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Date: 25th April 2024

To Whom It May Concern,

A multi-locational meeting of the **Cabinet** will be held in Penallta House, and via Microsoft Teams on **Wednesday, 1st May, 2024 at 1.00 pm** to consider the matters contained in the following agenda. You are welcome to use Welsh at the meeting, a minimum notice period of 3 working days is required should you wish to do so. A simultaneous translation will be provided on request.

Members of the public or Press may attend in person at Penallta House or may view the meeting live via the following link: <https://civico.net/caerphilly>

This meeting will be live-streamed and a recording made available to view via the Council's website, except for discussions involving confidential or exempt items. Therefore, the images/audio of those individuals present and/or speaking will be publicly available to all via the recording on the Council website at www.caerphilly.gov.uk

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Chrissy', enclosed within a large, loopy, hand-drawn oval shape.

Christina Harrhy
CHIEF EXECUTIVE

AGENDA

	Pages
1 To receive apologies for absence.	

A greener place Man gwyrdach



2 Declarations of Interest.

Councillors and Officers are reminded of their personal responsibility to declare any personal and/or prejudicial interest(s) in respect of any item of business on the agenda in accordance with the Local Government Act 2000, the Council's Constitution and the Code of Conduct for both Councillors and Officers.

To approve and sign the following minutes: -

3 Cabinet held on 6th March 2024. 1 - 6

4 Special Cabinet held on 20th March 2024. 7 - 12

To note the Cabinet Forward Work Programme.

5 Cabinet Forward Work Programme. 13 - 16

To receive and consider the following reports on which executive decisions are required: -

6 Youth Forum Priorities. 17 - 20

7 Six Month Update on The Corporate Complaints Received For The Period 1st April 2023 To 30th September 2023. 21 - 64

8 Re-Purposing of Social Services Earmarked Reserves. 65 - 70

9 Health and Safety Policies. 71 - 162

Circulation:

Councillors C. Andrews, S. Cook, E. Forehead, N. George, P. Leonard, S. Morgan, C. Morgan, J. Pritchard and E. Stenner

And Appropriate Officers

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Agenda Item 3



CABINET

MINUTES OF THE MULTI-LOCATIONAL MEETING HELD AT PENALLTA HOUSE AND VIA MICROSOFT TEAMS ON WEDNESDAY 6TH MARCH 2024 AT 1PM

PRESENT:

Councillor S. Morgan – Chair

Councillors:

J. Pritchard (Cabinet Member for Prosperity, Regeneration and Climate Change), N. George (Cabinet Member for Corporate Services, Property and Highways), P. Leonard (Cabinet Member for Planning and Public Protection), C. Morgan (Cabinet Member for Waste, Leisure and Green Spaces), E. Stenner (Cabinet Member for Finance and Performance), S. Cook (Cabinet Member for Housing) and E. Forehead (Cabinet Member for Social Care).

Together with:

D. Street (Deputy Chief Executive), R. Edmunds (Corporate Director of Education and Corporate Services), M.S. Williams (Corporate Director of Economy and Environment) and G. Jenkins (Interim Director of Social Services).

Also in Attendance:

R. Tranter (Head of Legal Services and Monitoring Officer), K. Peters (Service Manager – Service Improvement and Partnerships), J. Lougher (Sport and Leisure Development Manager), A. Cullinane (Senior Policy Officer - Equalities and Welsh Language), L. Donovan (Head of People Services), S. Harris (Head of Financial Services and Section 151 Officer) and J. Thomas (Committee Services Officer).

RECORDING AND VOTING ARRANGEMENTS

The Leader reminded those present that the meeting was being live streamed, and a recording would be made available to view via the Council's website, except for discussions involving confidential or exempt items. [Click Here To View](#).

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor C. Andrews (Cabinet Member for Education and Communities) and C. Harry (Chief Executive).

2. DECLARATIONS OF INTEREST

Councillor S. Morgan declared a personal and prejudicial interest in relation to [Agenda Item No. 10 Welsh Government Retail, Leisure and Hospitality Rate Relief Scheme 2024/2025](#) in that he is the owner of a commercial premise which could benefit from the hospitality rate relief as such he would leave the meeting when the item was discussed and take no part in the debate or vote

3. CABINET FORWARD WORK PROGRAMME – TO NOTE

Cabinet was provided with the Cabinet Forward Work Programme, which detailed the scheduled reports until 29th May 2024.

Following consideration and discussion, it was moved and seconded that the Forward Work Programme be noted. By a show of hands this was unanimously agreed.

4. ALLOCATION CRITERIA FOR ARTIFICIAL SPORTS PITCHES AND THE YSTRAD MYNACH CENTRE FOR SPORTING EXCELLENCE

Consideration was given to the report which sought Cabinets approval for amendments to the criteria used in the allocation of bookings for artificial pitches, Second Generation and Third Generation, e.g. Artificial Turf Pitch (ATP) / 3G facilities in Caerphilly CBC that are managed and delivered by Sport & Leisure services.

Attention was drawn to section 5.4 of the report which outlined the number of sports pitches throughout CCBC. Cabinet was pleased to note that school sites were now available for community use on weekday evenings and available all day on weekends. The Officer explained this had been achievable through a collaborative team effort across the board. It is anticipated that this will increase the participation throughout the County Brough.

Following consideration and discussion, it was moved and seconded that the recommendations in the report be approved and by way of Microsoft Forms this was unanimously agreed.

RESOLVED that for reasons contained in the Officers report:

1. The allocation criteria detailed in this report for artificial pitches, Second Generation and Third Generation, e.g. Artificial Turf Pitch (ATP) / 3G facilities in Caerphilly CBC that are managed and delivered by Sport and Leisure services be approved.
2. The delegation of future changes to the allocation criteria as a result of changes by Governing Bodies or changes to ATP/3G provision to the relevant Director or Head of Service in consultation with the relevant Cabinet Member be approved.

5. FOOD STANDARDS AGENCY AUDIT OF THE CAERPHILLY FOOD LAW ENFORCEMENT SERVICES

Cabinet noted that the report had been considered by the Housing and Environment Scrutiny Committee on Tuesday 13th February 2024.

Consideration was given to the report which presented Cabinet with the findings of an audit conducted by the Food Standards Agency (FSA), on Caerphilly County Borough Council's food law enforcement services, which includes the food safety, food standards and communicable disease control functions within Public Protection.

Responding to a query raised the Officer assured Cabinet that although there is a current issue recruiting Environmental Health Officers (EHO), Caerphilly has a sufficient number of EHO's to ensure that food hygiene inspections are carried out. Although the Officer advised there is still a back log as a result of the Covid pandemic.

Following consideration and discussion, it was moved and seconded that the recommendations in the report be approved and by way of Microsoft Forms this was unanimously agreed.

RESOLVED that for reasons contained in the Officers report consideration was given to The Food Standards Agency Audit findings and Action Plan as detailed in Appendices 1 to 3 together with the comments from Housing and Environment Scrutiny Committee as detailed at 10.2 of the report.

6. STRATEGIC EQUALITY PLAN – OBJECTIVES AND ACTIONS 2024-2028

Consideration was given to the report which sought Cabinet Approval the Council's Draft Strategic Equality Plan 2024-2028, outlines in Appendix A of the report, and for approval for it to progress to Council on 18th April for formal adoption as Council policy.

Cabinet placed on record their thanks to the Officers involved in obtaining all the information included within the report in readiness to be presented to full Council.

Cabinet was pleased to note that there are policies in place to make reasonable adjustments if required to assist any member of staff with autism.

Clarification was sought in relation to what measures the Council has in place to assist CCBC's residents to obtain employment. The Officer advised Members the Council has a Social Value Policy, the intention of that policy is when there are large projects, for example building schools, the Council, when looking for resources and materials, sources these within the local community, which sustains local employment and potentially increases employment opportunities. There is also an Employment Team, that mentor and support residents into employment, for example will assist with writing CVs and preparing them for interviews. The Council also run an apprenticeship scheme within the organisation.

Following consideration and discussion, it was moved and seconded that the recommendations in the report be approved and by way of Microsoft Forms this was unanimously agreed.

RESOLVED that for reasons contained within the Officers report the Strategic Equality Plan 2024-2028 to progress the report to be presented to Council for adoption as Council policy be approved.

7. STRATEGIC EQUALITY PLAN ANNUAL REPORT 2022-2023

Consideration was given to the report which informed Cabinet of the progress made during the financial year 2022-2023 against actions in the Council's current Strategic Equality Plan 2020-2024 and sought Cabinet approval to publish to the Council's website.

Cabinet formally placed on record thanks to all Officers involved in gathering the information included within the report.

Cabinet was extremely pleased to note the update on the Ukraine Resettlement Scheme which has been in place since March 2022. However, noted that this was only a small snapshot on the work undertaken by CCBC to help the Ukrainian people.

Following consideration and discussion, it was moved and seconded that the recommendations in the report be approved and by way of Microsoft Forms this was unanimously agreed.

RESOLVED that for reasons contained within the Officers report the annual report for publication on the Council's website by the 31st March deadline be approved.

8. ANNUAL WELL-BEING OBJECTIVE PERFORMANCE REPORT 2022-23

Cabinet noted that sections of the report were scrutinised by Governance and Audit on 15th February 2024 and Joint Scrutiny Committee on 26th February 2024. Feedback was noted in the consultation section of the report.

Cabinet was pleased to note the positive impact the Councils 'Empty Home Strategy' and the work carried out by the Empty Homes Team who have helped bring back into use over 100 homes.

Following a query raised regarding the support the Council provides to tenants to sustain tenancies and help reduce fuel poverty, Cabinet was advised that the Caerphilly Cares Team offers access to a range of support initiatives for individuals and families, whether Council or private rented sector tenants including access to a cost-of-living hardship fund, fuel vouchers in partnership with Citizens Advice, energy advice and access to an energy crisis grant. Housing Support teams had accessed an additional £3.1m in income for tenants during 2022/23 and that support staff in that team were trained to Level 3 City and Guilds in providing energy advice to tenants.

Cabinet sought further information on whether there has been an improvement in productivity from the workforce and their wellbeing since the Agile Work Policy has been implemented. The Director for Corporate Director of Education and Corporate Services advised Cabinet that the policy allows employees to better balance their working day and each employee will have different working ways. Some staff prefer to attend an Office every day and others to use a hybrid way of working depending on their individual needs. It has also assisted in recruitment as employees can now work fully remotely in certain departments. Therefore, there is no commute allowing staff to reside at a greater geographical distance from Caerphilly.

Following consideration and discussion, it was moved and seconded that the recommendations in the report be approved and by way of Microsoft Forms this was unanimously agreed.

RESOLVED that for reasons contained within the Officers report the Self-Assessment Report (including Well-being Objectives) 2022/23 (Appendix 1 to this report) as a final position on organisational performance for the year 2022/2023 be approved.

9. PUBLICATION OF GENDER PAY GAP DATA 2023 – EQUALITY ACT 2010 (SPECIFIC DUTIES AND PUBLIC AUTHORITIES) REGULATIONS 2017

Consideration was given to the report which sought Cabinet approval for the publication of the Authority's gender pay gap written statement 2023.

In response to a query raised the Officer assured Cabinet that currently there were no concerns around gender pay gap claims for Caerphilly Borough Council and advised Cabinet that the current NJC pay scale structure that was implemented in 2020 with the agreement of the Unions. The Officer also advised Cabinet that CCBC do not offer performance related bonuses. However, Cabinet was assured that the Council is watching the national claims and should there be and any change that could impact Caerphilly would be reported to Cabinet immediately.

Following consideration and discussion, it was moved and seconded that the recommendations in the report be approved and by way of Microsoft Forms this was unanimously agreed.

RESOLVED that for reasons contained within the Officer report the written statement attached at Appendix 1 detailing gender pay gap data for publication on the Council's website and the Government website online using the gender pay gap reporting service be agreed.

10. WELSH GOVERNMENT RETAIL, LEISURE AND HOSPITALITY RATE RELIEF SCHEME 2024/2025

Consideration was given to the report that provided Cabinet with details of the new 'Retail, Leisure and Hospitality Rate Relief Scheme' offered by WG for 2024/25 and sought Cabinet approval to adopt the new scheme.

Following a query raised Cabinet were advised that this scheme had been implemented for several years and assured that the Business Rates Team had sufficient resources to deal with the influx of applications. However, should it impact daily workload increase beyond capacity, then staff overtime would be considered.

Cabinet formally placed on record their thanks and support to the Business Team.

Following consideration and discussion, it was moved and seconded that the recommendations in the report be approved and by way of Microsoft Forms this was unanimously agreed.

RESOLVED that for reasons contained within the Officers report:

1. The 'Retail, Leisure and Hospitality Rate Relief Scheme 2024-25' (the 2024/25 Scheme), in accordance with the WG guidance on the WG website and the provisions of section 47(1) (a) and section 47(3) of the Local Government Finance Act 1988 be endorsed.
2. The Head of Financial Services and S151 Officer will use delegated powers to award the relief be noted.
3. The proposal set out in paragraph 5.8 that in order to assist ratepayers and minimise administration costs for the Authority, it is proposed that the declaration process will involve each eligible business completing and submitting an online form via the Council's website, with the Council's Business Rates Team aiming to process all declaration forms received as quickly as possible and issue amended bills to eligible ratepayers in accordance with the WG guidance be supported.
4. Officers of the Authority will make the business community aware of the 2024/25 Scheme through its usual channels, including its website and social media be noted.

The meeting closed at 14.00 p.m.

Approved and signed as a correct record subject to any corrections made at the meeting held on 1st May 2024.

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Agenda Item 4



SPECIAL CABINET

MINUTES OF THE MULTI-LOCATIONAL MEETING HELD AT PENALLTA HOUSE AND VIA MICROSOFT TEAMS ON WEDNESDAY 20TH MARCH 2024 AT 1PM

PRESENT:

Councillor S. Morgan – Chair

Councillors:

J. Pritchard (Cabinet Member for Prosperity, Regeneration and Climate Change), N. George (Cabinet Member for Corporate Services, Property and Highways), P. Leonard (Cabinet Member for Planning and Public Protection), C. Morgan (Cabinet Member for Waste, Leisure and Green Spaces), S. Cook (Cabinet Member for Housing) and E. Forehead (Cabinet Member for Social Care).

Together with:

D. Street (Deputy Chief Executive), R. Edmunds (Corporate Director of Education and Corporate Services), M.S. Williams (Corporate Director of Economy and Environment) and G. Jenkins (Interim Director of Social Services).

Also in Attendance:

R. Tranter (Head of Legal Services and Monitoring Officer), R. Hartshorn (Head of Public Protection, Community and Leisure Services), J. Reynolds (Sports and Leisure Facilities Manager), M. Lloyd (Head of Infrastructure), H. Jones (Waste Strategy and Operations Manager), M. Goodger (Principle Engineer (Drainage)), S. O'Donnell (Principal Council Tax and Non-Domestic Rate Officer), C. Davies (Private Sector Housing Manager), F. Wilkins (Housing Services Manager) and J. Thomas (Committee Services Officer).

RECORDING AND VOTING ARRANGEMENTS

The Leader reminded those present that the meeting was being live streamed, and a recording would be made available to view via the Council's website, except for discussions involving confidential or exempt items. [Click Here To View](#).

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor E. Stenner (Cabinet Member for Finance and Performance) and C. Harrhy (Chief Executive).

2. DECLARATIONS OF INTEREST

No declarations of interest were received.

3. CABINET FORWARD WORK PROGRAMME – TO NOTE

Cabinet was provided with the Cabinet Forward Work Programme, which detailed the scheduled reports until 29th May 2024.

Following consideration and discussion, it was moved and seconded that the Forward Work Programme be noted. By a show of hands this was unanimously agreed.

4. PONTLLANFRAITH LEISURE CENTRE

Cabinet noted the report had been considered by the Housing and Environment Scrutiny Committee on Tuesday 13th February 2024.

Consideration was given to the report which advised Cabinet on the outcome of a public consultation on a proposal for the indoor facilities at Pontllanfraith Leisure Centre to remain permanently closed, with sporting facilities at the adjacent Centre for Vulnerable Learners (CVL) including a 4-court sports hall, changing facilities, and a 3G pitch being made available for community use outside of school hours upon opening in Spring 2025. The proposal would also see use of the 3G pitch on the Pontllanfraith Leisure Centre site continue but cease once the 3G pitch at the adjacent Centre for Vulnerable Learners is open for community use.

The report also sought Cabinet approval for the indoor facilities at Pontllanfraith Leisure Centre to remain permanently closed and for use of the 3G pitch on the Pontllanfraith Leisure Centre site to continue but cease once the 3G pitch at the adjacent Centre for Vulnerable Learners is open for community use.

A query was raised regarding the accessibility of the new sports facility at the CVL and whether they were DDA compliant. Sport and Leisure Facilities Manager assured Cabinet that the new facility met all the criteria set out in the Sports England Guidance, which is the guidance that is currently used when developing facilities of this type. The Officer also assured Members that the CVL met all DDA requirements.

Following a further query raised, Cabinet was advised that the CVL facilities would be made available for public hire Monday to Friday between the hours of 5pm to 9pm and Saturday and Sunday between the hours of 9am to 5pm.

Following consideration, it was moved and seconded that the recommendation in the report be approved and by way of Microsoft Forms and a verbal vote this was unanimously agreed.

RESOLVED that for reasons contained in the Officers report:

1. Consideration was given to the outcome of the consultation exercise and the comments of Housing and Environment Scrutiny Committee at 10.6 of the report.
2. The permanent closure of the indoor leisure facilities at Pontllanfraith Leisure Centre be approved.
3. The permanent closure of the 3G pitch on the Pontllanfraith Leisure Centre site once the 3G pitch at the adjacent Centre for Vulnerable Learners is open for community use be approved.

5. CONSULTATION OUTCOME - PROPOSALS TO IMPLEMENT COUNCIL TAX PREMIUMS ON LONG-TERM EMPTY PROPERTIES AND SECOND HOMES

Consideration was given to the report that provided Cabinet with the results of the public consultation which it agreed to undertake on the proposed introduction of Council Tax

Premiums on long-term empty properties and second homes in the County Borough prior to consideration by Council on the 27th March 2024.

Following queries raised the Principal Council Tax and Non-Domestic Rate Officer advised Cabinet that there are currently a number of statutory exemptions in place that would not be affected by the premiums. The Officer also assured Members that there had been significant engagement with second homeowners, owners of empty properties and with stakeholders.

Clarification was sought as to when the premiums would come into effect. The Officer explained that following Cabinet approval and meeting with WG requirements the premiums would be effective from April 2025.

Following consideration, it was moved and seconded that the recommendation in the report be approved and by way of Microsoft Forms and a verbal vote this was unanimously agreed.

RESOLVED that for reasons contained in the Officers report:

1. Cabinet reviewed and considered the consultation feedback attached at Appendix A of the report.
2. Cabinet recommended to Council the implementation of the following premiums from 01 April 2025: -

Class of dwelling Premium

Second Homes 100%

Long-Term Empty Properties: -

Empty longer than 2 years 100%

Empty longer than 3 years 200%

Empty longer than 5 years 300%

6. LOCAL FLOOD RISK MANAGEMENT STRATEGY AND ACTION PLAN

Consideration was given to the report which advised Cabinet of the proposed update to the Local Flood Risk Management Strategy and Action Plan (LFRMaAP) following on from public consultation. The report sought Cabinet approval of the draft LFRMSaAP for publication and implementation and also advised Cabinet of the financial implications associated with delivery of the strategy.

It was noted that CCBC are not responsible for the main rivers. The responsibility of these fall on Natural Resources Wales (NRW).

It was further noted that flood risk management is becoming increasingly important as there is an increase in wet periods.

Clarification was sought on what the cost is on the water course that CCBC are currently working on at the Nant Cylla. The Head of Infrastructure advised Cabinet that it is still at design stage and the confirmed costs to date are £270,000. It is estimated that costs will be circa £3million to undertake the improvements works required. The Officer also clarified that currently the whole cost would fall on CCBC as there was no funding offered by Welsh Government.

Following consideration, it was moved and seconded that the recommendation in the report be approved and by way of Microsoft Forms and a verbal vote this was unanimously agreed.

RESOLVED that for reasons contained in the Officers report:

1. The updated Local Flood Risk Management Strategy and Action Plan (LFRMSaAP) for publication be approved.
2. The financial and personnel implications associated with implementation of the LFRMSaAP and that further reports will be presented as required to approve match funding for specific capital projects be noted.

7. TRADE WASTE SERVICE CHANGES AND CHARGING POLICIES

Consideration was given to the report which provided Cabinet with proposals for providing a revised Workplace Recycling Regulations collection service to comply with new legislation and agree appropriate principles for collection service recharge rates.

Responding to a query raised, the Head of Infrastructure advised Cabinet, that it is anticipated that there will be arise in charges for commercial collectors for recycling, this due to the separation and collection method that needs to be undertaken. The Officer explained that trade waste is currently collected alongside domestic customers and in the same format. However, going forward the collections will have to be carried out in a different format and separated into food waste, cardboard etc.

Further information was sought as to whether all the Council buildings have been notified of the changes and are there plans in place. The Waste Strategy and Operations Manager assured Cabinet that the Authority have been notified about the regulations and about how this will affect CCBC as a waste producer in relation to waste services and all building managers have been notified and given advice. The Officer further assured Cabinet there has been direct communication to local businesses from Welsh Government (WG) and from the Council. Cabinet was pleased to note that the intention is to work with the businesses to ensure that they have the best service in place to meet the expectations and ensure they are compliant with the new regulations.

Following a query raised the Officer advised Cabinet that the direction from WG is that the costs should be passed to the relevant business.

Following consideration and discussion, it was moved and seconded that the recommendations in the report be approved and by way of Microsoft Forms this was unanimously agreed.

RESOLVED that for reasons contained in the Officers report:

1. The requirements of the Workplace Recycling Regulations and their impact on Council owned buildings, trade customers, and the Council's trade waste collection service be noted.
2. The outcome of the review into the trade waste service, the preferred outcome and the approach to Market be noted.
3. An interim 'compliant' service to be undertaken by the Council from April 6th to service commencement be supported.
4. A full cost recovery approach to realign the recycling and food waste charges from April 2024. This will further be amended once the outcomes of the procurement and customer demands are better understood. A new charging structure will be

brought forwards in consultation with Cabinet Member and delegated to the Corporate Director for approval be approved.

5. An uplift in the annual Waste Transfer Note charges from £21 to £40 be approved.
6. An additional £180,000 to purchase additional containers for businesses to meet their requirements under the regulations. This is to be funded from uncommitted Capital earmarked reserves be approved.

The meeting closed at 14.12 p.m.

Approved and signed as a correct record subject to any corrections made at the meeting held on 1st May 2024.

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Cabinet Forward Work Programme – 23rd April 2024

Meeting date:	Report title:	Key issue:	Report author	Cabinet Member:
01/05/2024 13:00 p.m.	Youth Forum Priorities	To provide the Youth Forum priorities for 2024	Clare Ewings/Paul Warren	Cllr Carol Andrews
01/05/2024	Six month Update on the Corporate Complaints received for the period 1st April to 30th September 2023	For Cabinet to consider the data from 1st April 2023 to 30th September 2023 together with the outcomes and lessons learned.	Lisa Lane/Carl Evans	Cllr Nigel George
01/05/2024	Re-purposing of Social Services Earmarked Reserves	For Cabinet Members to consider an alternative use of Social Services earmarked reserves in order to extend a number of fixed term arrangements put in place to alleviate capacity issues across the directorate	Mike Jones/Stephen Harris	Cllr Elaine Forehead
01/05/2024	Health & Safety Policies: * Corporate Asbestos Management Plan * Corporate Health & Safety Policy * Display Screen Equipment Policy	For Cabinet to consider and approve the updated H&S policies	Lynne Donovan/Emma Townsend	Cllr Nigel George
05/06/24	Gwent Serious Violence Strategy	To seek Members views and Cabinet approval from members for the Gwent Serious Violence Strategy and Needs Assessment.	Natalie Kenny/Rob Hartshorn	Cllr Philippa Leonard
05/06/24	Welsh Language Standards Annual Report 2023/24	To inform Cabinet and seek their endorsement of the progress made during the financial year 2023-2024 against four specific areas of Welsh language work, as required under the regulatory framework for	Anwen Cullinane /Kath Peters	Cllr Eluned Stenner

Cabinet Forward Work Programme – 23rd April 2024

Meeting date:	Report title:	Key issue:	Report author	Cabinet Member:
		implementing the Welsh Language Standards		
05/06/24	The federation of the Cwmaber Infants School and Cwmaber Junior School	To seek Cabinet approval to move to formal consultation, in partnership with each Governing Body, for the federation of Cwmaber Infants School and Cwmaber Junior School	Sue Richards / Andrea West	Cllr Carol Andrews
05/06/24	School Inspection Update - Estyn	To update members on recent Estyn school inspections and to offer an analysis of themes for comment and observations.	Keri Cole	Cllr Carol Andrews
05/06/24	Proposed Changes to Caerphilly CBC's Discretionary Rate Relief Policy	To seek Cabinet approval of a proposed change to the Discretionary Rate Relief Policy in relation to rateable value limits.	Glenn Edwards/ Sean O'Donnell	Cllr Eluned Stenner
05/06/24	Exempt Item - Tourism Review: Memorandum of Understanding in respect of Cwmcarn Forest with Natural Resources Wales	This item is subject to a public interest test	Allan Dallimore	Cllr James Pritchard
26/06/24 13:00 p.m.	Sport Caerphilly Disability Sports Camps	To seek approval to replace the current programme of Sport Caerphilly disability sports camps with an offer that is more tailored for the attendees and their changing needs.	Jared Lougher	Cllr Chris Morgan

Cabinet Forward Work Programme – 23rd April 2024

Meeting date:	Report title:	Key issue:	Report author	Cabinet Member:
26/06/24	Local Housing Market Assessment and the Welsh Government Prospectus	To discuss and approve the LHMA and the Prospectus. Welsh Government requires all Local Authorities to undertake a Local Housing Market Assessment and a Prospectus. The documents set out the requirement for housing within the county borough and is utilised to inform the LDP, the allocation of Social Housing Grant and the Council's own Caerphilly Homes development programme.	Nick Taylor-Williams/Jane Roberts-Waite/ Mark Jennings	Cllr Shayne Cook
24/07/24 13:00 p.m.	Proposed Waste Strategy and Consultation Feedback.	Consideration of public consultation feedback in regard Draft Waste Strategy and finalisation of new Waste Strategy to allow development of Full Business case for submission to Welsh Government.	Marcus Lloyd/Hayley Jones/ Hayley Lancaster	Cllr Chris Morgan
24/07/24	Leasing Scheme Wales	To seek Cabinet agreement to adopt the Welsh Government leasing scheme Wales to increase access to the private rented sector	Nick Taylor -Williams	Cllr Shayne Cook
24/07/24	Social Services - Annual Corporate Safeguarding Report	To present the 2023-24 Annual Corporate Safeguarding Report, Forward Work Programme and Safeguarding Key Activity Data for information to ensure Cabinet is fully aware of the Council's arrangements for corporate safeguarding and is satisfied that these arrangements are effective.	Gareth Jenkins	Cllr Elaine Forehead

Cabinet Forward Work Programme – 23rd April 2024

Meeting date:	Report title:	Key issue:	Report author	Cabinet Member:
24/07/24	Public Protection Annual Report	To update Cabinet on the enforcement activities of the public protection division for 2023/24	Rob Hartshorn	Cllr Philippa Leonard
24/07/24	Amalgamation of Hendre Infants and Junior Schools	To seek approval to proceed to Consultation	Sue Richards, Andrea West	Cllr Carol Andrews
24/07/24	Proposal for the closure of Rhydri Primary School	For Scrutiny Members to consider the Objection Report and endorse the recommendation to Cabinet, via vote, to implement the proposal	Sue Richards, Andrea West	Cllr Carol Andrews



CABINET – 1ST MAY 2024

SUBJECT: YOUTH FORUM PRIORITIES

REPORT BY: CORPORATE DIRECTOR OF EDUCATION AND CORPORATE SERVICES

1. PURPOSE OF REPORT

- 1.1 To inform Cabinet of the issues raised by Young People via the Youth Service's Youth Forum.
- 1.2 To seek the views of members in how the issue outlined in the report can be addressed.

2. SUMMARY

- 2.1 Following the Annual Youth Forum Conference in January 2024, Young People have identified current issues that are important to them and have voted on a Priority Issue for 2024.
- 2.2 The agreed process that follows the identification of issues is as follows:
 - Presentation of issues to Education SMT for information.
 - Young People present issues to Education Scrutiny and Cabinet for information and support.
 - Issues are presented directly by Young People.
 - Young People form a Project Group that meets weekly to address the Youth Forum priority issue, working directly with Officers and Members as appropriate on a range of initiatives intended to have a positive impact on the issue. This work will continue until December 2024.
 - Progress, outcomes, and impact, as a result of young people working to address the priority issue, is monitored through Education's termly monitoring of the Service Improvement Plan.
 - The work of the project group draws to a close ahead of the next conference (January 2025), when the process restarts, and new priority issues are identified. Final impact assessments are completed, and young people receive feedback on progress made.

3. RECOMMENDATIONS

- 3.1 Cabinet are asked to:
 - a) support the presentation of Youth Forum issues, by young people.
 - b) consider how to support the Youth Forum in addressing their Priority Issue.
 - c) to have due regard to issues raised within this report by Young People when making decisions which impact upon their lives.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To ensure members are informed of the priorities identified by young people, and that the voices of young people are considered as part of decision-making processes.

