 26 No. drinking water supplies for the period 1 January 2025 to 31 December 2025, assessed against the Water Services (Drinking Water Standards) Regulations 2022 (DWSNZ) and the Drinking Water Quality Assurance Rules (DWQAR). For the majority of this compliance period (1 January 2025 – 18 December 2025) the drinking water supplies were owned and managed by the Selwyn District Council, after which time all supplies transferred to Selwyn Water. The water supplies operated safely throughout 2025 under a robust multi-barrier approach. Significant progress has been made in data integrity, monitoring, viral protection, and operational control.

## 1.1 Overall Safety of Drinking Water

Monitoring results confirm that drinking water supplied across all schemes was safe to drink. Key findings include:

- Bacterial and Protozoa treatment performance ranged from 98.6 % to 100% compliance, with 22 No. supplies achieved 100 % compliance.
- A boil water notice was issued for 1 No. supply (Sheffield) when the UV was bypassed by an unauthorised change.
- All chemical monitoring results were below 100 % of the relevant Maximum Acceptable Value (MAV).
- 1 No. distribution sample was positive for *E. coli* (Hororātā Supply 1 MPN/100mls). A boil water notice was issued immediately, and investigations identified a likely sampling error. The safety of the water was not compromised.

## 1.2 General Rules (DWQAR) Performance

Compliance with the General Rules improved significantly compared with previous years.

Only 1 No. supply (Dalethorpe) recorded a non-compliance (Rules G13 and G14) due to incorrect data-logging frequency during a treatment plant upgrade. These rules relate to data integrity rather than water safety but remain a critical component of demonstrating compliance.

Improvements to SCADA and the implementation of Infrastructure Data have strengthened data reliability and daily compliance oversight.

## 1.3 Source Water Performance

Source water monitoring requirements were fully met except for 1 No. missed sample on a Greater West Melton bore which was unexpectedly offline for the majority of the month (operating for one week only). Source water analysers providing continuous monitoring (conductivity, pH, temperature) are now fully operational across all supplies.

3 No. bores, located in Kirwee, Darfield, and Rolleston, consistently show nitrate concentrations above 50% of the MAV. Monitoring data indicates that these levels, while elevated, have remained stable.



## 1.4 Treatment Performance

All supplies maintained the required treatment barriers operational for the full year. Additional findings include:

- 4 No. supplies failed a UV treatment rule during the year decreasing compliance to between 98.6 – 99.9% for those supplies.
- No treatment chemicals presented a risk to drinking water safety.
- Nitrate monitoring at 4 No. WTPs (triggered by >50% MAV source results) confirmed all values remained below the MAV. Noting this includes enhanced monitoring of the Te Pirita bore following an elevated result in 2024 which found nitrate levels had stabilised under 50% of the MAV during 2025.

Selwyn has proactively installed viral treatment barriers at 5 No. WTPs, exceeding expected future DWQAR requirements by designing systems to inactivate adenovirus, a more resistant pathogen.

## 1.5 Distribution Performance

Key distribution compliance results included:

- All distribution chemical monitoring results were below 100% of the relevant Maximum Acceptable Value (MAV). This includes monitoring for disinfectant by-products and metals in the network.
- Sampling for Total Coliforms and *E. coli* was completed at or above the required frequency. Close to 700 No. samples per month are taken through-out the distribution network with 1 No. sample non-compliant with the Drinking Water Standards with a result of 1 MPN/100mls from a post-reservoir Hororātā sample site.
- 5 No. large supplies were non-compliant with chlorine residual rules due to being direct-to-network operations, without a reservoir, making compliance challenging under current DWQAR rules. 2 No. of these supplies now have reservoirs and therefore are no longer direct-to network.

Council supplies met all other distribution rules, with the exception of backflow prevention, where a higher level of backflow device is required in a number of locations in 8 No. supplies. These 8 No. supplies will remain non-compliant until the backflow devices are upgraded. While budget is allocated to complete the work required to obtain compliance this is now required earlier than originally planned to meet the Taumata Arowai's new timelines for compliance outlined in their Compliance, Monitoring & Enforcement Strategy 2025-28.

## 1.6 Key Improvement Priorities

All non-compliances have been reviewed and actions taken. Key areas identified that, once fully implemented, would have the greatest impact on future compliance levels are:

- Stabilise FAC levels in the distribution through changes in the configuration of supplies to include reservoirs at all bulk points of supply.
- Fully implement the Backflow Prevention Policy.
- Upgrade treatment at the Acheron WTP to provide 4 log protozoa inactivation.



## 2. Introduction

### 2.1 Drinking Water Regulatory Framework

Selwyn Water operates 26 No. registered water supply schemes across the Selwyn district. A Drinking Water Safety Plan (DWSP) is lodged with Taumata Arowai for each supply. The DWSP incorporates a Source Water Risk Management Plan (SWRMP), a supply description, risk assessment, analysis and improvement planning to meet the requirements of the Water Services Act 2021.

All drinking water supplies are required to comply with the Water Services Act 2021 and all regulations and compliance rules made under this Act including the Drinking Water Standards for New Zealand (DWSNZ) and the Drinking Water Quality Assurance Rules (DWQAR). This report provides a summary of compliance against the DWSNZ and DWQAR for all registered supplies for the period 1 January 2025 to 31 December 2025.

#### 2.1.1 Drinking Water Standards (DWSNZ)

The Water Services (Drinking Water Standards for New Zealand) Regulations 2022 (DWSNZ) sets limits for the concentration of determinands in drinking water to ensure the water is safe. The limits are specified as Maximum Acceptable Values (MAV).

#### 2.1.2 Drinking Water Quality Assurance Rules (DWQAR)

The DWQAR are compliance rules established under Section 40 of the Water Services Act 2021. The rules cover operational requirements to provide confidence that a treatment barrier is working and assurance that drinking water does not exceed the MAV for key determinands.

