



CABINET

24 July 2014

A meeting of the CABINET will be held on Thursday, 31st July, 2014, 6.00 pm in Committee Room 1 Marmion House, Lichfield Street, Tamworth

A G E N D A

NON CONFIDENTIAL

1 Apologies for Absence

2 Corporate Update (Pages 1 - 26)

Title: Mental Health – Everybody's Business

Presenter: Chief Executive

3 Minutes of the Previous Meeting (Pages 27 - 30)

4 Declarations of Interest

To receive any declarations of Members' interests (pecuniary and non-pecuniary) in any matters which are to be considered at this meeting.

When Members are declaring a pecuniary or non-pecuniary interest in respect of which they have dispensation, they should specify the nature of such interest. Members should leave the room if they have a pecuniary or non-pecuniary interest in respect of which they do not have a dispensation.

5 Question Time:

To answer questions from members of the public pursuant to Executive Procedure Rule No. 13

6 Matters Referred to the Cabinet in Accordance with the Overview and Scrutiny Procedure Rules

None

- 7 ICT Access for Elected Members (To Follow)**
(Report of the Portfolio Holder for Operations and Assets)
- 8 Adoption of Revised Legionella and Asbestos Management Plans (Pages 31 - 162)**
(Report of the Portfolio Holder for Operations and Assets)
- 9 Tamworth Assembly Rooms and Creative Quarter Update (Pages 163 - 178)**
(Report of the Portfolio Holder for Economy and Education)
- 10 North Warwickshire Core Strategy Main Modifications Consultation and Site Allocations Plan Consultation (Pages 179 - 198)**
(Report of the Portfolio Holder for Economy and Education)
- 11 Tamworth Castle Accreditation Review 2014 (Pages 199 - 302)**
(Report of the Portfolio Holder for Economy and Education)

Restricted

NOT FOR PUBLICATION because the report could involve the disclosure of exempt information as defined in Paragraphs 1 and 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended)

- 12 Supporting People Review (Pages 303 - 344)**
(Report of the Portfolio Holder for Public Housing and Vulnerable People)

Yours faithfully



Chief Executive

People who have a disability and who would like to attend the meeting should contact Democratic Services on 01827 709264 or e-mail committees@tamworth.gov.uk preferably 24 hours prior to the meeting. We can then endeavour to ensure that any particular requirements you may have are catered for.

To Councillors: D Cook, R Pritchard, S Claymore, S Doyle, M Greatorex and M Thurgood.

Topic:	Mental Health – Everybody’s Business High Level Strategy
Meeting Date:	10 July 2014
Authors:	Rita Symons, Accountable Officer, SES and SP CCG On behalf of the Mental Health Commissioning Board

For Decision	For discussion	For endorsement	For Information
		√	

1 Introduction

We know 1 in 4 people will suffer from mental illness in their lifetime. We also know mental wellbeing is an important part of getting the most out of life and enjoying a sense of community.

This strategy has been some months in development and it highlights the key outcomes we want to achieve to keep people well and supporting people with mental ill health. It focusses on a holistic approach to the person recognising the importance of work, good housing and physical health.

2 Development of the Strategy

We have developed the strategy using a Values Based Commissioning approach which creates a partnership between service users, providers/ professionals and strategic commissioners. This has been coordinated through the Mental Health Commissioning Board by the Mental Health Commissioning Team with HWB sponsorship from Councillor Alan White and the Chief Constable, Michael Cunningham. There has been close working with the Strategic Change Group, chaired by the Assistant Chief Constable to ensure the specific issues relating to policing are addressed.

The strategy is in line with national policy and priorities around mental health but sets clear direction in terms of our aspiration and the recovery model we want to see.

Service users have been involved in the development, both through established networks and by invitation to workshops and focus groups.

The version of the strategy enclosed is a Word document. The copy has been shared with Print and Design and final documents will be available on the day of the Board meeting.

The strategy was originally due to be completed in April; however, at that point we took the decision to delay as there was the possibility of a joint strategy with Stoke City Council and CCG. This has been achieved and does represent a significant step in high level working between the two Health and Wellbeing Boards.

3 Next Steps

This strategy describes a consensus in terms of clear outcomes we want to achieve and some of the ways we might deliver. It is not just about what we directly commission but about influencing key partners to support the broader agenda.

If approved, there will be two delivery plans which detail actions; one on a north and one on a south footprint. In terms of governance, this will be taken forward by the Commissioning Board in the South, the Partnership Board in the north and the Strategic Change Group with regard to policing. Commissioning plans will need to be developed to direct investment to priority areas.

District health leads will be more engaged at delivery planning level as districts have a vital role in areas such as wellbeing and housing.

The strategy if approved is likely to go to Cabinet and CCG Governing Bodies in September. A similar timescale is operating in Stoke-on-Trent.

Mental Health is Everybody's Business

We will support people to be healthier and more independent, feel safer, happier and more supported in and by their community

Foreword

It is a well-known fact that 1 in 4 of us will suffer from mental health problems in our lives. Suffering from mental ill health can feel just as bad if not worse than being in physical pain due to illness, however, there is still a lack of understanding and a stigma associated with it.

We know that individuals with mental health problems often manage their conditions well and lead full and productive lives. We also know, however, that people with mental health issues are much less likely to have a job, stable housing and their life expectancy is lower. This is unacceptable and we strongly support the concept of 'parity of esteem' and 'closing the gap' for individuals and will work to ensure that for our citizens, mental ill health is not a barrier to achieving good life outcomes.

We also need to focus more generally on the population and what we need to do to promote good mental wellbeing.

We know what makes people happy is not just material goods, but a sense of community and giving.

As partners, we have developed this strategy to clearly mark our intentions to improve outcomes for service users across Staffordshire and Stoke on Trent. The strategy focusses on adults; however, we recognise the key need to link to children's mental health services to ensure smooth transition.

This document outlines our proposals, both in terms of priority outcomes and actions to deliver. If agreed, we will move forward to develop implementation plans for the north and south of the areas.

Ultimately, we want to get on with making things better for our citizens and for people with mental health problems.

Signatories

Context

We have set out a clear vision to ensure that everything we do supports and empowers people to be healthier and more independent and to feel safer, happier and more supported in and by their communities: This includes people with a mental illness.

Growing evidence supports the principle that good mental health underpins everything we do and its absence is reflected in costs to individuals, to our communities and to the local economy and is strongly associated with inequalities in both health and wellbeing.

The strategy draws on the national direction set out in 'No Health without Mental Health' (DoH 2011) and the associated guidance, and has 2 distinct themes:-

- ✓ To improve the mental health and wellbeing of the population, including those recovering from a mental illness;
- ✓ To improve access to and the delivery of mental health services with better outcomes for individuals with mental illness and their carers:

We have set out our commitment to ensure that through greater integration we will enable positive behaviour and support for those who need it most, whilst helping people to take control of their own lives.

We want our communities to be able to:-

- stay in control of their life
- access high quality services when they need them
- receive care which is focused on recovery and independence

We are committed to leading an integrated agenda that ensures local people with a mental illness have the opportunity to prosper, be healthy and happy.

The local Suicide Prevention plan operates within the context of this strategy reflecting the key outcomes of the National Strategy, Preventing Suicide in England (DoH 2011).

This joint strategy endorses a key principle that mental health is everybody's business and we will use our influence across the economy to embed mental health into everything that we do.

The detail of how our aims and priorities will be delivered will be set out in clear locally developed implementation plans reflecting local strategies that will be co-produced with partners, with local people and with people who have lived experience of mental illness.

The scope of this strategy is focused on adults of all ages; however there is a strong link with those set out for children and young people to ensure continuity across a life time approach with a seamless transition taking place as young people become adults:

Why do we need to change?

The causes of mental illness are complex, some of which we can't easily influence, however what we do know is that everyone has periods in their life when they feel sad, lonely or stressed – sometimes there is no explanation – we also know that there are some factors that can cause prolonged periods of poor mental health, such as isolation and loneliness, unemployment, debt, family breakdown, abuse or trauma, physical health problems and poor housing or homelessness. These are factors where we believe we can make a difference.

Poor mental health can in turn lead to a more defined mental illness and we want to prevent this wherever we can.

We know

- Mental Wellbeing is essential for each of us to reach our full potential.
- Mental illness often starts early in life interrupting education and limiting life chances
- If we can make a difference at an early stage then we can begin to impact on the future.
- Where mental illness does occur, if we take a positive approach to recovery then people with a mental illness can retain or gain control of their lives

Mental wellbeing is more than the absence of mental illness it is about people being able to realise his or her own abilities to cope with the normal stresses of life, to be able to work productively, and to be able to engage with and make a contribution to his or her community: This includes people who have a mental illness.

There are incalculable costs associated with mental illness to the individual, their family and their community it is difficult to quantify lost potential and unrealised hopes and goals - but there is also a cost to economy:

We spend more than £120 million on treatment care and support to adults with a mental illness, in the current climate this is not likely to increase but demand is growing:

- Locally around 45% of the people are claiming incapacity benefits have a mental or behavioral disorder, this is at a cost of over £60 million
- Where people with long term physical health conditions also have mental health problems, evidence suggests that £1 in every £8 spent is linked to depression and anxiety.
- A detailed report published by the Office of the Police and Crime commissioner in May 2013 set out the cost associated with police time spent dealing with issues relating to mental illness at around £600,000 for the period January – December 2012

And we can keep adding to that, the cost of absence from work with stress related illness, the cost associated with caring for a person with mental illness, the cost of family breakdown ... it is difficult to place a financial value on everything but there is none the less a cost to the economy - if we are going to make a difference we need to use our influence to harness this resource locally to prevent mental health problems escalating to mental illness and to support people with a mental illness to recover and reduce dependency on services

Under the umbrella of our Health and Well-Being strategies for both the County and the City we are clear that tackling the wider determinants of health and well-being and investing in early help and prevention underpins our agenda for mental illness and improving mental wellbeing underpins the successful achievement of our outcomes across public services.

We will work with our public health leads and local councils to promote mental wellbeing and prevent mental illness and where mental illness occurs to maximise the opportunities for recovery.