5. THE REPORT

- 5.1 The Youth Forum enables young people aged 11-25 to have a voice on issues that affect them. Each year, young people's ideas and issues are identified in a borough wide consultation, structured and organised around five themes: Prosperous Caerphilly; Safer Caerphilly; Learning Caerphilly; Healthier Caerphilly; and Greener Caerphilly.
- 5.2 At the Annual Youth Forum Conference Young People are provided with the opportunity to further explore the issues raised via the borough wide consultation and engage in a dialogue with peers. From exploring all themes within the context of young people's lives, young people identify and agree on a priority issue for each theme.
- 5.3 Following the Conference, an overall priority is voted for by young people representing the Youth Service, Schools, and Youth Support Services. The issues are listed below, with the percentage detailing the proportion of the vote through a borough wide ballot in which 2,428 young people participated. The issue with the most votes is the 'priority issue' and the one in which the youth forum will work on for 2024.
- 28% Learning Caerphilly - **Priority Issue**
Drugs – We need more awareness around the dangers of drugs (e.g. Vapes laced with dangerous substances and Cannabis) also county lines in and out of the Borough.
 - 25% Prosperous Caerphilly
Cost of Living – There is a need to raise awareness of advice and tips to help young people and families in the current cost of living crisis.
 - 23% Safer Caerphilly
Personal safety – We need to feel safe in our communities on public transport and walking home at night to keep ourselves safe.
 - 14% Healthier Caerphilly
Body image – We need to educate young people about positive body image and the reality vs social media influences.
 - 11% Greener Caerphilly
Littering – We need more visible bins in our communities, and we need to educate people around littering and recycling and encourage people to be more environmentally aware
- 5.4 Following the ballot to identify the overall priority issue, the Youth Forum project group has further consulted with young people via school councils and the youth service to explore the issue and gain a more informed insight into why this is a matter of concern for young people.

The consultation feedback will assist the project group in generating ideas on how to address the issue. Some of the common themes emerging from the consultation include, but are not limited to the following concerns largely focussed on vaping:

- Accessibility and affordability of vapes in corner shops, vape bars or vaping shops.
- Lack of age identification checks conducted at the point of sale, increasing

availability to young people.

- The appeal of vapes through flavours and colours which target young people.
- Peer pressure and the normalisation of vaping amongst young people.
- Vaping behaviours on public/school transport and in the community/in schools.
- Vape litter resulting in younger children picking them up.

5.5 Over the next month, the Youth Forum Project Group will devise a programme of work that is feasible for young people to carry out between now and December with the aim of addressing the priority issue. This will involve linking with a number of LA and partner services including Trading Standards, Healthy Schools, the Local Health Board and Public Health Wales. The group will consider the proposed ban on the sale of disposable vapes, education on the dangers and harmful impact of vaping, and underage purchasing of vapes in small businesses across the borough.

6. ASSUMPTIONS

6.1 In considering the recommendations the following assumptions have been made:

- Enabling children and young people to have a voice in matters that affect them is a statutory duty and the Youth Forum and the processes that support it, provides the mechanism in which this statutory duty is fulfilled.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

7.1 This report provides information and asks for support; therefore, an integrated impact assessment has not been completed at this time.

8. FINANCIAL IMPLICATIONS

8.1 There are no financial implications with respect to this report.

9. PERSONNEL IMPLICATIONS

9.1 There are no personnel implications with respect to this report.

10. CONSULTATIONS

10.1 This report was presented by the Youth Forum Vice Chair at a Special Meeting of the Education and Social Services Committee on 20th March 2024. Following consideration of the report, it was moved and seconded that the recommendations be approved. By way of Microsoft Forms and verbal confirmation, this was unanimously agreed.

RESOLVED that the Education and Social Services Scrutiny Committee:

- a) Supported the presentation of Youth Forum issues, by young people, to the Cabinet.
- b) Considered how to support the Youth Forum in addressing their Priority Issue.
- c) Have due regard to issues raised within this report by Young People when making decisions which impact upon their lives.

11. STATUTORY POWER

11.1 'Shared Purpose: Shared Future, Statutory Guidance on the Well-Being of Future Generations (Wales) Act 2015', and in particular SPSF 3 – Annex B, which is issued in

accordance with Section 17(3) of the Children and Families (Wales) Measure 2010 and applies to local authorities in respect of local well-being plans and whenever they take decisions which might affect children and young people.

- 11.2 The Children and Families (Wales) Measure 2010, Section 12 requires local authorities to promote and facilitate participation by children in decisions of the authority which might affect them.

Author: Clare Ewings, Youth Service Manager
Lee Kabza, Youth Forum Coordinator

Consultees: Dave Street, Deputy Chief Executive
Richard Edmunds, Corporate Director Education and Corporate Services
Keri Cole, Chief Education Officer
Paul Warren, Strategic Lead for School Improvement
Rob Tranter, Head of Legal Services and Monitoring Officer
Steve Harris, Head of Finance and Section 151 Officer
Lynne Donovan, Head of People Services
Sue Richards, Head of Education Planning and Strategy
Jane Southcombe, Finance Manager
Councillor Teresa Parry, Chair Education and Social Services Scrutiny Committee
Councillor Carol Andrews, Cabinet Member for Education and Communities



CABINET – 1ST MAY 2024

SUBJECT: SIX MONTH UPDATE ON THE CORPORATE COMPLAINTS RECEIVED FOR THE PERIOD 1ST APRIL 2023 TO 30TH SEPTEMBER 2023

REPORT BY: CORPORATE DIRECTOR FOR EDUCATION AND CORPORATE SERVICES

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide Cabinet with an overview of the complaints dealt with under the Corporate Complaints policy for the six month period 1st April to 30th September 2023 together with the outcomes and lessons learned. This report was presented to the Governance and Audit Committee on 16th April 2024.

2. SUMMARY

- 2.1 This report provides a summary of the complaints dealt with under the Corporate Complaints Policy during the six month period 1st April to 30th September 2023, the outcomes and lessons learned.

3. RECOMMENDATIONS

- 3.1 Cabinet is asked to note the complaints data contained in this report and to review and assess the effectiveness of complaints handling for the six month period 1st April to 30th September 2023.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 The Local Government and Elections Wales Act 2021 sets out provisions for the Governance and Audit Committee to "review and assess the authority's ability to handle complaints effectively and to make reports and recommendations in relation to the authority's ability to handle complaints effectively".
- 4.2 The guidance from the Public Services Ombudsman for Wales requires the data to be reviewed by Cabinet.

5. THE REPORT

- 5.1 By way of background, Cabinet at its meeting on 24th March 2021 adopted the current Corporate Complaints Policy (the Policy) along with an updated policy dealing with unacceptable and unreasonable actions by complainants under the Complaints Policy. The Policy became effective on 1st April 2021 and a copy is included at Appendix 1 of this report for members information. The report considered by Cabinet at that time is also included as a background paper.
- 5.2 The Governance and Audit Committee has received two Annual Reports since the implementation of this policy; for the year April 2021 to March 2022 at its meeting on 11th October 2022 and for the year April 2022 to March 2023 on 7th November 2023. A six month update report for the period April to September 2022 was also presented on 24th January 2023. Cabinet has received two Annual reports, one on 19th October 2022 for the year 2021 to 2022 and on 15th November 2023 for the annual period 2022 to 2023. This report sets out details of the complaints dealt with for the first six month period of 2023/2024.
- 5.3 The Policy deals with corporate complaints only. There are separate complaints processes for dealing with social services complaints and school-based complaints. The Social Services Complaints Procedure Wales Regulations 2014 outlines the procedure for handling complaints from persons receiving a service from social services and school-based complaints are dealt with by the School and Governing Body. In addition, Freedom of Information complaints and complaints about Data Protection matters are within the remit of the Information Commissioner.
- 5.4 The Policy consists of an internal two stage process with the right for a complainant to refer their complaint to the Public Services Ombudsman for Wales should they be dissatisfied with the response.
- 5.5 Complaints officers within their respective Directorates provide support to officers in order to deal with complaints effectively and in accordance with the Policy. Training has been provided by the Ombudsman's office to staff and enquiries are being made regarding training for committee members on the complaints process and for further staff training which has been well received to date.
- 5.6 Since the last report to Cabinet, management of the Corporate Complaints process has been transferred to the Corporate Governance Unit. The single nominated Corporate Complaints Officer role has been replaced by a team of officers who manage contacts received including via the Corporate Complaints inbox, mail, telephone and in person contacts. Whilst it was anticipated that the new digital process would be implemented towards the end of last year further testing was required. The new "go live" date will be the 1st of May 2024. In the interim the Customer Services Manager and the Deputy Monitoring Officer are jointly managing the complaints process. The reporting process will be transferred in due course to the Information Governance Manager.
- 5.7 Cabinet will be familiar with the formal template included in the Appendices to this report which was produced by the Learning from Complaints Group. Going forward this Group will include Complaints Officers from each directorate, representatives from the Corporate Governance Unit, the Council's Senior Policy Officer (Equalities Welsh Language and Consultation), representatives from the Council's Corporate Policy Unit and a representative from the Council's Internal Audit Section. There will be handover arrangements with the Deputy Monitoring Officer and the Information Governance Manager in terms of Chairing the Group, although the Deputy

Monitoring Officer will remain involved in the process until such time as the transition is completed.

5.8 General Overview

The total number of complaints received during the period 1st April to 30th September 2023 under the Corporate Complaints policy is **288** and is broken down as follows:-

Directorate	Stage 1	Stage 2	Escalated	Total
Economy & Environment	126	15	25	166
Housing	65	4	5	74
Education	3	0	3	6
Corporate	7	1	0	8
Social Services	26	1	7	34
TOTAL	227	21	40	288

The Outcomes are as follows.

Directorate	Upheld	Not Upheld	Withdrawn	Ongoing	Total
Economy & Environment	58	108			166
Housing	13	55	6		74
Education	4	2			6
Corporate	3	5			8
Social Services	5	29			34
TOTAL	83	199	6		288

Ombudsman Referrals

Directorate	Number	Outcome
Economy & Environment	3	Not Investigating
Housing	6	5 not investigating 1 Early Resolution
Education	1	Not Investigating
Corporate Services	1	Not Investigating
Social Services	3	2 Not Investigating 1 Early Resolution
TOTAL	14	

5.9 Detailed Data broken down by Directorate.

The data is broken down in more detail per Directorate in the following Appendices which are attached to this report.

Economy and Environment	Appendix 2
Housing	Appendix 3
Education and Libraries	Appendix 4
Corporate Services	Appendix 5
Social Services (Corporate only)	Appendix 6

5.10 Members will note that the data produced at Appendices 2-6 of this report outlines in particular the upheld complaints for each directorate. As this report covers a six month period a fuller analysis of the data will be undertaken when presenting the Annual report.

5.11 **Conclusion**

Cabinet is asked to consider and note the information contained in this report and Appendices.

6. ASSUMPTIONS

6.1 No assumptions are necessary as the content of the report is based on data collected and analysed.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

As the report is for information only an Integrated Impact Assessment is not required.

8. FINANCIAL IMPLICATIONS

8.1 There are no financial implications arising from this report.

9. PERSONNEL IMPLICATIONS

9.1 There are no personnel implications arising from this report.

10. CONSULTATION

10.1 The report was circulated to the consultee list below and any comments received have been reflected in the report.

11. STATUTORY POWER

11.1 Public Services Ombudsman (Wales) Act 2019

Author: Lisa Lane Head of Democratic Services and Deputy Monitoring Officer

Consultees: Corporate Management Team
Councillor Nigel George Cabinet Member for Corporate Services, Property and Highways
Robert Tranter, Head of Legal Services and Monitoring Officer
Carl Evans, Information Governance Manager
Karen Williams, Customer Services Digital Hub Manager
Gemma Hoare, Senior Housing Officer (Customer Services)
Gareth Jones Housing Officer (Customer Services)
Liam Miles, Customer Services/Complaints Officer

Nicola Evans, Complaints and Information Manager Social Services
Michelle Moore, Social Services Complaints and Information Officer
Ros Roberts, Business Improvement Manager
Anwen Cullinane, Senior Policy Officer (Equalities, Welsh Language and Consultation)
Deborah Gronow, Audit Group Manager
Karen L Williams, PA to Chief Executive
Leigh Brook, PA to the Director of Social Services and Housing
Lianne Fry, PA to Corporate Director Education and Corporate Services
Sian Wilkes, PA to Corporate Director for Economy and Environment

Appendices

[Link to Appendix 1 Corporate Complaints Policy](#)

Appendix 2 Economy and Environment
Appendix 3 Housing
Appendix 4 Education and Libraries
Appendix 5 Corporate Services
Appendix 6 Social Services (Corporate complaints only)

BACKGROUND PAPERS

Report to Cabinet 24th March 2021

Appendix 1
Appendix 2
Appendix 3
Appendix 4

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**Economy & Environment Directorate
Appendix 2**

1. Number of complaints by Stage Type, Service, and Targets Met

Table showing summary of complaints by stage type reference.

Stage Type	Count	Count Completed in Target Times	Percentage Completed in Target Times
Stage 1	126	108	85.71%
Stage 2	15	14	93.33%
Escalated Stage 1 to 2	25	20	80.00%
Totals	166	142	85.54

Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Contact Centre			
Email	75	10	24
Letter	5	1	1
On-line	36	2	
Other			
Telephone	11	2	
Totals	126	15	25

2. Tables showing summary of complaints by service, for each stage type

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
Community & Leisure	65	62	95.38%
Infrastructure	29	23	79.31%
Property			
Public Protection	23	15	65.22%
Regeneration & Planning	9	8	88.89%
Other - Combined			
Totals	126	108	85.71%

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Community & Leisure	4	4	100%
Infrastructure	5	5	100%
Property			
Public Protection			
Regeneration & Planning	6	5	83.33%
Other - Combined			
Totals	15	14	93.33%

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Community & Leisure	10	9	90%
Infrastructure	7	5	71.43%
Property	1	0	0%
Public Protection	2	1	50%
Regeneration & Planning	5	5	100%
Other - Combined			
Totals	25	20	80%

More detailed information on the above corporate complaints data, is currently maintained, by the Directors PA on a dedicated database.

There were various reasons identified with regards to response times not being met. Some examples are listed below:

- Workload pressures/officers on leave.
- Investigation time taking longer than anticipated.

The Director's PA continues to provide training to all staff where required, which covers a wide range of topics. .

Key complaints - identified by type or theme

List of key specific types, or themes, of repetitive, or pertinent complaints received during this reporting period.

Complaints Themes	Q1	Q2	Grand Total
Planning-General	3		3
Parking	1		1
Poor Communications	1	1	2
Delays in service delivery	1		1
Dog Bins	2		2
Refuse-Recycling-Green Waste-Other	8	10	18
Trees	2	7	9
Grass Cutting	2		2
Refuse-Recycling-Green Waste-Missed Collections	8	14	22
Planning-General	3	6	9
CA Sites	1	2	3
Parking	1	5	6
Cleansing	1		1
Delays in Service Delivery	7	5	12
Highway Maintenance Works	4	4	8
Transport	2	3	5
Delays in Responses	5	3	8
Cemeteries	1	4	5
Noise	1		1
Environmental Health Issues		2	2
Street Lighting		1	1
Illicit Tipping		1	1
Sport and Leisure Services		3	3
General Weed Control-Grounds Maintenance		3	3
Road Closures-Traffic Lights		1	1
Other matters	16	19	35
Grand Total	70	96	166

3. Number of complaints by Category

Table showing complaints by category.

Category	Count Stage 1, Stage 2 & Escalated 1 to 2
1 Collaborative Working	1
2 Decision Making	10
3 Delay in Service Provision	70
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	8
5a Following Council Policies	20
5b Following relevant Legislation	
6 Accessibility of Services	2
7 Clarity/Accuracy/Timeliness of information	6
8 Quality of Work	47
9 Openness/ Fairness and Honesty	2
10 Compliance with Complaints procedure	
11. Combination of Categories (Non-specific)	
Totals	166

4. Number of complaints by outcome and lessons learned

Table showing complaints by outcome.

Outcome Data	Count Stage 1, Stage 2 & Escalated 1 to 2
Upheld	58
Not upheld	108
Totals	166

The following tables shows more information regarding the complaints counts above, that were, Upheld, Not Upheld, by Service Area.

Services – Stage 1	Upheld	Not Upheld
Community & Leisure	38	27
Infrastructure	6	22
Property		
Public Protection	3	20
Regeneration & Planning	9	9
Other - Combined		
Totals	46	78

Services – Stage 2	Upheld	Not Upheld
Community & Leisure	1	3
Infrastructure		5
Property		
Public Protection		
Regeneration & Planning		6
Other - Combined		
Totals	1	14

Services – Stage 1 escalated to Stage 2	Upheld	Not Upheld
Community & Leisure	5	5
Infrastructure	3	4
Property	1	
Public Protection	1	1
Regeneration & Planning		5
Other - Combined		
Totals	10	15

List of lessons learned. The table below comments on key findings resulting from the complaints in this reporting period, that may help curtail, prevent, or impede future repeats.

Nature of Complaint	Lessons Learned	Category
Paid for a dropped kerb over 12 weeks ago and still not been carried out	Regular updates required with Contractor to confirm delivery dates, and to keep residents up to date with any delays	3 Delay in Service Provision
The Ridgeway from Llanfabon Area - Access to Senghenydd and Eglwysilan Mountain	It has been reiterated to Officers the need to ensure a timely response to enquiries or a holding response where matters are still being investigated.	3 Delay in Service Provision
Dog bins on canal by Darren Road - full and require replacing.	Whilst noting some mitigating circumstances that caused failure to completion of works it is recognised that failure to communicate between staff and officers has led to the necessity for the complainant to raise the complaint and equally become dissatisfied with the response due to incorrect update being provided. Staff have been advised to improve on this element moving forward.	3 Delay in Service Provision
3 complaints - street cleansing asked for an update 4 times, still waiting, litter in the same lane, not happy with the site visit undertaken, when call made to cleansing dept was advised they cannot send emails direct	Resourcing difficulties have led to the issue arising due to the prioritising of front line collections in this instance. Moving forward liaison is identified as required with area chargehands to ensure basics are covered when a supervisor needs to move a cleansing operative to frontline duty. Breakdowns in communication with CRM have been addressed via line manager.	3 delay in service provision
School transport provided always late	Busy periods were experienced coupled with a lack of officers	3 Delay in Service Provision
Formal Complaint Regarding Delayed Decision on SAB Application	Improve communication with applicant when there are delays encountered, ensure that dates proposed are realistic & communicated effectively; review communication standards with the team.	3 Delay in Service Provision
Reported fly tipping outside property 3 times still not removed	Failings in actioning the removal previously to be reviewed to understand where the error occurred.	3 Delay in Service Provision

Dog bins and regular rubbish bins not being emptied on a regular basis within an area of the county borough	Failings will be addressed via internal processes and recorded to ensure no further performance related issues arise for the area/operatives in question	3 Delay in Service Provision
Recycling not being collected	Resource and vehicle issues along with significant presentations of green waste are causing delays to rounds being completed. Members of staff unfamiliar with the round have been utilised and unfortunately exacerbated the problem with missed collections. Staff have been updated to move forward.	3 Delay in Service Provision
Non collection of garden and food waste 5 weeks running	Additional presentation of green waste along with vehicle and resource issues have attributed to delays in collection services. Unfortunately with the location in question being a Friday collection, it is susceptible to bear the brunt of any delay issues knocking collection times back	3 Delay in Service Provision
Missed recycling/refuse collections.	Cleansing operatives to pull street when access is problematic	3 Delay in Service Provision
Overgrown tree in the garden of private property which was obstructing the street light. Complained a number of times, promised a call back but it did not materialise.	Staff need to phone customers back when requested to do so.	3 Delay in Service Provision
Repeated missed and reported green/garden waste collections. Telephoned numerous times and asked for foreman to telephone back and nobody has been in contact.	Cleansing operatives to pull street when access is problematic	3 Delay in Service Provision
Recycling not being collected- further correspondence sent to Waste Admin	Discussions held with teams to be vigilant when assessing location to ensure presentations are or are not available for the collection	3 Delay in Service Provision
Ordered and paid for bins and are very concerned on the wait time for them.	System scheduled for a delivery time which was unfair on the resident having to store waste. Reasonable request that has been actioned by the supervisor to assist the customer.	3 Delay in service provision
Assisted Collections continuously missed	Assisted collection not being adhered to. Team advised to ensure no further failings occur.	3 Delay in Service Provision
Rang numerous times regarding cutting back trees - no response	Officers to ensure they correspond with residents in a timely manner before closing contacts without any action	3 Delay in Service Provision

Last 18 months repeatedly contacted Preservation Dept and no one is following this up.	We should try to respond to incoming requests for service in a more timely manner	3 Delay in Service Provision
Formal complaint regarding street light not working for 7 weeks to the rear of a property and has called 3 times and was told this was being escalated.	Not upheld because the work was carried out within the agreed timescale, but lessons learned are to ensure timely communication/updates to complainant.	3 Delay in service provision
Non collection of green waste - reported to CRM	The crew need to be more vigilant in the future.	3 Delay in Service Provision
Food waste not collected and was promised a collection which didn't happen. Complainant was not happy to be told every day that it will be collected and nothing happens. They have a food business and was not happy with the extra recycling causing an eyesore	Team have been addressed for failings to action and communicate adherence with instruction	3 Delay in Service Provision
Requested numerous times that bin in returned to gate and still not being done	Inexperienced crew undertook the relevant work and made the error without awareness of previous arrangements. Measures implemented by supervisor and chargehand to mitigate any further potential failings.	3 Delay in Service Provision
Flooding outside property	Minor set of works to alleviate the problems could have been done quite a bit sooner	3 Delay in Service Provision
Non Collection of Refuse - Complained previously via CRM	Operatives briefed on the importance of notifying supervisor of outstanding work to avoid similar issues.	3 Delay in Service Provision
Non Collection of Food Waste	Awareness of the assisted collection for the substitute team addressed.	3 Delay in Service Provision
Recycling bins are not being emptied on a Monday causing bins to overflow, already an issue on street with a certain house with rubbish outside and in the gardens causing rats to be in street Reported twice	Mitigating circumstances in place which are affecting the collections. Attempts being made to eradicate problems moving forward with notification to owner of obstructing vehicles and engagement with property owner where waste is not being managed correctly.	3 Delay in Service Provision
Behaviour of a leisure staff member at a Leisure Centre during a class	The complaint assisted in ensuring that standards of delivery, across the whole range of provision are of the highest possible levels. Staff have both been reminded of their responsibilities and professional conduct whilst representing the Leisure Centre	4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)

<p>Garden waste not collected (previously dealt with as a service request but waste was found to be contaminated)</p>	<p>Team potentially correct in not taking green waste due to contamination but have not fed that back into the supervisor in effect assisting in the generation of the complaint. Team advised to ensure feedback is provided moving forward.</p>	<p>5 Following Council Policies/relevant Legislation</p>
<p>Non collection of green waste - put out in black bag, crew ripped open bag grass cutting fell all over street, crew left it there. Feels his complaint has brushed under the carpet and not taken seriously. Also not happy to be charged for the purchase of green waste bags.</p>	<p>Photographic evidence proved incorrect feedback initially received from the team to the supervisor in relation to what was presented by the resident. The team have been addressed on this issue and reminded of their responsibilities moving forward. Supervisor monitoring performance.</p>	<p>7 Clarity/Accuracy/Timeliness of information</p>
<p>Stage 1 didn't address all the issues in a complaint. Asked for a Manager to make contact when first reported missed collection with photographic evidence but hasn't been addressed in complaint. When reporting missed collections on repeated occasions informed crew would be out to collect in 5 working days but this didn't happen. Gave Manager enough opportunity but feels issues inadequately addressed.</p>	<p>Endeavour to enhance the frontline delivery in this area by optimising all the available resources including receiving on going support from those internal teams who are able to undertake relevant enforcement action to reduce issues associated with various highway obstructions.</p>	<p>7 Clarity/Accuracy/Timeliness of information</p>
<p>Leisure Centres displaying incorrect information and thus costing petrol and wasting peoples time</p>	<p>Comments will assist in ensuring that standards of delivery across the whole range of provision are of the highest possible levels.</p>	<p>7 Clarity/Accuracy/Timeliness of information</p>
<p>Non collection of green waste - put out in black bag, crew ripped open bag grass cutting fell all over street, crew left it there</p>	<p>Whilst the team acted appropriately in their assessments any spillages should be addressed. Team notified to ensure any requirements of this nature are addressed.</p>	<p>8 Quality of Work</p>
<p>Continual non collection of assisted collection service and attitude of staff</p>	<p>Unfortunately supervisor erred when identifying location and team to undertake the remedial actions causing the delay. Once realised this was swiftly responded to. Whilst this is an unusual error for the supervisor to make, it is recognised to take more care when addressing complaints moving forward.</p>	<p>8 Quality of Work</p>

Complaint received re issues with how we have cut their hedge	A number of factors contributed. Inexperience regarding processes involved; lack of clarity regarding management responsibility for the public/private vegetation and hedge; no clear mapping information that shows land where CCBC maintain but do not own land; hasty inspections in order to process back log of service requests	8 Quality of Work
Overloaded bins and dumped rubbish at the rear of a property which the felt was a real eyesore as well as a health hazard.	No lessons to learn to this regard as this was simply a communication requesting action which was undertaken by the team following the notification process.	8 Quality of Work
Recycling Bins not collected - Possibly contamination issues	Confirmation from supervisor to team to ensure contamination stickers placed and ticked to advise residents of the contamination. Bins are checked in line with contamination process.	8 Quality of Work
Collection vehicles travelling through area too fast and causing damage	Supervisor has identified that staff are driving over a footway to gain access to a cul-de-sac as opposed to using the formal access which can be slightly more difficult to navigate in the particular size of vehicle. However, this action cannot be condoned and staff have been warned that no further misuse will be tolerated.	8 Quality of Work
Drop Kerb Complaint - Not to Standard	From a quality perspective the complaint was upheld, but from interaction and engagement it was felt that we fulfilled our duties.	8 Quality of Work
Multiple times bin has been skipped/taken and hasn't been informed by the bin men. Had to pay for new bin. Missed collections and generally negative attitudes/loud vulgar in the street	Whilst it is noted that there was contamination within the receptacle the failure in the feedback system has caused difficulties in this instance. Team have been briefed and resident is satisfied with the outcome and requirements moving forward	8 Quality of Work
Recycling bin not being returned to their property. Complains each time and it continues to happen. Lady is disabled.	Oversight in not making contact with the resident to update on actions taken. Supervisors to be mindful of ensuring residents are updated as part of our customer focused service provision	8 Quality of Work
Bin being thrown against pillar	Unfamiliar team undertaking the collection who were unaware of a prior agreement. Supervisor has now rectified by notifying the team.	8 Quality of Work
Flooding at property - still waiting for a report on feedback from investigation	Contracting staff should update client if there issues on site when cleaning drainage features	8 Quality of Work

Bin men blocking in car and not returning bins to pavement	Better communication between the collection operatives was required the chargehand should have highlighted this issue with the new loader on the team. Reprimand highlighted is agreed as a suitable measure.	8 Quality of Work
Second week in a row that recycling hasn't been picked up. Previously complained in June.	Unfortunately, driver awareness for the bespoke service caused the failing in this instance. Future plans are to implement in-cab technology to mitigate such issues arising but in the short-term efforts are to be made ensure consistency in the drivers who have been trained with the location knowledge to fulfil the round.	8 Quality of Work
Recurring problem of green waste being dropped outside of a house and not being picked up. Operatives being rude and aggressive when asked if it was going to be picked up.	Team reminded in relation to spillages and advised not to engage with residents where there is emotive content to the discussion. In this instance there is no specific evidence to prove or disprove blame so general reminders issued to the team.	8 Quality of Work
Spoken on phone 4 separate occasions but to no avail re. Non collection of food and garden waste. Also comment on street lighting, weeds and surface state in lane	Team have been addressed in regard to the identified omission and instructed to ensure collection is maintained moving forward.	8 Quality of Work
Street and grass maintenance on a housing estate in Caerphilly	Cleansing issues surrounding damaged bins identified and issued for repairs.	8 Quality of Work
Bin collection not been returned left up road which you agreed to give assistance as with my medical problems	Crew addressed on difficulties presented to the partially sighted resident when not ensuring bins returned to correct positions.	8 Quality of Work
Bins blocking the access after being collected	Team addressed by supervisor to eliminate this issue moving forward	8 Quality of Work
A complaint was received regarding the resting place of parents which had been covered in dry grass and hadn't bothered to clear it up plus a plastic bag full of dried grass. Disrespectful	Lesson learnt is to be realistic of what can be produced with the reduction of resources.	8 Quality of work

Some of the key learnings identified include:

- Continuity of service needed, to reduce and prevent reoccurrence's (system failures)
- Need to ensure accuracy of data pre and post communications
- Cross service communications and prioritisation needs enhancing - complaint responses
- Improve citizen engagement and listening first-time
- Staff changes and turnover, could improve with better induction and suitable plant and equipment

5. Identified relationships to Equalities or Welsh Language

Table showing a count and list of findings resulting from the complaints in this reporting period, that specifically relate to the Equalities or Welsh Language protected characteristics.