The DWQAR establish rules for the following components of a water supply:

- Source water abstraction
- Water treatment plants
- Distribution system

The rules are broken into modules and are proportionate to the scale, complexity, and risk profile of the supply. The main modules are general rules (G), source water (S), treatment system (T) and distribution systems (D). The source, treatment and distribution modules are broken down into three complexity levels based on the populations defined below. This report will outline the compliance of the different drinking water supplies against the following three levels:

- Small: 26 to 100 people (Level 1)
- Medium: 101- 500 people (Level 2)
- Large: >500 people (Level 3)

The rules are divided into monitoring and assurance rules. Monitoring rules must be complied with to show compliance for a supply with the DWQAR. Monitoring rules have compliance periods set for them which can be a day, month or year. Assurance rules are activities that need to be completed for the provision of safe water. All assurance rules have a compliance period of one year.



As a water supplier can choose to operate at a higher-level Council has reviewed all its supplies and allocated compliance modules which are defined in each supply DWSP. A summary of the modules for each supply is provided in Appendix A – Classification of Water Supplies for DWQAR.



## 3. Drinking Water Supply Compliance

The sections and appendices below provide a summary report for all water supplies against the DWSNZ and DWQAR for the 2025 reporting year. Each table includes a simple visual indicator where compliance is shown in **green** and non-compliance is shown in either **amber** or **red**. Amber and red are used to distinguish the nature of non-compliance.

**Amber** indicates a technical non-compliance where a rule was not met, but the issue is unlikely to affect the safety of drinking water.

**Red** indicates a non-compliance that may pose a potential risk to the safety of drinking water.

### 3.1 Compliance with the Drinking Water Standards (DWSNZ)

As described in Section 2.1.1 the DWSNZ specify the Maximum Acceptable Values (MAVs) for drinking water. During 2025, 1 No. distribution sample exceeded the DWSNZ MAV for *E. coli*. A result of 1 MPN/100ml was detected at a post reservoir monitoring site. An extensive investigation concluded that the most likely cause of the result was a sampling error. However, in accordance with the DWSNZ, the result is recorded as a non-compliance. Upon detection a Boil Water Notice (BWN) was issued immediately and remained in place until the safety of the supply was confirmed. All other drinking water samples taken from Selwyn drinking water supplies met the standards. Table 3-1 summarises the types of samples collected for compliance analysis. Source water Total Coliform and *E. coli* samples are excluded because source water has not yet undergone the required treatment processes and is therefore not classified as drinking water at this stage.

Table 3-1 Compliance with the Drinking Water Standards 1 January to 31 December 2025

Samples taken	Summary of Compliance Status
<i>E. coli</i> samples – WTP post-UV	100% Compliant
<i>E. coli</i> samples – distribution	99.99 % Compliant
Chemical samples taken from the source (monthly and annual chemical tests of a range of chemicals)	100% compliant
Samples for chemical analysis taken from the WTP post-UV (Nitrate, Chlorate and Bromate)	100% Compliant
Samples for chemical analysis from the distribution (includes disinfection by-product, plumbosolvency (metal) testing)	100% Compliant

### 3.2 Compliance with DWQAR Compliance Rules

#### 3.2.1 General Rules (Assurance Rules)

Table 3-2 shows drinking water supplies were compliant with all General Rules, with the exception of Dalethorpe, which was non-compliant for rule G14 and G13. The Dalethorpe supply recorded a non-compliance due to an error during made during a treatment plant upgrade, where the data logging interval was inadvertently set to 15-minute intervals instead of the required 1-minute intervals.



Table 3-2 Compliance with General Rules

1	General Rules Compliance	Description
1.1	G1 – G5	Monthly, quarterly, six monthly and annual reporting requirements for all supplies based on population size. All reporting timeframes were met.
	G6	All samples from the drinking water supply must be labelled with a unique code allocated by Taumata Arowai.
	G7	Samples to be delivered to the laboratory within the correct timeframe and correct temperature allowance.
	G8	Council must use a IANZ accredited laboratory for analysis and follow any instructions issued by the laboratory when sampling.
	G9	Calibration/verification of hand-held equipment used for taking grab samples for compliance must be completed following manufacturer's instructions.
	G10	All work completed on a water supply must be completed by suitably trained or experienced personnel. CORDE training records reviewed.
	G11	Preparation of a hygiene code of practice for people working on a water supply.
	G12	Continuous on-line monitoring equipment used to demonstrate compliance with any rule must be calibrated and/or verified in accordance with manufacturers procedures and frequency.
	G13 – 96 % (25/26 supplies)	For continuous monitoring equipment that is used to demonstrate compliance against treatment rules the separation between data records must be no more than 1 minute.
	G14 – 96 % (25/26 supplies)	Generation of continuous monitoring data that is used to demonstrate compliance against treatment rules must not be interrupted for a period of more than 15 consecutive minutes or for a total of more than 72 minutes in any, one-day compliance period, for compliance to be achieved. For analysers in the distribution system, they must not be interrupted for more than 3 consecutive hours in any one day.
	G15	For continuous monitoring equipment used to assess source water or demonstrate compliance against distribution zone rules, the separation between data records must be no more than 30 minutes. Council monitoring equipment is set for 15-minute intervals.
	G16	Continuous monitoring equipment used to monitor FAC in distribution zones must be appropriately pH and temperature compensated.
	G17	Where continuous monitoring equipment that is used to demonstrate compliance (excludes source water monitoring) fails or is not otherwise available grab samples can be taken to substitute for continuous data if analysis is taken at least every 30-minute period that the equipment is not operating. Council did not implement this rule as it is an unlikely scenario for unmanned water treatment plants.