We will support people and communities to use their knowledge and strength to build the foundation, with more access to support locally, when it is needed, to make sure that intervention is early when there is a problem with the aim of reducing long term dependence on services:

This agenda is not just about what happens in health or social care settings, it is about influencing change so that everybody understands their responsibility for mental health and wellbeing - this will only be delivered by partnerships between and across public services, voluntary organisations and service providers and between local communities and the people who use services.

Mental health and wellbeing is everybody's business and through the collective leadership of our Health and Wellbeing Boards we will make the best use of our combined resources to improve our identified outcomes.

We know we can't solve everyone's problems but we can start the conversations, change minds, influence new ways of thinking and working and show people that it is time to change our ways of thinking about mental wellbeing and mental illness.

Our Vision

We aim to support people to be healthier and more independent, feel safer, happier and more supported in and by their community.

We have 3 clear Outcomes:

- **People will be Healthier and More Independent**
- **They will feel Safer, Happier and more Supported in and by their communities**
- **They will be able to access more, and appropriate, employment**

We will inspire, influence and empower people to be more independent, to achieve this:-

- We will tackle the stigma and discrimination associated with mental illness
- We will build on the strengths that exist in our communities so that they can make a difference to the wellbeing of the people around them
- We will make sure that those people at the greatest risk of developing a mental illness understand when and how to find the right support
- We will intervene early when there is a problem
- We will ensure people get the right and response to their mental health need 24 hours a day, 7 days a week.
- No one with a mental illness will be detained in a police cell unless there are exceptional circumstances
- We will increase the number of people with lived experience of mental illness across our workforce and build networks of peer support to help people of all ages understand how to manage their problems
- We will increase the number of people with a mental illness in paid work or volunteering
- We will ensure that people are supported to access accommodation options appropriate to their needs.
- We will ensure that the emotional wellbeing of people is managed alongside their physical health problems to improve their recovery.
- We will also ensure that people with severe mental illness live longer because their physical health needs are met effectively.
- We will drive innovation and maximize the use of new technology and social media
- We want to reduce suicide

We know that to deliver our vision we must fundamentally change the way we commission and deliver services for people with mental illness.

We will use our influence across the economy to embed mental health into everything that we do across public services:

We are changing the way that we work, with a new focus on working together in partnership, to ensure that mental illness is considered with equal parity to physical illness across all aspects of our services:

We will commission services based on the principle that only the person using services or experiencing illness can attach value to the outcome of the care they receive ... placing them truly at the centre of what we deliver ..

We see this as the start of new relationships, more choice and control for people using our services and greater innovation and new ways of delivering our outcomes through collaboration, engagement and co-production with the people who understand what good looks like.

Everybody's Business

Mental illness is common and expensive and where stigma and discrimination continue to be an issue, people would simply rather not talk about it.

Because we don't talk about it, it is easy to underestimate the impact that these conditions can have on individuals, their families, our communities and the local economy

But poor mental health is both a cause and a consequence of family breakdown, debt and unemployment, homelessness and isolation; it is consistently linked with lower levels of educational achievement as well as poor physical health and it is no coincidence that the most deprived communities have the poorest health and well-being and the highest levels of mental illness.

This has to change ... We have to talk about it!

- Mental ill health accounts for over a third of all illness in Britain and 40% of all disability.
- At any one time one in six working age adults (16 % of the population) will experience depression and/or anxiety
- Children from the poorest households are 3 times more likely to have mental health problems than children from more affluent households
- The most recent figures available show that only around 27% of working age adults in England with a mental illness are in employment.
- About 50% of lifetime cases of diagnosable mental illnesses begin by age 14 and It is estimated that a quarter of all older people suffer from depression
- Mental illness accounts for over 20% of the total burden of disease in the UK, more than cardiovascular disease or cancer.
- Mental disorder accounts for around 5% of A&E attendances, 25% of primary care attendances, 30% of acute inpatient bed occupancy and 30% of acute readmissions
- People with severe mental illness are less likely to have their physical health problems diagnosed and treated and as a result die on average 15 - 20 years sooner than the general population.
- People with physical health problems often have undiagnosed mental health problems. Depression is two to three times more common in people with chronic physical health problems.
- People who have been abused or been victims of domestic violence have higher rates of mental health problems
- People with mental health problems are much more likely to smoke and to drink more alcohol than is healthy.

- Mental illness carries a stigma, and people with a mental illness are more likely to be living in poverty and be unemployed - unemployed people are twice as likely to have depression as people in work
- Suicide accounts for 8 deaths per 100,000 population every year

Tackling these issues is complex and measuring the true cost is almost impossible:

We will achieve New Ways of thinking about Health

Mental health is as important as physical health.

- everyone has mental health needs;
- mental well-being underpins all aspects of health and well-being; and
- mental health, like physical health, is a resource that we all need to promote and protect

Everyone has a role in creating an environment that promotes mental well-being to improve the lives of individuals, families and communities,

To achieve this:

- We will Increase collaborative working among and across key agencies to embed a clear understanding that poor life chances such as unemployment, poor housing and education poor parenting and family breakdown, and unhealthy lifestyle including excessive use of alcohol, substance misuse, smoking, and obesity are inextricably linked to physical and mental illness in our communities and that together we can make a difference.
- Integrated care will be seen as a 'must do' priority – the argument is not just about providing better care and support to people often with complex needs, but also about making the best use of public services and reducing the use of expensive specialist services – this can only be achieved on an economy wide basis, integration will break down the barriers of separate funding streams and improve outcomes.

We will champion our agenda across all aspects of the Public Sector in order to reduce the impact of mental illness on people, families, communities, services and our economy, working closely with our district councils and locality teams

Action

We will identify mental health champions who can influence change in all aspects of public services including: Council Cabinet members: Senior Police Officers: GP Champions and Experts through lived experience

We will ensure that 'good mental health' is a service specific goal and outcome of all public provided and commissioned services

So where do we start making a difference?

We will do everything we can to influence change so that more people will have good mental health including those recovering from a mental illness

Improved mental well-being is associated with a range of better outcomes including improved physical health, better educational achievement, improved employment rates and reduced anti-social behaviour – all contributing to a healthier and more productive future.

Effective prevention and early intervention are essential if we are to reduce the impact of mental illness on our communities and our economy.

The key areas to achieve this objective are the same as those set out in the Public Health White Paper 'Healthy lives Healthy people' :-

Starting Well

People's earliest years and all that they experience has a profound impact upon the rest of their life.

Maternal mental health, postnatal care, and effective parenting are key to promoting the positive development of children and lay the foundations for their future particularly because half of life time mental health problems have already developed by the age of 14 years.

Developing Well

Developing independence and individual resilience continues as a child becomes a young adult – however it is also important to target young people who are at particular risk of developing mental health problems, this would include

- Victims of abuse or neglect
- Those in contact with the criminal justice system
- Underachievers in school
- Children in the looked after system
- Children of a parent with a mental illness
- Children living in poverty

Adolescence in itself is a time of major developmental change at all levels, the major influences on their lifestyle shift from their parents to their peers.

There are clear local strategies that reflect the specific complexities in addressing the mental health needs of children and young people but the interface with the adult strategy is key to a seamless approach where young people will transition to adult services: The interface is also key to the long term objectives as the foundations preventing mental illness are laid in the early years.

Living Well

We all need to take responsibility for our own health and well being – however our communities and environment can influence behaviours – Housing, families, social networks and community safety and community involvement are all key factors:

Physical activity, social interaction, leisure, involvement and awareness all contribute to a wider sense of wellbeing and belonging.

The '5 ways to mental wellbeing' which were developed from evidence gathered in the government's Foresight Project on Mental Capital and Wellbeing published in 2008, provide a framework not only for developing our agenda, but for the wellbeing agenda as it applies to the wider population and specific vulnerable groups within our communities.

- Connect
- Be active
- Take notice
- Keep learning
- Give

Working Well

Employment not only has economic benefits but there are significant psychological benefits – not least a sense of self-worth: the longer someone is out of work the harder it is to re-join the job market

Support with job seeking can prevent the deterioration that can lead to long term unemployment and potential for mental illness, just as targeted support for people recovering from mental illness assists recovery and reduces the demand for care services.

For those with mental illness, being employed can be an important step to recovery, improving self-esteem and confidence and reducing psychological distress. Conversely, unemployment increases the risk of developing mental illness, and is associated with increased rates of depression and suicide as well as higher use of health services and hospital admission. Employment is therefore vital for maintaining good mental health and promoting recovery from mental illness.

However employment and employers can also be the cause of stress and mental ill health – healthy workplace initiatives need to extend beyond the environment to take account of psychological well-being – and raising awareness of mental health issues has benefits not only for the individuals but also can reduce the costs associated with sickness absence due to mental illness.

Ageing Well

As people live longer, problems associated with ageing – social isolation, physical health problems, grief and loss and increasingly the need for care and support lead to the increasing likelihood of mental health problems, depression being the most common mental disorder in older people particularly linked to bereavement and social isolation, and leads to poor diet, confusion, falls, which in return leads to increasing dependence on care services: Bereavement counselling for older people is not considered and yet they are the one part of our population most likely to experience loss.

Social networks, support for carers and safer communities all increase the opportunities for older people to continue to be involved members of their families and communities

How will we tackle this?

We will influence a broad span of activities to reduce risk and prevent mental illness, this will include:

- Driving the delivery of effective Parenting programmes targeting those areas where children are most likely to be at risk including teenage parents, and parents with a mental illness or problems with substance misuse
- Working with Children's Services and Education to develop effective programmes to raise emotional awareness both amongst teachers and carers and through school based education programmes for children and young people
- Ensuring that mental illness and mental wellbeing is integral to the management of the 'whole family' particularly where there is evidence of violence or abuse, mental illness or substance misuse
- Drive continued improvement in access to age appropriate Talking Therapies increasing the scope of options available in line with best practice and guidance, particularly for children and older people, and maximising the potential of modern technology to support this agenda.
- Working with Health Promotion colleagues to develop effective campaigns which include programmes specifically focusing on access for people with Mental Illness
- Influence the development of new business locally to include opportunities for people with mental illness such as apprentice schemes and supported employment opportunities
- Working with employers to understand Stress in the workplace through effective information, education and achievement of the Healthy Workplace Awards
- Work alongside our district and local councils and housing providers to improve housing opportunities
- Develop the opportunities for volunteering, especially in local communities
- Influence contracting and procurement opportunities to ensure that wellbeing is embedded in all of our contracted services
- Work with local police to maximise the opportunities to improve wellbeing and provide targeted support for individuals and families who are known to the criminal justice system

We will improve access to and the delivery of mental health services with better outcomes for individuals with mental illness.