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2
Age	
Disability	2
Gender Reassignment	
Marriage and Civil Partnership	
Pregnancy and Maternity	
Race	1
Religion/Belief or Non-belief	
Sex	
Sexual Orientation	
Welsh Language	
Totals	3

Examples of Age and Disability Complaints are

Details of Complaint	Service Area	Lessons Learned	Does the Complaint relate to Equalities or the Welsh Language?
Incorrect rules imposed at a Recycling Centre regarding banning a resident from returning same day due to carrying more than 6 bags of soil. I have been treated unfairly and think that the poor treatment is due to racially motivated prejudice.	Community & Leisure		Race
Recycling bin not being returned to her property. Complains each time and it continues to happen. Lady is disabled.	Community & Leisure	Oversight in not making contact with the resident to update on actions taken. Supervisors to be mindful of ensuring residents are updated as part of our customer focused service provision	Disability
Assisted Collections continuously missed	Community & Leisure	Assisted collection not being adhered to. Team advised to ensure no further failings occur.	Disability

6. Annex – Referrals to Ombudsman, complaints resulting from appeals and examples of relevant items (points to note) specific to this reporting period

Three complaints were considered by the Ombudsman in relation to the Economy and Environment Directorate, two in relation to Planning and one in relation to Environmental Health, none of which were taken to investigation.

7. Directors Summary – Overall Assessment and Evaluation

Overall, the Directorate is sustaining service delivery and performance levels, with some specific areas proving to be more challenging than others at present.

Our front-line and back-office services continue to sustain reasonable levels of service delivery in this period, despite changes experienced in working practices and public expectations, which has generated some challenges in certain services. Succession planning, staff retention and recruitment of replacement staff remains a challenge in some services while in others the affordability and availability of plant and equipment is sometimes a challenge.

By virtue of the front-facing nature and the diversity of services delivered, we rely heavily on public feedback. Intelligence gathered through engagement, our compliments and complaints including trends and feedback, direct service contacts, and recent 'what matters to you' programme, all provide us with sufficient knowledge to understand any areas for improvement.

There is also a system in place across the Directorate for the capture of compliments as these are equally important in terms of measuring the effectiveness of service delivery and customer satisfaction as complaints. The benefits of staff training programmes on good customer service are now starting to be experienced and these will be cyclically delivered and kept under continuous review.

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Directorate of Housing

Brief description of Directorate and Service Framework

Caerphilly Homes is the brand name for the council's housing division. Some of the services delivered by Caerphilly Homes include Welsh Housing Quality Standard (WHQS), Estate Management, Tenancy Enforcement, Rents and Tenancy Support, Tenant and Community Involvement, Older Persons' Housing, Housing Repair Operations, Housing Advice, Homeless Prevention and Common Housing Register, Private Sector Housing, Grants and Loans, Housing Strategy, Affordable Housing and Adaptations

1. Number of complaints by stage type, service, and targets met

Table showing summary of complaints by stage type reference

Stage Type	Count	Count Completed in Target Times	Percentage Completed in Target Times
Stage 1	65	28	43.1%
Stage 2	4	3	75.0%
Escalated from Stage 1 to 2	5	1	20.0%
Totals	74	32	43.2%

*Target response rates for the period of 2022/23 were 46.9%

Tables showing summary of complaints by service, for each stage type

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
Adaptations	1	1	100.0%
Allocations	2	2	100.0%
Antisocial Behaviour	3	3	100.0%
Grants	2	2	100.0%
Homelessness	3	1	33.3%
Housing Management	13	4	30.8%
Leaseholder	2	0	0.0%
Heating	3	2	66.7%
Private Landlord	3	3	100.0%
Response Repairs	33	11	33.3%
Totals	65	28	44.6%

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Adaptations	1	0	0.0%
Housing Management	3	2	66.7%
Response Repairs	4	2	50.0%
WHQS External	1	0	0.0%
Totals	9	4	44.4%

Generally, where target response times were not met, it has been identified that it was due to awaiting further information from other officers, other departments, or the complainants themselves. In the previous report there is a notable drop in the compliance rate from the previous 6-month period. One of the key areas noted was the Response Repairs team, where the target figure significantly dropped from 80% to 29.5%. This has slightly improved to 33.3% however, as mentioned previously, there are ongoing issues with a backlog of repairs which is having a negative

impact on the target rate due to managers, supervisors and operatives turning their attention to reducing the backlog and placing their focus on this area as a key priority. Managers and Officers have been participating with the working groups for Mobilising Team Caerphilly to see if future efficiencies can be achieved in this area. Recruitment issues have also been experienced within this area, which is strongly felt throughout this service, evidencing the knock-on effect witnessed with investigation times and target rates. The Repairs Operations Team have also had a number of well experienced staff retire within the last 6 months, highlighting the importance of 'succession' preparation in recruitment going forward. Housing Management also had a notable decrease in target rate from 62.5% in the first 6 months to 48.3%.in the last report and this rate has continued to decrease slightly to 30.8%. As previously mentioned, key members of the Housing Management team continue to be involved in the planning and implementation of the changes required for Caerphilly Homes to successfully introduce the Renting Homes Act 2016. This legislation has now been successfully implemented however continued monitoring and further changes have continued to pull resources. The introduction of this legislation was paramount and therefore has taken priority over some other duties. The Housing Department has also commissioned a new computer system called CX. Managers and officers have been involved with the building and testing of the system via workshops and group meetings, this new system was introduced in October 2022 and ongoing testing, adjustments and implementation continue to ensure Caerphilly Homes has an efficient housing recording system. These changes have been managed whilst operating on a reduced staffing capacity due to recruitment challenges which are being experienced nationwide. To encourage improvements in target response times, data will be provided monthly to managers and directors who attend SMB and HMT to discuss cases which fall short of meeting the target deadlines and to establish if trends can be identified in this area. Managers/Officers will continue to be offered training sessions provided by the Complaints Standards Authority (CSA) to ensure consistency and customer focus, ultimately improving quality of complaint investigations, and reducing escalation of complaints. Managers/Officers will be provided with a list of open cases for their section on a fortnightly bases which will include brief details of the case when it was received and the target date for closure. It was agreed this approach would be monitored to see if this has a positive impact on our target time percentages and it is important to note key areas in which target time response rates have improved. Since the last report, our Heating department has improved their response rates from 42.9% to 66.7%, the Allocations department from 68.8% to 100% and the Tenancy Enforcement Team from 66.7% to 100%.

Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	34	1	2
Email	24	2	3
Letter	4	1	0
On-line	3	0	0
Contact Centre	0	0	0
Other	0	0	0
Totals	65	4	5

*In 2022/2023, the main source of contact was via telephone and this has remained unchanged.

2. Key complaints - identified by type or theme

- Residents unhappy with delay in works being initiated for damp/condensation and mould.
- Quality/lack of support for housing applicants/homeless applicants.
- Motorhome/general cars being parked on grassed housing land – grass not being maintained. Carpark and general grassed area not being maintained at rear of property.
- Residents concerned with leaks in their private properties following works being carried out in an adjoining council property.
- Condition of property prior to a mutual exchange – unidentified repairs required before new contract holder took over.
- Delays with fitting exterior doors.
- Resident concerned with delay in re-banding of housing application as allocations officer absent due to sickness.
- Family member unhappy with letter sent regarding empty private property following family death.
- Leaseholder unhappy with the services received from Leasehold Services and Housing Repairs Operations team.

In terms of key identified trends, reports of damp and mould within the home has been highlighted. In response, Caerphilly homes has produced a procedure which will ensure that wherever possible, customers are not adversely affected by the causes of damp and mould and will drive forward an agenda of proactive action to tackle/manage the causes of damp and mould. We will ensure that all employees have an awareness of the procedure and receive adequate training to enable them to report issues of damp mould & condensation and to support our customers. Technical staff will be trained and competent in the diagnosis of damp, condensation, and mould issues; to include HHSRS, specialist damp training and the use of specialist damp equipment.

The procedure is designed to ensure Caerphilly Homes has a robust effective way of managing damp and mould cases within its housing stock and will be monitored to ensure the procedure is meeting the needs of our contract holders.

By way of an update, a key trend identified within the last report, the re-let standard of some properties were highlighted as poor. Going forward meetings between managers were held and training needs were considered and arranged. They agreed the requirement for focus of awareness raising sessions with team members who are responsible for ensuring that our Lettings Standard is in line with the Renting Homes Act. Reviewing the complaints received within this 6 month period, it is positive to note the re-let standards have improved and in fact, we have received praise from a Contract Holder who wished to acknowledge the outstanding quality of decoration within a home they were offered.

Number by Category (Commissioner Case Type)

Table showing complaints by Commissioner Case Type, for prescribed Categories

	Category	Count Stage 1, Stage 2 & Escalated 1 to 2
1.	Collaborative Working	0
2.	Decision Making	5
3.	Delay in Service Provision	16
4.	Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	1
5a.	Following Council Policies	0

5b.	Following relevant Legislation	2
6.	Accessibility of Services	0
7.	Clarity/Accuracy/Timeliness of information	1
8.	Quality of Work	49
9.	Openness/ Fairness and Honesty	0
10.	Compliance with Complaints procedure	0
11.	Combination	0
	Totals	74

*Quality of work (8) remains the most common category for reason for contact.

3. Number by Outcome and lessons learned comments

Table showing complaints by Outcome Data sets as categorised by the Complaints Standards Authority.

Outcome Data	Count Stage 1, Stage 2 & Escalated 1 to 2
Upheld	13
Not upheld	55
Totals	68

*Please note, 6 complaints were withdrawn.

The following table shows more information regarding the complaints counts above, that were, Upheld, Not Upheld, Non-specific, Investigation Not Merited and Investigation Discontinued, by Service Area.

Stage 1 Complaints

Service	Upheld	Not Upheld
Adaptations	0	1
Allocations	1	1
Grants	0	2
Housing Management	2	10
Leaseholder	0	1
Private Landlord	1	2
Response Repairs	7	24
Heating	0	2
Antisocial Behaviour	0	2
Homeless Prevention	0	3
Totals	11	48

Stage 2 Complaints

Service	Upheld	Not Upheld
Adaptations	0	1
Housing Management	1	2
Response Repairs	1	3
WHQS External	0	1
Totals	2	7

List of lessons learned. Comment on key findings resulting from the complaints in this reporting period, that may help curtail, prevent, or impede future repeats.

Details of Case	Lessons Learned	Category
Contract holder had chimney removed which has now allegedly resulted in an on-going leak into the private property next door which it is believed is privately rented.	Lessons learned from the complaint; Contractors should declare any damage caused. Conversations were held with the scaffolders regarding the damage caused.	3.Delay in Service Provision

<p>The kitchen wall cupboard fell off injuring contract holder and a young family member.</p>	<p>Lessons learned from the complaint; Tradespeople to ensure they use the correct fixings. Foreman met with the tradespeople to discuss and to consider additional training requirements.</p>	<p>8. Quality of work</p>
<p>Contract holder advised property not inspected prior to mutual exchange (ME) deeming it not fit to live in and still waiting for repairs to be completed</p>	<p>Ensure that proper and full inspections are completed prior to allowing mutual exchanges to take place. Conversations with Housing Repair Operations about prioritising Mutual Exchange inspections to prevent this happening again</p>	<p>8. Quality of work</p>
<p>Inspector visited in January in relation to damp/condensation and sent report through for works to be completed. Still waiting for any work to begin</p>	<p>We need a better means of conveying supplementary information to the surveyor (in this case a Damp report) than simply relying on email. In this case it was assumed the same surveyor would recall after the no access due to COVID however when the recall came the surveyor was absent at the time and someone else called. If supplementary information could be added to the associated documents in Total, then it could be delivered with the job to the surveyor's tablet.</p> <p>This is something we should consider for Civica moving forward.</p>	<p>3. Delay in Service Provision</p>
<p>Operatives called out to Contract Holder property to install trickle vents, but they were not able to install them as they were the wrong size. This was the 4th or 5th time this had happened. The Contract Holder wanted a rent arrears reduction considered due to mould in the property.</p>	<p>Lessons learned from the complaint; Initial Inspections must contain full description and measurements of materials required. Inspectors will be advised of this going forward.</p>	<p>3. Delay in Service Provision</p>
<p>Occupier complained about motorhome parked on housing land which stops the grass from being cut and is an eyesore - this has been reported before.</p>	<p>No lessons learned – isolated incident</p>	<p>8. Quality of work</p>
<p>Owner Occupier unhappy as works carried out on neighbouring property causing their guttering to leak</p>	<p>Cleck of works (COW) to check alinement of gutters prior to signing off works. This is to be included in ongoing toolbox talks with Clerk Of Works.</p>	<p>2. Decision Making</p>

Issues and delays with fitting front door.	Lessons learned from the complaint; measurements should be accurate before orders are placed and information given to Contract Holders must also be accurate. Future Doors will be surveyed and measured by the supplier.	3. Delay in Service Provision
Applicant waiting to be re banded but officer absent with no one else able to undertake work.	Mental Health Assessor was on long term absence and there was no replacement who could step in. Potentially consider using agency staff if in similar situation again, to be agreed by Head of Housing.	3. Delay in Service Provision
Family member unhappy with letter sent regarding father's property left empty following his death.	The letter will be reviewed to address the concerns raised. A statement to be added to the standard letter to clarify the date of the information. This would hopefully avoid any upset. The letter can be reviewed to clarify that anyone actively dealing with their empty property or has genuine reasons for the property being empty can ignore that part of the letter.	8. Quality of work
Contract holder unhappy with service received whilst trying to organise the wallpapering of daughter's bedroom.	Lessons learned from the complaint; to ensure resources are available to complete a repair in reasonable time.	8. Quality of work
Resident remains dissatisfied with the state of the area at the rear of their property.	Lessons learned will be that early verbal communication is key to achieving a resolution before the matter is escalated to the corporate complaint's procedure.	8. Quality of work
Leaseholder unhappy with the services received from Leasehold manager and Housing Repair Operations - asked for complaint to be escalated before stage 1 investigation completed.	Ensure Leaseholders follow insurance procedure. In this case communication is key with Leaseholder and Housing Repair Operations officers.	3. Delay in Service Provision

4. Identified relationships to Equalities or Welsh Language

Table showing a count and list of findings resulting from the complaints in this reporting period, that specifically relate to the Equalities or Welsh Language protected characteristics.

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2
Age	0
Disability	6
Gender Reassignment	0
Marriage and Civil Partnership	0

Pregnancy and Maternity	0
Race	0
Religion/Belief or Non-belief	0
Sex	0
Sexual Orientation	0
Welsh Language	0
Totals	6

Extracts from cases linked to the Disability characteristic:

- Following a toilet cistern being fitted in July 2021, an increase in the water bills were noted approx. 12 months later due to a possible leak. Investigations revealed at least 18 months had passed before the Contract Holder had reported this issue. The son said we had not considered the Contract Holder's vulnerabilities whilst investigating however our records showed the Contract Holders had reported other issues to the response repairs department during the same period. This issue was considered at both stage 1 and Stage 2 and was not upheld.
- Friend of homeless applicant concerned for their welfare and their pregnant daughter. The applicant has autism and his friend felt this was not being considered. We advised the case officer assigned the case was specialised in working with people who have mental health issues and ADHD. This complaint was considered at Stage 1 and was found to be not upheld.
- Contract Holder advised contractor took bathroom floor up and they have been left unable to use their shower. Both residents are registered disabled and need access to the shower. This contact was recorded as a stage 1 complaint and was not upheld as the repair was carried out in a timely manner.
- Son of Contract Holder made contact to advise his visually impaired mother fell over tools which were left on the floor by the gas engineer. This was recorded as a stage 1 complaint and not upheld as evidence did not conclude the cause.
- Contact Holder raised a number of issues which were investigated as a stage 2 complaint. These issues included car parking issues, alleged anti-social behaviour from neighbours and their children and harassment from CCBC staff. Following in-depth investigations into all aspects of the allegations, the complaint was not upheld.

5. Annex – Referrals to Ombudsman, complaints resulting from appeals and examples of relevant items (points to note) specific to this reporting period

Identify how many referrals to the Ombudsman and list and append any relevant supplementary information here, namely, points to note, or an example data set.

Six cases were referred to the Ombudsman for Housing in this reporting period. The Ombudsman decided not to investigate and subsequently closed their records for five of these cases. One case was investigated and upheld by the Ombudsman.

The first Ombudsman case related to a delay in completing repairs reported and acknowledged some of the repairs should have been undertaken before the property was allocated. As part of our investigatory procedure, we apologised to the Contract Holder, updated them on the one outstanding repair and offered a £108.00 payment redress for decoration. Considering this the Ombudsman decided not to investigate the complaint as they felt our actions were fair in redressing the issues raised.

The second Ombudsman case was regarding a Contract Holder reporting the presence of damp and mould in a property before it was allocated. Following the internal investigation responses provided to the Ombudsman, it was decided no further action was required by Caerphilly Homes as they had acted appropriately.

The third case was prematurely taken to the Ombudsman regarding a car remaining on axel stands. The ombudsman passed this contact to Caerphilly Homes for us to engage with the resident and undertake our own investigations.

The fourth case was of a similar nature as it was prematurely passed to the Ombudsman when our internal procedures had not been exhausted. An owner/occupier advised they had been experiencing damp patches in their bedroom following works undertaken on the neighbouring property.

The fifth contact with the Ombudsman was relating to planning regulations, this was not considered by the Ombudsman due to lack of evidence and contact from the complainant. The ombudsman decided they were not furnished with enough evidence for them to consider their concerns.

The sixth complaint was regarding the placement of a fence in the rear garden. The Contract Holder disagreed with the decision and request to move the fence, and this was initially logged as a Service Request. Following the Ombudsman's consideration, it was decided to accept actions to conclude an early resolution which included an apology for not logging the original contact as a Stage1 complaint and to investigate and provide a stage 1 response to the Contract Holder as per our internal procedure. These actions were completed, and the complaint is now resolved.

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Directorate for Education
Number of complaints by stage type, service, and targets met

Summary of complaints by stage type reference

Stage Type	Count	Count Completed in Target Times	Percentage Completed in Target Times
Stage 1	3	3	100
Stage 2	0	0	0
Escalated Stage 1 to 2	3	3	100
Totals	6	6	100

Summary of complaints by service, for each stage type

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
ALN and Inclusions Services (ALN)	2	2	100
Early Years / ALN & Inclusion	1	1	100
Totals	3	3	100

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Totals	0	0	0

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
ALN and Inclusions Services (ALN)	2	2	100
Early Years / ALN & Inclusion	1	1	100
Totals	3	3	100

How the complaints were received

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	0	0	0
Email	3	0	3
Letter	0	0	0
On-line	0	0	0
Contact Centre	0	0	0
Other	0	0	0
Totals	3	0	3

More detailed information on the above corporate complaints data, is currently maintained, by the Education Customer Service and Complaints officer on a dedicated database.

1. Key complaints - identified by type or theme

Schools have their own complaints policy/process that must be dealt with by the school. However, the L.A may provide advice and guidance on the school-based policy but direct complainants back to the school for response.

All governing bodies are required by law to have a procedure in place for dealing with complaints from parents, pupils, members of staff, governors, members of the local community and others in relation to matters for which the governing body has statutory responsibility.

An overview of the complaints received and dealt with are as follows:

- ALN and Inclusion Service – SEN school placement and Panel decisions
- ALN and Inclusion Service – No EOTAS provision
- Early Years and ALN/Inclusion Services – Member of staff

2. Number by Category (Commissioner Case Type)

Complaints by Commissioner Case Type, for prescribed Categories

Category		Count Stage 1, Stage 2 & Escalated 1 to 2
1	Collaborative Working	0
2	Decision Making	0
3	Delay in Service Provision	0
4	Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	0
5a	Following Council Policies	0
5b	Following relevant Legislation	0
6	Accessibility of Services	0
7	Clarity/Accuracy/Timeliness of information	0
8	Quality of Work	0
9	Openness/ Fairness and Honesty	0
10	Compliance with Complaints procedure	0
11	Combination of categories	6
Totals		6

3. Number by Outcome and lessons learned comments

Complaints by Outcome Data sets as categorised by the Complaints Standards Authority.

Service	Upheld	Not Upheld
ALN and Inclusions Services (ALN)	4	0
Early Years and ALN/Inclusion Services	0	2
Totals	4	2

Stage 1, escalated to Stage 2 Category 11 (1, 2, 3, 5b & 7).

The local authority has not followed the ALN code of practice at all. They have given false information throughout the last 2 years and misled the family into agreeing to delay what should have been done in the interest of their child. Their child has suffered from sensory overload and their emotional state has suffered significantly as a direct result of the failings.

Outcome – Upheld

Recommendations – *Communication can be improved. Expectations need to be clear and agreed between all parties to avoid doubt. Where expectations are not aligned or cannot be met, this needs to be communicated clearly and the way forward agreed. The rationale for decision making needs to be clear and where this is unclear this must be raised in a timely way and clarified for the avoidance of doubt. Where decisions are made that are unclear, there must be an agreed mechanism to raise any concerns and for these to be resolved before reaching a point of dispute or formal complaint. Statutory processes should be followed. Where there are exceptions the rationale for these should be clearly communicated with parents and agreed with all parties.*

Stage 1, escalated to Stage 2 – Category 11 (1, 3 & 7).

Delay in the completion of the building work at the new EOTAS site at Virginia Park and poor communication from the LEA.

Outcome - Upheld

Recommendations - *Communication can be improved. Expectations need to be clear and agreed between all parties to avoid doubt. Where expectations are not aligned or cannot be met, this needs to be communicated clearly and the way forward agreed. The rationale for decision making needs to be clear and where this is unclear this must be raised in a timely way and clarified for the avoidance of doubt. Where decisions are made that are unclear, there must be an agreed mechanism to raise any concerns and for these to be resolved before reaching a point of dispute or formal complaint. Statutory processes should be followed. Where there are exceptions the rationale for these should be clearly communicated with parents and agreed with all parties.*

Stage 1, escalated to Stage 2 – Category 11 (4, 5a & 5b).

Number of allegations made against a member of staff after parent was reported to social services for failing to secure her young child in a car seat, as defined by law. Parent was sat in the front passenger seat with her young child sat on her lap when they arrived at the setting i.e. the young child was not sat securely in a child safety seat.

A thorough investigation was undertaken by the line manager(s) and the Education Safeguarding Co-ordinator. There was no evidence to substantiate any elements of the complaint.

Outcome - Not upheld.

4. Identified relationships to Equalities or Welsh Language

Complaints that relate to the Equalities or Welsh Language protected characteristics

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2	Count Completed in Target Times	Percentage Completed in Target Times
Age	0	0	0
Disability	0	0	0
Gender Reassignment	0	0	0
Marriage and Civil Partnership	0	0	0
Pregnancy and Maternity	0	0	0
Race	0	0	0
Religion/Belief or Non-belief	0	0	0
Sex	0	0	0
Sexual Orientation	0	0	0
Welsh Language	0	0	0
Totals	0	0	0

No specific characteristics links have been identified for this reporting period

5. Annex – Referrals to Ombudsman, complaints resulting from appeals and examples of relevant items (points to note) specific to this reporting period

Complainant was unhappy with the LA's complaint response, as although the complaint was upheld the complainant considered the LA had missed the point, minimised the concerns and significant failings had been glossed over.

The Ombudsman carefully considered the information provided by the complainant and LA (namely the LA's complaint file and details of the actions it has taken following the complaint) and having considered all the information, no further action was taken by the Ombudsman.

It is important to recognise that the changes currently being made to the ALN and Inclusion Service are due to the implementation of the new curriculum for Wales and the ALN Act which has led to a lot of confusion and frustration of some of our stakeholders, especially parents. The LA will continue to listen and adapt its processes in line with feedback.

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Corporate Services

1. Number of complaints by Stage Type, Service, and Targets Met

Table showing summary of complaints by stage type reference.

Stage Type	Count	Count Completed in Target Times	Percentage Completed in Target Times
Stage 1	7	5	71.43%
Stage 2	1	1	100%
Escalated Stage 1 to 2	0	0	N/A
Totals	8	6	75%

Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	1	0	0
Email	5	0	0
Letter	0	0	0
On-line	1	0	0
Contact Centre	0	0	0
Other	0	1	0
Totals	7	1	0

Tables showing summary of complaints by service, for each stage type.

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
Corporate Finance	6	5	83.33%
Other – Combined	1	0	0%
Totals	7	5	71.43%

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Corporate Finance	1	1	100%
Other – Combined	0	0	N/A
Totals	1	1	100%

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Corporate Finance	0	0	N/A
Other - Combined	0	0	N/A
Totals	0	0	N/A

For Corporate Finance 2 target dates was not met for stage 1 due to an officer awaiting guidance from an officer who was on leave and the other was in relation to the combined complaint. Due to data protection regulations the information is not readily shared between departments and therefore the onus was on the complainant to inform the Council Tax section direct of any changes.

2. Key complaints - Identified by Type or Theme

List of key specific types, or themes, of repetitive, or pertinent complaints received during this reporting period.

There were no particular themes, of repetitive or pertinent complaints received in relation to Corporate Finance. For this period, the Council Tax Section received the most complaints x 4, Housing Benefits x 2, Sundry Debtors x 1 and Other - Combined x 1.

3. Number by of Complaints by Category

Table showing complaints by Commissioner Case Type, for prescribed Categories.

Category	Count Stage 1, Stage 2 & Escalated 1 to 2
1 Collaborative Working	0
2 Decision Making	1
3 Delay in Service Provision	2
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	0
5a Following Council Policies	0
5b Following relevant Legislation	2
6 Accessibility of Services	0
7 Clarity/Accuracy/Timeliness of information	3
8 Quality of Work	0
9 Openness/ Fairness and Honesty	0
10 Compliance with Complaints procedure	0
11 Combination of categories	0
Totals	8

4. Number of Complaints by Outcome and Lessons Learned

Table showing number of complaints Upheld and Not Upheld

Service	Upheld	Not Upheld
Corporate Finance	3	5
Totals	3	5

The following table shows examples of lessons learned, with comments on key findings, resulting from the complaints in this reporting period, that may help curtail, prevent, or impede future repeats.

Nature of Complaint	Lessons Learned	Category
Stage 1: Income & Sundry Debtors – Complaint re . Meals on wheels account – complainant’s mother	Team reminded of the importance of reading emailed instructions thoroughly and taking action where necessary. Meals Direct also reminded that, once a Sundry Debtor invoice has been raised, any monies	7 Clarity/ Accuracy/ Timeliness of information

received a letter direct from our Debt Collection Agency (which should have been sent to direct to her address) alleging that there was arrears owing having been assured that there is nothing outstanding on the account. Very distressing for the mother.	subsequently received directly to their income code should be transferred to clear the invoice – this provides a better audit trail and will usually be a quicker process than cancelling the invoice.	
Stage 1: Council Tax - fourth time the complainant had to contact the Council Tax Section regarding moving house and making payments with no response.	The delay was due to the high volume of customer enquiries the council tax team are currently receiving but also didn't receive the contact back in July that the complainant referred to.	3 Delay in Service Provision
Stage 1: Housing Benefits - Complainant on behalf of friend trying to sort out issues with his benefits, which have been stopped and rent is being taken out of his account and needs to be repaid to him. Every time he calls he is told that he has to send an email in, which he does but nothing is being sorted.	Housing & Council Tax Benefits Manager spoken to the Team Leaders to make them aware of the issue. There was a mistake made with the Council Tax account and the claim was cancelled. When the issue with the Council Tax was resolved the Section only recommenced the CTR and not the HB. Manager feels this is a one off but the staff have been made aware. Complaint happy with the outcome and apology.	3 Delay in Service Provision

5. Identified relationships to Equalities or Welsh Language

Table showing a count and list of findings resulting from the complaints in this reporting period, that specifically relate to the Equalities or Welsh Language protected characteristics.

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2
Age	0
Disability	0
Gender Reassignment	0
Marriage and Civil Partnership	0
Pregnancy and Maternity	0
Race	0
Religion/Belief or Non-belief	0
Sex	0
Sexual Orientation	0
Welsh Language	0
Totals	0

Annex – Referrals to Ombudsman, complaints resulting from appeals and examples of relevant items (points to note) specific to this reporting period

Service Area	Date received	Decision
Corporate Finance – Other Combined	30/05/2023	Mr X went straight to Ombudsman but as Mr X had not complained to CCBC before the Ombudsman advised they do not propose to investigate at this stage and asked for a copy of the response. This was logged as a stage 2 and a copy of the response provided.

For further information, please contact

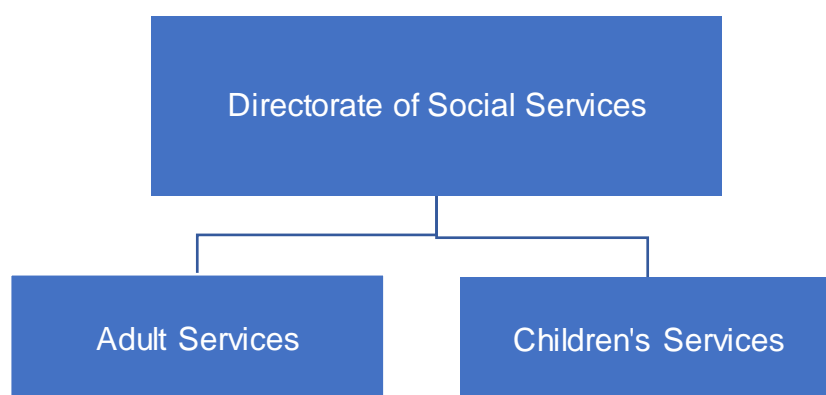
Leigh Brook

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Directorate and Services

1. Diagram of Directorate and Service Framework.



2. Brief description of Directorate and Service Framework

There are 2 key services, these being Adult Services and Children's Services.

Adult Services provide a wide range of specialist services to members of the community over eighteen years of age, who experience difficulties on a day to day basis due to problems ranging from mental health, physical or sensory disability to drug and alcohol misuse.

Children's Services provide a range of services to children, young people, and their families, in partnership with many other agencies and voluntary organisations. The overall aim is to support children and young people to remain living with their own families wherever this is safe to do so.

