DATA LABEL: PUBLIC

AUDIT COMMITTEE

INTERNAL AUDIT OF LEGIONELLA MANAGEMENT

REPORT BY AUDIT, RISK AND COUNTER FRAUD MANAGER

A. PURPOSE OF REPORT

To inform the Audit Committee of the outcome of an internal audit of the controls in place in relation to the management of legionella.

B. RECOMMENDATION

It is recommended that the Audit Committee notes that controls in place are considered to require improvement.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	Being honest, open and accountable, making best use of our resources.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	The Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, and the Control of Substances Hazardous to Health Regulations 2002. Legionella Management Policy. The audit is relevant to risk WLC037 “Death or illness due to a legionella outbreak in operational buildings”.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Weaknesses in internal control may have an adverse impact on performance.
V	**Relevance to Single Outcome Agreement**	Our public services are high quality, continually improving, efficient and responsive to local people’s needs.
VI	**Resources - (Financial, Staffing and Property)**	None.
VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	Managers within Finance and Property Services as part of the audit process.

D. TERMS OF REPORT

In accordance with the internal audit plan for 2021/22, an audit has been undertaken of the management of legionella in operational properties. The resultant internal audit report is attached as an appendix to this report and includes an action plan containing agreed management actions.

The report contains one “high” ranked finding in relation to how the council obtains assurance on legionella management for its properties managed under public private partnership or hard facilities management contracts.

E. CONCLUSION

Our audit has concluded that the controls in place over the management of legionella in operation properties require improvement.

F. BACKGROUND REFERENCES

Report to the Audit Committee 22 March 2021: Internal Audit Plan 2021/22.

Appendices/Attachments: Internal audit report dated 13 December 2022: Legionella Management

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Kenneth Ribbons
Audit, Risk and Counter Fraud Manager
Date of meeting: 20 January 2023

West Lothian Council

FE2102

INTERNAL AUDIT REPORT

LEGIONELLA MANAGEMENT - OPERATIONAL PROPERTIES

13 December 2022

CONTENTS

No.	Section	Page
1.	Executive Summary	1-2
2.	Remit	3
3.	Action Plan	4-16
Appendix A	Definition of Audit Findings & Audit Opinion	17
Appendix B	KPI data Percentage of Active Operational Properties with Legionella Risk Assessment less than 30 months old	18
Appendix C	KPI data Number of Instances where Total Viable Count of bacteria, including Legionella, was recorded above safe levels	19

1.0 EXECUTIVE SUMMARY

1.1 In accordance with the annual audit plan for 2021/22, we have undertaken a review of controls and actions over risk WLC037 – death or illness due to a legionella outbreak in operational buildings. We conclude that the level of control is **requires improvement.**

1.2 Risk WLC037 is currently assessed in the council's risk register as a **medium** risk**,** resulting from a low likelihood risk score combined with a potentially catastrophic impact risk score.

1.3 The audit remit is set out in section two.

1.4 Legionella is the bacterium that can cause Legionnaires' Disease. Legionnaires' Disease is a pneumonia type infection of the lower respiratory tract.

The infection is most commonly acquired by the inhalation of airborne droplets or particles containing viable legionella. Contamination is most commonly found in hot and cold-water services, showers, water cooling towers, humidifiers, whirlpool spas, and fountains.

The bacteria are most likely to thrive in water systems with temperatures between 20-50°C. The bacteria are dormant below 20°C and do not survive above 60°C.

Legionnaires' Disease has a mortality rate during outbreak of between 5% and 30%.

1.5 Prevention and control of exposure to legionella is part of the council's various duties under the Control of Substances Hazardous to Health Regulations 2002, the Health and Safety at Work Act 1974, and the Management of Health and Safety at Work Regulations 1999.