It is important to note that the Dalethorpe water supply was never unsafe. The WTP continued to operate in full compliance with the required performance criteria throughout the period; however, the data integrity requirements were not met. The non-compliance with Rule G14 highlights the critical importance of robust and reliable data systems, as data integrity remains a key risk rea for drinking water supply compliance. Meeting this rule is particularly challenging for predominantly rural districts such as Selwyn, where data communication quality can be variable. Following the data loss

issues experienced in 2023 and 2024 Selwyn has completed a number of SCADA system upgrades to strengthen protection against data interruptions. In addition, Infrastructure Data, a dedicated water data management platform has now been implemented across all supplies. This provides daily automated compliance reporting against Rule G14. This tool significantly improves ongoing oversight and is expected to enhance long-term compliance.

### 3.2.2 Source Water Compliance

A summary of the 2025 source monitoring results is provided in Appendix B - 2025 Annual Report Summary Hinekōrako – Source. All source waters for drinking water supplies were monitored for the required parameters at the required frequency, with one exception. One bore in the Greater West Melton supply was taken offline for unplanned maintenance after operating for one week at the start of the month and did not resume operation until the following month. Since the bore operated briefly within the month, it triggered a technical non-compliance for missing the chemical sample within the calendar month.

Annual chemical monitoring was completed for Level 1 and 2 supplies at the same frequency and scope as Level 3 supplies to ensure chemical risks are consistently assessed across all schemes. No source water chemical samples exceeded the Maximum Acceptable Value (MAV). Supplies with source results between 50% and 100 % of the MAV (but less than 100%) are required to undergo monitoring at the treatment plant. For Selwyn, the following bores reported nitrate concentrations >50% of the MAV:

- Darfield Bore 1
- Kirwee Bore
- Rolleston Illinois Bore

When reporting source water results, the Water Services Authority uses the median value for each supply, and this is the figure published in their annual report. Kirwee Bore will be reported as above 50% of MAV. Appendix E – Source Water Nitrate Trends tracks nitrate levels for Kirwee, Darfield and Rolleston bores from 2023 to the start of 2026. Trends currently indicate that nitrate levels are stable.

### Source Water Classification

Under the DWQAR each supply's source water must be assigned a class, which determines the protozoa risk category and the corresponding log-credit requirements for treatment:

- **Bore sources** – classified as class 2, requiring 3-log protozoa reduction.
- **Surface sources** – classified as class 3, requiring 4-log protozoa reduction, except for Acheron, which is designated as class 4, which allowed for approval to operate with a 3-log catchment classification under its Source Water Risk Management Plan.

To ensure a high level of safety Selwyn provides validated 4-log protozoa reduction for 23 No. of the 26 No. supplies regardless of classification with the exceptions of:

- Taumutu and Upper Selwyn Huts, both are level 1 groundwater supplies that currently operate at 3-log protozoa reduction.
- Acheron WTP currently operates with no mains power at the site, therefore this requires an off the grid treatment system. It is planned to upgrade UV treatment to a validated 4-log system when the new WTP is constructed, and mains power is available at the WTP.

### Cyanobacteria Monitoring



The source water monitoring requirements include Cyanobacteria surveillance based on each sources' risk profile. Selwyn has 9 No. surface supply sources that are potentially vulnerable to cyanotoxin formation. These supplies have been categorised as low, medium, or high risk in accordance with rule requirements.

Selwyn has:

- Implemented a Cyanotoxin Management Protocol (DW-GEN-04-PCD-0013) to guide monitoring, supported by a review from the Cawthron institute to ensure the protocol and assessment methodology are fit for purpose.
- Established an Incident Response Plan (DW-GEN-07-DST-007) to be activated if cyanotoxins are detected.
- Undertaken a dedicated cyanobacteria risk assessment, supported by review by Jacobs NZ Limited which provided an international perspective on cyanobacteria risk assessment.
- Integrated cyanobacteria monitoring into Infrastructure Data to provide a holistic view of relevant data.

### 3.2.3 Treatment Compliance

Compliance for protozoa and bacteria disinfection across supplies is based on the operation of the UV (Ultraviolet light) disinfection system and compliance against the Treatment Rules. All drinking water supplies have a validated protozoa and bacteria disinfection barrier in place supported by secondary disinfection with chlorine to maintain a residual throughout the distribution network. Selwyn has taken a proactive approach to viral risk management by installing viral treatment barriers at 5 No. WTP to date, focusing on supplies assessed as higher risk. This viral assessment is on-going through the implementation of new Source Water Risk Management Plans. Taumata Arowai has signalled that viral treatment capable of inactivating Norovirus will be required in the next amendment of the DWQAR. Selwyn has adopted a stronger approach and is establishing viral treatment levels to inactivate adenovirus which is more resistant to disinfection. Viral risk is elevated in the Selwyn district due to the high number of on-site wastewater systems (Septic tanks).

For a full summary of treatment compliance refer to [Appendix C - 2025 Annual Report Summary Hinekōrako – Treatment](#). Selwyn achieved improved treatment compliance in 2025 compared to the previous two years, where data loss contributed to one or more days of non-compliance for many supplies. Investment in SCADA system upgrades has delivered a significant improvement in data reliability and overall treatment compliance.

In 2025 4 No. supplies recorded treatment less than 100% treatment compliance:

- Acheron – 1 day non-compliance
- Dalethorpe – 2 days non-compliance
- Sheffield – 1 day non-compliance
- Upper Selwyn Huts – 1 month non-compliance

### Summary of Non-Compliance Events



### **Acheron**

A non-compliance resulted from operator error, where water was allowed to pass through a non-functioning UV system for 16 minutes. The issue was not identified until later during compliance assessment, therefore no immediate corrective action was taken at the time. It was noted there was a strong chlorine residual at the time which would have provided protection. The Network Management Contractor implemented a new Standard Operating Procedure shortly after the event to prevent recurrence.