3. Number of Complaints by Stage Type, Service, and Targets Met

Stage Type	Count	Count Completed in Target Times	Percentage Completed in Target Times
Stage 1	26	25	96%
Stage 2	1	1	100%
Escalated Stage 1 to 2	7	7	100%
Totals	34	33	97%

Of the 26 Stage 1 complaints, 25 were completed within timescale and 1 completed 6 days over timescale. The Reason for the one being 6 days over timescale was due to staff leave and their views were required in order to provide a full response to the complainant.

Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	9	0	1
Email	16	1	6
Letter	1	0	0
On-line	0	0	0
Contact Centre	0	0	0
Other	0	0	0
Totals	26	1	7

Tables showing summary of complaints by service, for each stage type

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
Adult Services	19	18	95%
Children's Services	7	7	100%
Totals	26	25	96%

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Adult Services	1	1	100%
Children's Services	0	0	0
Totals	1	1	100%

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Adult Services	6	6	100%
Children's Services	1	1	100%
Totals	7	7	100%

4. Key Complaints - Identified by Type or Theme

List of key specific types, or themes, of repetitive, or pertinent complaints received during this reporting period.

Wants one allocated worker to child's case and regular updates as agreed
 Requested package of care for adult and not given support needed
 Adult expected to pay for 2-1 support on holiday
 Self-funding care home fees increased
 No staff member available to cover community session
 Wants day services reinstated as they were pre-pandemic
 Telephone assessment undertaken was not appropriate
 Reconsideration of Disabled Persons Parking Bay
 How late adult's finances have been dealt with and lack of communication
 Carer left Service User after fall
 Adult has passed away and family being pursued for outstanding fees
 Staff attitude/manner
 Concerns not being listened to
 Calls not being returned
 Call times for care package not suitable
 Decision relating to capacity
 Advice given by staff
 Care package reduced
 Correspondence sent direct to service user
 Behaviour of children and young people
 Request for assessment was declined
 Attitude of Care home staff
 Concern for safety of child
 Assessment not typed in timely manner
 Social Services involvement

The type or themes identified above, have been extracted from the following table which shows the incoming number of complaints by specific service sectors or teams during this reporting period.

Service Group or Team	Count Stage 1, Stage 2 & Escalated 1 to 2
Adult Services	26
Children's Services	8
Totals	34

5. Number of Complaints by Category

Table showing complaints by category.

	Category	Count Stage 1, Stage 2 & Escalated 1 to 2
1.	Collaborative Working	1
2.	Decision Making	17
3.	Delay in Service Provision	1
4.	Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	5
5a.	Following Council Policies	2
5b.	Following relevant Legislation	0
6.	Accessibility of Services	0
7.	Clarity/Accuracy/Timeliness of information	0
8.	Quality of Work	0
9.	Openness/ Fairness and Honesty	0
10.	Compliance with Complaints procedure	1
11.	Combination of Categories (Non-Specific)	7
	Totals	34

6. Number of Complaints by Outcome and Lessons Learned

Service	Upheld	Not Upheld
Adult Services	3	23
Children's Services	2	6
Totals	5	29

List of lessons learned. Comments on key findings resulting from the complaints in this reporting period, that may help curtail, prevent, or impede future repeats.

The lessons learnt below relate to the 5 complaints referred to in table 6 above that were upheld.

Nature of Complaint	Lessons Learnt	Category
Requested a package of care for late father who was terminally and had come to live with complainant from another Local Authority area. Felt that Caerphilly and the	<p>A full apology was provided for the difficulty that the complainant experienced in securing appropriate care from Social Services for late father and for the communication difficulties.</p> <p>As calls are not recorded it was unable to be identified whom the complainant spoke to and</p>	<p>11. Combination of categories</p> <p>(2. Decision Making &</p>

<p>other Local Authority were passing the buck, despite her advising in her second call to Social Services that her father would be a permanently living with her. During this call the staff member was extremely rude which added to a very upsetting situation.</p> <p>A package of care was agreed however Emergency care at home did not have any capacity due to staff shortage and the length of time waiting for support was unacceptable. The Social Worker spoke to District Nurse and then called to advise that father's case would be closed, yet the District Nurse advised this was not what had been discussed and was going to email the Social Worker requesting Care be put in place immediately.</p>	<p>staff have been reminded of professionalism whilst dealing with calls.</p> <p>An apology was given as a misunderstanding occurred. Health had advised they would be providing care under the Fast Track CHC scheme which does not require social care input.</p> <p>It was acknowledged that communication was poor and this is an area that needs to be reviewed, at the time it was Social Services understanding that the Health Board were arranging care for complainant's father.</p>	<p>6. Accessibility of Services</p>
<p>Not informed that there was no staff member available to cover brother's community session. Brother was dressed, waiting and excited but the member of staff did not turn up. This caused frustration and behaviour issues which could have been avoided if they had been informed of the staff sickness before brother had got ready to go out.</p>	<p>Brother was taken off staff rota in error and this was not identified until complainant made contact.</p> <p>Apologies provided to complainant and brother for the upset caused. Sessions were reinstated and any future disruption to brother's support/change to support rota will be communicated in advance in order to try and prevent this situation reoccurring.</p>	<p>3. Delay in Service Provision</p>

<p>Concerned about the behaviour of children and young people at the neighbouring Children's Residential Home. Neighbours have been having problems for six months Items have been thrown at their windows, their windows have been knocked, rubbish thrown over their gardens, abuse shouted towards them and also racist remarks have been made.</p>	<p>Manager only became aware of issues on receipt of complaint and attempted to speak to complainant and provided contact details .An apology was provided and reassurance given to complainant and neighbours that work is being undertaken with the young people to address their behaviors and help them understand the impact their behaviour has upon the neighbours and to engage positively with residents and to prevent such behaviour in the future. Also that racism is taken seriously and the home and professionals are working to help the children understand that these words are unacceptable and how these affect people directly and indirectly.</p>	<p>4. Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)</p>
<p>Concerned about the behaviour of children and young people at the neighbouring Children's Residential Home. Neighbours have been having problems for six months. Items have been thrown at their windows, into their garden, children climbing on to the home's garden shed and is concerned for children's health and safety as they could fall. Neighbours unable to sit in garden for fear of items being thrown over. Police have been called. Feels home is poorly managed and staff are not strong enough for the type of home it is.</p>	<p>Manager only became aware of issues on receipt of complaint. Manager spoke to complainant regarding strategies in respect of speaking to the children. An apology was provided and reassurance given that work is being undertaken with the young people to support them to understand how their behaviours impact on others, to fit into the community, engage positively with residents and prevent such behaviour in the future. Also the possibility of moving the shed was discussed.</p>	<p>4. Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)</p>
<p>Unhappy with the response from private care home, following concerns raised directly with them. Mother has been</p>	<p>The home investigated the complaint thoroughly and provided feedback to the complainant on the actions taken.</p> <p>Despite attempts to resolve the conflicts and failure to restore the relationship between complainant and home it was felt, due to the</p>	<p>11. Combination of categories (2. Decision Making</p>

<p>asked to leave care home which has upset her and complainant believes that mother has been discriminated against. Unhappy with the attitude of the management team and their company values and want to see the residents treated with respect, and not the rudeness and abruptness that she has experienced. Also have not received any written acknowledgement or response from the concerns previously raised with them, and feels they are covering up their poor practice.</p>	<p>negative impact it was having on the staff team and the disruption to mother's care, it was a necessary decision to issue a 'notice of termination' of her mother's contract. It was felt a move for complainant's mother to the new setting would be in her best interest and was by no means to discriminate her but was done to protect and promote her wellbeing.</p> <p>The Management Team provided an apology to the complainant for not providing a written response to the complainant and also identified some training issues within their staff team which have been addressed and continue to be monitored.</p> <p>It was also reiterated to complainant that CCBC monitoring officers will continue to monitor the home along with Health Inspectorate Wales.</p>	<p>& 4. Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)</p>
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The Directorate is committed to learning from complaints received in order to influence positive change. Information from complaints is an invaluable source of user feedback. The Directorate makes the best use of this information about complaints and uses the results to inform policy and ensure that practice is changed in response to highlighted areas of concern, this is done in discussion with Senior Management to agree an action plan to address the issues.

7. Identified relationships to Equalities or Welsh Language

Table showing a count and list of findings resulting from the complaints in this reporting period, that specifically relate to the Equalities or Welsh Language protected characteristics.

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2
Age	0
Disability	0
Gender Reassignment	0
Marriage and Civil Partnership	0
Pregnancy and Maternity	0
Race	0
Religion/Belief or Non-belief	0
Sex	0
Sexual Orientation	0
Welsh Language	0
Totals	0

8. Annex – Referrals to Ombudsman, complaints resulting from appeals and examples of relevant items (points to note) specific to this reporting period

Identify how many referrals to the Ombudsman and list and append any relevant supplementary information here, namely, points to note, or an example data set.

3 referrals were made to the Ombudsman relating to Corporate/Social Services complaints. Of the 3 Corporate/Social Services complaints in the table below the decision was made not to investigate matters in 2 of the cases and early resolution was agreed for the other case.

Reference	Outcome	Details of Early Resolution/recommendations
OMB04	Not Investigating	No Further Action
OMB05	Early Resolution	<p>Within 3 weeks of the Ombudsman’s decision</p> <p>a) Write to complainant with an apology for the failure to consider complaint under the Social Services Complaints Procedure.</p> <p>b) To commence a Stage 2 investigation under the Social Services Complaints Procedure.</p> <p>c) Pay complainant £75 for time and trouble in raising complaint with the Ombudsman.</p> <p>The above recommendations were agreed and completed.</p>
OMB06	Not Investigating	No Further Action

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CABINET - 1ST MAY 2024

SUBJECT: RE-PURPOSING OF SOCIAL SERVICES EARMARKED RESERVES

REPORT BY: DEPUTY CHIEF EXECUTIVE

1. PURPOSE OF REPORT

1.1 For Cabinet Members to consider an alternative use of Social Services earmarked reserves in order to extend a number of fixed term arrangements put in place to alleviate capacity issues across the directorate.

2. SUMMARY

2.1 The report identifies around £793k of social services reserve balances that were earmarked for specific purposes in earlier years which, as a result of recent events, are no longer required for their original purpose.

2.2 Consequently, it is proposed to re-invest those earmarked balances to continue to provide a range of temporary arrangements that are currently in place to address workforce pressures across the directorate. This re-purposing of earmarked reserves would allow these temporary arrangements to remain in place throughout 2024/25 and in some cases, into 2025/26. This will allow some time for the longer term future of these temporary arrangements to be considered in the context of other financial pressures faced by the directorate in 2025/26 and subsequent years.

3. RECOMMENDATIONS

3.1 That Cabinet approves the proposed re-purposing of Social Services reserves set out in this report and summarised in appendix 1.

4. REASONS FOR THE RECOMMENDATIONS

4.1 To deliver a balanced budget for 2024/25 while continuing to address a range of capacity issues across the directorate.

5. THE REPORT

5.1 Children's Services Earmarked Reserves

- 5.1.1 On 26th September 2022, Cabinet approved £436,400 of Social Services reserves to be earmarked to underwrite the cost of a number of additional posts with the MyST therapeutic support service, on an invest to save basis. It is anticipated that around £170,100 of this reserve will be drawn upon in 2023/24 to fund the additional posts within MyST. However, those additional posts will be permanently funded from the Children's Services revenue budget with effect from 2024/25, through savings in child placement costs delivered by the team. This will leave £266,300 in the earmarked reserve which is no longer required.
- 5.1.2 During the 2021/22 financial year, delegated decisions were posted by the Director of Social Services and Housing to allocate £39,000 of Social Services reserves to fund a temporary communications officer post and a further £60,000 to fund a fixed term contract with Safe Families For Children. Both of these fixed term arrangements have now ended and as a result of maximising opportunities for grant funding, £13,521.22 and £12,905.46 respectively remain within these earmarked reserves that are no longer required.
- 5.1.3 It is proposed that the £292,726.68 surplus Children's Services reserve balances identified in paragraphs 5.1.1 and 5.1.2 should be re-purposed to extend a number of fixed term arrangements within Children's Services that are currently funded from earmarked reserves that would otherwise be exhausted in the near future.
- 5.1.4 It is proposed that £120,961 of the surplus Children's Services reserve balances should be re-purposed to extend a fixed term senior practitioner post within the Information, Advice and Assistance Team until 31st March 2026. The purpose of this post is to create a safeguarding hub.
- 5.1.5 It is proposed that £59,978 of the surplus Children's Services reserve balances should be re-purposed to extend a fixed term duty officer post within the Information, Advice and Assistance Team until 31st March 2026 in order to manage the workload pressures experienced within the team over recent years.
- 5.1.6 It is proposed that the remaining £111,787.68 of the surplus Children's Services reserve balances should be re-purposed to extend a fixed term independent reviewing officer post within the Safeguarding Team, in order to manage the workload pressures experienced within the team over recent years. This would fund the post until mid-February 2026.

5.2 Adult Services Earmarked Reserves

- 5.2.1 On 1st July 2020, Cabinet approved the creation of a £500,000 earmarked reserve to mitigate the impact of Welsh Government's plans to taper specific grant funded through the Regional Integration Fund (formerly known as the Integrated Care Fund). Those plans were suspended for 2021/22, 2022/23 and 2023/24 and so the £500,000 reserve remains in place. Furthermore, there will be no need to draw upon this reserve in the future because on 5th February 2024, Welsh Government confirmed that:-
"Ministers have recently reviewed this position again and have concluded that given the ongoing financial challenges for the public sector at this time and the vital role integrated community care models are playing in building capacity within our health and social care system, they will now remove the tapering element of the Regional Integration Fund."

- 5.2.2 Therefore, it is proposed that the £500,000 surplus reserve balance should be re-purposed to extend a number of fixed term arrangements within Adult Services that are currently funded from earmarked reserves that would otherwise be exhausted in the near future.
- 5.2.3 On 7th July 2021, Cabinet approved a transfer of funding to Social Services earmarked reserves which included provision to fund additional resources to tackle an increasing backlog in DoLS referrals (Deprivation of Liberty Safeguards). Since then, the number of referrals has continued to grow. Therefore, it is proposed to re-purpose £67,533 in order to extend the additional resources through to 31st March 2025.
- 5.2.4 On 12th August 2022, the Director of Social Services and Housing posted a delegated decision to allocate £75,000 of Social Services reserves to contribute towards the cost of an autism lead officer, initially for a two year period. That resultant earmarked reserve is expected to be exhausted in early March of 2025. Therefore, it is proposed that £1,667 of the surplus reserve balance should be re-purposed to extend the autism lead post until 31st March 2025. This is a tripartite arrangement between Adult Services, Children's Services and Education.
- 5.2.5 On 26th September 2022, Cabinet approved a transfer of funding to Social Services earmarked reserves which included provision to fund the following fixed term positions through to 31st March 2024:-
- a) Adult Services duty officer in the Information, Advice and Assistance Team;
 - b) A part time mental health worker attached to the Housing Team;
 - c) A direct payments worker in the Physical Disabilities and Sensory Impairment Team;
 - d) One senior practitioner in each of the two Community Mental Health Teams.
- 5.2.6 The workload pressures that these fixed term posts were intended to address are still being experienced. Therefore, it is proposed to re-purpose £166,386 of the surplus reserve balance in order to extend the posts identified in paragraph 5.2.5 until 31st March 2025.
- 5.2.7 On 16th February 2023, the Director of Social Services and Housing posted a delegated decision to allocate £55,000 of Social Services reserves to fund a new post that would provide additional activities to enhance the well-being of residents of our in-house residential homes. This reserve is expected to be exhausted by April 2024 so it is proposed to re-purpose £42,512 of the surplus reserve balance in order to extend the well-being post until 31st March 2025.
- 5.2.8 The Cabinet decision of 26th September 2022 also approved a transfer of funding to Social Services earmarked reserves to provide additional care hours at Beatrice Webb and Ty Clyd residential homes, in response to the increasing needs of service users being admitted to residential care. Those needs have not diminished so it is proposed to re-purpose the remaining £221,902 of the surplus reserve balance to fund the additional resources in these homes until 30th June 2025.

5.3 **Conclusion**

The re-purposing of surplus earmarked reserves proposed within this report would enable the directorate to continue to respond to a number of capacity issues in the short term and allow the senior management team time to consider a sustainable long-term response.

6. ASSUMPTIONS

- 6.1 The costs identified within this report include provision for a 4% pay award for 2024/25 and 2025/26.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

- 7.1 No integrated impact assessment has been completed for this report as the recommended proposals contained in the report would simply allow the directorate to maintain the level of service currently being provided. The services that would be underwritten by the re-purposed reserve balances would continue to contribute towards the Council's Well-being Objectives and (i) address immediate capacity concerns (ii) provide better outcomes for service users and (iii) provide potential for longer term savings/cost avoidance.

8. FINANCIAL IMPLICATIONS

- 8.1 The financial implications of the proposals contained within this report are summarised in Appendix 1.
- 8.2 The temporary solution of re-purposing reserves would allow the senior management team time to consider the long term sustainability of the services that would be funded by the re-purposed reserves.

9. PERSONNEL IMPLICATIONS

- 9.1 The re-purposing of reserves proposed in this report would secure a number of staff contracts until at least 31st March 2025. If the proposals are not approved then re-deployment opportunities would need to be explored in order to avoid having to issue termination notices to staff.

10. CONSULTATIONS

- 10.1 All consultation responses have been incorporated into this report.

11. STATUTORY POWER

- 11.1 Local Government Acts 1972 and 2003 and the Council's Financial Regulations.

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Appendices:

Appendix 1 – Summary of Proposed Re-Purposing of Social Services Earmarked Reserves

APPENDIX 1 - Summary of Proposed Re-Purposing of Social Services Earmarked Reserves

Purpose of Earmarked Reserve	Anticipated Balance at 31/3/24	Proposed Movement in Earmarked Reserve	Revised Balance After Re-Purposing	Date When Revised Balance will be Exhausted	Report Paragraph Reference
Expansion of MyST Intensive Fostering Service.	£266,300.00	-£266,300.00	£0.00	NA	5.1.1
Communications Officer	£13,521.22	-£13,521.22	£0.00	NA	5.1.2
Safe Families Contract	£12,905.46	-£12,905.46	£0.00	NA	5.1.2
Development of the Safeguarding Hub.	£7,296.00	£120,961.00	£128,257.00	31 March 2026	5.1.4
Duty Officer (Children)	£22,713.00	£59,978.00	£82,691.00	31 March 2026	5.1.5
Independent reviewing Officer (Safeguarding)	£11,222.00	£111,787.68	£123,009.68	14 February 2026	5.1.6
SUB TOTAL CHILDREN'S SERVICES	£333,957.68	£0.00	£333,957.68		
Mitigate potential withdrawal of ICF grant funding	£500,000.00	-£500,000.00	£0.00	NA	5.2.2
DoLS referrals backlog	£34,373.00	£67,533.00	£101,906.00	31 March 2025	5.2.3
Autism Lead	£40,333.00	£1,667.00	£42,000.00	31 March 2025	5.2.4
Additional Duty Officer In IAA	£26,809.00	£13,528.00	£40,337.00	31 March 2025	5.2.6
50% contribution to housing technical officer	£2,900.00	£19,624.00	£22,524.00	31 March 2025	5.2.6
Direct payments worker	£1,150.00	£39,900.00	£41,050.00	31 March 2025	5.2.6
Additional capacity in Mental Health Teams	£39,330.00	£93,334.00	£132,664.00	31 March 2025	5.2.6
Well being post for residential homes	£3,310.00	£42,512.00	£45,822.00	31 March 2025	5.2.7
Beatrice Webb additional care hrs	£155,580.00	£117,844.00	£273,424.00	30 June 2025	5.2.8
Ty Clyd additional care hrs	£169,367.00	£104,058.00	£273,425.00	30 June 2025	5.2.8
SUB TOTAL ADULT SERVICES	£973,152.00	£0.00	£973,152.00		

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CABINET – 1ST MAY 2024

SUBJECT: HEALTH AND SAFETY POLICIES

REPORT BY: CORPORATE DIRECTOR EDUCATION AND CORPORATE SERVICES

1. PURPOSE OF REPORT

1.1 The purpose of the report is to seek Cabinet agreement in relation to three updated Health and Safety policies.

2. SUMMARY

2.1 The Council has in place a number of policies setting out its approach to managing key health and safety risks. The Corporate Health and Safety Policy, Display Screen Equipment Policy and Corporate Asbestos Management Plan have all been reviewed as part of a programme of Health and Safety policy reviews.

2.2 These policies have been considered by Corporate Health and Safety Group and all feedback has been included in the attached policies.

3. RECOMMENDATIONS

3.1 Cabinet are asked to approve the Corporate Health and Safety Policy attached at Appendix 1, the Display Screen Equipment policy attached at Appendix 2 and the Corporate Asbestos Management Plan attached at Appendix 3.

3.2 Cabinet are also asked to agree that the approval of revised Health & Safety and HR policies and procedures be delegated to the Cabinet Member for Corporate Services, Property & Highways, the Corporate Director Education & Corporate Services and the Head of People Services. The consultation process will not change and new policies and procedures will continue to be presented to Cabinet for approval.

4. REASONS FOR THE RECOMMENDATIONS

4.1 The recommendation is made to ensure that the Council has in place fit for purpose

policies to effectively manage health and safety risks and to specifically address the risks associated with display screen equipment and with asbestos containing materials (ACM's). These updated policies will assist the Council to meet its statutory responsibilities under Health and Safety law.

- 4.2 The recommended process to agree revised Health & Safety and HR policies and procedures will support the review process.

5. THE REPORT

5.1 Corporate Health and Safety Policy

- 5.1.1 This is the Council's legally required overarching health and safety policy and includes a policy statement which sets out its commitment to managing health and safety.
- 5.1.2 The Corporate Health and Safety Policy (Appendix 1) details the roles and responsibilities at all levels for managing health and safety at work and places responsibilities to ensure that risks are assessed and controlled. The policy also includes a summary of arrangements for key risks.
- 5.1.3 The policy has been subject to minor changes only. The main changes include amendments to responsibilities to clarify some duties plus the addition of specific paragraphs on health surveillance and health and safety training, to reflect their importance in identification and managing work related health and safety issues.
- 5.1.4 The one-page health and safety policy statement remains unchanged.
- 5.1.5 This policy was subject to Trade Union consultation (GMB, Unison, Unite) prior to consultation with the Health & Safety Group and minor amendments suggested as part of the consultation process have been included in the attached policy.
- 5.1.6 Compliance with the policy will enable the Council to meet its obligations under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999.

5.2 Display Screen Equipment Policy

- 5.2.1 Managing work with display screen equipment is a key priority and this updated policy ensures that arrangements consider and minimise the risks to employees.
- 5.2.2 The Display Screen Equipment Policy (Appendix 2) details the roles and responsibilities at all levels for managing work with display screen equipment and places responsibilities to ensure that risks are assessed and controlled.
- 5.2.3 The policy has been reviewed to reflect the opportunities that employees now have work in an agile way and the requirement for employees to complete self-assessments and to adjust workstations in line with guidance. The policy details arrangement for more complex assessments allowing access to competent advice and support. Additional information has been included on the need to review DSE assessments. The policy and corporate management arrangement have been amalgamated into one document for ease of use.

- 5.2.4 This policy was subject to Trade Union consultation (GMB, Unison, Unite) prior to consultation with the Health & Safety Group and minor amendments suggested as part of the consultation process have been included in the attached policy.
- 5.2.5 Compliance with the policy will enable the Council to meet its obligations under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 and the Display Screen Equipment Regulations 1992 as amended.

5.3 Corporate Asbestos Management Plan

- 5.3.1 Asbestos management remains a key Health & Safety Executive (HSE) priority and this updated policy further tightens CCBC arrangements for assessing and managing the risks. This Corporate Asbestos Management Plan (CAMP) does not cover domestic dwellings (with the exception of communal areas) as these premises are subject to a separate Domestic Asbestos Management Plan.
- 5.3.2 The Corporate Asbestos Management Plan (Appendix 3) has been subject to a variety of minor wording changes to aid clarity and understanding including updates to the appendices and the training needs analysis.
- 5.3.3 The plan has been expanded to include assets not linked to premises that may include asbestos containing materials (ACM's).
- 5.3.4 Specific responsibilities have been allocated to Technical Divisions (Property Services/Maintenance Helpdesk, Infrastructure and Caerphilly Homes) and Premise Managers to progress identified priority asbestos works.
- 5.3.5 Specific responsibilities have been placed on Technical Divisions to update plans and to close out completed tasks on RAMIS with evidence and associated documents such as removal certificates allowing Local Asbestos Management Plans to be kept up to date.
- 5.3.6 Specific responsibilities have been placed on contractors to forward completion information following work on ACM's.
- 5.3.7 This plan was subject to Trade Union consultation (GMB, Unison, Unite) prior to consultation with the Health & Safety Group and minor amendments suggested as part of the consultation process have been included in the attached plan.
- 5.3.8 Compliance with the plan will enable the Council to meet its obligations under the Health and Safety at Work etc. Act 1974 and the Control of Asbestos Regulations 2012.

5.4 Conclusion

The Council acknowledges the need to have in place clear and documented policies and arrangements to manage health and safety risks. These updated policies set out a clear commitment to managing the specified risks and detail responsibilities and arrangements to protect our employees and others and to comply with legal requirements.

6. ASSUMPTIONS

6.1 No assumptions have been made in this report.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

7.1 An Integrated Impact Assessment has not been undertaken as these policies have been reviewed with minor changes incorporated.

8. FINANCIAL IMPLICATIONS

8.1 There are no financial implications in the report.

9. PERSONNEL IMPLICATIONS

9.1 There are no personnel implications in the report.

10. CONSULTATIONS

10.1 All consultation responses have been taken into consideration when reviewing the policies.

11. STATUTORY POWER

11.1 Local Government Act 1972
Health and Safety at Work Act 1974

Author: Lynne Donovan, Head of People Services

Consultees: David Street, Deputy Chief Executive
Richard Edmunds, Corporate Director Education and Corporate Services
Mark S. Williams, Corporate Director Economy and Environment
Cllr Nigel George, Cabinet Member for Corporate Services, Property and Highways
Emma Townsend, Health and Safety Manager
Trade Unions – GMB, UNISON, Unite
Corporate Health and Safety Group

Appendices:

Appendix 1 Corporate Health and Safety Policy
Appendix 2 Display Screen Equipment Policy
Appendix 3 Corporate Asbestos Management Plan

CAERPHILLY COUNTY BOROUGH COUNCIL

CORPORATE HEALTH AND SAFETY POLICY

Version:	Version 6
Policy Ratified by:	Cabinet
Date:	1st May 2024
Area Applicable:	All Council employees, agency workers and volunteers
Review Year	2027



INDEX

SECTION		PAGE NUMBERS
SECTION 1	INTRODUCTION	3
SECTION 2	POLICY STATEMENT	3
SECTION 3	SCOPE	5
SECTION 4	ROLES & RESPONSIBILITIES	5
SECTION 5	HEALTH & SAFETY ARRANGEMENTS	12
APPENDIX A	HEALTH AND SAFETY POLICY STATEMENT	18

This publication is available in Welsh, other languages or formats on request.

Mae'r cyhoeddiad hwn ar gael yn Gymraeg ac mewn ieithiodd neu fformatau eriall ar gais.

NOTE

Wherever the designation "manager" is used throughout this policy, it is taken to mean Head of Service, Head Teacher, Line Manager, Supervisor and the Officer in charge or anyone who has responsibilities for employees in the course of their work.

1. INTRODUCTION

- 1.1. This policy sets out the Authority's approach to health and safety and arrangements and responsibilities for managing health and safety within Caerphilly County Borough Council relating to its work activities and premises under its control.

2. POLICY STATEMENT

- 2.1. The Chief Executive, Corporate Management Team and Cabinet Members acknowledge their statutory and moral obligations to ensure the health and safety of employees whilst at work, and of others who may be involved in or affected by the Authority's activities and premises under its control.
- 2.2. Health and safety considerations are recognised as an integral part of the Authority's work activities and are a prime responsibility of its Directors, Managers and Members. As such, the Cabinet and Corporate Management Team are committed to the responsible management of health and safety throughout the Authority's activities and fields of operation.
- 2.3. In order to carry out this commitment, the Authority will:
- 2.3.1 Meet the requirements of health and safety legislation and, where possible, seek to demonstrate exemplary health and safety performance and practices.
- 2.3.2 Identify the health and safety hazards arising from the Authority's activities and assess and sensibly manage the associated risks.
- 2.3.3 Endeavour to improve health and safety performance, in a cost- effective manner, so that instances of work-related ill health and injuries are reduced.
- 2.3.4 Ensure that Members, employees, unions and management are consulted on health and safety issues, are involved in the health and safety management system and are provided with appropriate direction, information, training and supervision to enable them to meet their obligations to work safely and with due regard for the health and safety of others.
- 2.3.5 Have suitable and sufficient operating policies, procedures, programmes, arrangements, guidance and resources to ensure continuous improvement in health and safety standards.
- 2.3.6 Require contractors to demonstrate the same level of competence, implementation and commitment to legal compliance and to continuous improvement in health and safety performance.

- 2.4. The Authority will implement this policy through:
- 2.4.1 Health and safety controls achieved through the implementation of management systems based on recognised safety management principles.
 - 2.4.2 Frequent, structured health and safety inspections, audits and monitoring of performance against agreed targets and objectives within a continuous improvement programme.
 - 2.4.3 Provision of competent health and safety advice and support through a competent Health and Safety Division and Occupational Health Service.
 - 2.4.4 Provision of funds and resources to ensure proper implementation of this policy.