We have heard what people who use mental health services locally have said - whether this has been through engagement with people who use services or their carers or through feedback from surveys – the messages have been clear,

People want:-

- Services closer to home and family
- Access to services when they need them in a crisis, especially where this will avoid admission to hospital
- Information on the options available to them
- Services that are appropriate to them
- Choice
- Greater support in the community
- More active support and help with day to day living so that they can live more independently
- To be treated as a whole person not a diagnosis

They have asked that:-

- There are clear pathways through services so that they get the intervention they need quickly without being referred over and over again
- If they are unwell that treatment at home is considered before admission to hospital
- If they are admitted to hospital there is a discharge plan agreed with them and they know who to contact if they are in crisis so that they don't have to go back into hospital
- If they are admitted it is for as short a time as possible and it is clear to them why where ever possible
- They are involved in planning their care – wherever that is delivered
- They are part of setting their own outcomes and that these outcomes matter

They suggested that:

- Information on the side-effects of medication is provided by a range of health professionals at different times, so that they have a chance to absorb the information at the right time for them.
- Pharmacists were considered effective and under-used.
- Information about their condition and treatment is shared between their GP and specialist services to reduce repeating details about themselves to numerous different professionals
- Social care, peer-support and the voluntary sector to be part of the same pathway
- They have one care-plan that includes their mental and physical health needs and well-being.
- Everyone involved in their care understand all of their medication

We have heard but now we need to listen and respond:

We know that we need to extend our methods of engagement to become more innovative asking the right questions of the right people.

Action:

We will test the introduction of personal budgets with a small group of people initially building on experience from elsewhere and then extend the programme over the next 2-3 years

Outcome:

Anyone who would benefit from a personal budget will have one

Moving forward:

We will develop a robust communications plan that extends our methods of engagement to become more innovative across all of our partners – asking the right questions of the right people.

We will work with service users and professionals to co-produce the plans that will deliver the expectations of this strategy

Where people are accessing services we also need to be confident that they are of the highest quality, therefore services will be monitored against the principles set out below:

- Decisions about care will be made with the person
- Care will be delivered as close to home as possible
- Interventions will be planned around the outcomes agreed by the person
- Services will be appropriate to the age and development of the person referred
- Services will meet the cultural needs of the individual
- Early intervention will be provided when someone needs support
- Families and carers will be involved as appropriate
- The right Information will be available to support choice and decision making
- Patient Reported Outcome Measures will be recorded and demonstrate how they support continuous improvement
- Services will be able to demonstrate innovation and new ways of working
- We will target areas where we know there is dissatisfaction and address the problems

We will work with care providers to ensure that we can demonstrate that these principles are embedded in the delivery of care

People will be able to access the right level of assessment, advice, support and intervention at the earliest opportunity:

Mental illness will occur it is common and varies in its nature and severity, for some the disorders are long term and disabling for others it is less severe and many recover fully

We need to ensure that people can access services when they need them:

We need professionals to work more closely with people to understand how a crisis referral can be avoided, but when a crisis does occur that a swift and appropriate response can be initiated.

People who use mental health services and their families or carers often know when they are approaching crisis and many know what they need to avoid it – we need to listen and be able to respond effectively.

For many people the first point of contact is their GP, whether this is the first time they experience a problem or when they are approaching a crisis – GPs are central to achieving effective early intervention. We need our GPs to work differently – to share care with but be better supported by specialist services.

We will work with the Local Area team of NHS England to influence primary care commissioning.

We actively support the recently published priorities for change in mental health¹ and aim to ensure that ‘ **No one experiencing a mental health crisis should ever be turned away from services**’ early recognition of, and response to, mental illness at the first point of contact is key to the achievement of this and whilst it is often through the GP the first point of contact may also be through other services including the Police, Emergency Departments, an Acute Hospital or Community Health Service, local pharmacy services or even housing providers and advice services.

Too many people wait for too long to get the services they need and too often people are turned away because services don’t have capacity or are not open outside of office hours or care is just delayed because information is not shared between services and professionals.

We will change this.

Significantly, in 2012/13, 25% of people in Staffordshire, detained under the Mental Health Act by the police, were held in police cells because care services were not able to respond quickly, this has a profound impact on the mental health of the person already in crisis or distress and takes up an unacceptable amount of police time, who are not equipped with the skills to support someone with a mental illness: **Our aspiration is that no individual, detained under section 136, will be held in police custody** unless there are exceptional circumstances, but equally that people are not detained under Section 136 unless it is appropriate, and that requires a new level of understanding and intervention at the frontline of policing.

Delays in care often lead to a crisis for that person as their needs have increased as a result of delays:

We also recognise that there are local people, with mental a mental illness whose needs are often poorly met because they fall between services when it comes to getting the right intervention, especially when they have complex needs that require more than one service or intervention; collectively we commission a range of services from both health and social care, voluntary organisations and independent providers which have been developed in isolation with a range of criteria and outcomes or success measures:

It is the gaps that exist between services that increase the cost both to the individual and to the wider economy

We are clear that we need to understand the impact that gaps in service pathways have on individuals and the cost of these gaps to the economy and then close them.

We are focused on ensuring that we have a clear model of care, that sits across the whole system, that is able to deliver a more efficient and effective experience for people who have mental health needs and that proactive work will be undertaken to improve pathways and deliver clear outcomes making our services more responsive, flexible, and tailored to individual need – **Mental health care will be solution focused rather than criteria driven**

¹ Closing the Gap: Priorities for essential change in mental health: DoH 2014

We will strengthen connectivity between services and professionals to both improve the outcomes for the individual and to drive greater efficiency and effectiveness across services, through clear and integrated pathways of care.

Priorities for Development

- 24 Hour Response to People in Crisis
- Single Point of Access
- Extended Services in the Community to bridge the gaps between Primary and Secondary care
- Police community triage linked to liaison and diversion
- Sufficient Place of Safety provision for people detained under the Mental Health Act:
 - People who are intoxicated as a result of Alcohol or Substance abuse
 - People who have Physical Health Problems
- We will work with our children's commissioners to identify a Place of Safety for people under the age of 18.
- Clear transition policy for children with a mental illness moving from CAMHS to Adult services

Outcomes

- We will demonstrate an increase in the number of people moving to recovery
- There will be a progressive reduction in the overall number of people requiring access to specialist mental health services

Early intervention and care as close to home as possible

We have seen an increasing demand for talking therapies in recent years but coverage is still not in place for all adults, for children and young people, people with physical health problems and for frail older people, nor is it in place for many people with complex mental health needs and personality disorders:

Talking therapies help people to manage their mental health problems or support them to recover. They are an effective means of early intervention where there are mild to moderate levels of depression and anxiety, **simple short term interventions can prevent the need for longer term care and treatment options** and for many these can be very practical self-help approaches that support recovery and prevent longer term mental illness:

Identifying problems early and supporting people to access advice, information and simple self-help options can be achieved through raising awareness within the existing workforce across organisations and professionals this could include staff within Job Centres or Community Police Officers or Pharmacists it should not be restricted to just health and social care but wherever someone comes into contact with public services or community groups

Talking therapies can also support people with more complex needs to cope with or manage their mental illness allowing them to live their lives, people with psychotic illness, personality disorders and those who self-harm can all achieve greater and more sustained recovery through access to appropriate talking therapies.

We will be creative in our thinking working closely with providers and service users to understand what makes a difference:

There are times when someone has a level of need such that 24 hour care is required but we don't want hospital to be the first option considered. Where someone could be supported at home and this would give them a better outcome, then that approach should be taken. Every decision must be based on the need of the individual and the views of the professionals involved at the time.

This is not a new idea and it is not always the easiest option – but where people have experienced effective treatment at home they have been very positive about the experience and felt that being with their family helped them to recover sooner:

We want care to be delivered as close to home as possible in a setting that will deliver the best outcome for the individual:

We will deliver the right care option in the right setting supporting independence, choice and control

Priorities for Development:

- Increased access to talking Therapies and Psychological Interventions for all people with mental health needs
- Shared Care options between GPs and Specialist services
- Work with libraries to extend the reading well project to include self-help reading groups
- Provide alternative care and support wherever possible to avoid hospital admission

Outcome:

- There will be sufficient capacity for 15% of the population to be able to access talking therapies
- Reduced Hospital Admissions and Reduced length of Stay
- A proportion of the workforce will be identified as peer support workers

People will have good healthcare and enjoy healthy lifestyles

Many people with long-term physical health conditions also have some degree of mental illness – usually depression or anxiety. These can lead to significantly poorer health outcomes, reduced quality of life and longer term dependence on health or social care services. These costs to the care system are significant.

Primary care services are central to effective integration of care across physical and mental health services but wider collaborative approaches can improve the management and outcomes of both conditions – we need to behave differently to achieve different outcomes.

We will influence our partners, both providers and commissioners of care, support and treatment services in acute and community settings, to embed mental wellbeing in the care they provide: We are confident that not only will this improve the outcomes for people and give them greater independence but we will reduce the demand for a range of services including the number of people attending emergency departments, admissions to hospital, community services and social care packages including residential care.

The evidence is overwhelming that poor mental wellbeing delays recovery from physical illness – we have to view mental and physical health with equal importance.

Mental wellbeing will be an integral aspect of pathways for people with long term conditions including for those with physical and sensory impairment - assessment and appropriate interventions will be embedded in all aspects of care reducing the likelihood of people requiring specialist interventions in the future, but where need is identified there will be clear pathways into psychological therapies with the overall aim to improve their health outcomes and recovery.

We will support partners to:

Develop integrated care pathways managing the mental health needs of people with physical health problems both in primary and secondary care ensuring screening, psychological support and access to talking therapies across care pathways.