### **Sheffield**

A non-compliance occurred due to an unauthorised change to the WTP by a water sampler, resulting in a temporary period of insufficiently treated water entering the distribution. The Network Management Contractor detected the issue promptly, issued a Boil Water Notice (BWN), and ensured most inadequately treated water was diverted to waste before reaching Sheffield's urban network. Additional microbial testing was undertaken; no *E. coli* was detected and the BWN was quickly lifted. The sampler responsible is no longer employed by the contractor who has since implemented changes to prevent similar incidents.

### **Dalethorpe**

The non-compliance stemmed from an incorrect data-logging setting applied after an upgrade: dose monitoring was recorded at 15-minute intervals instead of the required 1-minute intervals. The error was identified after two days. Although the WTP remained operational with all alarms functioning, the compliance rules penalise missing data heavily, requiring related dose and general data rules to be marked non-compliant. There were no safety concerns however, the Water Services Authority would determine data integrity was insufficient to claim compliance.

### **Upper Selwyn Huts**

A non-compliance occurred due to a missed UV duty-sensor check. The rules require a monthly comparison of the duty and reference sensors, with sensor replacement required if variance exceeds 10 %. The check was not completed within the required timeframe, resulting in non-compliance. The UV sensor was not checked because the reference sensor had expired earlier in the month and it was required to be sent to the supplier for re-testing and a new one was not immediately available. The provision of this service is now provided by another supplier.

### **Chemical Monitoring at WTP**

The DWQAR require monitoring of treatment chemicals that may pose a safety concern and monitoring of any source determinant detected above 50% of its maximum acceptable value (MAV).

Selwyn does not currently use chemical coagulants, flocculants, or polyelectrolytes in any treatment processes. Sodium Hypochlorite (liquid chlorine) is used at most WTPs to provide residual disinfection (see Appendix A – Classification of Water Supplies for DWQAR for identification of Schemes using Sodium Hypochlorite). Where Sodium Hypochlorite is used the following chemicals must be monitored:

- Chlorate - Monthly
- Bromate - Annually



Free Available chlorine levels (FAC) must be continuously monitored at the WTP to ensure chlorine concentrations remain below the MAV. Selwyn meets this requirement at all WTPs and maintains widespread network analyser coverage to monitor chlorine levels received by consumers.

Nitrate was the only source chemical to exceed 50% of the MAV (refer to section 3.2.2) therefore Nitrate was required to be monitored at the WTP monthly for these supplies in addition to the source.

### 3.2.4 Distribution Compliance

Appendix D - 2025 Annual Report Summary Hinekōrako – Distribution. This appendix summarises the 2025 compliance results for Selwyn drinking water supplies. Selwyn supplies were compliant for all chemical sampling frequency and safety level requirements, including disinfection by-product and metals. All bacteriological sampling was completed at either the required frequency or at an increased frequency where necessary to manage risk. One sample exceeded the Drinking Water Standards for the presence of *E. coli* as discussed in section 3.1. There is a high level of bacterial verification sampling conducted with nearly 700 No. samples a month completed.

Selwyn complied with the Taumata Arowai performance areas relating to distribution storage and hygiene. An external audit undertaken in 2025 confirmed these areas are well implemented and effectively managed. Two performance areas - chlorine residual disinfection and backflow prevention recorded non-compliances for some supplies.

### 3.2.5 Chlorine Residual Monitoring

Residual disinfection (free available chlorine, FAC) is monitored in the distribution network using online chlorine analysers for compliance assessment. This method provides improved visibility of network performance and supports more stable FAC levels over time.

All smaller supplies (serving fewer than 500 people) remained fully compliant in 2025, consistent with the 2024 results. Representative samples are randomly collated from on-line analyser data through our data management system Infrastructure Data for compliance. For supplies serving more than 500 people, compliance is measured entirely through continuous monitoring data.

Weekly meetings are currently held with CORDE to review non-compliance events, resolve operational issues affecting chlorine levels, and improve analyser performance as needed.

Supplies achieving less than 100 % compliance are shown in [Appendix D - 2025 Annual Report Summary Hinekōrako – Distribution](#) in amber. Overall performance in 2025 has significantly improved compared with 2024 reflecting:

- A change by the Water Services Authority allowing one-day compliance measure for continuous monitoring.
- Network operator improvements in the management and optimisation of chlorine analysers.
- The addition of new reservoirs for 2 No. WTP sites.

All supplies with non-compliances include direct-to-network sites, where water can enter the distribution network without first passing through a reservoir. At these sites a brief timing lag of a few seconds can occur between chlorination ceasing and full treatment plant shutdown. This can allow a small volume of unchlorinated water to enter the network, temporarily lowering analyser readings below 0.1 mg/L FAC and triggering a non-compliance event. Supplies with non-compliances in 2025 were:



- Leeston
- Lincoln
- Prebbleton
- Sheffield
- Tai Tapu

Compliance for Prebbleton supply improved substantially from 8.4% in 2024 to 99.4% in 2025 following commissioning of the new reservoir in early 2025. A new reservoir has also been commissioned for the Sheffield supply eliminating its direct-to-network configuration. Longer-term network solutions are still required for Leeston, Lincoln and Tai Tapu. As a result, some non-compliance events are expected to continue until direct-to-network configurations are removed or unless future compliance rule improvements allow for minor short duration drops below 0.1 mg/L FAC that do not affect the safety of the supply.

### 3.2.6 Backflow Compliance

The DWQAR assurance rules set out requirements for backflow prevention across all supplies. The rules require water suppliers to have an implemented backflow prevention programme to protect the distribution system from the risk of backflow. Suppliers must:

- Conduct surveys to identify medium and high-risk sites and assess the adequacy of existing backflow protection.
- Install an appropriate backflow device as soon as reasonably practicable where existing protection is inadequate.
- Ensure medium and high-risk backflow devices are tested annually.
- Maintain a register of all testable backflow devices and associated test results.