1.6 The following key controls were found to be in place:

- A council-wide Water Safety Plan, comprising a Legionella Policy and Legionella Management Plans for Operational Properties and Domestic Properties, was approved by Council Executive in September 2021.
- The Legionella Policy sets out clear responsibilities for the management of legionella across the council, including identification of duty holders and responsible persons as defined by the relevant Health and Safety Executive Guidance (HSG274).
- Premises manager's duties and responsibilities for legionella management are detailed in the Premises Management Handbook, including the carrying out and recording of weekly flushes of little-used water systems.
- Legionella risk assessments are prepared for each of the council's operational properties. The Legionella Management Plan for Operational Properties requires that each risk assessment is reviewed at least once every thirty months (see performance data in Appendix B).
- Monthly water temperature testing for operational properties is carried out by the council's legionella contractor.
- Legionella risk assessment reports and monthly water quality reports, which incorporate monthly temperature test results, are provided by the council's legionella contractor to Property Services for review and action.
- Property Services record risk assessments and monthly water quality reports from the legionella contractor on the legionella risk assessment and legionella test report registers. The registers are used to identify and pre-order risk assessments which are approaching their next review date and to identify any gaps in monthly water quality reporting.

- Monthly performance meetings are held with the legionella contractor to review a range of contract matters, including progress on remedial actions and risk assessments and water quality reports due.
- The legionella contractor carries out a flush of water systems at each primary school in the last week of each summer holiday break.
- A budget provision of £0.95m within the General Services Capital Programme has been made for legionella control and remedial works for the period 2022/23 to 2027/28.
- Property Services operate a property change notification system which identifies changes to an operational property's status, including where this requires new or updated legionella risk assessments or the addition or cessation of monthly water quality testing. These changes are also reflected in the legionella control registers.

1.7 We identified one high importance finding:

- Review of the Legionella Management Plan noted that there is no detail on how the council obtains assurance on legionella management for its PPP or Hard FM properties (finding 3.4).

1.8 The action plan in section three details our findings, grades their importance (Appendix A) and includes agreed actions. The implementation of agreed actions will help improve control.

1.9 We appreciate the assistance of those members of staff contacted during the conduct of our audit.

Kenneth Ribbons
Audit, Risk and Counter Fraud Manager

2.0 REMIT

2.1 The objective of the audit was to review controls and actions over risk WLC037 – *death or illness due to a legionella outbreak in operational properties.*

2.2 No internal audit report can provide absolute assurance as the effectiveness of the system of internal control. Our review concentrated on the key controls and our testing was undertaken on a sample basis. Therefore, the weaknesses we have identified are not necessarily all those which exist.

2.3 We agreed the draft report for factual accuracy with Lauren McGuiness, (Statutory Compliance Manager) and Ross Macdonald, (Property Maintenance and Planned Improvements Manager) on 23 November 2022.

2.4 The Head of Finance and Property Services is responsible for both the implementation of agreed actions and the risk arising from not acting on any agreed actions in this report.

2.5 We carry out follow-up reviews on a risk-based approach. The Audit, Risk and Counter Fraud Manager will determine the need for a follow-up review of this report.

2.6 In accordance with the council's risk management arrangements services are required to record internal audit findings graded as being of 'high' importance in Pentana as risk actions and to link these to the corresponding risks.

2.7 Audit findings ranked as being of 'high' importance that are not implemented will be reported to the Governance and Risk Board and Audit Committee and considered for inclusion in the Annual Governance Statement.