Develop the skills of professionals working with people with physical health needs in assessing emotional and mental health needs and providing low level interventions to support their overall recovery

Implement a single care co-ordination approach reducing the need for cross referral between parts of the health and care system

Outcomes

- Reduced admissions to and lengths of stay in acute / hospital settings
- Reduced demand for community care packages
- Increased screening for depression for people with long term conditions and disabilities

We know that having a mental illness increases the risk of physical ill health – having both a physical and mental illness delays recovery from both,

We don't have local data on the physical health of people with mental health problems
However, national data/research shows:

- 69% of people with a psychotic illness and 55% of people with depression are smokers
- 16% of people with schizophrenia drink above the recommended levels for adults – this is higher in people with Bi Polar disorder and extends to other substance misuse.
- 42% of people with schizophrenia are obese
- 19% of people with schizophrenia will suffer from hypertension (compared to 15% of the general population)
- People taking some anti-psychotic medications are more likely to develop diabetes than the general population.

All of these contributors and the other identified causes of mental illness basically mean that **people with schizophrenia and bi-polar disorder die on average 15 - 20 years sooner than the general population** because of higher rates of respiratory and cardiovascular disorders.

We want people to live long and healthy lives – that includes people with a mental illness: We will drive a programme of awareness and support to help people with a mental illness to take care of their own health but we also expect GPs and mental health professionals to understand and take responsibility for ensuring that the physical health needs of people with a mental illness are met.

We know we can't make a difference overnight but we can make a difference and reduce the number of people dying too soon. We will adapt services such as smoking cessation or weight management to ensure they are relevant for people recovering from a mental illness.

But most importantly we will do more to enable people to take care of their own physical health – encouragement, information, advice and support so that they do access health screening and health checks, visit the dentist or optician, feel confident in attending their GP for regular health checks and understand the side effects of the medication they may be taking so that they can take action early.

People with mental health problems will be supported to access physical health care and lifestyle services as an integral aspect of care planning

People with a mental illness known to GPs will be proactively offered an NHS health check

We will ensure that lifestyle services are appropriately commissioned to support people with complex mental health needs

Explore opportunities for providing effective medicines management through local pharmacies

Outcome:

- Reduce lifestyle risk factors in people with identified mental health problems
- Reduce premature mortality in people with severe mental health problems

People Can and Will Recover

We will support and encourage people with a mental illness to move forward, set new goals and develop relationships that give their lives meaning:

Recovery is a personal journey of discovery: It involves making sense of, and finding meaning in, what has happened; it is about people becoming experts in their own self-care; and building a new sense of self and purpose in life; discovering their own resourcefulness and possibilities and using these, and the support available to them, to pursue their aspirations and goals.

Recovery is about people staying in control of their life; the guiding principle being is that it is possible for someone to regain a meaningful life, despite mental illness.

Mental illness and social attitudes to mental illness often impose limits on people experiencing ill health, professionals, friends and families can be overly protective or pessimistic about what someone with a mental health problem will be able to achieve.

Taking a recovery approach across services we will support people to achieve their own goals and aspirations

The challenge then is for us to help people on this journey, to look beyond symptoms and to help people build satisfying and meaningful lives:

The key factors important to recovery include:

- good relationships
- financial security
- satisfying work
- personal growth
- the right living environment
- developing one's own cultural or spiritual perspectives
- developing resilience to possible adversity or stress in the future
- being believed in listened to and understood
- getting explanations for problems or experiences
- having the opportunity to temporarily resign responsibility during periods of crisis.

We will work together to reduce the number of people in contact with specialist mental health services by remodelling the system to support people in the community to recover, and we want to take this forward through a proactive education and learning approach

We will support people to live their lives as they want and to take the risks that we all take – but with the knowledge that they can regain access to services quickly if they need additional support.

We will empower people to take personal responsibility for their own recovery.

We will support and encourage people with a mental health problem to move forward, set new goals and develop relationships that give their lives meaning

Recovery needs to start at the first intervention and we need new and innovative ways of working because we believe that recovery is not only possible but is the right of everyone

People will have a positive experience of care and support

As far as possible people should be able to control and manage their own care and support so that it matches a recovery plan that has been developed with them; Placing the individual at the centre of their own care is key to improving the experience of and key to ensuring that our services take a problem solving approach.

We not only want to know that the quality of the service they received was good but that it made a difference, and this can only be achieved if the care plan reflects what the person needs to support that recovery process – this will require everyone to think differently about what is offered.

We will introduce a Patient Reported Outcomes tool – a way of working or a tool for measuring outcomes from the patient's perspective, across all services to ensure that people are supported and empowered to create their own recovery action plan to achieve their own aspirations, setting out their goals, what help they need to get there, what helps keep them well, and what puts their mental health at risk giving individuals: a sense of control over their life despite having a mental illness.

We will evidence that we are making a difference to people's lives by working with all of our providers to ensure that an individual outcome tool is integral to the delivery of services and monitored through the contracting process

We will reward innovation for services that are supporting people in their recovery and achieving outcomes

We will:

- Develop a Recovery college approach to supporting independence
- Develop peer support approaches to support self-management and recovery including peer recovery workers in services
- We will maximise the use of technology and social media

Outcome:

Everyone using services will have a care plan that they have agreed

Providers will work together across a pathway centres around the needs of the individual

We know that measuring outcomes with people works – because we already use a recovery star across some of our services and the feedback from people is positive: We want to embed this across all of our providers to ensure consistency of approach.

When people have identified their needs we want to make it easier for everyone to get the care that best suits them, therefore we will drive the development of integrated personal health budgets ensuring that everyone is fully involved in discussions and decisions about their health and wellbeing enabling the individual to work in equal partnership with professionals about how their needs can best be met.

We will test the introduction of personal health budgets with a small group of people initially building on experience from elsewhere and then extend the programme over the next 2-3 years

Outcome:

Anyone who would benefit from a personal budget will have one

People will feel safer, happier and more supported in and by their communities

A person's home environment can either promote or hinder good mental health: when people live in a place that helps them feel safe and secure it will support recovery.

Currently we don't have a clearly defined model or strategic plan to ensure that the needs of people with mental health problems are effectively addressed:

We will work with our local and district councils and local housing associations to ensure that good quality housing advice and information is available at the appropriate time to support people with a mental illness and to enable them to make informed choices as to their future housing options, and that strategic plans specifically address the needs of people with mental illness in the future.

People with a mental illness will be supported to live in settled and appropriate accommodation

We will work with each district or locality to understand the blocks to achieving our outcomes and agree how we can move forward

We will undertake a housing needs analysis for people with a mental illness and identify the gaps we need to address.

Outcomes

Increase the proportion of people with a mental illness in stable and appropriate accommodation

Fewer people will experience stigma and discrimination

Stigma and discrimination is essentially driven by ignorance and fear :

Stigma can stop people from seeking help, sadly even within support services professionals hold attitudes and beliefs that negatively stereotype people with mental illness and they can have low expectations therefore people become isolated and unable to engage in ordinary life or activities that could improve their mental wellbeing.

Discrimination is costly to the individual their families and to communities – not least discrimination is illegal. The Equality Act 2010 makes it illegal to discriminate directly or indirectly against people with mental illness in public services and functions, access to premises, work, education and transport.

Stigma and discrimination can also worsen someone's mental illness and delay or impede their getting help, treatment and their recovery. Social isolation, poor housing, unemployment and poverty are all linked to mental ill health so stigma can trap people in a cycle of illness.

The situation is made worse by the media where reports often link mental illness with violence, or portray people with mental illness as dangerous, criminal or very disabled and unable to live normal fulfilled lives.

We will make a concerted effort to actively tackle discrimination through innovative approaches in order to begin to shift attitudes and institutionalised discrimination in many organisations.

We will raise the profile of mental health and challenge discrimination wherever we see it

We Will:

Undertake effective campaigns, programmes and projects to raise awareness and understanding built around 'Time to Change'

Build capacity within advocacy and engagement services to support people and families with mental illness to have more say about local services

Delivering equity of access to comprehensive, appropriate high quality services where mental illness is not an exclusion criterion and all services are responsive to the needs of people with mental illness.

We will undertake a Survey of service users and their experience of stigma and discrimination- using the outcomes of this to target campaigns

We will use our influence to change the attitudes of the local media to improve reporting

People with a mental illness will gain and retain paid work

We know that Work is good for mental wellbeing, and that mental illness can be the reason for people becoming unemployed:

However people with a mental illness find it hard to access the workplace.

Mental illness makes up the single greatest number of incapacity benefits claimants.

It is a complex and challenging agenda requiring a joined up approach to resolution:

Targeted support for people recovering from mental illness assists recovery and reduces the demand for care services.

For those with a mental illness, being employed is important step to recovery, whether that is paid employment, volunteering or just having something meaningful to contribute to the local community. Employment improves self-esteem and confidence.

Employment is therefore vital for promoting recovery from mental illness.

We will be proactive in building the links between employment and mental health services to increase the opportunities for people with a mental illness to access employment:

Priorities for Development

- To proactively identify work opportunities for people in contact with mental health services
- To ensure employment is a priority as part of all assessment and care planning.
- Increase the range and level of support available to support people with a mental illness into employment and to retain employment building on the success of our current services operating an Individual Placement Support model
- Support employers to create a healthier workplace and raise awareness of mental health issues
- Focus on employers to tackle discrimination in the workplace
- Increase opportunities for volunteering
- Work with our business development leads in the council to develop apprenticeships and supported work opportunities particularly for young people.

Outcomes

- Increase in the proportion of people with mental illness in employment
- Increase in the number of people with mental illness in paid employment
- Increase the number of people with a mental illness accessing volunteering

How will you know we have delivered our vision

Some of the developments we have identified are clearly service changes or new ways of working – these developments are building blocks to help us to achieve the outcomes we have identified and of paramount importance is to be able to demonstrate that not only are our services high quality and evidence based, but that they make a difference to the people that access them.

Commissioning for outcomes means that, in many cases we don't have a baseline position from which to measure success and how we measure success requires a new way of capturing data on performance and success – and this will take time to develop.