Selwyn has an implemented Backflow Prevention Policy. All residential points include a non-testable double check valve installed in the toby box. Through the building consent process all new commercial properties are required to have the correct backflow device installed. Surveys have been completed for most schemes to identify commercial properties requiring higher-level of backflow protection. Surveys for Hartleys and Hororātā remain outstanding, with completion planned later this year. AMS is used as the register for managing testable devices and recording testing results.

Surveys completed to date have identified significant non-compliance, with many medium and high-risk sites lacking the correct testable device. Funding has been allocated to upgrade backflow protection in several supplies: however, the following schemes remain non-compliant:

- Arthur's Pass
- Darfield
- Leeston
- Lincoln
- Prebbleton
- Rolleston
- Southbridge (awarded to be completed this financial year)
- Tai Tapu (awarded to be completed this financial year)



A total of \$2 million has been allocated over the next 10 years to install upgraded backflow prevention on behalf of property owners. However, this funding profile does not align with the requirement to install devices as soon as reasonably practicable, nor does it meet the expected timeframe for achieving full compliance by 30 June 2027 as outlined in the Taumata Arowai's Compliance and Enforcement Strategy. It is strongly recommended funding is brought forward to address current non-compliances and that an external audit be undertaken in 2026 to ensure all systems, processes, and records are robust.



## 4. Compliance Final Conclusions

### 4.1 Improvements Required to Improve Compliance.

For non-compliances identified in the above report Council had either implemented solutions to achieve compliance by the end of the current compliance period or initiated solutions in the Long-term Plan which will achieve compliance longer term. In summary there are three key areas required to improve compliance of drinking water supplies for Selwyn Water, these include:

#### 1. Complete implementation of the Backflow prevention policy

The majority of backflow prevention surveys have been undertaken to identify any at-risk sites requiring improved backflow prevention. While budget is allocated for the full implementation of the backflow prevention policy it is likely funding will need to move forward to achieve compliance by 30 June 2027 and align with the expectations of the Water Services Authority to complete the installation of testable backflow devices on any sites identified in the survey with insufficient backflow devices. Improvements are also required in setting up systems to ensure all testable backflow devices are tested annually once installed and records are maintained to an auditable level.

#### 2. Improve compliance of free available chlorine (FAC) levels in the distribution

Sites with direct to network treatment plants have caused the highest level of non-compliance. It is required to have an analyser at the point where water is provided to a distribution zone. With improvements made in the last 12 months only 3 No. supplies remain with direct to network sites. The long-term improvement plans for these supplies should include reconfiguration of the network to include reservoirs at the point of bulk supply.

#### 3. Acheron Supply Improvement to Treatment

To maintain compliance under proposed rule changes the Acheron supply will need to increase protozoa treatment to 4 log reduction by July 2027. Mains power is required to run a larger UV with filtration at this site, this is proposed under current upgrade plans however there are may be challenges in achieving the required timeframe.



## Appendix A – Classification of Water Supplies for DWQAR

Water Supply	General	Source	Treatment	Distribution	Source Class
Acheron (Cl.gas)	G	S2	T3	D2	4
Arthur's Pass (S.Hypo)	G	S2	T3	D2	3
Castle Hill (S.Hypo)	G	S2	T3	D2	3
Claremont (S.Hypo)	G	S2	T3	D2	2
Dalethorpe (Cl.gas)	G	S2	T3	D2	3
Darfield (S.Hypo)	G	S3	T3	D3	2
Dunsandel (Cl.gas)	G	S3	T3	D3	2
Greater West Melton (S.Hypo)	G	S3	T3	D3	2
Hartleys Road (S.Hypo)	G	S3	T3	D3	3
Hororātā (Cl.gas)	G	S3	T3	D3	3
Jowers Road (Cl.gas)	G	S1	T3	D1	2
Kirwee (S.Hypo)	G	S3	T3	D3	2
Lake Coleridge (S.Hypo)	G	S2	T3	D2	3
Leeston (S.Hypo)	G	S3	T3	D3	2
Lincoln (S.Hypo)	G	S3	T3	D3	2
Prebbleton (S.Hypo)	G	S3	T3	D3	2
Rakaia Huts (S.Hypo)	G	S2	T3	D2	2
Rolleston (S.Hypo)	G	S3	T3	D3	2
Sheffield (S.Hypo)	G	S3	T3	D3	3
Southbridge (S.Hypo)	G	S3	T3	D3	2
Springfield (Cl. gas)	G	S3	T3	D3	3
Springston (S.Hypo)	G	S3	T3	D3	2
Tai Tapu (S.Hypo)	G	S3	T3	D3	2
Taumutu (S.Hypo)	G	S1	T1	D1	2
Te Pirita (S.Hypo)	G	S1	T3	D1	2
Upper Selwyn Huts (S.Hypo)	G	S1	T3	D1	2
Type of Chlorine Treatment: S.Hypo = Sodium Hypochlorite Cl.gas = Chlorine gas					