3.0 ACTION PLAN

Ref	Findings & Risk	Agreed Actions	Importance Level
3.1	**Governance Structure and Compliance Reporting** Our review of the Legionella Management Plan for Operational Properties found that this does not include details of agreed governance and reporting structures (e.g. Property Services Service Management Team, Property Compliance Working Group, Governance and Risk Board, Corporate Management Team). In addition, we noted that neither the Legionella Policy nor the Legionella Management Plan for Operational Properties specify arrangements for periodic reporting on compliance with the Legionella Policy and the Legionella Management Plan. ***Risk*** *Lack of formalised reporting and governance structures and compliance reporting arrangements, resulting in inadequate or undirected reporting or errors in management decision making.*	1. Amendment to be made to the Legionella Management Plan to include details of the governance and reporting structure which lies behind it: a. F&P SMT – annual report on compliance with the Legionella Policy and Management Plan. b. Governance and Risk Board – annual report on property related Performance Indicators. c. Governance and Risk Committee – annual report on the corporate property related risks. d. Property Compliance Working Group - annual report on compliance with the Legionella Policy and Management Plan. e. Property Services Management Team (Performance) – annual report on compliance with the Legionella Policy and Management Plan. 2. Amendment to be made to the Legionella Management Plan to include details of the legionella compliance performance indicators, and annual reporting on compliance with the Legionella Policy and Management Plan.	Medium **Responsible Officer** Lauren McGuinness **Risk Identifier** WLC037 **Action Date** 28 February 2023

Ref	Findings & Risk	Agreed Actions	Importance Level
3.2	**<u>Key Performance Indicators</u>** We reviewed the current compliance indicators used for legionella management in Operational Properties. These are shown in Appendices B and C. Review of the monthly indicator information on Pentana at mid-September 2022 found that these were overdue for update with the last update recorded in April 2022. Review of KPI PS616 - *instances of Total Viable Count ("TVC") above safe levels* noted that the KPI description refers to TVC tests for all Operational Properties, however it was confirmed during the audit that TVC testing is specific to swimming and spa pools. We noted that two KPI's specified in the current Legionella Management Plan are currently not recorded on Pentana or regularly reported to the Property Compliance Working Group. These are: • Number of site audit visits. • %age of remedial actions carried out within agreed timescales. Further management KPIs could also be also considered to monitor the number of contractor water quality reports submitted versus the number expected for each month, and also the number of legionella incidents/outbreaks recorded for use in periodic compliance reporting. ***<u>Risk</u>*** *Insufficient and out of date performance information available to allow for effective monitoring of the control system or conclusions to be reached on compliance with the Legionella Policy and Legionella Management Plan.*	1. Responsible data collection officer for PS616 and PS617 to be reminded of the importance of collection and update of the information. Any gaps in data from April 2022 and present are to be retrospectively completed by the data collection officer. (NS) 2. PS616 and PS617 added to Compliance Team performance meeting agenda to prompt completion. (LMCK) 3. Description of PS616 to be amended to reflect it is only swimming and spa pool specific. (LMCK) 4. Legionella site audit – will confirm relevance, definition and status of how this is completed and recorded and data collection officer (NS) 5. Legionella site audit – add to Pentana on completion of point 4. (LMCK) 6. % remedials - confirm relevance, definition and status of how this is completed and recorded, data collection officer (NS) 7. % remedials – add to Pentana on completion of point 4. (LMCK) 8. Add PI for number of legionella incidents / outbreaks (NS/LMCK) 9. Add PI for % of monthly water monitoring reports received. (NS/LMCK)	Medium **Responsible Officers** Neil Stavert Lesley McKinlay **Risk Identifier** WLC037 **Action Date** 31 December 2022

Ref	Findings & Risk	Agreed Actions	Importance Level
3.3	**<u>Control parameters for temperature testing</u>** Section 3.5 of the Legionella Management Plan for Operational Properties details the control parameters adopted by the council with regard to temperature testing for hot and cold-water systems. In order to bring the cold-water system control parameter fully into line with HSG274 paragraph 2.6, this should be restated to specify distribution below 20C, rather that distribution at 20C. Total Viable Count testing is also subject to control parameters, however we noted that the adoption of these are not specified in the Legionella Management Plan for Operational Properties. ***<u>Risk</u>*** *Lack of clear definition of certain control parameters resulting in adverse test results that are not subject to recording or action, and potential for harm to individuals.*	1. Amend Legionella Management Plan section 3.5 to reflect change in terminology to “below 20C” for cold water systems. 2. Amend Legionella Management Plan section 3.5 for the TVC control parameters.	Low **Responsible Officer** Lauren McGuinness **Risk Identifier** WLC037 **Action Date** 28 February 2023