Signed: _____ Date: 2024
Chief Executive

3. SCOPE

- 3.1. This policy has been agreed with the Trade Unions and applies to all employees.
- 3.2. This policy will be reviewed every 3 years. The policy will be updated appropriately to reflect any changes in legislation and guidance.
- 3.3. The effective date of this policy is 1st May 2024

4. ROLES AND RESPONSIBILITIES

Please note: All employees have a legal responsibility to comply with health and safety law and the provisions of this policy. Failure to do so could result in personal and/or corporate liability and disciplinary action.

The Authority's structure and employees' roles and responsibilities are contained within organisation charts and job descriptions, which are held by People Services.

This section provides information on health and safety related responsibilities as well as details of specific roles and responsibilities assigned to individuals and groups within the Authority.

4.1 Health and Safety Assistance:

Competent persons have been appointed to assist the Authority in meeting its health and safety responsibilities. These people have sufficient knowledge and expertise to ensure that the appropriate policies and management arrangements are in place to meet statutory requirements.

A centralised Health and Safety Division is headed by the Health and Safety Manager who acts as the 'competent person' for the Authority for health, safety and welfare. The Division provides health and safety support related to work activities undertaken by CCBC employees. The Division develops and implements corporate policy and guidance on health and safety issues and produces improvement plans for strategic and operational risks.

Specific roles and responsibilities for health and safety are detailed below:

4.2 Elected Members will:

- 4.2.1 Have an understanding of the main provisions of applicable health and safety legislation, and in particular the requirements of the Health and Safety at Work etc. Act 1974.
- 4.2.2 Be aware of their responsibilities under legislation and industry specific guidance and attend relevant health and safety training provided by the Authority.

- 4.2.3 Allocate the necessary resources to ensure implementation and adherence to policies and legislation.
- 4.2.4 Ensure that they are aware of the Authority's arrangements for maintaining an appropriate level of professional health and safety advice and ensure that sufficient resources are provided for successful health and safety management.
- 4.2.5 Nominate a Chair and Vice Chair to sit on the Corporate Health and Safety Group.
- 4.2.6 Ensure that the standards and profile provided to other Members' functions are applied to health and safety management.
- 4.2.7 Ensure that health and safety is integrated into the culture of the organisation.
- 4.2.8 Promote and encourage a safe working culture and ensure behaviour is led by example.

4.3 The Chief Executive will:

- 4.3.1 Assume ultimate responsibility for the health and safety activities of the Authority.
- 4.3.2 Be ultimately responsible for ensuring compliance with this policy within Caerphilly County Borough Council.
- 4.3.3 Have an understanding of the main provisions of applicable health and safety legislation, and in particular the requirements of the Health and Safety at Work etc. Act 1974.
- 4.3.4 Ensure that the standards and profile provided to other management functions are applied to health and safety management.
- 4.3.5 Ensure that health and safety is integrated into the management structure.
- 4.3.6 Promote and encourage a safe working culture and ensure behaviour is led by example.
- 4.3.7 Allocate the necessary resources to ensure implementation of and adherence to policies.
- 4.3.8 Review the safety management performance of Directors and Management.
- 4.3.9 Ensure that the organisational structure is appropriate to manage the health and safety affairs of the Authority.
- 4.3.10 Support the Health and Safety Division and Heads of Service in policy setting and monitoring the effectiveness of the health and safety management systems.

4.4 Directors will:

- 4.4.1 Understand and comply with the main requirements of statutory health and safety legislation applicable to their areas of control.
- 4.4.2 Ensure effective implementation of the Authority's health and safety policies, management arrangements and procedures within their directorates.
- 4.4.3 Ensure that health and safety is integrated into the directorate management structure and is promoted as a vital component of service delivery.
- 4.4.4 Ensure adequate training, information, instruction and supervision of Assistant Directors/Heads of Service and managers is available to allow work to be safely managed.
- 4.4.5 Promote health and safety and encourage a safe working culture and behaviour through leading by example.
- 4.4.6 Bring to the attention of the Corporate Management Team and/or the Health and Safety Division any health and safety issues that require their attention and advice to rectify.
- 4.4.7 Ensure a safe working environment is maintained.
- 4.4.8 Ensure adequate resources are available within their service area to ensure continued improvement in health and safety.

4.5 Heads of Service / Assistant Directors and Managers will:

- 4.5.1 Ensure that employees, contractors and visitors under their control are aware of relevant health and safety policies and procedures.
- 4.5.2 Understand and comply with the main requirements of statutory health and safety legislation applicable to their service areas.
- 4.5.3 Ensure effective implementation of this policy, other health and safety policies, procedures and guidance. This will require incorporating health and safety into service improvement plans and/or setting service area health and safety targets.
- 4.5.4 Ensure completion of suitable and sufficient risk assessments as required within service areas.
- 4.5.5 Ensure that employees are subject to health surveillance where there is a legal requirement for them to do so, where identified as necessary following a risk assessment or following competent medical advice.
- 4.5.6 Ensure that buildings, equipment, plant and substances used are suitable for the task for which they are provided and used, and are kept in good working condition, including being regularly inspected, maintained and serviced as appropriate and in line with statutory requirements.
- 4.5.7 Ensure and monitor that adequate training, information, instruction and supervision of employees is provided, to ensure that work is undertaken safely.

- 4.5.8 Promote health and safety and encourage a safe working culture and behaviour through leading by example.
- 4.5.9 Bring to the attention of the Director and/or the Health and Safety Manager any health and safety issues that require their attention and advice to rectify.
- 4.5.10 Maintain a safe working environment and safe access to and from the workplace.
- 4.5.11 Ensure that the workplace and working arrangements are monitored to ensure safe conditions and work practices are maintained.
- 4.5.12 Take immediate and appropriate action to investigate and rectify any risks to health and safety arising from work activities.
- 4.5.13 Refer employees to Occupational Health where appropriate where there is a work related health concern.
- 4.5.14 Ensure that where they have specific responsibilities they discharge them appropriately

4.6 The Head of Customer and Digital Services will:

In addition to the responsibilities in section 4.5 above:

- 4.6.1 Ensure that goods and services are purchased according to the Authority's purchasing policy and procedures, recognising the requirements of statutory legislation towards hazardous substances, product safety, vibration and management of contractors.
- 4.6.2 Accurately communicate to suppliers, the Authority's requirements for materials and services, as described on purchase requisitions and/or specifications.
- 4.6.3 Ensure processes are in place to appoint competent (CCBC vetted) contractors when tenders are appointed via Procurement.

4.7 The Head of Property Services and the Head of Caerphilly Homes will:

In addition to the responsibilities in section 4.5 above:

- 4.7.1 Ensure that all agreed Authority properties are compliant with the minimum statutory maintenance requirements as set out in relevant statutory instruments.
- 4.7.2 Where engaged to do so appoint competent contractors to undertake work on Authority properties and ensure that work is undertaken and managed safely in accordance with legislation, HSE guidance and CCBC priorities.
- 4.7.3 Ensure that appropriate records and certificates of statutory inspection and testing are retained and uploaded to the RAMIS system.

4.7.4 Ensure that the RAMIS System is updated to provide accurate information on asbestos and other premises related risks reflecting any changes to premises.

4.7.5 In the case of remedial works allocated to Property Services to progress following a statutory inspection/examination ensure that faults are rectified within a timely manner and closed out on RAMIS.

4.8 The Head of People Services will:

In addition to the responsibilities in section 4.5 above:

4.8.1 Ensure where applicable that People Services policies and practices promote the health, safety and well-being of employees.

4.8.2 Ensure a close working relationship exists between Human Resources, the Health and Safety Division and Occupational Health on common issues such as staff well-being, rehabilitation, industrial injuries, health surveillance illness.

4.9 The Head of Corporate Finance will:

In addition to the responsibilities in section 4.5 above:

4.9.1 Ensure corporate insurance policies are in place to cover legal requirements e.g. employers liability, public liability, Authority vehicle cover.

4.9.2 Ensure that adequate systems and resources are in place to deal with liability claims relating to health and safety.

4.10 The Fleet Manager and Managers with responsibility for vehicles will:

In addition to the responsibilities in section 4.5 above:

4.10.1 Ensure that Authority vehicles are subject to a system of regular maintenance, servicing and statutory inspections where appropriate.

4.10.2 Ensure that the management of occupational road risk is integrated into the section's activities.

4.10.3 Ensure that those who drive CCBC vehicles are aware of their obligations under law and CCBC policy.

4.11 Managers with responsibility for premises will:

In addition to the responsibilities in section 4.5 above:

4.11.1 Ensure that statutory inspections and testing are conducted and appropriate records and certificates of statutory inspection and testing are uploaded onto RAMIS.

4.11.2 Seek advice from a Technical Division and/or the Health and Safety Division on

any building related health and safety concern.

- 4.11.3 Ensure any requirements from statutory inspections or following a health and safety audit/inspection are progressed within a timely manner and evidence actions taken on RAMIS.
- 4.11.4 Comply with corporate policies, arrangements and guidance regarding premises management.
- 4.11.5 Ensure that all work arranged is undertaken by competent individuals, managed in accordance with relevant standards/guidance and that RAMIS is updated to reflect any changes.
- 4.11.6 Ensure that both premises manager and keyholder information is kept up to date on RAMIS.

4.12 The Health and Safety Manager will:

- 4.12.1 Ensure that this policy is reviewed at least every three years to ensure it is in line with current legislation.
- 4.12.2 Develop corporate management arrangements and policy documents, guidance and procedures relating to health and safety legislation, relevant British Standards, and best practice guidance as applicable to the Authority.
- 4.12.3 Ensure implementation of strategic and operational improvement plans covering the Authority's activities, which meets legal minimum standards and update annually on progress.
- 4.12.4 Ensure implementation of a health and safety monitoring plan which measures health and safety performance in key risk areas and update annually on progress.
- 4.12.5 Ensure support and training on use of health and safety systems is provided to Authority and contractor staff where appropriate.
- 4.12.6 Provide competent advice on health and safety at work and act as the competent person for the Authority.
- 4.12.7 Ensure that asbestos is strategically managed within the Authority's premises, ensuring that the risk from exposure to asbestos is adequately managed.
- 4.12.8 Ensure implementation of the Corporate Asbestos Management Plan and ensure that the RAMIS Asbestos System is maintained to provide accurate information on asbestos within the Authority's premises.
- 4.12.9 Ensure fire risk assessments are undertaken across the Authorities Authority's premises in line with the risk priority schedule. Ensure technical advice, support and training on fire safety related issues is provided.
- 4.12.10 Monitor compliance and progress against asbestos and fire safety and update annually on progress.

- 4.12.11 The Manager responsible for the Occupational Health Department will:
- 4.12.12 Ensure Occupational Health support on health promotion activities and improvements to well-being of employees in all occupations in line with the Employee Wellbeing Strategy.
- 4.12.13 Ensure health surveillance is undertaken as necessary to support the ongoing health and well-being of employees while at work.
- 4.12.14 Provide a physiotherapy service to proactively support the identification and treatment of relevant musculoskeletal conditions.
- 4.12.15 Ensure an independent registered medical practitioner doctors complete ill-health retirement assessments where necessary.
- 4.12.16 Keep health surveillance records in accordance with legal requirements.

4.13 Employees will:

- 4.13.1 Take reasonable care of their own health and safety whilst at work.
- 4.13.2 Consider, whilst at work, the health and safety of others who may be affected by their acts or omissions.
- 4.13.3 Work in accordance with the information, instruction and training provided.
- 4.13.4 Where required, attend Occupational Health for relevant appointments related to their health and wellbeing while at work.
- 4.13.5 Refrain from intentionally misusing or recklessly interfering with anything provided in the interests of health and safety.
- 4.13.6 Report any hazardous defects in plant, equipment, or shortcomings in existing safety arrangements, or the unsafe activities of work colleagues or contractors, to their Line Manager and/or Health and Safety Division without delay.
- 4.13.7 Advise their line manager of any health issues impacting on their ability to undertake their role.
- 4.13.8 Not undertake any task for which authorisation and/or training has not been given.
- 4.13.9 Not participate in horseplay, or initiate types of activities that can lead to accidents and deter others from doing so.
- 4.13.10 Co-operate with their employer and others to ensure that legal duties are complied with.

5. HEALTH AND SAFETY ARRANGEMENTS

5.1 Document arrangements

5.1.1 The Authority's Corporate Management Team recognises the need to plan and implement health and safety controls within the organisation's activities. There are, therefore, the following levels of health and safety documentation within the Authority:

- Corporate Health and Safety Policies and Corporate Management Arrangements on specific issues
- Corporate Procedures and Guidance on specific issues (guidance sets out best practice and gives advice on managing health and safety issues and procedures set out the process for managing a specific issue)
- Health and Safety Bulletins – provided to address an urgent health and safety risk.
- Risk Assessments and Safe Systems of Work.

5.1.2 Corporate Health and Safety documents are available on the Health and Safety Portal on the Authority's intranet site, on the RAMIS4Schools database for school staff and are available via line management and/or Health and Safety Officers where appropriate.

5.1.3 Managers need to ensure that the requirements of the corporate and directorate documents are transferred into working practices and are contained within their local working arrangements.

5.2 Health and Safety Policies and Arrangements

Managers must have a basic knowledge of all health and safety legislative requirements relevant to the work activities undertaken within their work area, by their employees and involving contractors they appoint, and ensure that detailed knowledge and understanding is gained of specific regulations (or parts thereof), which apply to their areas of responsibility. The following sections highlight topics that commonly apply to the Authority's activities.

5.2.1 The Authority has a Corporate Policy and/or Corporate Management Arrangements on the following topics:

- Corporate Asbestos Management Plan
- Domestic Asbestos Management Plan
- Display Screen Equipment
- Fire Safety
- First Aid
- Lone Working
- Manual Handling
- Risk Assessment
- Employee Well-being
- Violence at Work
- Control of Substances Hazardous to Health (COSHH)
- Accident Reporting and Investigation
- Control of Noise at Work
- Control of Hand Arm Vibration Exposure
- Electrical Safety

- Legionella Control

Please refer directly to the relevant policy and corporate management arrangement for details of the agreed approach. A copy of all corporate policies can be viewed on the Authority's Intranet or obtained from a Manager and/or any Health and Safety Officer.

5.2.2 Contractor Management:

The Authority is committed to ensuring that competent contractors are appointed to undertake activities on its behalf including both contracts for work and services. Contractors will be selected, managed and monitored in accordance with HSE guidance and relevant legislation e.g. The Construction (Design and Management) Regulation 2015.

5.2.1 Musculoskeletal Disorders

Musculoskeletal Disorders (MSD's) - involve the muscles, tendons, joints and skeleton, particularly in the back, hands and arms – symptoms may be acute or chronic and can range from mild aches and pains to severe swelling and inflammation. This also includes Upper Limb Disorders (ULD), which is used as an umbrella term for a range of disorders of the hand, wrist, arm, shoulder and neck. It covers those conditions, with specific medical diagnoses (e.g. frozen shoulder, carpal tunnel syndrome), and other conditions (often called Repetitive Strain Injury) where there is pain without specific symptoms.

The Authority recognises its responsibility to ensure all reasonably practicable precautions are taken to provide and maintain working conditions and systems of work that are safe and promote good health. This is to be achieved via risk assessment and compliance with the corporate policies and management arrangement on Manual Handling and Display Screen Equipment, resulting in recommended safe systems of work.

Instances of MSD must where appropriate be referred to Occupational Health and supported by a workplace inspection/risk assessment where relevant.

5.2.2 Health Surveillance

The Authority recognises its responsibility to undertake health surveillance. A programme of pre-employment and ongoing health surveillance is in place for roles where there is a legal requirement, where health risks remain despite suitable controls being in place, via risk assessment and/or when it is deemed necessary by an Occupational Health Advisor. Records of all health surveillance will be kept by the Occupational Health Department.

5.2.3 Events Safety

All council run events will be organised and managed in accordance with HSE and corporate guidance.

It is the responsibility of the Event Organiser to ensure that all events organised by Caerphilly County Borough Council or which take place on the Authority's premises are risk assessed and organised in a safe manner.

Where Officers approve the use of the Authority's land for third parties to hold events, the Officer must ensure that there are arrangements in place within the third party organisation to ensure the health, safety and welfare of those who will be attending the event.

Where events are run in partnership with an external body then there must be an agreement on responsibilities for health and safety with agreement on who will undertake Event Organiser responsibilities.

The Health and Safety Division provides support for key corporate events and a Health and Safety Officer attends the Events Safety Advisory Group meetings.

5.2.4 Personal Protective Equipment (PPE).

The Authority recognises that at times it will be necessary to control exposure to substances and hazards through providing personal protective equipment, and will ensure that it complies with the Personal Protective Equipment at Work Regulations 1992.

Where it is not possible to eliminate the hazard by any other means, personal protective equipment (PPE) will be issued as a last resort, in accordance with the hierarchy of control measures. Where PPE is specified it will be suitable for both the task and the user, taking into account its compatibility with other forms of PPE also required to be worn at the same time.

Employees will receive instruction and training in its correct storage and use. Where PPE is issued for use when carrying out tasks, it is the employee's responsibility to ensure it is properly used, to report any defects and obtain new as necessary from their line manager. No charge will be made for PPE used by employees within the course of the Authority's activities. Line Managers will ensure that PPE use is supervised and that suitable storage is provided.

Supervisors/Line Managers will, through monitoring, ensure that PPE is worn and will take appropriate action if it is found that employees fail to wear the PPE provided.

5.2.5 Management of Occupational Road Risk.

The Authority is committed to ensuring the health and safety of its employees, clients and others during its use of vehicles. Vehicle use is a necessary part of the Authority's activities and ranges from refuse collection to transportation of school children or transport of employees between council premises.

The Authority has policies and procedures in place to ensure that vehicles are appropriately managed, serviced and used.

5.2.6 Working at Height

The Authority acknowledges that during its activities some working at height will be essential. Working at height will be avoided where possible. Where

unavoidable it will be risk assessed, the most suitable piece of equipment will be selected to enable the task to be undertaken safely and work will be carried out in accordance with health and safety guidance and training.

5.2.7 Work Equipment

Plant and equipment used will be suitable and sufficient for the purpose for which it will be used. All work equipment will comply with the Provision and Use of Work Equipment Regulations 1998 and where appropriate will comply with the relevant British Standards e.g. guarding of machinery, Design and Technology in schools etc.

All relevant lifting equipment will comply with the Lifting Operations and Lifting Equipment Regulations 1992, including a current report of thorough examination. Any item of lifting equipment beyond its statutory due date for re-examination must be taken out of use until examined and deemed safe to return to use by a competent person, e.g. lift engineer.

All equipment will be maintained and inspected as per relevant legal requirements e.g. lifting equipment, fume cabinets, wood working equipment, council vehicles etc.

Employees will be instructed to use work equipment in accordance with the risk assessment and manufacturer's instructions.

5.2.8 New and Expectant Mothers

Expectant mothers are asked to notify their line manager as early as possible of their pregnancy. Once notified line managers must undertake a new and expectant mother risk assessment and implement any necessary controls. Advice or guidance can be sought from the Health and Safety Division if required.

5.2.9 Health and Safety Training

The Authority will provide all employees with relevant health and safety training. Training requirements will be identified by completion of a training needs analysis in line with occupational risk. Training requirements may be legislative specific, job specific or general. Further advice may be sought from the Health and Safety Division. Consideration should be given to those on work experience and relevant volunteer activities. The training should enable employees and others to work safely without putting themselves or others at risk.

5.2.10 Workplaces

Workplaces will be appropriate for the activity being undertaken and Premises Managers will ensure the following where necessary (in accordance with the Workplace [Health, Safety and Welfare] Regulations 1992):

- Adequate ventilation
- A comfortable workplace temperature
- Suitable lighting
- A suitable level of cleanliness

- Sufficient space
- Appropriate workstations
- Suitable maintenance arrangements
- Appropriate, safe and secure doors, windows (glazing) and gates
- Suitable numbers of toilets and washing/changing facilities
- A suitable supply of clean, fresh drinking water
- Appropriate rest facilities

This list is not exhaustive. There may be other regulations that affect work activities and not all of the regulations listed above will always apply. If required, further advice should be sought from the Health and Safety Division.

5.3 Consultation arrangements:

5.3.1 The Authority is committed to ensuring effective consultation with Managers, Employees, Unions and Elected Members on all health and safety issues, in accordance with the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996.

5.3.2 Formal consultation on H&S policies will be through:

- Direct union consultation
- Corporate H&S Group
- CMT
- Cabinet
- JCC as appropriate

5.3.3 Monitoring Arrangements:

The Authority monitors its health and safety performance in two different ways – proactive and reactive monitoring.

5.3.4 Proactive Monitoring

Active monitoring measures organisational progress in health and safety. It involves the inspection of systems and processes before something goes wrong in order to prevent future accident, injury, ill health or the breakdown of a system or process.

The Health and Safety Division carries out proactive monitoring through general inspections and management audits.

The RAMIS system is used to monitor statutory compliance in buildings and is an up to date reference tool for the following disciplines:-

- Asbestos
- Fixed Wiring Inspections
- Fire Alarm Wiring Inspections

- Gas and boiler Inspections
- Legionella Controls
- Fire Safety
- Passenger Lifts and good lifts
- Portable Appliance Testing
- General Health and Safety Inspections
- Glazing Inspections
- Air Conditioning Systems

Compliance Statistics are reported to Statutory Maintenance Group, Corporate Management Team and the Corporate H&S Group.

5.3.5 Reactive Monitoring (will become)

Reactive monitoring monitors organisational failures. It looks at events after something has gone wrong to establish what happened and how it can be prevented in future e.g. investigating accidents/dangerous occurrences, reporting on accident statistics, collecting data on violent incidents etc.

Results of reactive monitoring are reported to Corporate Management Team and the Corporate Health and Safety Group in the form of accident statistics.

APPENDIX A - Health and Safety Policy Statement



HEALTH AND SAFETY POLICY STATEMENT

1. The Chief Executive, Corporate Management Team and Cabinet Members acknowledge their statutory and moral obligations to ensure the continued health and safety of employees whilst at work, and of others who may be involved in or affected by the Authority's activities.
2. Health and safety considerations are recognised as an integral part of the Authority's activities and are a prime responsibility of its Directors, Managers and Members. As such, the Cabinet and Corporate Management Team are committed to the responsible management of health and safety throughout the Authority's activities and fields of operation.
 - 2.1 In order to carry out this commitment, the Authority will:
 - 2.1.1 Meet the requirements of health and safety legislation and, where possible, seek to demonstrate exemplary health and safety performance.
 - 2.1.2 Identify the health and safety hazards arising from the Authority's activities and assess and sensibly manage the associated risks.
 - 2.1.3 Endeavour to improve health and safety performance, in a cost-effective manner, so that instances of work-related ill health and injuries are reduced.
 - 2.1.4 Ensure that Members, employees, unions and management are consulted on health and safety issues, are involved in the health and safety management system and are provided with appropriate direction, information, training and supervision to enable them to meet their obligations to work safely and with due regard for the health and safety of others.
 - 2.1.5 Have suitable and sufficient operating policies, procedures, programmes, arrangements, guidance and resources to ensure continuous improvement in health and safety standards.
 - 2.1.6 Require contractors to demonstrate the same level of competence, implementation and commitment to continuous improvement in health and safety performance.
 - 2.2 The Authority will implement this policy through:
 - 2.2.1 Health and safety controls achieved through the implementation of management systems based on recognised safety management principles.
 - 2.2.2 Frequent, structured health and safety inspections, audits and monitoring of performance against agreed targets and objectives within a continuous improvement programme.
 - 2.4.1 Provision of competent health and safety advice and support through a competent Health and Safety Division and Occupational Health Service.
 - 2.2.4 Provision of funds and resources to ensure proper implementation of this policy.

Signed: _____

Chief Executive **Page 93**

Date: _____

2024

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CAERPHILLY COUNTY BOROUGH COUNCIL

DISPLAY SCREEN EQUIPMENT POLICY

Version:	Version 4
Policy Ratified by:	Cabinet
Date:	1st May 2024
Area Applicable:	All Council employees, agency workers and volunteers
Review Year	2027



INDEX

SECTION		PAGE NUMBER
SECTION 1	INTRODUCTION	1
SECTION 2	POLICY STATEMENT	1
SECTION 3	SCOPE	1
SECTION 4	LEGISLATION	1
SECTION 5	DEFINITIONS	2
SECTION 6	RESPONSIBILITIES	2
SECTION 7	MANAGEMENT ARRANGEMENTS	5
SECTION 8	SUPPORTING DOCUMENTS	9
APPENDIX 1	DSE SELF-ASSESSMENT RISK ASSESSMENT FORM	10
APPENDIX 2	MINIMUM LEGAL REQUIREMENTS	22
APPENDIX 3	CLARIFICATION OF DUTIES INVOLVING DSE TO AGENCY WORKERS	26
APPENDIX 4	EYESIGHT TEST VOUCHER REQUEST PROCESS	28

This publication is available in Welsh, other languages or formats on request.
Mae'r cyhoeddiad hwn ar gael yn Gymraeg ac mewn ieithiodd neu fformatau eriall ar gais.

NOTE

Wherever the designation "manager" is used throughout this policy, it is taken to mean Head of Service, Head Teacher, Line Manager, Supervisor and the Officer in charge or anyone who has responsibilities for employees in the course of their work.

1. INTRODUCTION

- 1.1. This document sets out the policy to be implemented by Caerphilly County Borough Council (the Authority) to ensure the health and safety of its employees in relation to their use of display screen equipment (DSE).
- 1.2. This policy must also be read in conjunction with the:
 - Corporate Health and Safety Policy Statement
 - Relevant HR Policies
 - Relevant Information Technology and Data Security Policies

2. POLICY STATEMENT

- 2.1. The Authority recognises that its employees are its most valuable resource in delivering high quality services to the community and will take all reasonably practicable steps to ensure the health and safety of Authority employees and contractors by managing the risks associated with the use of display screen equipment.
- 2.2. The effective control of these risks will be delivered through the correct management of display screen equipment as set out in this policy, and the provision of appropriate training, instruction and supervision. To be effective this policy requires the full co-operation of management and employees at all levels.
- 2.3. The Authority accepts it has specific duties under the various legislation listed in [Section 4](#) below, enforced by the Health and Safety Executive.

3. SCOPE

- 3.1. This policy has been agreed with the Trade Unions and applies to all Authority employees.
- 3.2. This policy will be reviewed every 3 years. The policy will be updated appropriately to reflect any changes in legislation and guidance.
- 3.3. The effective date of this policy is 1st May 2024.

4. LEGISLATION

- 4.2. This policy is designed to ensure the Authority meets its legal obligations as set out in:
 - The Health and Safety at Work etc. Act 1974
 - The Health and Safety (Display Screen Equipment) Regulations 1992, as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002
 - The Management of Health and Safety at Work Regulations 1999
 - The Equality Act 2010

5 DEFINITIONS

5.1 “Display screen equipment” (“DSE”) – any alphanumeric or graphic display screen, regardless of the display process involved. This includes desktops, tablet, laptop computers and smartphones. However, it excludes:

- DSE within drivers’ cabs or control cabs for vehicles or machinery.
- DSE on board a means of transport.
- DSE mainly intended for public use (including pupils’ use within a school).
- Calculators, cash registers, telephones, or any equipment having a small data or measurement display required for the direct use of the equipment (e.g., on computer numeric control (CNC) engineering machinery and scientific or medical devices such as electronic cardiac monitors) that are not extensively monitored for prolonged periods.

5.2 “User” – an employee who habitually uses display screen equipment as a significant part of their normal work (i.e., for continuous or near-continuous periods of an hour or more at a time, more or less daily, and required to transfer information quickly to and from the DSE, requiring high levels of attention and concentration).

5.3 “Workstation” – an assembly comprising of:

- display screen equipment.
- any optional accessories to the display screen equipment
- any disk drive, telephone, modem, printer, document holder, chair, desk, work surface or other peripheral item
- the immediate environment around the display screen equipment.

5.4 “Competent person” - the person who has the necessary training, expertise, and experience to undertake assessments in relation to DSE and DSE workstations.

6 RESPONSIBILITIES

N.B. All employees have a legal responsibility to comply with health and safety law and the provisions of this policy. Failure to do so could result in personal and / or corporate liability.

6.2 The Chief Executive will:

6.2.1 Be ultimately responsible for ensuring compliance with this policy within Caerphilly County Borough Council.

6.3 Directors will:

6.3.1 Be responsible for ensuring the effective implementation of this policy, and associated procedures within their service areas.

6.3.2 Ensure that appropriate resources are made available for the effective operation of the policy, including training.

6.4 Managers will:

6.4.1 Identify all employees for whom they are responsible who class as 'users' of DSE equipment for work activities.

6.4.2 Ensure that all 'users' watch the DSE Self-Assessment training video, available to view from xxxx (insert hyperlink)

6.4.3 Ensure that "users' have completed a DSE Self-Assessment form in line with the training they have received, and that suitable adjustments are made if identified as necessary by the assessment. DSE Self-Assessment forms are to be reviewed by 'users' annually, or immediately following any significant change or cause of concern relating to DSE use.

6.4.4 Keep a copy of their employees DSE workstation assessments for 4 years.

6.4.5 Ensure that there are a sufficient number of appropriately trained individuals to support employees who have queries regarding their DSE workstation or set-up.

6.4.6 Ensure that DSE workstations, and components of such workstations, comply with the minimum legal requirements as detailed in [Appendix 2](#), regardless of whether the DSE workstation is to be used by a habitual or occasional user of DSE.