The strategy is an overarching commitment to people in Staffordshire and Stoke on Trent, there will be localised delivery plans to reflect the north and south footprint of commissioning and provider economy, this is to ensure that local people and local partners are able to reflect local need; one size will not fit all.

A key outcomes framework is being developed to reflect each of the strategic aims and this will continue to be developed and adapted to reflect local priorities for action.

We will produce this in year one.

Much of the information that will demonstrate delivery is new therefore for the first year it will be about setting baselines but there is a view to the outcomes frameworks for the NHS, Adult Social Care and Public Health to ensure we harness those indicators which will demonstrate our achievement.

Our challenge to ourselves, to all of our providers and our partners is to demonstrate that we are making a difference to people, particularly to those with a mental illness:

Good is only good if it makes a difference, and this is a new way of thinking and working.

How will you will be able to hold us to account?

We will ensure that our governance structure is adjusted to reflect the complexity of delivering such a wide ranging strategy – and we will set out our plans and the measures that we will use to demonstrate progress against the outcomes we want to achieve at a local level.

Our key aims are to:

- Strengthen early recognition and intervention
- Reduce long term disability
- Increase recovery rates
- Improve access to services including shorter waiting times
- Maximise choice and control,
- Reduce inequality through targeting those at risk,
- Listen to what people say
- Build capacity through innovative approaches
- Focus on effective and efficient models of commissioning and provision
- Reduce demand for and time spent within specialist mental health services where appropriate



MINUTES OF A MEETING OF THE CABINET HELD ON 19th JUNE 2014

PRESENT: Councillor D Cook (Chair), Councillors R Pritchard, S Claymore, S Doyle, M Greatorex and M Thurgood

The following officers were present: Anthony E Goodwin (Chief Executive), Rob Barnes (Director - Housing and Health), Stefan Garner (Director of Finance), Jane Hackett (Solicitor to the Council and Monitoring Officer), Robert Mitchell (Director - Communities, Planning and Partnerships), Matthew Bowers (Head of Planning and Regeneration), John Day (Corporate Performance Officer) and Tina Mustafa (Head of Landlord Services)

1 APOLOGIES FOR ABSENCE

None

2 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 24th April 2014 were approved and signed as a correct record.

(Moved by Councillor S Claymore and seconded by Councillor R Pritchard)

3 DECLARATIONS OF INTEREST

There were no Declarations of Interest.

4 QUESTION TIME:

There were no questions from the public.

5 MATTERS REFERRED TO THE CABINET IN ACCORDANCE WITH THE OVERVIEW AND SCRUTINY PROCEDURE RULES

None.

6 QUARTER FOUR 2013/14 PERFORMANCE REPORT

The Report of the Leader of the Council seeking to provide Cabinet with a performance health-check was considered.

RESOLVED: That Cabinet endorsed the contents of the report.

(Moved by Councillor D Cook seconded by Councillor R Pritchard)

7 WRITE OFFS

The Report of the Portfolio Holder for Operations and Assets seeking to provide members with details of write off's from 1st April 2013 to 31st March 2014 was considered.

RESOLVED: That Cabinet endorsed the amount of debt written off for the previous financial year.

(Moved by Councillor R Pritchard and seconded by Councillor D Cook)

8 CAPITAL OUTTURN REPORT 2013/14

The Report of the Portfolio Holder for Operations and Assets seeking to advise members on the final outturn of the Authority's Capital Programme for 2013/14 (subject to audit confirmation) and to request formal approval to re-profile specific programme budgets into 2014/15 was considered.

RESOLVED: That Cabinet

1. endorsed the final outturn position of the 2013/14 Capital Programme, and;
2. approved the re-profiling of the budget into the Authority's Capital Programme 2014/15.

(Moved by Councillor R Pritchard Seconded by Councillor S Doyle)

9 PETITIONS

The Report of the Portfolio Holder for Operations and Assets seeking to advise members of the proposed changes to the Petition Policy which provides for public participation in the democratic process and is a method by which residents can let the Council know their concerns and receive a response in relation thereto was considered.

RESOLVED: That Cabinet approved the Petition Policy as the scheme for handling paper and electronic petitions submitted by the public for Council consideration.

(Moved by Councillor R Pritchard Seconded by Councillor D Cook)

10 TAMWORTH LOCAL PLAN 2006-2031

The Report of the Portfolio Holder for Economy and Education seeking to update Cabinet on the draft Local Plan consultation and updating Members on strategic planning matters with regards to the Duty to Co-operate was considered.

RESOLVED: That Cabinet

1. delegated authority to the Director for Communities, Planning and Partnership and the Head of Planning & Regeneration in consultation with the Leader & Portfolio Holder for Economy and Education, to make amendments to the draft Local Plan and Sustainability Appraisal prior to Council approval for a pre-submission consultation process, and;
2. noted all of the comments received during consultation process and endorsed the proposed responses and approach to the matters raised.

(Moved by Councillor S Claymore Seconded by Councillor R Pritchard)

11 LANDLORD REGULATORY FRAMEWORK UPDATE

The Report of the Portfolio Holder for Public Housing and Vulnerable People setting out the key changes, powers of intervention by the Homes & Community Agency (HCA) for matters of landlord non-compliance and the requirements for landlords to demonstrate tenants continued role in influencing, shaping and scrutinising service delivery was considered.

RESOLVED: That Cabinet:

1. adopted the HCA's updated Regulatory Framework for Social Housing updated in March 2014;
2. agreed the programme of external assessment across the Council's Landlord Service to test and ensure compliance to ensure a quality housing management and maintenance landlord service to minimise the risk of intervention by the Consumer Regulations Panel, and;

3. accepted the findings of the HCA's consumer regulation review 2012/13 and noted the increased risk of scrutiny and intervention across the four national consumer standards (customer involvement; home; tenancy & neighbourhood community) applicable to registered social landlords.

(Moved by Councillor M Greatorex seconded by Councillor M Thurgood)

12 POLICE AND CRIME COMMISSIONER (PCC) GRANT FUNDING

The Report of the Portfolio Holder for Community Development and the Voluntary Sector seeking to advise members of the PCC's funding allocation for 2014-2015 and to seek endorsement for the funding awards made by Tamworth Borough Council following a procurement process was considered.

RESOLVED That Cabinet:

1. agreed that the 2014/15 PCC funding award to the Tamworth Community Safety Partnership (£85,525) is incorporated into the Council's 2014/15 community safety budget in line with our role as the accountable body for the funds, and;
2. endorsed the funding awards made by the Council in collaboration with our Community Safety Partners.

(Moved by Councillor S Doyle seconded by Councillor M Greatorex)

Leader

THURSDAY, 31 JULY 2014

REPORT OF THE PORTFOLIO HOLDER FOR OPERATIONS AND ASSETS**ADOPTION OF REVISED LEGIONELLA AND ASBESTOS MANAGEMENT PLANS****EXEMPT INFORMATION**

Non Confidential

PURPOSE

This report sets out the revised Asbestos and Legionella management plans and policies and seeks to formally adopt them as policy.

RECOMMENDATIONS

It is recommended that

- Cabinet formally approve the revised and updated Asbestos policy entitled **'ASBESTOS MANAGEMENT PLAN'**
- Cabinet formally approve the revised and updated Legionella policy entitled **'MANAGEMENT PLAN FOR THE CONTROL OF LEGIONELLA BACTERIA IN WATER SYSTEMS'**

EXECUTIVE SUMMARY

As an employer and owner/manager of property the Council has a statutory duty to comply with legislation relating to both asbestos and legionella.

Asbestos.

The Health and Safety at Work Act and the Control of Asbestos Regulations require employers and building owners/managers to have a formal policy and plan in place to deal with the management of asbestos containing materials within their buildings. The policy must be in writing and must be reviewed on a regular basis.

Legionella.

Approved Code of Practice L8, known as the L8 regulations covers the control of legionella bacteria in water systems. Again there is a requirement for employers and building owners/managers to have a formal policy and plan in place to deal with the management of water systems within their buildings to ensure that legionella bacteria is properly controlled. This policy/management plan must be in writing and reviewed on a regular basis.

Tamworth Borough Council has engaged Graham Environmental Services through a formal OJEU tender process to provide the technical resource to undertake the management of both Asbestos and Legionella across both corporate and housing properties. On a day to day basis the contractor undertakes surveys, sampling and testing, provides reports and advice.

Under the terms of the contract the Contractor was required to work with Officers to update both the asbestos and legionella policies to ensure continued compliance with the relevant legislation and to ensure that any changes in legislation had been addressed.

The updated combined policy document and management plan has been produced by the contractor in consultation with the Officers involved and those with named responsibilities.

Both policies need to formally adopted by the Council, although the day to day delivery aspects are already in place and are being carried out.

Where identified as essential to comply with the requirements set out within the policy, suitable training will be provided and updated/refreshed as necessary.

OPTIONS CONSIDERED

No other options were considered as there is a statutory duty to have these policy documents and management plans.

RESOURCE IMPLICATIONS

No additional resources are required. The day to day operational elements are already in place and are accounted for within the various departmental budgets.

The costs associated with the production of the policy documents has been accounted for within the various departmental budgets and formed part of the OJEU tender process.

Staff resources are already in place and the day to day delivery is already taking place.

LEGAL/RISK IMPLICATIONS BACKGROUND

As an employer and building owner/manager we have a statutory obligation to have a policy and management plan in place for both asbestos and legionella; furthermore there is an obligation to review and update these policies, plans. Failure to approve and adopt these could leave us open to prosecution by the Health and Safety Executive.

SUSTAINABILITY IMPLICATIONS

None identified

BACKGROUND INFORMATION

None

REPORT AUTHOR

Paul Weston, Head of Asset Management, Andrew Barratt, Director (Assets & Environment)

LIST OF BACKGROUND PAPERS

None

APPENDICES

- Management plan for the control of legionella bacteria in water systems – policy document for approval
- Asbestos management plan – policy document for approval

Asbestos Management Plan
TAMWORTH Borough Council

Contents

Part 1: Introduction

Part 2: Policy

Part 3: Organisation and Responsibilities

Part 4: Procedures

Contents

Appendices:

- 1** Management Contacts
- 2** Enquiries
- 3** Identification of ACMs
- 4** Asbestos Register
- 5** Risk Assessment of ACMs
- 6** Management of ACMs
- 7** Project Management Procedures for all building works
– including refurbishment, maintenance works, IT works etc
- 8** Specialist Contractors
- 9** Emergency Procedures
- 10** Information and Training
- 11** Action Plan
- 12** Review of the Asbestos Management Plan
- 13** Key regulatory documents

Introduction

1: Introduction

1.1 Introduction

This Asbestos Management Plan (AMP or Plan) sets out how Tamworth Borough Council manages the risks from asbestos containing materials (ACMs).