Ref	Findings & Risk	Agreed Actions	Importance Level
3.4	**Hard Facilities Management/PPP properties** We noted during audit testing that a number of properties previously covered by the existing legionella management contract transferred to new Hard FM contracts, commencing August 2021. These properties include Kirkton Service Centre, the council's Partnership Centres, and five of the council's high schools. West Lothian Civic Centre, Arrochar House, Torridon House and Whitehill Service Centre are also managed under Hard FM contracts, whilst a further five high schools and two primary schools are managed under PPP contract arrangements. Review of the Legionella Management Plan noted that there is no detail on how the council obtains assurance on legionella management for its PPP or Hard FM properties. A review of the workplan for the Property Compliance Working Group also noted that an action has been included for 2022/23 to consider and update the Legionella Management Plan following implementation of new Hard FM contracts. The Legionella Management Plan review should consider and document the council's approach to Hard FM and PPP managed properties, including swimming pools and spa pools where required, in terms of gathering and recording assurance on key controls such as: • Regular risk assessment. • Water testing reporting. • Contractor/subcontractor qualifications verification. • Legionella KPI data and compliance reporting. • Inclusion within WLC risk assessment and key controls in Pentana.	Review the Legionella Management Plan to include detail of how the Hard FM/PPP contractors demonstrate they are meeting their contractual obligations on legionella management. This will include: 1. a. Evidence of regular risk assessments (all within 30 months) and record in PS617. (ARM) b. Evidence the Water testing regime meets HSG274 table 2.1 requirements and ongoing reporting to client. (ARM) c. Declared qualifications initially and add to progress meeting agenda for ongoing minuting. (ARM) d. Evidence that any remedial actions identified during water monitoring regime are actioned. (ARM) e. Evidence of TVC testing of spa's, pools are reported to client and recorded in PS616. (ARM) 2. Add the above controls into Pentana risk for legionella. (LMCK) 3. Amend the Legionella Management Plan to reflect the above. (LMCG)	High **Responsible Officers** Ross MacDonald Lesley McKinlay Lauren McGuinness **Risk Identifier** WLC037 **Action Date** 31 December 2022

	Risk *Gap in approach to gathering and recording assurance information for Hard FM and PPP managed properties, resulting in potential for control weaknesses and harm to individuals.*		

Ref	Findings & Risk	Agreed Action	Importance Level
3.5	**Hard FM contractor - schedule of reporting** A sub-contractor (IWS) for one of the Hard FM contractors (Atalian Servest) has provided Property Services with a schedule for its planned legionella reporting, which includes monthly, quarterly and annual reports for each contracted property. However, IWS does not schedule six-monthly reports unlike the standard six-monthly reporting carried out for non-Hard FM properties. ***Risk*** *Gaps in expected legionella management information reported, leading to the potential for harm to individuals.*	Property Services to request Atalian Servest to add relevant six-monthly water testing reports to the schedule.	Low **Responsible Officer** Ross MacDonald **Risk Identifier** WLC037 **Action Date** 31 December 2022