## Appendix B - 2025 Annual Report Summary Hinekōrako – Source

Supply Name	Source Water monitoring	Cyanobacteria Risk Assessment	E.coli Median	E.coli No. Samples	Arsenic Median	Arsenic No. Samples	Manganese Median	Manganese No. Samples	Nitrate Median	Nitrate No. Samples	Lead Median	Lead No. Samples
Acheron	100%	100%	4	54	0	1	0	1	0	1	N/A	N/A
Arthur’s Pass	100%	100%	1	51	0	1	0.005	1	0	1	N/A	N/A
Castle Hill	100%	100%	2	52	0	1	0	1	0	1	N/A	N/A
Claremont	100%	100%	0	52	0	1	0	1	5.6	1	N/A	N/A
Dalethorpe	100%	100%	0	52	0	1	0	1	2.2	1	N/A	N/A
Darfield	100%	100%	0	106	0	2	0	24	24	24	0	2
Dunsandel	100%	100%	0	52	0	1	0	12	16.45	12	0	1
Greater West Melton	96.1 %	100%	0	260	0	5	0	59	10.4	59	0	5
Hartleys Road	100%	100%	0	53	0	1	0	12	2.1	12	0.001	1
Hororātā	100%	100%	3	56	0	1	0	12	1.435	12	0.001	1
Jowers Road	100%	N/A	0	12	0	1	0	1	11.3	1	N/A	N/A
Kirwee	100%	100%	0	54	0	1	0	12	26	12	0	1
Lake Coleridge	100%	100%	0	53	0	1	0	1	0	1	N/A	N/A
Leeston	100%	100%	0	103	0	2	0	24	5.25	24	0.001	2
Lincoln	100%	100%	0	208	0	3	0	48	7.25	48	0	3
Prebbleton	100%	100%	0	208	0	4	0	48	3.35	48	0	4
Rakaia Huts	100%	100%	0	53	0	1	0	1	3.4	1	N/A	N/A
Rolleston	100%	100%	0	541	0	11	0	128	13.3	128	0	11
Sheffield	100%	100%	0	102	0	2	0	24	11.55	24	0.001	1
Southbridge	100%	100%	0	53	0	1	0	12	13.75	12	0	1
Springfield	100%	100%	0	52	0	1	0.002	13	7	13	0.001	1
Springston	100%	100%	0	53	0	1	0	12	8.8	12	0	1
Tai Tapu	100%	100%	0	52	0	1	0	12	1.485	12	0	1
Taumutu	100%	N/A	0	12	0	1	0	1	6.6	1	N/A	N/A
Te Pirita	100%	N/A	0	12	0	1	0	1	23	1	N/A	N/A
Upper Selwyn Huts	100%	N/A	0	12	0	1	0	1	1.1	1	N/A	N/A



## Appendix C - 2025 Annual Report Summary Hinekōrako – Treatment

Supply Name	Bacterial Treatment Performance	Protozoa Log Credits Achieved	Chemical Monitoring – Treatment Performance	Treatment Performance
Acheron	99.9%	100%	100%	N/A
Arthur’s Pass	100%	100%	100%	N/A
Castle Hill	100%	100%	100%	N/A
Claremont	100%	100%	100%	N/A
Dalethorpe	99.8%	100%	100%	N/A
Darfield	100%	100%	100%	N/A
Dunsandel	100%	100%	100%	N/A
Greater West Melton	100%	100%	100%	N/A
Hartleys Road	100%	100%	100%	N/A
Hororātā	100%	100%	100%	N/A
Jowers Road	100%	100%	100%	N/A
Kirwee	100%	100%	100%	N/A
Lake Coleridge	100%	100%	100%	N/A
Leeston	100%	100%	100%	N/A
Lincoln	100%	100%	100%	N/A
Prebbleton	100%	100%	100%	N/A
Rakaia Huts	100%	100%	100%	N/A
Rolleston	100%	100%	100%	N/A
Sheffield	99.9%	100%	100%	N/A
Southbridge	100%	100%	100%	N/A
Springfield	100%	100%	100%	N/A
Springston	100%	100%	100%	N/A
Tai Tapu	100%	100%	100%	N/A
Taumutu	N/A	N/A	N/A	100%
Te Pirita	100%	100%	100%	N/A
Upper Selwyn Huts	98.6%	100%	100%	N/A

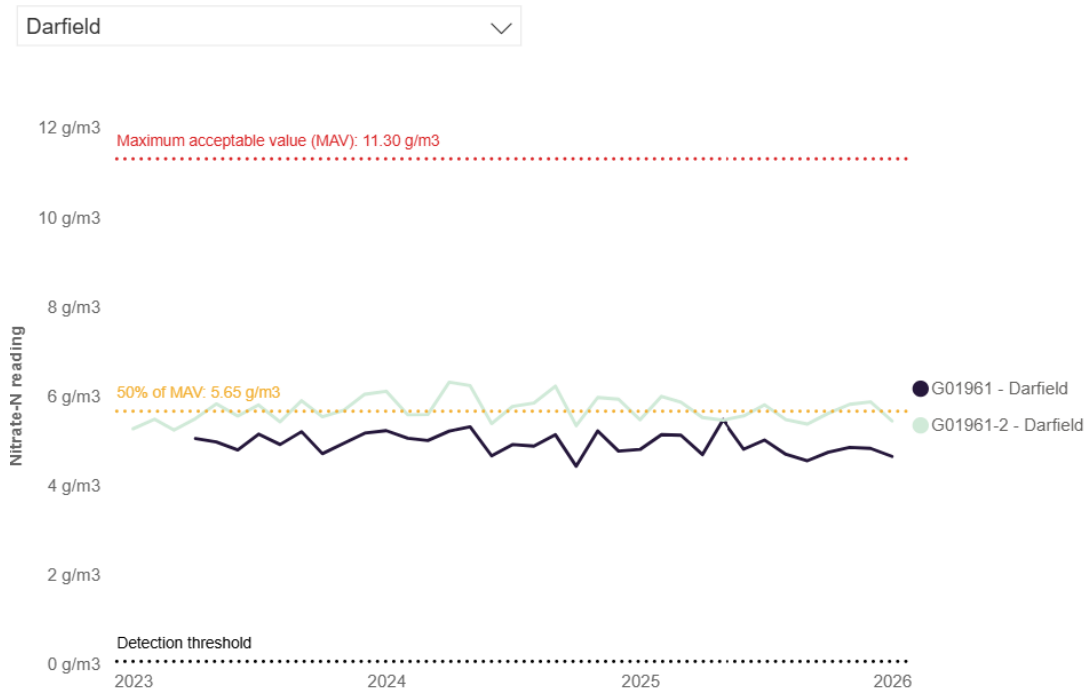
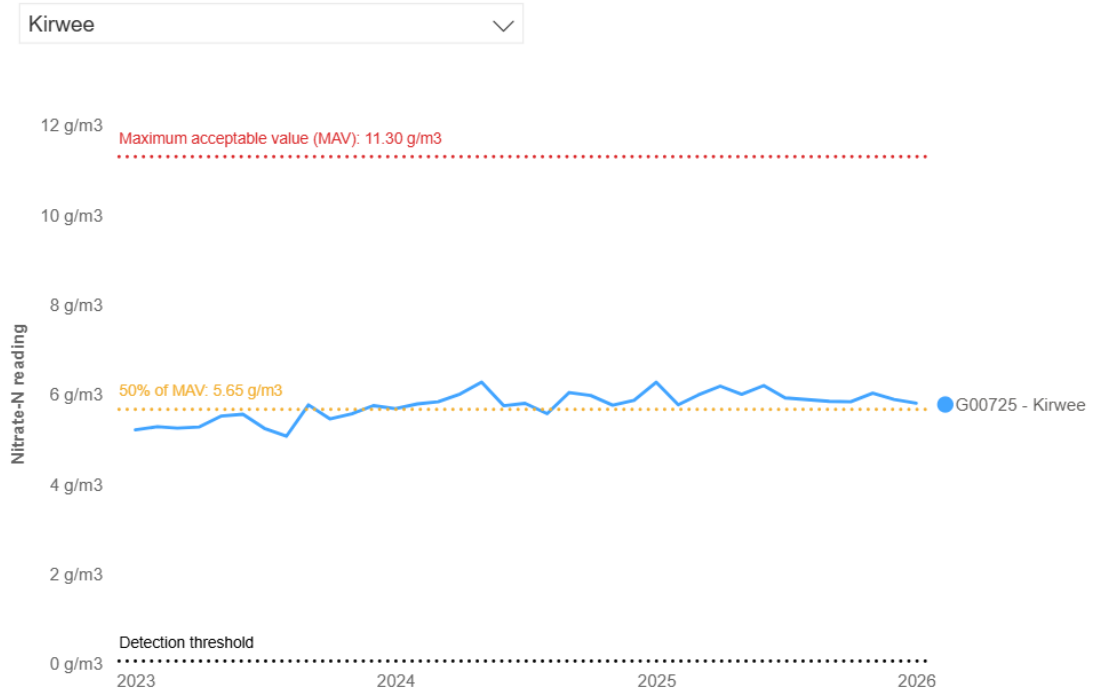