6.4.7 Ensure that anyone undertaking the design of office areas and workstations is competent to do so.

6.4.8 Where identified as necessary following a workstation assessment provide reasonable equipment to minimise the risk associated with DSE use.

6.4.9 Ensure habitual 'users' of DSE are informed that they are entitled to an eye and eyesight test and basic prescription appliance (e.g., spectacles) of a type and quality adequate for correcting vision when using DSE.

6.4.10 Ensure that, on request, they complete the online eyesight test voucher request form for DSE users to obtain the appropriate voucher(s) and ensure 'users' redeem these vouchers in a line with the expiry date.

6.4.11 Act on any complaints of discomfort or pain raised by an employee while working with display screen equipment. Where appropriate, liaise with the trained individuals in their section, the Health and Safety Division and/ or refer to Occupational Health by completing an OH1 'Request for Medical Assessment' form.

6.4.12 Ensure that employees who are returning to work after a period of sickness absence where their condition may be exacerbated by use of the DSE have their DSE workstation assessment reviewed where necessary with the support of a trained DSE assessor and/ or Health and Safety Division Officer.

6.5 DSE Assessors will:

- 6.5.1 Complete appropriate training in the correct set up and adjustments of DSE workstations and equipment. Conduct DSE assessments in accordance with their training.
- 6.5.2 Provide support to DSE users who have any queries following the completion of the DSE Self-Assessment form.
- 6.5.3 Where required provide information, instruction and training relating to DSE use to users.
- 6.5.4 Support managers if any appropriate standard equipment is to be provided following a DSE assessment.
- 6.5.5 Contact the Health and Safety Division for advice where issues are raised outside of their capabilities.

6.6 Each DSE user of the Council will:

- 6.6.1 Comply with any procedure or precautionary measure introduced to reduce the risk associated with work using display screen equipment.
- 6.6.2 Watch the DSE Self-Assessment training video. Complete a DSE Self-Assessment form in line with their training and provide a copy of the completed form to their line manager.
- 6.6.3 Make any required changes or adjustments to their workstation in line with guidance provided in the DSE Self-Assessment training video.
- 6.6.4 Ensure that the principles of a good DSE set up are implemented irrespective of the location where reasonably practicable.
- 6.6.5 Review their DSE self-assessment annually or in the event of any changes to the environment, workstation set up or equipment.
- 6.6.6 Use equipment provided appropriately.
- 6.6.7 Immediately report to their line manager any faults with any equipment provided to control the risk associated with display screen equipment use.
- 6.6.8 Immediately inform their manager of any pain or discomfort experienced whilst working with display screen equipment.
- 6.6.9 Inform their line manager if they wish to have an eye and eyesight test (associated with their use of DSE) paid for by the Authority.
- 6.6.10 Redeem eye and eyesight test vouchers by their expiry date.

6.7 The Health and Safety Division will:

- 6.7.1 Ensure that this Display Screen Equipment Policy is reviewed as necessary to ensure it is in line with current legislation and guidance.
- 6.7.2 Provide advice and information on legislation or guidance relating to the use of display screen equipment.
- 6.7.3 Conduct or arrange for a more detailed workstation assessment where there is a defined medical need diagnosed by a medical professional, for complex medical cases or following an initial DSE self-assessment where it is considered that specialist expertise is required.
- 6.7.4 Where requested, provide advice and support to DSE assessors, Managers and users regarding the undertaking of DSE self-assessments and any other related DSE issues.
- 6.7.5 Issue eye care vouchers to users within 10 days of receiving the request.

6.8 Procurement, IT, or any other Officer that orders/designs DSE will:

- 6.8.1 Ensure that any equipment purchased for use at a display screen equipment workstation complies with the requirements of this policy and the Health and Safety (Display Screen Equipment) Regulations 1992 (as amended), (see [Appendix 2](#))
- 6.8.2 Ensure that any company/person contracted or instructed to design a workstation(s) is competent to do so and complies with the requirements of this policy and the Health and Safety (Display Screen Equipment) Regulations 1992 (as amended).
- 6.8.3 Ensure that equipment is only purchased from corporate contracts where they exist in line with Procurement Regulations

6.9 Occupational Health will:

- 6.9.1 Provide advice on issues of display screen equipment work where necessary, including ergonomic best practice.
- 6.9.2 Conduct any health surveillance or assessments relating to display screen equipment, where identified by a DSE risk assessment, or where an individual is referred to them, and keep appropriate records.

7 CORPORATE MANagements ARRANGEMENTS

7.2 DSE Assessments

- 7.2.1 It is a manager's responsibility to ensure that the DSE Self- Assessment form ([Appendix 1](#)) is completed by all DSE users regardless of whether they are office based, working from home or working from another location.

- 7.2.2 The DSE Self-Assessment form should normally be conducted within two weeks of the user starting to use DSE for work purposes.
- 7.2.3 Laptop computers used for prolonged periods of time must be used in conjunction with a suitable stand that raises the screen or an independent monitor, in addition to an independent keyboard and mouse. 'Users' should set up their DSE equipment in line with the instruction, information and training they have received.
- 7.2.4 Upon completion of each DSE Self-Assessment form the user must send a copy to their line manager. Any remedial actions identified must be actioned in a timely manner. Line managers should liaise with the trained DSE Assessor within the team for any actions which cannot be easily rectified (e.g., by adjusting a chair or providing equipment readily available). Managers are to liaise with Health and Safety Division if any further advice is required.

7.3 Agile Working

- 7.3.1 Under the Authority's Agile Working Policy, roles have been categorised using 'Fixed', 'Flexible', 'Mobile', 'Home' and 'Community'.
- 7.3.2 The table below shows when a DSE Self-Assessment form should be completed for users in each category.

Category	When is a DSE Self-Assessment required?
Fixed	A DSE Self-Assessment form must be completed at the user's fixed location.
Flexible and Mobile	<p>A DSE Self-Assessment form must be completed at the user's home.</p> <p>Another DSE Self-Assessment form must be completed for users who have a dedicated workstation in the office.</p> <p>If users are working in an agile manner, they must adjust their workstation in line with the training they have received to ensure good set-up before starting work. There is no need to complete a DSE Self-Assessment form each time the user works in a different location.</p>
Home	A DSE Self-Assessment form must be completed at the user's home.
Community	<p>A DSE Self-Assessment form is unlikely to be needed unless employee meets the definition of a user.</p> <p>If the employee meets the definition of a user, a DSE Self-Assessment form must be completed at the location where the DSE is used.</p>

- 7.3.3 When employees work in an agile manner, they must adapt the principles of good workstation set-up and adjust the workstation as detailed in the DSE training that has been provided. Where this is not possible (e.g., when working in a public space) employees are encouraged to limit their time spent working in this way.

(INSERT HYPERLINK TO THE TRAINING HERE)

- 7.3.4 Users who have any specific health needs and/ or requires any specialist DSE equipment will need to plan their work to ensure they primarily use workstations available with the correct equipment to meet their needs. This will need to be documented on their DSE Self-Assessment form.

7.4 Reviewing DSE Assessments

- 7.4.1 Where a user has returned to work following a period of sickness absence and/or a relevant medical condition has been identified, the DSE Self-Assessment should be reviewed with the support of a trained DSE assessor and further advice obtained from the Health and Safety Division if required.
- 7.4.2 DSE Self-Assessment forms should be reviewed by the user on an annual basis and completed copies forwarded to the line manager.

7.5 DSE Assessors

- 7.4.1. Each section must have a sufficient number of DSE Assessors to cover the number of employees they have. Line managers should ensure that they choose appropriate individuals to be trained.
- 7.4.2. DSE Assessors must be trained by the Health and Safety Training section. Assessors will be provided, during that training, with the appropriate information and tools to allow them to competently complete assessments, support users with their DSE set-up and to assist managers to help them meet their responsibilities.
- 7.4.3. Assessors must keep managers up to date with any support they have provided to users.

7.6 Minimum requirements for a workstation

- 7.6.1 [Appendix 2](#) gives details of the minimum legal requirements for a DSE workstation that must be adhered to at all times.
- 7.6.2 It is essential that when ordering new equipment, or redesigning a workplace containing DSE workstations, that these minimum requirements are taken into consideration. Ensuring that a workstation is designed correctly minimises the likelihood of issues or concerns being raised once the workstation is in use. Any Authority Officer or specialist company contracted to undertake designs of this nature must be competent. All workstation components must comply with the minimum requirements whether they are used by someone classed as a habitual “user” or not.

7.6.3 The Authority has in place contracts for the provision of certain items. These must be adhered to when purchasing equipment for DSE users following an assessment. Details of the most up to date contracts can be obtained from procurement.

7.7 Eyes and eyesight tests

7.7.1 All DSE 'users' must be informed of their entitlement to an eye and eyesight test paid for by the Authority. DSE users are under no obligation to have an eye and eyesight test if they do not wish to have one, although they should be encouraged and advised of the health benefits of doing so.

7.7.2 The Authority has a preferred provider for eye and eyesight tests and runs a voucher scheme. To obtain a voucher, users are to make a request to their line Manager. The Manager then needs to complete the voucher request form on the intranet; a voucher will then be issued via e-mail within 10 days. Employees must take the voucher with them to the appointment and should redeem the voucher within the specified expiry date.

7.7.3 Vouchers can be obtained by DSE Users' Line Managers using the online Voucher Request Form and must be taken with the employee to their appointment. A flowchart in [Appendix 4](#) illustrates the eyesight test voucher request process.

7.7.4 The Authority is not liable for paying the cost of prescription spectacles that are required to correct vision for general use or various uses, that are not exclusive to the use of DSE, nor is it liable for the cost of any non-prescription appliance. The Authority's liability for costs is limited to that of a standard eye and eyesight test, and basic corrective appliance i.e., of a type and quality adequate for its function. Additional costs beyond the 'basic' that the voucher scheme covers, such as for scratch resistant coatings, tints, branded frames and lenses, or contact lenses must be paid for by the employee.

7.7.5 After the initial eye and eye sight test, the recommended frequency of further tests is typically every two years, or in accordance with the professional clinical decision made by the optician/doctor conducting the test.

7.8 Provision of training and information

7.8.1 Each DSE user must be provided with training and information on how to set up their workstation so that they can undertake their work safely and without risk to their health. Training and information is provided in the mandatory DSE Self-Assessment training video.

7.8.2 Training resources are available on the Health and Safety pages of the intranet, see the [Display Screen Equipment](#) page for more information.

7.9 Daily Work Routine

7.9.1 DSE users (and their managers) must ensure that they have appropriate breaks from continuous DSE use. A "break" in this context means any change in activity from that of using DSE, and not necessarily a break from work.

- Breaks / changes in activity (not involving the use of DSE) should be included in working time. They should reduce the workload at the screen, i.e., should not result in a higher pace or intensity of work on account of their introduction.
- Breaks / changes in activity should be taken when performance and productivity are still at a maximum before users start getting tired. This is better than taking a break to recover from fatigue. Appropriate timing of the break is more important than its length.
- Short, frequent breaks / changes in activity are more satisfactory than occasional, longer breaks for example a 5-10 minute break after 50-60 minutes continuous screen and/or keyboard work is likely to be better than a 15-20 minute break every 2 hours.
- Wherever practicable, users should be allowed some discretion as to when to take breaks and how they should carry out tasks; individual control over the nature and pace of the work allows optimal distribution of effort over the working day.
- Changes of activity (time spent doing other tasks not using the DSE) appear from study evidence to be more effective than formal rest breaks in relieving visual fatigue.
- If possible, breaks should be taken away from the DSE workstation, and allow the user to stand up, move about and/or change posture.

7.10 Agency / temporary workers

7.10.1 Many temporary workers working for the Authority are supplied by employment agencies and thereby not directly employed by the Authority. If they use display screen equipment in the course of their work activities, the Authority and the employment agency have legal obligations to the agency worker, as set out in [Appendix 3](#).

8 SUPPORTING DOCUMENTS AND RESOURCES

8.2 Internal documents available on the on the intranet

- Agile Working Policy
- GS033 Working with Laptop Computers
- GS040 Working With Hand-Held Computer Devices Including Mobile Phones and Personal Digital Assistants
- (Add in intranet link)

8.3 HSE guidance

- www.hse.gov.uk/msd/dse
- L26 “Work With Display Screen Equipment” - www.hse.gov.uk/pubns/priced/l26.pdf
- INDG36 “Working with Display Screen Equipment (DSE)” - www.hse.gov.uk/pubns/indg36.pdf

**APPENDIX 1 – DISPLAY SCREEN EQUIPMENT (DSE)
SELF ASSESSMENT FORM**

DISPLAY SCREEN EQUIPMENT (DSE) SELF ASSESSMENT FORM

Name of user:	
Designation:	
Directorate:	
Date of assessment	

BEFORE COMPLETING THIS DSE SELF-ASSESSMENT FORM YOU MUST WATCH THE TRAINING VIDEO (INSERT THE LINK)

Have you watched the DSE training video? **Yes** **No**

Risk Factors	Tick Answer		Things to consider	Action to take
	Y	N		
CHAIR				
<p>Is the chair suitable and in good condition?</p> <p>Is the chair stable?</p> <p>Does the chair have a working:</p> <ul style="list-style-type: none"> • Seat back height and tilt adjustment? • Seat height adjustment? • Swivel mechanism? • 5 Castors or glides that move freely? 			<p>The chair may need repairing or replacing if the user is uncomfortable, or you cannot use the adjustment mechanisms.</p> <p>The chair should comprise of a 5-star base, adjustable seat back height and tilt adjustment, seat height adjustment and swivel mechanism.</p>	
<p>Is the user aware of how to make adjustments to the chair?</p> <p>Is the chair adjusted correctly?</p>			<p>The user should be able to carry out their work sitting comfortably.</p> <p>The arms of chairs can stop the user getting close enough to use the equipment comfortably.</p> <p>Move any obstructions from under the desk.</p> <p>User to ensure they know how to use the adjustments of the chair and how to adopt a suitable posture when working.</p>	
<p>Is the small of the back supported by the chair's backrest?</p>			<p>The user's back should be supported by the chair, with relaxed shoulders.</p> <p>The small of the back should be supported by the chair.</p>	
<p>Are forearms horizontal at the level of the desk?</p>			<p>Adjust the chair height to get the user's arms in the right position.</p> <p>Forearms should be horizontal at the level of the desk.</p>	

Risk Factors	Tick Answer		Things to consider	Action to take
	Y	N		
CHAIR				
Once arms are in correct position, are feet flat on the floor, without too much pressure from the seat on the backs of the legs, and with knees at approximately a 90-degree angle?			<p>If not, a footrest may be needed.</p> <p>Ensure that there are approximately 3 fingers of space between back of knees and front of seat, if not adjust seat slide (if available). If gap is too large new chair may be necessary if user cannot be made comfortable.</p> <p>User to ensure they are aware of appropriate leg and knee position.</p> <p>If relevant, user to ensure they know how to use footrest correctly.</p>	

DISPLAY SCREEN								
Are the user's eyes at roughly the same height as the top of the VDU?			<p>Once chair height is adjusted to get the user's arms in the right position, adjust the VDU height, if necessary. The user's eyes should be at the top 3rd of the screen. Ensure that the screen is approximately an arm's length from the user.</p> <p>If using a laptop computer, the screen can be raised by using a laptop stand/ riser. N.B. If the laptop is raised it must be used in conjunction with a separate mouse and keyboard.</p>					
<p>Are the characters clear and readable?</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #e0f0ff;">Health</td> <td style="background-color: #ff0000; color: white;"><i>Health</i></td> </tr> <tr> <td>✓</td> <td>X</td> </tr> </table>	Health	<i>Health</i>	✓	X			<p>Make sure the screen is clean and cleaning materials are made available.</p> <p>Check that text and background colours work well together.</p> <p>Use a clear font when typing documents.</p>	
Health	<i>Health</i>							
✓	X							

Risk Factors	Tick Answer		Things to consider	Action to take
	Y	N		
DISPLAY SCREEN				
Is the text size comfortable to read?			Software settings may need adjusting to change text size. User to ensure they knows how to change font size in docs and resolution size on screen.	
Is the image stable, i.e., free of flicker and jitter?			If not, user should contact the IT Department.	
Is the screen's specification suitable for its intended use?			For example, intensive graphic work or work requiring fine attention to small details may require a large display screen.	
Are the brightness and/or contrast adjustable?			Separate adjustment controls are not essential, provided the user can read the screen easily at all times. User to ensure they know how to change brightness and contrast	
Can the screen be positioned appropriately (swivel and tilt)?			Swivel and tilt need not be built in; being able to move the screen on its base and tilt it up and down is sufficient for flat screen monitors.	
Is the screen free from glare and reflections? Are adjustable window coverings provided and in adequate condition?			Check that blinds work. You might need to consider repositioning the screen or even the desk. Screens that use dark characters on a light background are less prone to glare and reflections.	

KEYBOARDS

Is the keyboard separate from the screen?			This is a requirement. If using a laptop computer for prolonged periods and/or where it is positioned on a riser, use a separate keyboard.	
Does the keyboard tilt?			This is a requirement.	

Risk Factors	Tick Answer		Things to consider	Action to take
	Y	N		
KEYBOARDS				
Does the user have good keyboard technique?			<p>Users should avoid:</p> <ul style="list-style-type: none"> • Hands bent up at wrist. • Hitting the keys too hard. • Overstretching the fingers 	
is it possible to find a comfortable keying position?			<p>Try pushing the display screen further back to create more room for the keyboard, hands and wrist.</p> <p>Users of thick, raised keyboards, or who have wrist pain, may need a wrist rest.</p> <p>A short board may be required for someone who finds the normal sized board cumbersome and gets in the way of the mouse.</p> <p>Note that touch typists may not use the desk as support when they type.</p> <p>Users should not overstretch and use the desk as support for arms.</p>	
Are the characters on the keys easily readable?			<p>Keyboards should be kept clean. If characters still can't be read, the keyboard may need modifying or replacing.</p> <p>Use a keyboard with a matt finish to reduce glare and/or reflection.</p>	

MOUSE DEVICES

Is the device suitable for the user?			<p>If the user is having problems, try a different device. The mouse and trackball are general-purpose devices suitable for many tasks, and available in a variety of shapes and sizes. Alternative devices such as vertical/rollerball may be better for some tasks/users (but can be worse for others).</p>	
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Risk Factors	Tick Answer		Things to consider	Action to take
	Y	N		
MOUSE DEVICES				
Is the device positioned close to the user?			<p>If using a laptop for prolonged periods and/or where it is positioned on a riser, a separate mouse must be used. Most devices are best placed as close as possible, e.g., right beside the keyboard.</p> <p>Users should:</p> <ul style="list-style-type: none"> • Prevent arm overreaching. • not to leave their hand on the device when it is not being used. • Should be able to keep elbows tucked in. • Encourage a relaxed arm and straight wrist. 	
Is there support for the device user's wrist and forearm?			<p>Support can be gained from, for example, the desk surface or arm of a chair. If not, a separate supporting device may help.</p> <p>Users should be able to find a comfortable working position with the device.</p>	
Does the device work smoothly at a speed that suits the user?				
Can the user easily adjust software settings for speed and accuracy of pointer?			Users to ensure they know how to adjust device settings.	

TELEPHONES

Is telephone within easy reach?			<p>Contact IT if longer cord required on an office phone. This is to prevent over reaching and putting strain on the neck/ shoulder.</p> <p>Mobile phones to be placed within easy reach.</p> <p>Consider using Teams or other software to conduct calls digitally.</p>	
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Risk Factors	Tick Answer		Things to consider	Action to take
	Y	N		
TELEPHONES				
Does user have a headset if they are required to use the keyboard extensively during phone calls?			<p><i>Not required for all users or people who have to use phone and type sporadically – only where regular prolonged use (important where individual has a neck/shoulder problem)</i></p> <p>Users should not cradle phone between their shoulder and ear.</p>	

SOFTWARE				
Is the software suitable for the task?			<p>Software should help the user carry out the task, minimise stress and be user-friendly. Users should have had appropriate training in using the software.</p> <p>Software should respond quickly and clearly to user input, with adequate feedback, such as clear help messages.</p> <p>If software is click intensive users to use keyboard shortcuts wherever possible.</p>	

FURNITURE				
Is the work surface large enough for all the necessary equipment, papers etc?			<p>Create more room by moving printers, reference materials etc. elsewhere.</p> <p>If necessary, user should contact IT so equipment can be moved.</p> <p>There should be some scope for flexible rearrangement.</p>	

Risk Factors	Tick Answer		Things to consider	Action to take
	Y	N		
FURNITURE				
Can the user comfortably reach all the equipment and papers they need to use?			Rearrange equipment, papers etc. to bring frequently used things within easy reach. IT to be contacted if cables too short to move equipment into correct position. A document holder may be needed, positioned to minimise uncomfortable head and eye movements – in line or at monitor height.	
Are surfaces free from glare and reflection?			Consider mats or blotters to reduce reflections and glare.	

ENVIRONMENT				
Is there enough room to change position and vary movement?			Space is needed to stand up, move about, stretch, fidget and change posture as required. Cables should be tidy and not a trip or snag hazard – IT to be contacted if too short to move equipment into correct position. User should plan their work to take breaks from the screen, change their posture and change work activities.	
Is the lighting suitable, e.g., not too bright or too dim to work comfortably?			Users should be able to control light levels, e.g., by adjusting window blinds.	
Does the air feel comfortable?			VDUs and other equipment may dry the air. Circulate fresh air if possible. Individuals are reminded of their personal responsibility to ensure comfort.	

Risk Factors	Tick Answer		Things to consider	Action to take
	Y	N		
ENVIRONMENT				
Are levels of heat comfortable?			Can heating be better controlled? Can users be moved away from the heat source? Individuals are reminded of their personal responsibility to ensure comfort	
Are levels of noise comfortable?			Consider moving sources of noise, e.g., printers, away from the user, or user away from the noise source. If not, consider soundproofing.	

Risk Factors	Tick Answer		Things to consider	Action to take
	Y	N		
HOMEWORKING			THE FOLLOWING QUESTIONS SHOULD ONLY BE COMPLETED IF YOU WORK FROM HOME	
Are electrical appliances safe with no signs of damage?			<p>Look for signs of fraying, chipping, cracks, cuts to leads and plugs. Check for signs of overheating. Report any damage to your line manager.</p> <p>Has equipment provided by CCBC been PAT testing and is in date.</p>	
Is the work area clear of tripping hazards?			<p>Keep walkways clear of tripping hazards e.g., trailing cables.</p> <p>Ensure good housekeeping in work areas.</p>	
<p>Is your work area organised and tidy and are waste materials regularly disposed of?</p> <p>Are exits routes kept clear?</p>			<p>Have an escape plan and make sure you know what to do in an emergency.</p> <p>If not already in place, consider fitting a smoke alarm.</p>	
Do you carry a lot of equipment when moving between work places?			<p>Consider using bags/pack away trolleys with wheels. Minimise loads and only take the files/ equipment you require.</p> <p>A manual handling risk assessment will be required if you undertake hazardous manual handling activities.</p>	
Do you carry out lone working visits away from home?			Follow the team's lone working procedures and risk assessment.	

DSE Assessor referral required?

Yes No

Action Plan

Further Action Identified	Action required and by whom?	Completion Date

Review History

DSE Assessments should be reviewed when changes occur or at least on an annual basis.

Review date _____

Reviewed by _____

Review date _____

Reviewed by _____

Signed (User) _____

Signed (Manager) _____

Date _____

APPENDIX 2 - MINIMUM LEGAL REQUIREMENTS

MINIMUM REQUIREMENTS FOR A WORKSTATION

* Please note these minimum standards do not apply to the use of laptops (see guidance sheet GS33)

NB – Where a particular item is mentioned this should not be interpreted as a requirement for all workstations to have one. A risk assessment for each DSE user will identify if the item is necessary.

Equipment

The use of the equipment must not be a source of risk for users.

Display Screen

- The characters on the screen shall be well defined and clearly formed, of adequate size and with adequate spacing between the characters and lines.
- The image on the screen should be stable, with no flickering or other forms of instability.
- The brightness and the contrast between the characters and the background shall be easily adjustable by the user, and also be adjustable to ambient conditions.
- The screen must swivel and tilt easily and freely to suit the needs of the user.
- It shall be possible to use a separate base for the screen or an adjustable table.
- The screen shall be free of reflective glare and reflections liable to cause discomfort to the user.

Keyboard

- The keyboard shall be tiltable and separate from the screen so as to allow the user to find a comfortable working position avoiding fatigue in the arms or hands.
- The space in front of the keyboard shall be sufficient to provide support for the hands and arms of the user.
- The keyboard shall have a matt surface to avoid reflective glare.
- The arrangement of the keyboard and the characteristics of the keys shall be such as to facilitate the use of the keyboard.
- The symbols on the keys shall be adequately contrasted and legible from the design working position.

Work desk or work surface

- The work desk or work surface shall have a sufficiently large, low reflectance surface and allow a flexible arrangement of the screen, keyboard, documents and related equipment.
- If supplied, the document holder shall be stable and adjustable and shall be positioned so as to minimise the need for uncomfortable head and eye movements.
- There shall be adequate space for users to find a comfortable position.

Work Chair

- The work chair shall be stable and allow the user easy freedom of movement and a comfortable position.
- The seat shall be adjustable in height.
- The seat back shall be adjustable in both height and tilt.
- A footrest shall be made available to any operator who requires one, particularly if their feet cannot rest flat on the floor while sat at their workstation.

Workstation set up

- The DSE Self-Assessment training video will provide staff with the information they need to set up their workstations correctly to ensure good posture.

Environment

Space requirements

- The workstation shall be dimensioned and designed so as to provide sufficient space for the user to change position and vary movements.

Lighting

- Any room lighting or task lighting provided shall ensure satisfactory lighting conditions and an appropriate contrast between the screen and background environment, taking into account the type of work and the vision requirements of the user.
- Possible disturbing glare and reflections on the screen or other equipment shall be prevented by co-ordinating workplace and workstation layout with the positioning and technical characteristics of the artificial light sources.

Reflections and glare

- Workstations shall be so designed that sources of light, such as windows and other openings, transparent or translucent walls, and brightly coloured fixtures or walls cause no direct glare and no distracting reflections on the screen.
- Windows shall be fitted with a suitable system of adjustable covering to attenuate the daylight that falls on the workstation.

Noise

- Noise emitted by equipment belonging to any workstation shall be taken into account when a workstation is being equipped, with a view in particular, to ensuring that attention is not distracted, and speech is not disturbed.

Heat

- Equipment belonging to any workstation shall not produce excess heat which could cause discomfort to the users.

Humidity

- An adequate level of humidity shall be established and maintained.

Interface between computer and user

In designing, selecting, commissioning and modifying software using DSE, the Authority shall take into account the following principles:

- Software must be suitable for the task.
- Software must be easy to read and, where appropriate, adaptable to the level of knowledge or experience of the user; no quantitative or qualitative checking facility may be used without the knowledge of the users.
- Systems must provide feedback to users on the performance of those systems.
- Systems must display information in a format and at a pace which are adapted to the users.
- The principles of software ergonomics must be applied, in particular to human data processing.
- The number of mouse (or other pointing device) movements and 'clicks' should be kept to a minimum.

**APPENDIX 3 - CLARIFICATION OF DUTIES INVOLVING
DSE TO AGENCY WORKERS**

CLARIFICATION OF DUTIES INVOLVING DSE TO AGENCY WORKERS

Many temporary workers supplied by employment agencies will use DSE sufficiently to become users and hence be subject to the DSE Regulations.

Where a DSE worker supplied by an agency becomes an employee of CCBC the duties under the DSE Regulations will fall to CCBC. In cases where the worker is an employee of the agency or is self-employed, both the agency and CCBC will have duties.