Ref	Findings & Risk	Agreed Actions	Importance Level
3.6	**<u>Contractor qualifications and accreditations</u>** Review of the contract notice for the current legionella management contract noted that provision of evidence of ISO 17020 accreditation (UKAS) or equivalent, and membership of the Legionella Control Association were conditions for participation in the legionella management contract. *<u>UKAS accreditation</u>* Discussions during the audit found that the appointed legionella contractor's UKAS accreditation, which had been initiated prior to the start of the contract period, was still in progress. Property Services should review and consider appropriate essential qualification requirements prior to expiry of the current legionella management contract. Any "equivalent" accreditations should be clearly specified in the next contract notice to avoid disputes. *<u>Legionella Control Association ("LCA")</u>* The legionella contractor's current LCA membership certification held by the council was provided for review during the audit. This was found to have expired and so an up to date certificate was sought from the contractor during the audit and was subsequently received. A process similar to that introduced following the Gas Safety audit in 2020 should be developed to schedule checks verifying essential contractor qualifications and accreditations. ***<u>Risk</u>*** *Contractor professional suitability is not established nor monitored on an ongoing basis, resulting in potential for unsatisfactory performance and inaccurate contractor reporting.*	1. Liaise with the appointed legionella contractor to ensure UKAS accreditation is completed. 2. Review of the accreditation criteria to be used for future procurement of legionella management contractors. 3. An annual review of the relevant accreditations will be carried out on contractors undertaking legionella management (including Hard FM and PPP)	Medium **Responsible Officer** Ross MacDonald **Risk Identifier** WLC037 **Action Date** 1. Complete 30 November 2022 2. Next contract review - 31 March 2023 3. Ongoing annual review from 28 February 2023

Ref	Findings & Risk	Agreed Actions	Importance Level
3.7	**<u>Internal procedures</u>** Internal procedures covering the undernoted are not currently documented: • the monitoring and receipting of risk assessments/reviews and monthly water test report submissions, • standard checks to be carried out on these documents and how these checks are to be evidenced, • agreed process for evidencing of any remedial actions are completed following the review of these documents. • checking and reporting of essential contractor qualification renewals (see para 3.6 above) Similar procedures covering standard control processes for the receipting, checking and actioning of contractor gas safety reports were introduced following our audit of gas safety in 2020. ***<u>Risk</u>*** *Lack of standard procedure documentation for key processes, resulting in potential for deviation from expected control practices.*	Property Services internal procedure notes will be updated or developed to include the following: a. The process for the review of all risk assessments and any remedial actions. b. The process for review of monthly water test report submissions and any remedial actions. c. The process for the review and evidencing of completed remedial actions. d. Annual process for relevant accreditation review for those contractors undertaking legionella management (including Hard FM and PPP).	Medium **Responsible Officers** Lauren McGuinness Ross MacDonald **Risk Identifier** WLC037 **Action Date** 28 February 2023

Ref	Findings & Risk	Agreed Actions	Importance Level
3.8	**<u>Water Log Books</u>** We tested a sample of ten operational properties to ensure that water log books in the format required by the Legionella Management Plan were in place. We noted that: • All ten properties had a water log book in place. • Four of the ten properties provided evidence of the use of a superseded water log book format, • Five of the ten properties did not have a copy of the water system schematics within in their water log book. All four properties with a superseded water log book format were Hard FM/PPP properties. Water log book content for this type of property should be reviewed to ensure that all key information is being recorded for these premises. Three of the five properties without water system schematics were Hard FM/PPP properties and two were not Hard FM/PPP properties. ***<u>Risk</u>*** *Lack of key information on local water systems resulting in failure to maintain or operate water systems correctly, leading to the potential for harm to individuals.*	1. A request to the Hard FM /PPP contractor to provide a copy of the water log book for the four properties mentioned. 2. Review of Hard FM/PPP log books generally and comparison with WLC water log books to ensure these match key information recorded for non-Hard FM/PPP premises. 3. Water schematics for all Hard FM/ PPP premises to be provided and Hard FM / PPP contractor to confirm these have been included in their own water log book. 4. Reminder to be sent to RP`s to check schematic is present and to report this if it is not.	Medium **Responsible Officers** Ross MacDonald Lesley McKinlay **Risk Identifier** WLC037 **Action Date** 28 February 2023