## Appendix D - 2025 Annual Report Summary Hinekōrako – Distribution

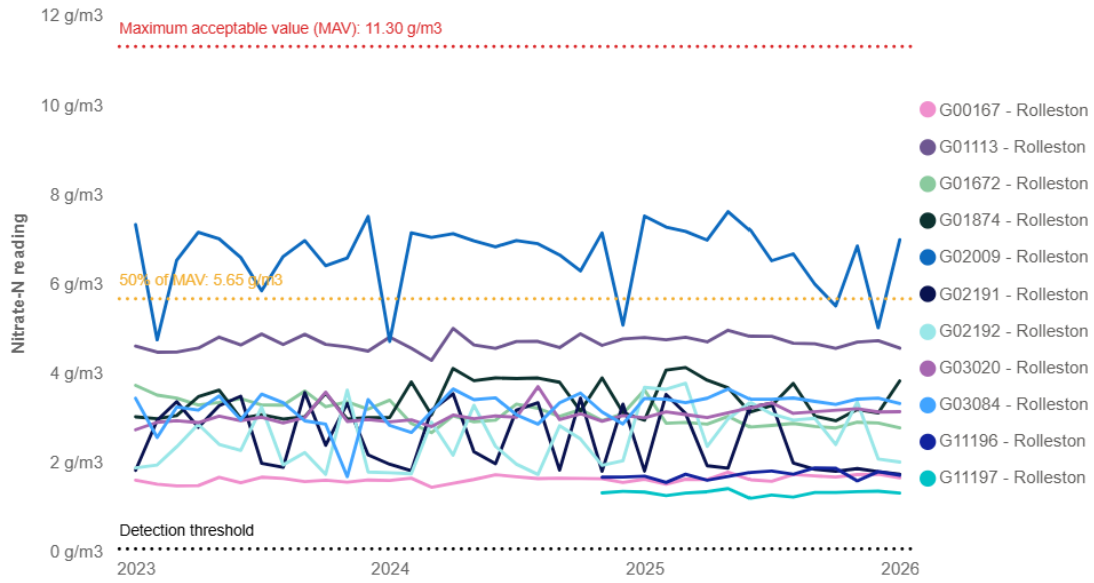
Supply Name	Chemical Monitoring-Distribution Performance	Distribution Monitoring-Bacterial Performance	Residual Disinfection Performance	Backflow Protection Performance	Distribution Storage Practices Performance	Hygiene Performance
Acheron	100%	100%	100%	100%	N/A	N/A
Arthur’s Pass	100%	100%	100%	83.3%	N/A	N/A
Castle Hill	100%	100%	100%	100%	N/A	N/A
Claremont	100%	100%	100%	100%	N/A	N/A
Dalethorpe	100%	100%	100%	100%	N/A	N/A
Darfield	100%	100%	100%	83.3%	100%	100%
Dunsandel	100%	100%	100%	100%	100%	100%
Greater West Melton	100%	100%	100%	100%	100%	100%
Hartleys Road	100%	100%	100%	100%	100%	100%
Hororātā	100%	100%	100%	100%	100%	100%
Jowers Road	N/A	100%	N/A	100%	N/A	N/A
Kirwee	100%	100%	100%	100%	100%	100%
Lake Coleridge	100%	100%	100%	100%	N/A	N/A
Leeston	100%	100%	99.4%	83.3%	100%	100%
Lincoln	100%	100%	89%	83.3%	100%	100%
Prebbleton	100%	100%	99.4%	83.3%	100%	100%
Rakaia Huts	100%	100%	100%	100%	N/A	N/A
Rolleston	100%	100%	100%	83.3%	100%	100%
Sheffield	100%	100%	99.1%	100%	100%	100%
Southbridge	100%	100%	100%	83.3%	100%	100%
Springfield	100%	100%	100%	100%	100%	100%
Springston	100%	100%	100%	100%	100%	100%
Tai Tapu	100%	100%	98.3%	83.3%	100%	100%
Taumutu	N/A	100%	N/A	100%	N/A	N/A
Te Pirita	N/A	100%	N/A	100%	N/A	N/A
Upper Selwyn Huts	N/A	100%	N/A	100%	N/A	N/A