CCBC should:-

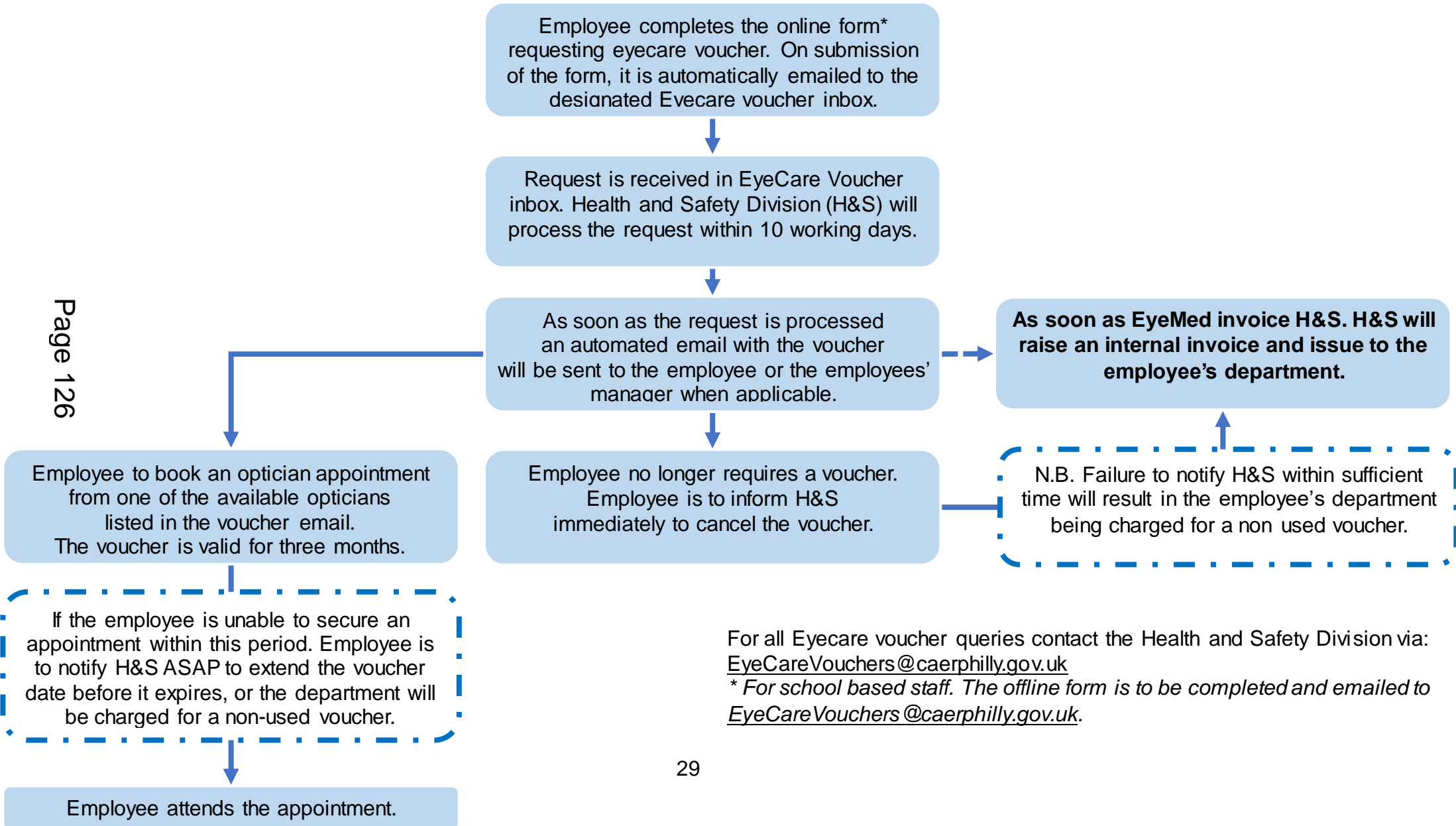
- a) Assess risks to agency workers using their workstation.
- b) Ensure all workstations in CCBC premises comply with the minimum requirements.
- c) Ensure all activities are planned so workers can have breaks from DSE work, as defined in [Section 7.8](#) of this document.
- d) Provide training to agency workers when the workstation is being modified.
- e) Provide information to agency workers about risks, risk assessment and risk reduction measure; and additionally, to users about breaks, and training when their workstation is modified.

Agencies should:-

- a) Provide health and safety training for such workers.
- b) Provide information to such workers about eye tests and training.
- c) On request by an agency worker, provide an eye test (and special corrective appliance if required) to agency worker users who are their employees.
- d) Check that the host employers carry out their duties to:-
 - Conduct risk assessments of the workstations to be used.
 - Ensure their workstations comply with the minimum requirements.
 - Plan for breaks or activity changes.
 - Provide suitable information as necessary to ensure their health and safety while at work.

APPENDIX 4 - EYESIGHT TEST VOUCHER REQUEST PROCESS

EYESIGHT TEST VOUCHER REQUEST PROCESS



Page 126

For all Eyecare voucher queries contact the Health and Safety Division via: EyeCareVouchers@caerphilly.gov.uk
* For school based staff. The offline form is to be completed and emailed to EyeCareVouchers@caerphilly.gov.uk.

CAERPHILLY COUNTY BOROUGH COUNCIL

CORPORATE ASBESTOS MANAGEMENT PLAN (CAMP)

Version:	Version 5
Policy Ratified by:	Cabinet
Date:	1st May 2024
Area Applicable:	All Council employees, agency workers and volunteers
Review Year	2027



INDEX

SECTION	PAGE NUMBER
Glossary of Terms	3
Section 1 Introduction	6
Section 2 Responsibilities	3
Section 3 Asbestos Surveys	14
Section 4 Managing asbestos left in-situ	16
Section 5 CLASP/System Build premises	17
Section 6 Boiler House Guidance	18
Section 7 Training	19
Section 8 Managing, reporting and investigating asbestos incidents	20
Section 9 Audit monitoring and review of AMP	21
Appendix 1 Form for requesting asbestos permission/advice	22
Appendix 2 When is a Refurbishment/Demolition Survey needed?	23
Appendix 3 Refurbishment/Demolition Procedure	24
Appendix 4 Internal Training	26
Appendix 5 External Training	28
Appendix 6 Procedure for work on CLASP/System Build Premises	29
Appendix 7 Procedure for arranging work through a Technical Division	31
Appendix 8 Emergency Procedure for accidental fibre release	33
Appendix 9 Known Asbestos Containing Material debris in ceiling voids – Emergency Procedure	34
Appendix 10 Procedure for actioning remedial work	35
Appendix 11 Asbestos Technical Group	36

GLOSSARY OF TERMS

ACM	Asbestos Containing Materials
AMP	Asbestos Management Plan
AMT	Asbestos Management Team
CAMP	Corporate Asbestos Management Plan
CAR2012	Control of Asbestos Regulations 2012
CCBC	Caerphilly County Borough Council
DAMP	Domestic Asbestos Management Plan
LAMP	Local Asbestos Management Plan.
R&D	Refurbishment & Demolition

1. INTRODUCTION

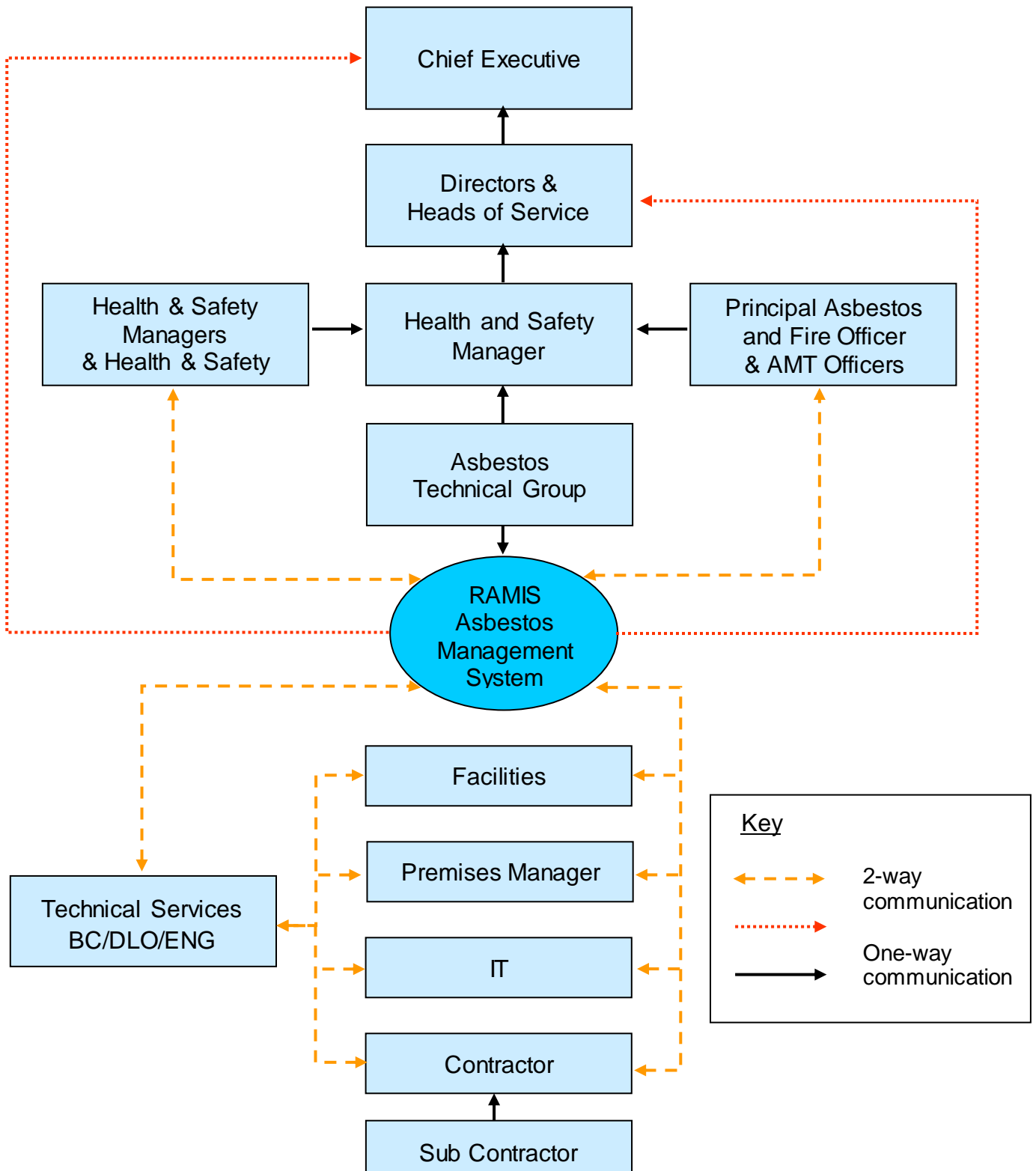
- 1.1 This Corporate Asbestos Management Plan (CAMP) has been produced to ensure Caerphilly County Borough Council's (CCBC) compliance with the Control of Asbestos Regulations 2012 (CAR 2012) and contains the procedures for managing asbestos containing materials and the documentation required to support this.
- 1.2 The CAMP relates only to Authority workplaces, including communal areas of Council Residential Flats and Sheltered Housing Accommodation. There is a separate asbestos management plan covering domestic dwellings - please refer to the Domestic Asbestos Management Plan (DAMP).
- 1.3 Some CCBC Assets that may contain ACM's are managed through the Infrastructure Department and are not linked to premises e.g., bridges/culverts/retaining walls. These assets are not held on RAMIS. Appendix 12 sets out the procedure for managing ACM's in these structures.
- 1.4 The objective of the plan is to help prevent any person being exposed to asbestos fibres present within the CCBC workplace premises. The basic principle of the plan is that all Asbestos Containing Material (ACM), as identified by survey, is to be periodically inspected. Prior to any work commencing on the premises, specific asbestos information has to be consulted within the Asbestos Management System (RAMIS - or paper copy if RAMIS cannot be utilised) and the work planned accordingly. For any work that is to be undertaken on the fabric of the building the premises manager/person arranging works must check whether permission from the Asbestos Management Team/CCBC Asbestos Officer is required (see appendix 1) This may be requested by completing a form for requesting asbestos permission/advice (refer to [Appendix 1](#)).
- 1.5 The Asbestos Interface within the Asbestos Management System (RAMIS) currently holds and is updated to maintain all known information on ACMs within CCBC premises (excluding domestic dwellings).
- 1.6 Work on the fabric of the building can be defined as any work that will result in the removal, replacement, alteration or disturbance to any internal or external surface or structure of the building, or buildings on a site. Examples would include many routine maintenance tasks such as, but not limited to:
- Removing/replacing/relaying any flooring covering vinyl tiles
 - External roof repairs and internal ceiling repairs
 - Removing or installing partition walling
 - All works involving drilling into or fixing onto structural surfaces
 - Replacement of fixed facility equipment that has electrical or gas supply
 - Replacing, repairing any door/window frame
 - Running/installing IT cables
 - Installing and/or fixing any heating fixtures or pipe work
 - Painting or decorating
 - Inspection within prohibited/restricted areas
- 1.7 If you are unsure as to whether a particular task involves work on the fabric of the building you should seek advice from the AMT or relevant CCBC service area Asbestos Officer prior to proceeding.

- 1.8 Buildings constructed prior to 2000, will have an Asbestos Management Survey that has identified ACMs that could be damaged or disturbed by normal activities or foreseeable maintenance. Buildings constructed after 2000 will display an asbestos free certificate. The Asbestos Management Survey enables any ACMs to be safely managed during normal use and occupation of the premises. Where premises have an unreliable survey, then permission must be granted by the AMT/CCBC Asbestos Officer as detailed in [Appendix 1](#), prior to any work being undertaken on the fabric of the building (refer to [section 3.2](#) for the definition of unreliable Asbestos Management Surveys). If for any reason your premises has not had an Asbestos Management Survey undertaken, please contact the AMT.
- 1.9 Each premises with a reliable Asbestos Management Survey will also have a Local Asbestos Management Plan (LAMP), which includes the site-specific asbestos register, building plan highlighting the presence of asbestos, any notice of restricted/prohibited areas/restricted access areas and the communication plan for the site. The LAMP collates all known information on ACMs for the premises.
- 1.10 A Refurbishment/Demolition Survey or an assessment by a competent person is required where the premises, or part of it, requires upgrading, refurbishment or demolition. A Refurbishment/Demolition Survey is also required prior to any structural work on the building. All Refurbishment/Demolition Surveys must be arranged through a Technical Division (refer to [Appendix 2](#) and [Appendix 3](#)).
- 1.11 The Asbestos Management Survey and premises specific LAMP must be readily available for inspection by any person who is liable to disturb the fabric of the building, or any other relevant persons e.g., surveyors, HSE and emergency services.
- 1.12 Any queries about the management of asbestos you should contact the Health and Safety Division's AMT on 01443 864361 or relevant CCBC service area Asbestos Officer.

2. RESPONSIBILITIES

- 2.1 Where the Authority is the Duty Holder under CAR 2012, it is responsible for implementation of the CAMP. Under the same regulations the Premises Manager (refer to [section 2.4](#)) would be the local duty holder in relation to the LAMP.

Asbestos Management Communication Chart



2.2 The Chief Executive and Directors will:

- 2.2.1 Be ultimately responsible for ensuring compliance with this Asbestos Management Plan within Caerphilly County Borough Council.

2.3 Heads of Service will:

- 2.3.1 Ensure the effective implementation of the CAMP and the relevant LAMPs for their service area.
- 2.3.2 Ensure that appropriate resources are made available for the effective operation of the CAMP, including training.

- 2.4 **The Premises Manager** is the person who has control of the premises (including means of access to, or egress from, the premises) and who is responsible for the maintenance or repair of the property. The Head Teacher will be responsible for undertaking the Premises Manager responsibilities for their school (some functions may be delegated but the Head Teacher retains overall responsibility).

The Premises Manager will:

- 2.4.1 Receive and make available an Asbestos Free Premises Certificate for buildings constructed post January 2000.

For all other premises built pre-January 2000:
 - 2.4.2 Ensure they have and control a colour copy of the Asbestos Management Survey, LAMP, any Notices of Prohibited/Restricted access areas/area restrictions, any mini-management and/or Refurbishment/Demolition Surveys. They will also have read and understood all relevant asbestos information for the premises that they control.
 - 2.4.3 Contact the AMT if their premises have not had an Asbestos Management Survey undertaken.
 - 2.4.4 Ensure that if their Asbestos Management Survey indicates any inaccessible areas, they are to contact the AMT/CCBC Asbestos Officer to undertake further inspection when areas become accessible.
 - 2.4.5 Ensure that relevant persons are provided with asbestos documentation and sign the Asbestos Logbook prior to any works being undertaken on the fabric of the building (refer to [section 1.5](#)).
 - 2.4.6 To ensure compliance with the CAMP and premises specific LAMP and to communicate them and their implications to all relevant employees and to any 3rd parties who may lease or utilise areas of the premises for any other activities.
 - 2.4.7 Use RAMIS to assist in the management of all ACMs left in-situ including acting upon RAMIS notifications, to print copies of updated LAMPs, Refurbishment/Demolition Surveys and any Notices of Prohibited/Restricted access areas/area restrictions.
 - 2.4.8 Ensure that where required employees receive relevant asbestos training (refer to [Appendix 4](#)), including those who may deputise in their absence and will therefore need to have a full understanding of the Asbestos Management Survey and LAMP.

- 2.4.9 Ensure that they request permission from the AMT/CCBC Asbestos Officer by completing form for requesting asbestos permission/advice (refer to [Appendix 1](#)) for any work on the fabric of the building that knowingly disturbs, or involves working in close proximity to ACM's (where ACM's could foreseeably be disturbed) or is in an area covered by an asbestos notice/prohibition/restriction notice and/or boiler house guidance
- 2.4.10 Permission must be sought from the AMT/CCBC Asbestos Officer to carry out **any** work on the fabric of the building within a CLASP/System Build premises and sites with a pre-2013 Asbestos Management Survey (refer to [Appendix 1](#)). Schools may use relevantly trained caretakers (refer to [Appendix 4](#)) to carry out minor works on the fabric of the premises, but only where permission has been granted by AMT/CCBC Asbestos Officer prior to work commencing.
- 2.4.11 Progress any requirements following on from an asbestos survey/condition monitoring and/or following advice from the AMT/CCBC Asbestos Officer.
- 2.4.12 To liaise with the Technical Division and any appointed asbestos removal contractor, to ensure that any asbestos abatement (removal, encapsulation or enclosure) is completed as required and to ensure that works can be carried out safely and any impact on service provision assessed.
- 2.4.13 Make budget available for required P1 (immediate) and P2 (within 3 months) abatement works.
- 2.4.14 To ensure that regular visual inspections are carried out on the condition of any accessible asbestos/presumed asbestos left in-situ, in accordance with any recommendations set out in the premises specific LAMP and record this annually on the Asbestos Management System (RAMIS).
- 2.4.15 To seek advice from the Health and Safety Division/Asbestos Management Team immediately and take appropriate action if there is any damage/deterioration to the condition of any identified/presumed ACMs.
- 2.4.16 In the event of a suspected accidental fibre release please follow the emergency procedure (refer to [Appendix 8](#))
- 2.4.17 Seek advice from the AMT or CCBC Asbestos Officer on any historic artefacts that may contain asbestos e.g., gasmasks and ensure they are not brought/kept on site until competent advice has been sought. Where historical artefacts containing asbestos are kept on site with permission this must be reflected in the LAMP.
- 2.4.18 Arrange for a consultation between the Occupational Health Department and any employee who has been potentially exposed to asbestos where necessary. Advice may need to be sought from Human Resources and Health and Safety Division. Also make available to the employee the Employee Assistance Programme contact information.

2.5 All Line Managers will:

- 2.5.1 Ensure that where required, employees receive relevant asbestos training (refer to [Appendix 4](#)), including those who may deputise in their absence and will therefore need to have a full understanding of the LAMP.
- 2.5.2 Ensure that they and their employees are familiar with the CAMP, LAMP and any limitations in place, e.g. not affixing pins in asbestos containing materials such as asbestos containing ceilings or wall boards.
- 2.5.3 Ensure that any works affecting the fabric of the building are arranged via the Premises Manager.
- 2.5.4 Arrange for a consultation between the Occupational Health Department and any individual (employee, pupil, visitor etc) who has been potentially exposed to asbestos. Also make available to the individual the Employee Assistance Programme contact information.
- 2.5.5 Arrange for periodic health surveillance (3 yearly in line with HSE requirements) for any employee engaged in notifiable non licensed works (NNLW) asbestos works.
- 2.5.6 Notify the Premises Manager immediately and take appropriate action if there is any damage/deterioration to the condition of any identified/presumed ACMs.
- 2.5.7 In the event of a suspected accidental fibre release please follow the emergency procedure (refer to [Appendix 8](#))
- 2.6 All Employees of the Council will:**
- 2.6.1 Comply with any working procedure or precautionary measures introduced to prevent or reduce potential exposure to asbestos.
- 2.6.2 Immediately report to their Line Manager and/or the Premises Manager any damage to any material, which they suspect may contain asbestos or any potential for exposure of themselves or others to asbestos fibres.
- 2.6.3 Have due regard to the potential for the release of asbestos fibres which may result from activities such as the fixing of posters, decorations etc., or accidental damage to building fabric.
- 2.6.4 Seek advice from the AMT on any historic artefacts that may contain asbestos e.g gasmasks and ensure they are not brought/kept on site and/or used as part of a display or presentation until competent advice has been sought.
- 2.7 The Health and Safety Division (including the Asbestos Management Team) will:**
- 2.7.1 Ensure that the CAMP is reviewed at least every three years or earlier where there is a change to relevant legislation.
- 2.7.2 Utilise RAMIS to audit outstanding asbestos tasks and compliance of Premises Managers checks of ACMs as identified in the LAMP's.
- 2.7.3 Notify the HSE where an asbestos exposure is notifiable under the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.**

- 2.7.4 Investigate any RIDDOR reportable accidental asbestos release/exposure to ACMs and where necessary report the findings to the Corporate Management Team (CMT), Health and Safety Group and relevant Heads of Service. *
- 2.7.5 Where required engage asbestos analysts as consultants to carry out relevant monitoring to assist the Health and Safety Division in undertaking an asbestos investigation. *
- 2.7.6 Liaise with the relevant manager to share results of any asbestos investigation. *
- 2.7.7 Facilitate training for Premises Managers and other relevant staff on the CAMP and LAMP.
- 2.7.8 Provide advice and information to enable ACMs to be effectively managed in situ. *
- 2.7.9 Where requested arrange for relevant Contractors to have access to and facilitate training on the Asbestos Management System (RAMIS).
- 2.7.10 Manage and maintain the asbestos interface on the Asbestos Management System (RAMIS).
- 2.7.11 Arrange for new Asbestos Management Surveys of any CCBC premises where a reliable survey is not in place.
- 2.7.12 Quality check the Management surveys and ensure that the survey information is uploaded on RAMIS.
- 2.7.13 Carry out a desktop review of each Asbestos Management Survey at a ten-year interval to evaluate its validity.
- 2.7.14 Facilitate a resurvey where the premises or extent of ACMs within premises has been significantly changed or where deemed necessary following a desktop review. *
- 2.7.15 Assess and offer initial asbestos advice following receipt of a “form for requesting asbestos permission/advice. Response will where possible be within 10 working days however additional information may be required or advice provided that may significantly impact timescales. *
- 2.7.16 Arrange for Refurbishment/Demolition Surveys to be undertaken where requested, if this is not part of a project being managed through another Technical Division.
- 2.7.17 Update the Local Asbestos Management Plan following any notified changes and e-mail the Premises Manager with an updated copy.

* May be undertaken by Asbestos Officer engaged directly by service area in addition to AMT

2.8 Occupational Health will:

- 2.8.1 Offer managers and employees guidance and advice on a range of matters affecting the health and well-being of employees and on their working environment. This includes advice on potential health effects from exposure to asbestos.
- 2.8.2 On request from the Manager arrange for consultation with employees who have been potentially exposed to asbestos (where required to do so by the line manager and where appropriate).
- 2.8.3 Undertake health surveillance and maintain records of employees involved in work with asbestos as required under CAR 2012. These records will be kept for at least forty years.

2.9 Technical Divisions (Building Consultancy Division, Housing Services, Building Maintenance, Asbestos Management Team, Engineering Division and Private Sector Housing)/Sections instructing Contractors/others to carry out work affecting the fabric of the building will:

- 2.9.1 Ensure all known asbestos information has been assessed and where required arrange for a relevant Refurbishment/Demolition Survey/Pre-Works assessment by a CCBC Asbestos Officer (refer to [Appendix 2](#), and [Appendix 3](#)).
- 2.9.2 Ensure they request permission from the AMT/CCBC Asbestos Officer by completing a form for requesting asbestos permission/advice (refer to [section 1.5](#) and [Appendix 1](#)).
- 2.9.3 Permission must be sought from the AMT/CCBC Asbestos Officer to carry out **any** work on the fabric of the building within a CLASP/System Build premises and sites with a pre-2013 Asbestos Management Survey (refer to [Appendix 1](#)).
- 2.9.4 Ensure the contractor who undertakes the survey is selected from the current framework.
- 2.9.5 Ensure that the AMT/CCBC Asbestos Officer are notified of any final copy of Refurbishment/Demolition Surveys being undertaken and also ensuring the AMT/CCBC Asbestos Officer receive an electronic copy of the survey on completion enabling the Asbestos Register and LAMP to be updated to comply with legal requirements.
- 2.9.6 Undertake a quality check of all Refurbishment/Demolition Surveys commissioned).
- 2.9.7 Ensure contractors who undertake any work on the fabric of the building that may disturb ACMs are selected from the current framework.
- 2.9.8 Ensure the appointed contractor is supplied with all relevant information to undertake the works.
- 2.9.9 Ensure that all contractors engaged are competent and trained to an appropriate level and in particular ensure the competency and training of any contractors appointed in relation to asbestos (refer to [Appendix 5](#)).

- 2.9.10 Ensure that all sub-contractors (where written permission has been granted) engaged are competent and trained to an appropriate level and in particular ensure the competency and training of any contractors appointed in relation to asbestos (refer to [Appendix 5](#)).
- 2.9.11 Ensure that contractors are managed and monitored effectively. This would include cooperating and coordinating with the contractor and premises manager to ensure that work can be done safely, ensuring risk assessments and method statements are in place and ensuring that work is managed and supervised.
- 2.9.12 Monitor a percentage of asbestos jobs based on risk and quality check a percentage of completed jobs.
- 2.9.13 Ensure that where licensed work is undertaken on ACMs, an independent UKAS (United Kingdom Accreditation Service) accredited analyst is appointed to undertake clearance and issue the certificate of reoccupation. The independent analyst must be appointed by the Authority/Client and not by the principal contractor/contractor.
- 2.9.14 Appoint a suitably qualified person to project manage/supervise the work if they (the instructing or commissioning officer) feel that additional management support is required, due to time restraints, insufficient resources and/or complexity of project.
- 2.9.15 Ensure that the contractor supplies all relevant information relating to asbestos works being undertaken, e.g., re-occupation certificate, 4-stage clearance, and waste certificate to Officer commissioning the work and the AMT/CCBC Asbestos Officer.
- 2.9.16 Where quality issues are identified with an external contractor a temporary suspension of the contractor may be required pending a full investigation. Quality issues will be referred to the Asbestos Technical Group (refer to [Appendix 11](#)) for a decision on appropriate action; this may include re-instatement with monitoring or formal suspension that needs to be signed off by the Chief Executive.
- 2.9.17 Liaise with the AMT/CCBC Asbestos Officer and seek permission and agree how work can be carried out safely when arranging works on CLASP/System Build premises and sites with a pre-2013 Asbestos Management Survey (refer to [section 5](#) and [Appendix 1](#)).
- 2.10 In addition to responsibilities listed above, Housing (Sheltered/Communal areas/other non-domestic housing premises)/Property Services will:**
- 2.10.1 Arrange for completion of P1 (immediately) and P2 (within 3 months) remedial works on ACMs as identified through asbestos condition monitoring/asbestos surveys or following identification of damage.
- 2.10.2 Where requested arrange for relevant Contractors to have access to and facilitate training on the Asbestos Management System (RAMIS).
- 2.10.3 Update the Asset Management Plans following any changes to enable the LAMP to be updated.
- 2.10.4 Where directly employed asbestos officers undertake surveys ensure that the survey information is updated on RAMIS allowing the LAMP to be updated.

2.11 Contractors will be required to:

- 2.11.1 Comply with the requirements of the CAMP, all relevant Health and Safety Legislation, Approved Codes of Practice and Guidance.
- 2.11.2 Read and understand all relevant asbestos information provided to them and assess its relevance to the location and type of work being undertaken at the premises. Also, the contractor must feedback to the commissioning officer any concerns raised relating to the provided information.
- 2.11.3 Ensure the persons undertaking the works has read and understood all relevant asbestos information and signed the Asbestos Logbook in all cases prior to commencing any work.
- 2.11.4 Ensure all works are undertaken in a safe manner and in accordance with risk assessments and method statements as supplied to the commissioning officer.
- 2.11.5 Stop work immediately if any additional suspected ACMs are uncovered or damaged during the course of their work and report to the Premises Manager and commissioning officer immediately and follow CCBC emergency procedure (refer to [Appendix 8](#)).
- 2.11.6 Ensure that all staff undertaking work are trained to the appropriate level (refer to [Appendix 4](#)).
- 2.11.7 Ensure asbestos related works are not sub-contracted unless agreed in writing by the Technical Division commissioning the work. When sub-contracting, ensure that sub-contractors are appointed to CCBC standards and trained to the appropriate level (refer to [Appendix 5](#)).
- 2.11.8 When work is completed forward all completion information to the commissioning officer allowing the AMT/CCBC Asbestos Officer to close off the completed remedial actions on RAMIS and upload all relevant asbestos documentation onto RAMIS,

3. ASBESTOS SURVEYS

- 3.1 Non-domestic CCBC premises have been surveyed to identify the location of any known or presumed ACM's. The survey findings are detailed in the premises Asbestos Management Survey. If for any reason your premises has not had an Asbestos Management Survey undertaken, please contact the AMT.
- 3.2 Where management surveys have a publish date of 2008 or earlier and were completed by National Britannia or Facciata, then the survey cannot be relied upon to have identified all ACMs present within the building. For premises where this is the case, the AMT/CCBC Asbestos Officer must be contacted prior to any works which affect the fabric of the building. The persons arranging the works must contact the AMT/CCBC Asbestos Officer through the form for requesting asbestos permission/advice (refer to [Appendix 1](#)).
- 3.3 Sites with a CCBC asbestos survey or survey undertaken since 2013 will have a LAMP containing the most up to date asbestos information relating to the premises. When a new LAMP is generated the AMT will e-mail the Premises Manager informing them of the need to print off a new LAMP. Sites without an asbestos survey meeting the above criteria must seek advice from the AMT/CCBC Asbestos Officer.
- 3.4 Paper copies of the Asbestos Management Survey and LAMP must be available at the premises. Electronic copies of the documents are available on the Asbestos Management System (RAMIS).
- 3.5 The AMT/CCBC Asbestos Officer will undertake or commission all new Asbestos Management Surveys (non-domestic) and these will be undertaken in accordance with "Asbestos: The Survey Guide (HSG 264). They will complete the Asbestos Management Survey by utilising all existing information on ACMs and will be subject to technical/quality checks prior to the survey being published.
- 3.6 Asbestos Management Surveys will cover routine and simple maintenance work. However, it has to be recognised that where 'more extensive' maintenance or repair work is involved, there may not be sufficient information in the Asbestos Management Survey and a localised Refurbishment Survey will be needed (refer to [Appendix 3](#)). A Technical Division should make the decision on the requirement for a Refurbishment Survey (refer to [Appendix 4](#)).
- 3.8 All areas that could not be accessed during the survey are identified in the main survey report. These areas must be presumed to contain asbestos until proven otherwise.
- 3.9 If the requirement for urgent work (P1) is identified by the AMT/CCBC Asbestos Officer at the time of their survey, then the AMT/CCBC Asbestos Officer will make safe/action the relevant procedure. Where an Approved Surveying Contractor identifies this requirement, then they will immediately notify the AMT/CCBC Asbestos Officer to action the relevant procedure. Where work is required to be passed to a contractor, this will be done in accordance with [Appendix 10](#).
- 3.10 Abatement work will be risk prioritised. These works will be funded by the relevant budget holder. Where the ACMs to be removed fulfil a fire protection function, advice will be sought from the Corporate Fire Safety Officers to ensure that additional fire protection is reinstated if required.