Ref	Findings & Risk	Agreed Actions	Importance Level
3.9	**<u>Weekly Flush of Little Used Water Systems</u>** We tested a sample of ten operational properties to confirm that in each case weekly flush of little used water outlets was being carried out and recorded, and was up to date at the point of testing. In one case (Bathgate Social Work Office, 19-21 North Bridge Street) we were informed that the weekly flush of little used water outlets had been stopped in March 2020. The relevant premises manager was advised to investigate the reasons for this. The other properties tested provided satisfactory evidence of up to date weekly flushes being carried out with the exception of East Calder Partnership Centre which did not have flushes recorded for the two weeks prior to the audit test date. It was noted that four properties in our sample, whilst recording that weekly flushes were being carried out, did not specify on the weekly flush records which systems had been identified for weekly flushing. It was also confirmed that this has also been identified as a finding arising from site audits being carried out by Property Services staff. ***<u>Risk</u>*** *Weekly flushes of little used water systems may not always carried be out or fully documented, resulting in the potential for harm to individuals.*	1. Bathgate Social Work Office – follow up on outcome of investigation by RP. (NS) 2. Development of a proforma for the listing of site specific little used outlets to ensure that the same little used outlets are being flushed and recorded. (NS) 3. Roll out and update to services of new pro-forma (NS/LMCK)	Medium **Responsible Officers** Neil Stavert Lesley McKinlay **Risk Identifier** WLC037 **Action Date** 28 February 2023

Ref	Findings & Risk	Agreed Actions	Importance Level
3.10	**<u>Prohibited Items</u>** *<u>Employer Design Requirements</u>* The council has prepared Employer Design Requirements ("EDRs") which are shared with design contractors. The EDRs include a note of prohibited items in relation to hot and cold-water systems design. We noted that the wording for prohibited items in the EDRs is not fully consistent with the prohibited items in the Legionella Management Plan for Operational Properties. For example, bib taps are specifically prohibited in the EDRs but not specifically prohibited in the Legionella Management Plan for Operational Properties. Spa pools and cooling towers are specifically prohibited in the Legionella Management Plan for Operational Properties but are not listed as prohibited in the EDRs. *<u>List of Prohibited Items</u>* We also reviewed the master list of prohibited items in use at operational properties, which is maintained by Property Services. We noted that the majority of the items on the prohibited list were bib taps which were recorded as being installed prior to the requirement to complete a Business Case Exemption ("BCE"). The BCE process requires formal documentation and authorisation of controls and safe operating arrangements for an otherwise prohibited item. For services with bib taps which were in place prior to the implementation of the BCE process consideration should be given to issuing reminders or guidance on safe operation and controls.	1. Property Services to review EDR and ensure the list of prohibited items matches the Legionella Management Plan. (ARM) 2. Issue reminder via compliance matters and guidance on safe operation and control for premises with bib taps installed. (LMCK) 3. Property Services to prepare new BCEs for Burgh Halls and Eliburn Resource Centre (ARM)	Medium **Responsible Officers** Ross MacDonald Lesley McKinlay **Risk Identifier** WLC037 **Action Date** 28 February 2023

	We also noted two properties (Burgh Halls and Eliburn Resource Centre) on the prohibited item list which did not have the required BCE forms on file. ***<u>Risks</u>*** *Inconsistent guidance leading to building designs which include prohibited, higher risk, water system features.* *Prohibited items are in use without proper risk assessment and mitigating controls resulting in the potential for harm to individuals.*		

Ref	Findings & Risk	Agreed Action	Importance Level
3.11	**Primary School flush programme** We confirmed that the Legionella contractor carries out a programme of water system flushes across the council's primary schools immediately prior to the start of each new academic year. The Legionella contractor provides individual reports for each of the flushes carried out, however it is unclear from our audit testing if there is a central control record and review which collates the results and ensures that there have been no gaps in the expected primary school flushes. ***Risk*** *Gaps in expected primary school flushes are not identified, resulting in the potential for harm to individuals.*	Internal procedure to be developed for the management of the water system flushes carried out during the summer holidays.	Medium **Responsible Officers** Lauren McGuinness Ross MacDonald **Risk Identifier** WLC037 **Action Date** 28 February 2023

APPENDIX A

DEFINITION OF AUDIT FINDINGS & AUDIT OPINION

AUDIT IMPORTANCE LEVELS

Importance levels of '**High'**, '**Medium'** or '**Low'** are allocated to each audit finding within the action plan.