## Appendix E – Source Water Nitrate Trends



Rolleston



# Board Report

8 April 2026

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## DIA Quarterly Monitoring Report

**Presenter: Heather Geddes**

**RECOMMENDATION:** That the Board

- **Note** that Selwyn Water is required by the Department of Internal Affairs (DIA) to provide quarterly reporting of progress towards implementing the Water Services Delivery Plan.
- **Note** that Management has engaged DIA to seek clarity of reporting requirements and is confident that the draft quarterly report meets expectations.
- **Note** that DIA has advised that following the execution of the Transfer Agreement, implementation of the plan is considered complete for monitoring purposes.
- **Note** that the quarterly report may be published on the DIA website.
- **Approve** the draft quarterly monitoring report for submission to DIA on or before 30 April 2026.

### Summary

A quarterly report has been prepared to meet DIA monitoring requirements during the establishment phase of Selwyn Water. The monitoring requirements are drawn from the Local Government (Water Services Preliminary Arrangements) Act 2024. The first reporting quarter covers the period from 1 January to 30 March 2026. DIA provided a template to water organisations for completion. The Board is asked to approve the draft report for submission to DIA.

### Background

Under the Local Government (Water Services Preliminary Arrangements) Act 2024, the Secretary for Local Government may require a territorial authority to provide information to enable monitoring of compliance with the territorial authority's water services delivery plan. The first quarterly report covers the period from 1 January to 30 March 2026 and should be submitted to DIA on or before 30 April 2026.

To that end, DIA has provided a quarterly reporting template to all water organisations to capture relevant deliverables and milestones achieved in the reporting period. Management has sort clarity from DIA as to the level of detail that should be contained in the report and has prepared the draft report accordingly. The finalised report may be published on DIA's website alongside that of other water organisations.

DIA has advised that, following the execution of the transfer agreement between SDC and Selwyn Water, implementation of the WSDP is considered complete for monitoring purposes under the Act. Management expects that, following the submission of this quarterly report, no further reporting will be required.

# Quarterly monitoring report - water services delivery plan

## Water Services CCO

Selwyn Water Limited

For the reporting Period 1 January – 30 March

## Quarterly reporting period: 1 January to 31 March 2026

NB: As Selwyn Water's first quarterly monitoring report, this section includes activities completed before 1 January 2026.

Milestone / deliverable	Expected completion date	On track to meet timeframe? (Yes/No)	Issues, risks and mitigations (if any)
Legal Incorporation	Complete	Yes	N/A
Appointment of Board and Board Chair	Complete	Yes	N/A
Company Constitution	Complete	Yes	N/A
Shareholder Agreement	Complete	Yes	N/A
Statement of Expectations	Complete	Yes	N/A
Transfer Agreement	Executed	Yes	N/A
Staff Transfer	Complete	Yes	N/A
Tier two/three appointments	Underway	Yes	Chief Executive, Director Operations/Deputy CE, Director Commercial, Director Financial positions in place

### Expected activity in next quarter

Milestone / deliverable	Expected activity
Significance and Engagement policy	Subject to community feedback. Community engagement timeframes and questionnaire developed and sufficient time available for feedback to be reviewed ahead of Board adoption, on track for adoption by 1 May 2026.
Water Services Strategy	On track to be published by 1 July 2026
Customer billing	On track to be in place by 1 July 2026
Asset delivery plan review	Initiated (to be complete FY27)
Debt novation	Discussion with SDC continuing to agree final debt split on existing assets. On track for completion in Q2
Treasury policy	On track, subject to Board approval. Expected 1 May 2026
SDC debt guarantee	On track, expected by end Q2

LGFA accession	Dependent on SDC debt guarantee, on track for Q2
Tier two/three appointments	Director Asset management planning, Director customer experience to be advertised and appointed in the quarter
Director appointments	One replacement, one new director position to be filled
Operating model	On track to be adopted in Q2

## Part B: Additional monitoring information – items noted in letters of acceptance

Items noted in letters of acceptance	Progress update
N/A	

# Board Report

8 April 2026

## Resolution to Exclude the Public

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 the 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 in relation to each matter	Ground(s) under section 48(1) for the passing of this resolution	Date information can be released
1	Health & Safety Review	Good reason to withhold exists under Section 7	Section 48(1)(a)	TBC
2	Draft Water Services Strategy Update			TBC
3	LGFA Accession Approval			TBC
4	Finance Report			TBC
5	Executive Update			TBC
6	Capital Programme Update			TBC
7	Enterprise Planning & Draft Strategic Asset Management Plan			TBC
8	Board Workplan			TBC

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 or section 6 or section 7 or section 9 of the Official Information Act 1982, as the case may require, which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public are as follows:

Item 6,7	Protect information which is subject to an obligation of confidence	Section 7(2)(c)
Items 1, 3, 5	Maintenance of legal professional privilege	Section 7(2)(g)
Items 1,2,3,4,5,6,7,8	Carry out, without prejudice or disadvantage, commercial activities	Section 7(2)(h)
Items 3,4, 5, 6	Carry on, without prejudice or disadvantage, negotiations	Section 7(2)(i)

The appropriate staff and advisors remain to provide advice to the Board.