It sets out Tamworth Borough Council policy and procedures and is designed to effectively manage and minimise asbestos related health risks to personnel working at Tamworth Borough Council or occupying its premises.

Surveys for ACMs have been carried out at all Tamworth Borough Council sites. This information forms the basis of the current Register. Further surveys and re-inspections have been carried out related to specific projects or investigations. Where a survey has not been carried out ACMs are to be presumed present unless known otherwise.

The presence of an ACM does not in itself constitute a danger. However, the ACM may become hazardous when disturbed, damaged or degrades to an unsuitable condition and must be treated accordingly. Activities which give rise to airborne dust, e.g. breaking, sawing, cutting, drilling etc. are most likely to present risks.

Introduction

2: Policy

2.1 Policy

Tamworth Borough Council Policy is:

- To prevent exposure to the hazards associated with asbestos
- To promote awareness of the Asbestos Management Plan (AMP) and the hazards of asbestos, through training and induction of staff and those working on behalf of the Tamworth Borough Council
- To hold regular meetings with key groups to increase awareness of asbestos issues
- To provide and maintain an Asbestos Register
- To provide information and advice on asbestos issues
- To develop, implement and review an effective management strategy so that appropriate measures, such as sealing, labelling, inspection or removal of ACMs are undertaken
- To regularly review the AMP

The Plan complies with the Health and Safety at Work etc. Act 1974 and the Control of Asbestos Regulations 2012. The Plan, Policy and Procedures apply to all parts of the Tamworth Borough Council without exception. The Principles of the Plan also apply to all those workplaces used by Tamworth Borough Council staff.

2.2 Asbestos Management Plan

The Plan sets out the mechanism by which ACMs are managed. It includes details on how the Tamworth Borough Council intends to:

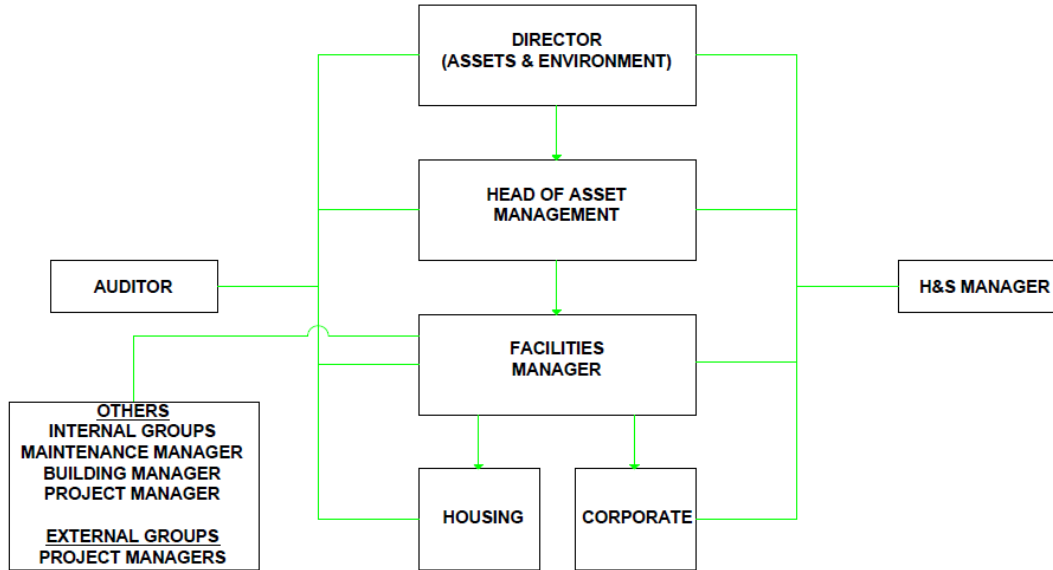
- Protect those working on the fabric of Tamworth Borough Council properties.
- Protect those working within or occupying Tamworth Borough Council properties.
- Effectively control any works likely to affect ACMs
- Identify and categorise ACMs and to manage these hazards based on prioritisation and assessment of the risk that they present
- Produce a prioritised programme for the remediation of ACMs that, because of their location and, or condition, present an actual or perceived risk to health
- Monitor and maintain the condition of identified ACMs that are assessed as being able to be left in-situ.

Organisation and Responsibilities

3: Organisation and Responsibilities

3.1 Asbestos Management Plan Implementation Chart

Key roles within Tamworth Borough Council organisation for implementation of the AMP are represented as follows:



Housing – John Murden
Corporate - Barry Curtis

Organisation and Responsibilities

3.2 Responsibilities

3.2.1 The **Director (Assets and Environment)** is responsible for ensuring that:

- The Asbestos Management Plan is implemented
- The Plan and associated procedures are integrated into Tamworth Borough Council operating procedures
- Where managers, supervisors and employees have been assigned specific asbestos management duties these are documented and implemented in accordance with the Tamworth Borough Council procedures
- Tamworth Borough Council employs contractors for work with ACMs in accordance with procedures within the Plan.
- An annual report is prepared for the Corporate Management Team of the Council.
- Adequate resources are provided and allocated to carry out the Plan within the budget available to the Council
- The necessary requirements for the safe management of ACMs are fully identified and incorporated into any design or specification for all those with responsibilities.
- Adequate information regarding ACMs is sought for all potential purchases.
- An adequate training plan should be prepared to reflect the needs of Council.
- Any building purchased on behalf of the Tamworth Borough Council is free of ACMs, so far as is reasonably practicable

3.2.2 The **Head of Asset Management** is responsible for ensuring that:

- Their Project Managers are aware of the Plan, and have the necessary skills to implement their responsibilities under the Plan.
- Tamworth Borough Council employs contractors for work with ACMs in accordance with procedures within the Plan.
- The necessary requirements for the safe management of ACMs are fully identified and incorporated into any design or specification to ensure all necessary training is implemented.

3.2.3 The **Health and Safety Manager** is responsible for:

- Where reporting is not a requirement of a Main Contractor or similar, reporting incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- Providing advice and guidance to Tamworth Borough Council to ensure that competent contractors for work with ACMs are appointed in accordance with procedures within the Plan.
- Collating Dangerous Occurrence Forms

3.2.4 The **Facilities Manager** is responsible for:

- Monitoring the AMP implementation to ensure that working arrangements and provision of financial, technical, human and other resources are suitable and sufficient to meet its requirement
- Tamworth Borough Council employs contractors for work with ACMs in accordance with procedures within the Plan.
- Undertaking an auditing role on representative projects – including aspects of Asbestos Manager, Asbestos Contractor and Analyst performance
- Ensuring any breaches of compliance with the AMP are fully investigated.

Organisation and Responsibilities

3.2.5 The **Facilities Manager** is responsible for ensuring that:

- Information on ACMs is appropriately stored and is made available to all interested parties including Trade Unions
- Appropriate records of asbestos works are properly kept
- The Asbestos Register is maintained and regular audits of the Asbestos Register are undertaken
- Tamworth Borough Council employs contractors for work with ACMs in accordance with procedures within the Plan.
- Following risk assessment ACMs are assigned appropriate management options and priority actions are timetabled
- Arrangements are made so that Tamworth Borough Council employees have the necessary facilities, training and allied competencies to discharge the duties assigned to them under the Plan
- Arrangements are made so that all relevant personnel and organisations receive appropriate information, instruction and training related to ACMs and the existence and use of the Asbestos Register
- Regular meetings are held with relevant parties, e.g. Progress Meetings, Trade Union Liaison Meetings
- The performance of the Plan is annually reviewed and amended as necessary
- An annual Report on the Plan and related issues is submitted to the Director (Assets and Environment)
- Emergency procedures are established
- A list of Licensed Asbestos Removal Contractors and Analytical Companies approved for use on Tamworth Borough Council sites is maintained and monitored

3.2.6 **Project Managers.** For the purpose of this document a project manager is defined as any person co-ordinating works. The Project Manager is responsible for ensuring that:

- Areas are assessed for ACMs at the feasibility stage of a project. Guidance on the assessment required is given in Appendix 7
- Tamworth Borough Council employs contractors for work with ACMs in accordance with procedures within the Plan.
- All appropriate actions within the AMP are implemented
- Project changes are promptly reviewed with respect to asbestos information, for example where extension of project area, or changes to M&E installations occur. Actual reviews may fall within the remit of other project team members, such as the CDM Co-ordinator.
- Any necessary works use the management service provided by the Facilities Manager or are managed to at least the same level as set out in 3.2.7
- The Building Manager is informed of all relevant project information
- All project personnel are informed of the location of any known ACMs affecting the project
- Works are halted if suspect ACMs are discovered during the course of work and further advice is sought from the Facilities Manager.