These reflect the importance of audit findings to an effective system of internal control and must be considered in the context of the business processes being audited (Section 2 – Audit Remit).

AUDIT OPINION

Our overall opinion on the controls in place is based on the level of importance attached to the findings in our audit report. The overall audit opinions are as follows:

Overall Opinion	Definition
EFFECTIVE	No findings ranked as 'High' importance. There may be a few 'Low' and 'Medium' ranked findings.
SATISFACTORY	No findings ranked as 'High' importance however there are a moderate number of 'Low' and 'Medium' ranked findings.
REQUIRES IMPROVEMENT	A few findings ranked as 'High' importance. There may also be a number of findings ranked as 'Low' and 'Medium' importance.
UNSOUND	A considerable number of findings ranked as 'High' importance resulting in an unsound system of control. There may also be a number of findings ranked as 'Low' and 'Medium' importance.

APPENDIX B

P:PS617_9b.1a Percentage of Active Operational Properties with Legionella Risk Assessments less than 30 months old

Months | Description

April 2022 result

100%

Last 12 months
Aim to Maximise

Type: PI

Expected Outcome: On Target
Current Target: 100%
Next Update Due: 01 Jun 2022

Core information | Data | Charts | Formulas | Related To | More...

PI Data - Showing Monthly from 2021 to 2022 -

Period	Status	Value	Target	Forecast	Web Publish	Pre-audited	Activated	Short Trend	Long Trend	Notes
January 2023			100%							
December 2022			100%							
November 2022			100%							
October 2022			100%							
September 2022			100%							
August 2022			100%							
July 2022			100%							
June 2022			100%							
May 2022			100%							
April 2022		100%	100%		✔		✔	–	–	1
March 2022		100%	100%		✔		✔	–		1
February 2022		100%	100%		✔		✔	–		1
January 2022		100%	100%		✔		✔	–		1
December 2021		100%	100%		✔		✔	–		1
November 2021		100%	100%		✔		✔	–		1
October 2021		100%	100%		✔		✔	–		1
September 2021		100%	100%		✔		✔	–		1
August 2021		100%	100%		✔		✔	–		2
July 2021		100%	100%		✔		✔	–		1
June 2021		100%	100%		✔		✔	–		1
May 2021		100%	100%		✔		✔	–		1

Source: Pentana Performance Management System

APPENDIX C

P:PS616_9b.1a Number of Instances where the Total Viable Count (TVC) of Bacteria Readings have been Recorded above Safe Levels in Water

Months | Description

This Performance Indicator monitors any instances where the Total Viable Count (TVC) of bacteria including Legionella is recorded above safe levels in water at all operational properties.

Core information | Data | Charts | Formulas | Related To | More...

PI Data — Showing Monthly from 2021 to 2022

Period	Status	Value	Target	Forecast	Web Publish	Pre-audited	Activated	Short Trend	Long Trend	Notes
January 2023			0							
December 2022			0							
November 2022			0							
October 2022			0							
September 2022			0							
August 2022			0							
July 2022			0							
June 2022			0							
May 2022			0							
April 2022	✓	0	0		✓		✓	–		2
March 2022	✓	0	0				✓	–		1
February 2022	✓	0	0				✓	–		1
January 2022	✓	0	0		✓		✓	–		2
December 2021	✓	0	0		✓		✓	–		1
November 2021	✓	0	0				✓	–		
October 2021	✓	0	0		✓		✓	–		1
September 2021	✓	0	0		✓		✓	–		1
August 2021	✓	0	0		✓		✓			2
July 2021	✓	1	0		✓		✓			1
June 2021	✓	0	0		✓		✓	–		1
May 2021	✓	0	0		✓		✓	–		1

Source: Pentana Performance Management System