4. MANAGING ASBESTOS LEFT IN-SITU

- 4.1 Premises Managers will arrange for an annual condition monitoring inspection to be undertaken on asbestos left in-situ (refer to [Guide to condition monitoring](#)). The results must be updated onto the Asbestos Management System (RAMIS).
- 4.2 Any change identified during ACM condition monitoring, e.g., deterioration or removed, will be automatically notified to AMT via the Asbestos Management System. If the ACMs have deteriorated between monitoring, then the relevant budget holder must meet the cost of the necessary works to the ACMs.
- 4.3 If damaged ACMs are identified, then the Premises Manager will need to make a decision as to appropriate action based on location and extent of damage. If accidental damage has taken place resulting in a possible fibre release, then the emergency procedures (refer to [Appendix 8](#) or [Appendix 9](#) where relevant) should be followed. In the event of deterioration identified during routine monitoring, advice should be sought from the AMT/CCBC Asbestos Officer allowing the risk to be managed appropriately.
- 4.4 Not all ACM's will be labelled as a matter of course, however, all known asbestos will be listed in the LAMP which includes the ACMs identified in the site-specific Asbestos Management Survey. This will be available on the Asbestos Management System (RAMIS) and hard copy at site.

- 5. CLASP/SYSTEM BUILD PREMISES AND SITES WITH A PRE 2013 ASBESTOS MANAGEMENT SURVEY**
- 5.1 For CLASP/System Build premises and sites with a pre-2013 Asbestos Management Survey, no work on the fabric of the building will be arranged or undertaken without permission being granted from the AMT/CCBC Asbestos Officer (refer to [Appendix 6](#)).
- 5.2 Permission to undertake work can be obtained by requesting work through the form for requesting asbestos permission/advice (refer to [Appendix 1](#)).
- 5.3 Until site specific monitoring has been carried out and site-specific controls agreed, then access above ceilings will be prohibited in all CLASP/System Build premises and premises with a pre-2013 Asbestos Management Survey.
- 5.4 If there is a breach of the ceiling in a CLASP/System Build premises and sites with a pre-2013 Asbestos Management Survey, then the emergency procedure set out in [Appendix 9](#) must be followed.

6. BOILER HOUSE GUIDANCE

- 6.1 Asbestos was used extensively in boiler houses for a variety of purposes including boiler and pipe lagging, sealing boiler doors, flue pipes etc. The boiler house at your premises has had asbestos removed and has been cleaned and usually painted. This means that the boiler house can be used for normal day-to-day activities. The boiler house must not be used for storage or for any other activities not connected with the use/maintenance of the boiler.
- 6.2 Please be aware that this does not mean that the boiler house is completely free of asbestos. Also the way asbestos was used in boiler house's means that whilst the walls have been cleaned as far as is possible, there is potential for asbestos fibres to remain within the background surfaces, they are not necessarily completely asbestos free and have been painted to encapsulate any remaining asbestos fibres. This means that you must not carry out/arrange any work that will penetrate the painted surface without first seeking advice from the Asbestos Management Team (AMT/CCBC Asbestos Officer).
- 6.3 This guidance must be used with the premises Notice of Prohibited/Restricted Access Areas/area restrictions.
- 6.4 Any refurbishment or demolition within the boiler house will require a Refurbishment/Demolition Survey.
- 6.5 If you have any queries or want to discuss this further please contact any member of the AMT on 01443 864361 or e-mail asbestosenquiry@caerphilly.gov.uk

7. TRAINING

- 7.1 All CCBC employees whose work could foreseeably expose them to asbestos will receive appropriate asbestos training. The training required for different types of work is set out in [Appendix 4](#).
- 7.2 All external contractors who are engaged to carry out work, which may disturb the fabric of a CCBC premises, must have received appropriate training on asbestos. The level of training required will depend on the work being undertaken and the levels of asbestos training required are set out in [Appendix 5](#).

8. MANAGING, REPORTING AND INVESTIGATING ASBESTOS INCIDENTS

- 8.1 Premises Manager/Responsible Person/Technical Division must inform the Health and Safety Division of any suspected asbestos exposure/non compliance immediately and the emergency procedure must be followed (refer to [Appendix 8](#) and [Appendix 9](#) where relevant).
- 8.2 Where an incident involving possible exposure to asbestos has occurred, all affected individuals will be evacuated and where necessary air tests undertaken in the area by Environmental Consultants engaged by a CCBC Asbestos Officer. Results of any air tests will be shared with those affected. If required, an Asbestos Officer will arrange for the relevant area to be cleaned in accordance with legislative requirements. The workplace will only be reinstated for normal use once air tests evidence that fibre levels are below the Clearance Indicator Level (refer to HSG 248 (2nd Edition) - Asbestos: The Analysts' Guide.
- 8.3 The Health and Safety Division will investigate the incident together with the relevant Manager (this could be the person who engaged the Contractor or the Premises Manager). Following completion of the investigation a written report of the incident must be completed and copies sent to the relevant Manager. This will allow action to be taken to prevent a similar incident. Where necessary, the Health and Safety Manager will submit a report to the HSE as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Where an investigation has been completed and non compliance with policy/process identified, then a report will be provided to the relevant Head of Service and where appropriate Director.
- 8.4 If necessary, full consultation with CCBC employees will take place, and will include a Health and Safety Officer/Asbestos Officer, and any other appropriate Officer. In some cases, it may be decided to refer potentially exposed individuals to the Occupational Health Department to allow the medical issues to be fully discussed and any anxieties allayed. Premises Managers/Line Managers will need to discuss this option with the Health and Safety Division and their Directorate Human Resources Officers.
- 8.5 The Occupational Health Division will keep a medical record of any incident involving exposure to asbestos of any individual exposed in accordance with legal requirement.

9. AUDIT, MONITORING AND REVIEW OF ASBESTOS MANAGEMENT PLAN

- 9.1 The effectiveness of the CAMP will be monitored by the Health and Safety Division as part of the health and safety monitoring programme.
- 9.2 Where a Technical Division arranges work on the fabric of the building and identifies significant quality issues relating to the contractor, these quality issues must be referred to the Asbestos Technical Group for review and appropriate action (refer to [Appendix 11](#)).
- 9.3 Quarterly reports will be produced allowing the Health and Safety Division to monitor whether Premises Managers have carried out and evidenced their annual monitoring of asbestos left in-situ. The quarterly reports will be broken down by Directorate and will be sent to the relevant Head of Service. Six-monthly reports will also be submitted to CMT.
- 9.4 Health and Safety Officers, Premises Managers, Technical Division and the AMT/CCBC Asbestos Officers will advise the Health and Safety Manager of any shortcomings in the implementation of the CAMP in any premises.
- 9.5 The Health and Safety Division and the AMT will undertake a review of the CAMP every 3 years, or more frequently if there is a failure in the procedures which warrant a review. The plan will be updated appropriately to reflect any changes in legislation and guidance.

APPENDIX 2

WHEN IS A REFURBISHMENT/DEMOLITION SURVEY NEEDED?

1. The purpose of this information sheet is to advise on when refurbishment/demolition surveys are required when arranging works. Please note that this procedure will apply to a building built pre-2000 only, as post 2000 buildings should have an asbestos free certificate.
2. The decision on whether a Refurbishment/Demolition Survey is required must be discussed with and advice obtained from the AMT/CCBC Asbestos Officer.
3. Typically, a Refurbishment/Demolition Survey is required where the premises, or part of it, need upgrading, refurbishment or demolition. A Refurbishment/Demolition Survey is required for any structural work on the fabric of the building and would be required for work such as removing doors, walls, windows or installing new equipment. A Refurbishment/Demolition Survey would be required where the work being undertaken goes beyond the normal management functions covered by an asbestos management survey.
4. The Refurbishment/Demolition Survey does not usually cover a whole building but is targeted at the specific works being undertaken.
5. A management survey is suitable and sufficient to enable the Premises Manager to manage and maintain the premises, e.g., general painting and decorating, carrying out legionella checks. Improvement works and those works that go beyond normal management and maintenance require a Refurbishment/ Demolition Survey.
6. A Refurbishment/Demolition Survey must be arranged through a Technical Division and must be carried out prior to the work commencing. Refurbishment/Demolition Surveys are not carried out by the AMT/CCBC Asbestos Officer but are contracted out to a UKAS approved Asbestos Surveyor and must be uploaded to the Asbestos Management System (RAMIS).
7. If you have any queries or want to discuss this further please contact any member of the AMT on 01443 864361 or e-mail asbestosenquiry@caerphilly.gov.uk

APPENDIX 3 REFURBISHMENT/DEMOLITION SURVEYS PROCEDURE

1. The client will request that Refurbishment/Demolition Survey is requested through a Technical Division. The client will give a clear brief of the works required and detail the areas requiring surveying. No deviation from the area/works specified in the Refurbishment/Demolition Survey will be permitted once the survey has been completed. The relevant budget holder will meet the cost of this service.
2. The client will provide sufficient information to enable the Refurbishment/Demolition Survey to be carried out, including marked up CAD plans showing proposed cable runs, network drops, pipe runs, positioning of whiteboards etc. The client will also provide the Technical Division with any additional relevant information needed to allow the survey to be carried out safely, e.g. other contractors working on site at the same time as the proposed survey, hours of access/egress, any known risks, e.g. high access.
3. The Technical Division will ensure that the client has submitted sufficient information in accordance with HSG264 Asbestos: The Survey Guide to enable Refurbishment/Demolition Survey to be undertaken.
4. Where applicable the Technical Division will obtain cost centre, subjective code and customer numbers from the service area to allow the survey cost to be recharged.
5. The Technical Division will request a quote for the survey from the surveying company and will ensure that the client has agreed to the cost prior to placing an order.
6. The Technical Division will liaise with the client and surveying company in terms of arranging for the survey to be carried out.
7. The surveying contractor must immediately notify the Premises Manager and Technical Division arranging the survey if any suspected ACMs are identified during the survey that are damaged or in a dangerous condition.
8. The surveying company will be required to provide an electronic copy of the completed survey to the commissioning officer who will ensure the report is uploaded onto RAMIS.
9. The Technical Division will agree with the surveying company timescales for the surveys to be completed in line with current procurement framework timescales.
10. The Technical Division will ensure that the surveying contractor has access to RAMIS to assess all known asbestos information specific to the premises to be surveyed prior to the survey commencing.
11. Where a Refurbishment/Demolition Survey is required in a CLASP/System built premises then these must be arranged by a CCBC Asbestos Officer.
12. The Technical Division will complete a quality check on the completed Refurbishment/Demolition Survey. This will involve a cross check against all known information on asbestos within the premises.
13. When the Technical Division complete their quality check, they will inform AMT/CCBC Asbestos Officer and the AMT/CCBC Asbestos Officer will upload the survey onto RAMIS.
14. The Refurbishment/Demolition survey will then be issued by the commissioning officer with any relevant advice to the relevant person/contractor to enable them to plan, arrange and undertake the planned works.

**APPENDIX 4
INTERNAL TRAINING NEEDS ANALYSIS – NON SCHOOLS**

Training Needs Analysis for Managing Asbestos Safely		
Premises Manager	Duty to Manage Overview.	2 hours. 3 yearly refresher.
Persons who arrange work directly with contractors	Duty to Manage Asbestos UKATA.	6 hours initial course. 3 hours refresher every 3 years.
Maintenance Personnel/ Caretakers	Asbestos Awareness or Non Licensed Asbestos* Discuss with H&S.	Awareness 3 hours/ Refresher 2 hours Non Licensed Asbestos 9 hours incl. Awareness. Refresher 3 hours. All required annually.
IT Technician	Asbestos Awareness or Non Licensed Asbestos.	Awareness 3 hours/ Refresher 2 hours Non Licensed Asbestos 9 hours incl. Awareness. Refresher 3 hours. All required annually.
Key Holders Receptionist	Asbestos Awareness.	Asbestos Awareness 3 hours.
Catering & Cleaning Staff	CCBC employees – Supervisor completes Asbestos Awareness Briefing and delivers information to staff. Directly employed staff should receive the same.	Supervisors Asbestos Awareness briefing 2 hours every 3 years. All other staff should be briefed by Supervisors 3 yearly.
Persons appointed to undertake Asbestos condition monitoring	Asbestos Awareness.	Asbestos Awareness followed by Asbestos Condition Monitoring video. Asbestos Awareness refreshed annually. Video refresher every 3 years.
All staff in premises where asbestos is present.	Staff briefing to include key points of the Premises Local Asbestos Management Plan.	Delivered at your premises via staff meetings/ briefing sessions every 3 years delivered by Site Manager or other competent persons.
Housing/ Schools	Please refer to the service specific Training Needs Analysis (TNA) Guidance)	

For more asbestos information see the [asbestos pages on the intranet](#).

INTERNAL TRAINING NEEDS ANALYSIS –SCHOOLS

Training Needs Analysis for Managing Asbestos Safely

Head Teacher Deputy Head Teacher	Duty to Manage Overview.	2 hours. 3 yearly refresher.
Site/ Premises/ Business Manager	Duty to Manage Asbestos UKATA.	6 hours initial course. 3 hours refresher every 3 years.
Caretakers	Asbestos Awareness or Non Licensed Asbestos* Discuss with H&S.	Awareness 3 hours/ Refresher 2 hours Non Licensed Asbestos 9 hours incl. Awareness. Refresher 3 hours. All required annually.
Maintenance Personnel	Asbestos Awareness or Non Licensed Asbestos* *Discuss with H&S.	Awareness 3 hours/ Refresher 2 hours Non Licensed Asbestos 9 hours incl. Awareness. Refresher 3 hours. All required annually.
IT Technician/ Manager	Asbestos Awareness.	Asbestos Awareness 3 hours. Once initial training completed staff can attend the annual refresher courses specifically designed for Caretakers.
Key Holders/ Receptionist	Asbestos Awareness.	Asbestos Awareness 3 hours. Once initial training completed staff can attend the annual refresher courses specifically designed for Caretakers.
Catering & Cleaning Staff	CCBC employees – Supervisor completes Asbestos Awareness Briefing and delivers information. to staff. Directly employed staff should receive the same.	Supervisors Asbestos Awareness briefing 2 hours every 3 years. All other staff should be briefed by Supervisors 3 yearly.
Persons appointed to undertake Asbestos condition monitoring	If SLA Officer or Caretaker undertake this task, this is already covered in their training. All other person to attend a course.	Asbestos Awareness followed by Asbestos Condition Monitoring video. Awareness refreshed annually. Video refresher every 3 years.
All staff in school where asbestos is present	Staff briefing to include key points in the schools Local Asbestos Management Plan (LAMP).	Delivered at school via staff meetings/ briefing sessions every 3 years. To be delivered by HY/ Site Manager/ SLA Officer or other competent persons.

For more asbestos information see the [asbestos pages on the intranet](#).

EXTERNAL TRAINING NEEDS ANALYSIS

Training Needs Analysis for Managing Asbestos Safely



For more asbestos information see the [asbestos pages on the intranet](#).

APPENDIX 6

PROCEDURE FOR WORK ON CLASP/SYSTEM BUILD PREMISES AND SITES WITH A PRE 2013 ASBESTOS MANAGEMENT SURVEY

This procedure applies to **all** work affecting the fabric of the building, regardless of whether the work is carried out by in-house staff or contractors.

Prior to **any** work commencing that will affect the fabric of a CLASP/System Build sites or sites with a pre-2013 Asbestos Management Survey, permission must be sought and granted from the a CCBC Asbestos Officer (refer to [Appendix 1](#)).

Procedure for Work on the Fabric of the Building:

1. The Premises Manager/Head Teacher or nominated representative will contact the H&S Division (asbestosenquiry@caerphilly.gov.uk) seeking permission for work to be carried out on the fabric of the building. The Premises Manager/Head Teacher or nominated representative will complete a “Work on the fabric of the building” form and clearly specify the works required, detailing the areas affected to allow the work to be completed. Sufficient information must be provided to the CCBC Asbestos Officer to enable them to evaluate the risks, including marked up CAD plans showing the location of the works including any wiring, cable and pipework routes if any of these should apply. No deviation from the area/works specified in the request form will be permitted once permission has been granted.
2. The CCBC Asbestos Officer will evaluate the work required and will provide advice on what procedures are required to enable the work to be carried out safely. Where necessary the Asbestos Officer will carry out a site visit. The Asbestos Officer will provide advice in writing to the Head Teacher/Premises Manager on how the work must be carried out safely, including qualifications/competence required for those carrying out the work in line with appendix 8.
3. In some cases a Refurbishment/Demolition Survey must be carried out prior to work commencing. In this case the Asbestos Officer will arrange the Refurbishment/Demolition Survey in accordance with the current procedure. The premises must meet the cost of the Refurbishment/Demolition Survey.
4. Where the Premises Manager/Head Teacher is arranging the work directly, then all asbestos abatement work required as part of the project must be arranged and managed through the Technical Division. The relevant budget holder will be required to meet the cost of any asbestos abatement work (and re-instatement) needed as part of the project.

Where work is organised directly by the Premises Manager/Head Teacher then they are responsible for ensuring that:

- The advice given by the CCBC Asbestos Officer is followed.
- A competent contractor is selected with appropriate experience, training and insurances.
- The contractor is provided with a full specification for the work.
- That the contractor is provided with all relevant asbestos information relating to the project (colour copy of the Refurbishment/Demolition Survey, Management Survey, Bulk Certificates, Restrictions/Prohibitions, any site specific rules/restrictions/relevant information etc).
- That there is agreement as to how the work will be done safely.
- Work is properly monitored and managed.
- Where any maintenance/refurbishment/demolition to the fabric of the premises involves work on Asbestos Containing Materials then this element of the work is arranged and managed through a technical division. In the case of sites with competent and trained staff (in line with [Appendix 4](#)) then work must be undertaken in accordance with the advice from the AMT/CCBC Asbestos Officer.

Procedure for Work on the fabric of the building arranged through a Technical Division:

1. The Premises Manager/Head Teacher must provide a specification for works to the Technical Division.
2. The Lead Officer for the works in the Technical Division will then follow the agreed procedure for arranging works on the fabric of a CLASP/System Build premises and sites with a pre-2013 Asbestos Management Survey.
3. The Technical Division will arrange a Refurbishment/Demolition survey if required. The procedure for arranging a Refurbishment/Demolition Survey on a CLASP/System Build premises will be followed. The Premises Manager/Head Teacher must meet the cost of the Refurbishment/Demolition survey.
4. The Technical Division will manage the work in accordance with Contractor Management guidelines.

Failure to follow the guidance and to manage the risks could result in the Premises Manager/Governing Body/Head teacher being personally liable for enforcement action by the Health and Safety Executive.

APPENDIX 7 PROCEDURE FOR ARRANGING WORK THROUGH A TECHNICAL DIVISION

(Work that disturbs ACMs or working in close proximity to ACMs *where ACM's could foreseeably be disturbed during planned works*)

Premises Managers are permitted to allow trained and competent staff e.g. Caretaker to carry out minor, low risk work on the fabric of the building subject to the work not affecting or being in the close proximity of any ACMs (where ACM's could foreseeably be disturbed during planned works). In the case of CLASP/System constructed premises then permission must be sought from the Asbestos Management Team (AMT)/CCBC Asbestos Officer (refer to [Appendix 1](#)) prior to any work on the fabric of the building. If in doubt then advice must be sought from the AMT/CCBC Asbestos Officer prior to work commencing.

1. The Premises Manager/Head Teacher will request work to be carried out through a Technical Division.
2. The Premises Manager/Head Teacher will fully specify the work required, this must include all electrical and mechanical elements, e.g. cable runs and pipe runs.
3. The Technical Division will work with the Premises Manager to ensure that a sufficiently detailed specification for works is prepared as set out above.
4. Where a Refurbishment/Demolition Survey is required the Technical Division arranging works will commission. This will be arranged as [Appendix 3](#).
5. Where work is required which does not require a Refurbishment/Demolition Survey and there is not an up to date* Asbestos Management Survey for the premises, then the Technical Division will submit a "Permission to work on fabric of the building" request to the AMT/CCBC Asbestos Officer.
6. The Technical Division will place an order for the work.
7. The Technical Division will be responsible for ensuring that the contractor is competent to carry out the specific work required.
8. The contractor will be provided with access to RAMIS and will be expected to check the asbestos information relating to the site and work that they will be carrying out.
9. The Technical Division will ensure that relevant risk assessments/method statements are provided by the Contractor for the work to be undertaken and will agree with the Contractor how the work will be undertaken safely, checking their understanding of the asbestos risk and precautions needed.
10. The Technical Division will be responsible for managing and supervising the works. The level of monitoring will be based on the level of risk associated with the work being undertaken. Written records of monitoring undertaken must be maintained.
11. The Premises Manager/Head Teacher will inform the Technical Division of any concerns relating to the work that may pose a risk to anyone occupying the building or to the safe operation of the premises.

12. Following completion of the work the contractor will supply all relevant documentation to Commissioning Officer and AMT/CCBC Asbestos Officer e.g., clearance certificates, reoccupation certificates.
 13. Where the work on the fabric of the building has affected the ACMs identified in the LAMP and site specific asbestos register, e.g. removal of an ACM as part of a bigger project and the associated documentation has been provided to verify that the work has been completed, the AMT will update the LAMP and where applicable restrictions/prohibitions and e-mail the Premises Manager reminding them to print off updated hard copy documents.
- * Any asbestos survey carried out by National Britannia or Facciata and published in 2008 or earlier would NOT be classed as an up to date survey.

APPENDIX 8 EMERGENCY PROCEDURE IN THE EVENT OF ACCIDENTAL FIBRE RELEASE

If any materials known or presumed to contain asbestos are damaged the following action must be taken:

- 1. Leave the material alone and halt any work being undertaken immediately.**
2. Do not put yourself or others at further risk; ensure that all personnel leave the area and if possible record their names.
3. Ensure that nothing is removed from the area e.g. books and papers as they could spread asbestos dust.
4. Do not disturb or remove anything in the vicinity of the damaged 'asbestos'. NEVER CLEAN UP – this can spread any dust into the air and make matters worse. Be aware that employees working in the area may be contaminated and may be spreading asbestos dust.
5. Keep people away from the area. Lock doors and secure the area.
6. Telephone, during normal working hours, the Health and Safety Division Asbestos Management Team (AMT) (01443 864361) who will arrange for a CCBC Asbestos Officer to visit, investigate and advise. Out of these hours, in cases of emergency, contact the Control Centre (01443 875500).
7. If individuals themselves are contaminated, where possible and where available, they should put on a disposable dust mask to filtration factor FFP3.
8. The individual should then remove any items of contaminated clothing and then put on disposable overalls. The removed items of clothing will be disposed of as contaminated waste.
9. Where necessary an Asbestos Officer will visit as soon as possible to inspect the area and arrange for samples of the material to be taken for analysis. They will discuss with you what needs to be done to make the area safe. In the case of previously unidentified asbestos, where damage is suspected, the above emergency procedure should be followed until it is confirmed whether the material does contain asbestos.
10. In the event of an asbestos exposure complete and accident/incident/near miss reporting form (insert link) and send to the Health and Safety Division. Where exposure has not been confirmed please seek advice from the AMT/CCBC Asbestos Officer to establish.

APPENDIX 9
PREMISES WITH KNOWN ASBESTOS CONTAINING MATERIAL (ACM)
DEBRIS IN CEILING VOIDS – EMERGENCY PROCEDURE

This emergency procedure applies to premises with known ACM debris within ceiling voids to specific blocks/areas, as well as all CLASP/System Build premises. Please refer to your Notice of Prohibited and Restricted access areas for full details. In the event of anything affecting the integrity of the ceiling, e.g., ceiling tiles falling/ceiling collapse/any breach of the ceiling, the following procedure MUST be followed.

1. Immediately vacate area, close off the room/area and prohibit access. Lock doors and secure the area.
2. If staff are working in the room/area, ensure that they immediately leave the area and if possible, record their names.
3. Ensure that nothing is removed from the area, e.g. books and papers.
4. Do not disturb or remove anything in the vicinity. NEVER CLEAN UP – this can spread any dust into the air and make matters worse.
5. Telephone, during normal working hours, the Health and Safety Division Asbestos Management Team (AMT) (01443 864361) who will arrange for an Asbestos Officer to visit, investigate and advise. Out of these hours, in cases of emergency, contact the Control Centre (01443 875500 – as above).
6. Where necessary the AMT/CCBC Asbestos Officer will visit as soon as possible to inspect the area.
7. Where appropriate the AMT will take dust samples and will arrange for an analyst to carry out reassurance air monitoring.
8. The AMT/CCBC Asbestos Officer will arrange for relevant clean of the area. In some cases this may require HSE Notification and a Licensed Asbestos Contractor to undertake the work.
9. Where necessary reassurance air monitoring will be undertaken to ensure the room is fit for reoccupation. The AMT/CCBC Asbestos Officer will inform the Premises Manager when the room is safe for re-occupation.
10. Where appropriate meetings will be arranged to discuss any concerns and reassure staff.

APPENDIX 10
PROCEDURE FOR ACTION OF ASBESTOS REMEDIAL WORK REQUIRED
FOLLOWING ASBESTOS MANAGEMENT SURVEY

1. When a new Asbestos Management Survey has been completed and quality checked the survey will be uploaded as a 'live' document on RAMIS.
2. Asbestos that has been identified but cannot be managed in-situ will require abatement works (removal, enclosure or encapsulation). The cost of these works will be met by the relevant budget holder.
3. The Premises Managers and the Asbestos Management Team (AMT) will be notified via RAMIS of the required abatement work with these tasks showing as P1 (immediate) or P2 (within 3 months). P3 tasks are advisory only.
4. The Premises Managers will request a Technical Division to arrange, specify and manage the required works.
5. The Technical Division will monitor a percentage of jobs based on risk and will quality check a percentage of completed jobs.
6. The Contractor will, when the work is completed forward all completion information to the commissioning officer allowing the AMT/CCBC Asbestos Officer to close off the completed remedial actions on RAMIS and upload all relevant asbestos documentation into RAMIS, e.g. HSE notification, air testing, clearance certificate and update the LAMP.

APPENDIX 11

ASBESTOS TECHNICAL GROUP TERMS OF REFERENCE

The Group is established to act as an expert reference group to develop and implement strategy in relation to Asbestos Management. The Group comprises of key officers representing all Technical Service areas who are able to stimulate, support and progress improvement in preventative and protective arrangements in the Management of Asbestos across all CCBC properties both commercial and domestic.

1. Review of key policy documents including the Corporate Asbestos Management Plan and Domestic Asbestos Management Plan to identify and amendments required.
2. Implementation and management of procurement frameworks for asbestos related services and works.
3. Monitoring of contractors performance and agree on punitive action.
4. Discuss and respond to asbestos related incidents and issues.
5. Lead on the development and implementation of interventions which support the organisation in the successful management of asbestos.
6. Review and agree training products prior to implementation.
7. Meet a minimum of four times per year or more frequently depending on requirements.
8. Report to the CMT and Corporate Health & Safety Committee as and when required.
9. Initial membership (Each member to identify a deputy to cover in their absence).

<i>Nominated Office</i>	<i>Service Area</i>
Health and Safety Manager	H&S (Chair)
Principle Fire and Asbestos Officer	H&S
Health and Safety Technical Officer	H&S – RAMIS
Principle Housing Officer	Private Sector Housing
Housing Repair Operations Manger	Housing
Procurement and Information Manager	Procurement
Technical Manager	Building Consultancy
Implementation Project Manager	PAMS
Senior Project Manager	Engineering
Health and Safety Officer – Caerphilly Homes	Housing Technical
Asbestos Officer - Housing	Housing - Asbestos

Procedure for Managing ACM's in Highways Infrastructure

1. Staff/contractors who undertake minor works/surveying/day to day maintenance that may reasonably foreseeably affect the fabric of the structure are trained in accordance with appendix 4 and 5.
2. Any refurbishment/works/demolition will be subject to an assessment and where required a Refurbishment/Demolition Survey will be commissioned by a competent person prior to work commencing. This will allow ACM's to be considered and planned as part of the project.
3. Information on known ACM's will be recorded on the retaining wall/culvert/bridge database/records. This will also include management action for each identified ACM and will be the asbestos management plan for these structures.
4. Information on known ACM's will be shared with all staff and contractors likely to undertake or arrange work on the structure.
5. Readily accessible known ACM's that are not removed as part of any above project will be subject to condition monitoring by a responsible person in line with the cyclical maintenance regime for inspection of structures/culverts/retaining walls. Records of ACM monitoring undertaken will be kept by Infrastructure.
6. All Officers undertaking or arranging work on structures must check the record of all known ACM's prior to work commencing.

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