Organisation and Responsibilities

3.2.7 The **Facilities Manager** is responsible for

Undertaking a range of tasks either on behalf of Facilities Management or, when specifically instructed, for a Project Manager. These tasks are:

	For Facilities Management	For Project Managers, under their specific instruction
<u>General ACM Management</u>		
Carrying out appropriate level of investigation or similar in response to an enquiry and providing a documented report		*
Identifying ACMs as required, undertaking formal risk assessment and updating the Asbestos Register		*
Ensuring that, where ACMs are removed, or remain in-situ under a monitoring regime the Asbestos Register is updated		*
Organising a regular audit of the Asbestos Register	*	
Assessing, reviewing and recommending management actions in light of inspection findings and changes in Regulations or current good practice	*	
Reviewing and amending where necessary standards of works detailed in the Tamworth Borough Council general specification for works with ACMs	*	
Organising and undertaking a regular inspection of ACMs	*	
Recommending and specifying programmes of work for asbestos management specific projects	*	
Reporting incidents to the Director (Assets and Environment) and Health & Safety Manager - FM, and completing Dangerous Occurrences forms as necessary	*	*

Organisation and Responsibilities

	For Facilities Management	For Project Managers, under their specific instruction
<u>Management of remedial works</u>		
Preparing a specification for asbestos remedial works and issuing to the Project Manager		*
Recommending appropriate Asbestos Contractors and Analysts from a pre-assessed List		*
Assessing Asbestos Contractor's Plan of Works and recommending selection where applicable		*
Informing the Project Manager of asbestos remedial works implications		*
Assessing the appropriate level of analytical support and attendance		*
Informing appropriate staff of asbestos related works in good time via the Project Notification system		*
Making local arrangements with building users and service providers to facilitate the asbestos works		*
Organising where appropriate an asbestos contract pre-start meeting to agree the Plan of Works, attended generally by the Facilities Manager, Contractor and Analyst.		*
Reviewing method statement amendments with Contractor's Site Supervisor and senior Manager.		*
Ensuring site works comply with relevant Tamworth Borough Council requirements		*
Monitoring Asbestos Contractors to assess their compliance with statutory and Tamworth Borough Council requirements, reporting and discussing deficiencies with the Head of Asset Management. The frequency of site method statement changes to be included in these reviews.		*
Stopping work where an Asbestos Contractor does not perform to the required health and safety standards, or where his actions appear likely to result in a breach of H&S or Tamworth Borough Council standards	*	*
Assessing, directing and assisting in access requirements as required, related to relevant air monitoring strategies		*

3: Organisation and Responsibilities

	For Facilities Management	For Project Managers, under their specific instruction
<u>General and financial administration tasks</u>		
Providing cost estimates for asbestos works		*
Tendering the asbestos works in accordance with Tamworth Borough Council Contracts Policy and Procedures		*
Preparing order information		*
Assessing invoices prior to authorisation by the Project Manager		*
<u>Information, liaison and education:</u>		
Reviewing with the Director (Assets and Environment) and Head of Asset Management proposed regulatory changes and current standards of good practice	*	
Providing expert advice on ACMs and their treatment to those with responsibility under this AMP	*	
Participating in the organisation and delivery of asbestos awareness seminars	*	
Attending Progress Meetings	*	
Maintaining regular dialogue with the Health & Safety Manager, including reports on visits and actions by the HSE, local authority environmental health and similar bodies	*	
Providing the HSE and similar bodies with details of asbestos management procedures and projects where relevant in accordance with instructions from the Health & Safety Manager. Details to be provided prior to project start, or on completion, as relevant. Contractors shall notify the HSE of any removal works as required.	*	
Providing specialist reports on budget, materials status, etc. as required, including an annual report to the Head of Asset Management.	*	

3: Organisation and Responsibilities

	For Facilities Management	For Project Managers, under their specific instruction
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Record keeping:

Updating the Asbestos Register	*	*
Updating asbestos drawings to the Tamworth Borough Council database		*
Ensuring that all statutory documents generated by the works are properly completed and a record kept	*	*
Keeping detailed project records relating to asbestos remedial or investigative works		*
Providing the Project Manager with an Asbestos Works Completion statement when appropriate		*

3: Organisation and Responsibilities

3.2.10 Asbestos Contractors are responsible for:

- Complying with current legislation, associated Approved Codes of Practice and Guidance and the Tamworth Borough Council AMP and Project Procedures
- Attending site to assess and prepare quotations against asbestos remedial works specifications, the Contractor to raise any issues relating to the health and safety aspects or potential costs of a project
- Providing a Plan of Work to the Project Manager and the Statutory Authority. This to include details of project resources and timetable and an emergency procedure discussed and agreed with the Project Manager
- Providing Statutory Notice to the Statutory Authority prior to commencing asbestos works, or, by agreement and at the request of the Project Manager, applying for a waiver from the minimum notice
- Attending the asbestos contract pre-Start meeting, Progress Meetings, and handover Meeting as required
- Carrying out regular inspections of the work environment, any defects found by or reported to the Project Manager or Analyst being rectified by the Contractor immediately
- Complying with all reasonable requests from the Project Manager
- Complying with Permits to Work
- Liaising with the Analyst to ensure the satisfactory progress of the works
- Providing copies of notification and consignment notes and other relevant documentation with final account to the Project Manager.

3.2.11 Analysts are responsible for:

- Maintaining UKAS accreditation relevant to instructed tasks
- Providing pro-active support to the Project Manager, but to a level which would not fall within the HSE requirement for a supervisory License.
 - When requested by the Project Manager,
 - Reviewing and commenting on asbestos works specifications and, prior to start of the works, on the Contractors Plan of Work
 - Providing quotations which reflect the anticipated project site and analytical requirements
 - Attending meetings, including but not restricted to, Pre-start, Project Progress and Handover Meetings.
- Completing check lists, warning and advisory signs etc. as supplied by the Project Manager
- Assisting with the application and completion of Tamworth Borough Council specified permits and warning signs etc, relevant to the asbestos remedial project, including hot works permits etc.
- Carrying out analytical works and inspections as agreed with the Project Manager. Where site conditions alter, and the Project Manager is not immediately available, the Analyst to adjust the level of testing and inspection to ensure that all information relevant to the continued health and safety of the Contractor and building occupants is obtained
- Reporting to the Project Manager any defects or non-compliances relating to the Contractors performance, including suitability of the work areas, adherence to the Plan of Work, Statutory Instruments and AMP. Where the Project Manager is not immediately available the Analyst to take any measures necessary to ensure the health and safety of the Contractor and building occupants
- Checking areas on completion of asbestos remedial works to ensure that the Contractor has completed his scope of works and all affected areas have been left in a satisfactory condition

3: Organisation and Responsibilities

3.2.11 **Analysts** are responsible for, contd.:

- Maintaining regular contact, as minimum at start and at end of each site day, with the Project Manager, regarding progress of site works
- Reporting to the Project Manager any aspects of asbestos management encountered on site which could give rise to health risks
- Providing daily written reports on project progress to the Project Manager; the reports to include such information, in excess of accreditation requirements, as requested by the Project Manager
- Issuing formal Reports, including 4 Stage Clearance and Certificate of Re-Occupation, to the Project Manager on completion of site works.

3.2.12 **Heads of Department** are responsible for ensuring that:

- All staff, students and visitors are aware of their individual responsibilities regarding this AMP
- The department implements any measures deemed necessary by the Asbestos Manager
- All departmental equipment, materials and apparatus containing ACMs is clearly identified, appropriately recorded and managed
- New equipment or apparatus erected, installed, purchased or gifted on behalf of the department is free of asbestos material.

3.2.13 **Staff** are responsible for:

- Reporting to the Help Desk, any known ACMs which are damaged or disturbed or any suspect ACMs of any condition and any defects or concerns they may have related to asbestos issues or remedial works
- Contacting their Building Manager, or Project Manager where already appointed, regarding any work to be undertaken which may involve ACMs
- Attending asbestos awareness training when so requested.

3.2.14 **Contractors** are responsible for:

- Ensuring that they respond to, and maintain, all communications with their Project Manager
- Compliance with the AMP and relevant procedures, and where acting as sole, main or principal contractor to have a thorough understanding of these procedures
- Ensuring that all sub-contractors are informed of the AMP and relevant procedures, and are aware of the location of ACMs within the project area
- Co-operating with any Licensed Asbestos Removal Contractors or associated contractors working within or adjacent the known or intended project area
- Ensuring that emergency measures are in place for any suspected or known exposure to ACMs and that these are in line with Tamworth Borough Council procedures.

4: Procedures

4.1 Asbestos Management Procedures

Procedures are detailed within the Appendices.

Procedures are included within the formal Plan review and are amended as required.

Appendix 1

Management Contacts

Key Contacts

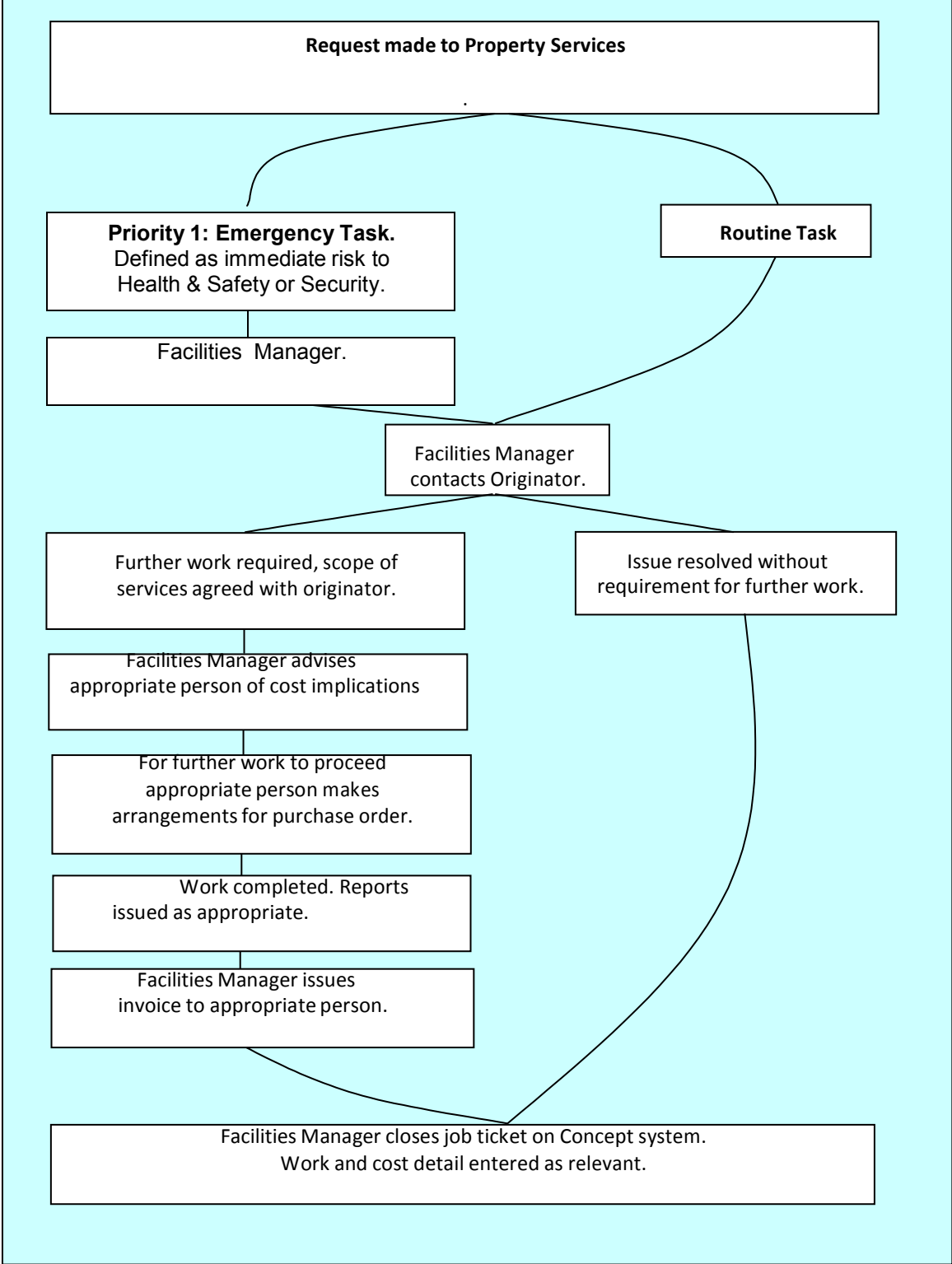
All are based at Tamworth Borough Council,

Title and address	Name, phone and email details
Director (Assets and Environment)	
Head of Asset Management	
Facilities Manager	
Health and Safety Manager	

Appendix 2

Enquiries

Enquiries are routed as follows:



Appendix 3

Identification of ACMs

Historical Background

Tamworth Borough Council wide survey data from 2013 has been, and continues to be, supplemented with information gained during local detailed surveys and investigations.

Surveys for ACMs

Priority areas for survey are identified by the Facilities Manager, generally in relation to planned maintenance tasks and refurbishment projects.

Surveys and re-inspections are carried out to comply with HSE guidance, for example, document HSG 264: The Survey Guide.

An appropriately accredited Inspection Body carries out surveys with the works managed by the appropriate Project Manager.

Survey types are detailed in HSG 264, a summary is given below

Management Surveys

Management surveys are intended to identify ACMs that could affect the normal occupation of a building. This includes ACMs that might be disturbed not only by regular maintenance activities, but also those affected by reasonably foreseeable activities such as cabling works in risers.

The 2010 HSG 264 guidance emphasises the benefit of thorough surveys, with attempts to be made to open up areas where maintenance or similar can be anticipated. Samples of suspect materials should be taken, although some level of 'presumption' and reduced sampling regimes are acceptable so long as the consequent management of identified or suspected ACMs is appropriate.

'Management surveys' fell under Type 1 and 2 survey descriptions in earlier HSE guidance (MDHS 100). The

current knowledge of ICL ACMs is at a level comparable with this 'Management Survey' definition. However the significant volume of survey work undertaken in the mid-1990s was generally to occupied buildings, this occupation may have caused Surveyors access problems with related limitations to the survey findings.

The HSE expects virtually all non-domestic premises to have Management Survey information already; this data is essential for the Duty holder to effectively manage ACMs and thus comply with the 'Duty to Manage' requirement stated in Regulation 4 of the Control of Asbestos Regulations 2006.

Appendix 3

Identification of ACMs

Refurbishment surveys and demolition surveys

These surveys attempt to locate and describe all ACMs in a project area and are required well before any refurbishment or demolition is due. This type of survey is also required for what may appear, initially, as relatively minor work, for example, formation of a riser, or dismantling of heating plant. Prior to January 2010 these surveys were termed 'Type 3' in the HSE MDHS 100 guidance.

To enable this level of identification the area must be fully accessible to the surveyor and appropriate investigation techniques and equipment be employed. Survey planning is essential, to allow the Surveyor to understand the scope of the intended works, for any exclusions to the survey to be agreed with the Client, and for arrangements to be made to clear and isolate the survey area. HSG 264 emphasises the need for the survey area to be isolated from building occupants and that, ideally, reoccupation after survey is not planned. However it recognises that this is not always achievable. Where the survey area is to be reoccupied assurance that it is acceptable for reuse should be obtained from the Surveyor.

Intrusive investigation works can be significant – making good after survey works is minimal unless requested otherwise. Suspect materials are sampled during the survey, and the extent of ACMs estimated. The condition of the ACM is generally not reported except where materials are damaged, if areas of asbestos debris may be expected, or if there will be a time delay between the survey and the intended refurbishment or demolition.

For a refurbishment/demolition survey to be successfully completed at least the following criteria must be met:

- area is unoccupied, with no intention to reoccupy after survey
- area is fully accessible – with fixings, furnishings, and heavy equipment removed, or at least easily movable
- area is fully accessible in terms of decontamination sign-offs and other relevant authorisations
- suitable survey techniques are employed – breaking through of partitions, opening up of floor voids, use of access platforms for high level areas etc.

If the conditions above are not met the survey will not be considered comprehensive; limitations will be noted in the Survey Report and arrangements will need to be made to undertake further survey work when the site conditions area appropriate.

The HSE recognise that unidentified ACMs may still remain in the survey area, thus appropriate controls need to be in place for the actual refurbishment period, and most certainly for any demolition works.

ACMS in Equipment

ACMs have frequently been used in scientific or technical equipment. Asbestos fibres have a range of properties - insulating, non-electrical conductive, resistance to acid – which made them suitable for many uses including within kilns, hot-boxes, packing, and electrical equipment.

It is the responsibility of the Head of Department to have asbestos containing departmental equipment, materials and apparatus clearly identified, appropriately recorded and managed.

Appendix 4

Asbestos Register

Asbestos Register Content

The Register records known and suspected ACMs in Tamworth Borough Council managed properties.

It contains information on their

- location
- extent
- condition
- labelling status

The Register is aligned with the recommendations of HSG 264 information recorded allows objective risk assessments to be carried out.

The Register also provides some detail on:

- non ACMs where, in the normal course of the building operation, they may be confused with ACMs
- areas, where known, which have not been surveyed.

The presumption must be made that ACMs may be present in all un-surveyed areas and for all surveyed areas where the location would not have fallen within the scope of the original 1994 survey inspection.

Drawings

Drawings may be used to illustrate the Register information; these will be colour marked up and subject to update procedures. Drawings are not currently part of the formal issued Register.

Storage

The Register is stored electronically on a remote server and accessed via the web.

The Head of Asset Management holds current Register and archive Registers.

The working Register copy is held by the Facilities Manager.

Availability

The Asbestos Register is available to all who may reasonably require such information. A version of the most recently issued Register is on a shared computer drive.

Updates

The Register is updated by the Facilities Manager, and regularly re-issued to the Head of Asset Management. Individuals, departments or organisations who affect data in the Register should supply relevant information to the Facilities Manager.

Update may be required after:

- Identification of further ACMs
- Surveys
- Removal of ACMs
- Inspection/monitoring exercises
- Changes in building layout or area use.

At the AMP review the Head of Asset Management will assess the range and quantity of amendments received.

Audit

Regular Register audits will be instructed by the Head of Asset Management. This will include comparison of representative Asbestos Register entries against site inspections and records of asbestos remedial works.

The audit report will be made available to all relevant parties and will form part of the AMP Review.

Appendix 5

Risk Assessment of ACMs

Assessment System

All ACMs in the Asbestos Register are objectively assessed by the Facilities Manager using a formal numerical scoring scheme. This considers aspects of materials assessment and priority assessment as described in the HSE document HSG 227 'A comprehensive guide to managing asbestos in premises'.

The materials assessment considers features of the material, the priority assessment takes into account the environment in which the ACM is found and the likelihood that persons may be exposed to asbestos fibres.

The scheme considers the following parameters:

- product type
- condition
- surface treatment
- asbestos type
- location
- position of material, for example how accessible it is during normal building occupancy
- susceptibility to damage
- number of people potentially exposed
- whether the material is subject to maintenance, refurbishment or other possible disturbance.

The Facilities Manager manages and keeps details on the scoring scheme and reviews the scores annually.

ACMs with higher assessment scores are likely to require greater consideration regarding remediation measures than those with lower scores.

Appendix 6

Management of ACMs

Management of ACMs

Management options stated within the Asbestos Register are assigned by the Facilities Manager and are considered the appropriate choice at the time of Register review.

The final choice of asbestos management option is taken by the Head of Asset Management after consideration of the assessment score and discussion with relevant parties, for example, those with information on future maintenance or refurbishment plans.

Long term ACM maintenance considerations, including cost, resources, potential for exposure etc, will be taken into account and opportunities taken for removing materials, particularly during periods of building closure or refurbishment.

In general ACMs with higher risk scores will be identified for remedial works, whilst those with lower scores will be retained within the management scheme for in-situ materials.

Records of decisions made, together with any discussion and rationale supporting such decision, will be kept by the Head of Asset Management.

Inspection of ACMs

Formal re-inspections of known or suspected ACMs, will be carried out by a UKAS accredited Inspection Body and will be arranged and co-ordinated by the Facilities Manager. Re-inspection will require checking of known ACMs against Register information.

An outline scope of work may be prepared by the Facilities Manager for re-inspections; this may give requirements such as:

- Programming of the works
- Access arrangements
- Reporting arrangements

Re-inspection findings will be:

- Used to update the Asbestos Register
- Subject to formal risk assessment

The inspection period will be set by the Facilities Manager, taking into consideration a review of current risk assessments and previous inspection history. ACMs of higher score may be subject to more regular re-inspection than those of lower score.

The inspection period will be documented in the formal AMP Review and Action Plan.

Appendix 6

Management of ACMs

Leaving ACMs in place

Where ACMs are in good condition and not disturbed during the normal use of premises particularly with minimal potential for fibre release, they may be left in-situ. The Head of Asset Management is responsible for ensuring these materials are kept in a sound condition.

Regular Inspection

ACMs left in-situ will be subject to an inspection regime. The Facilities Manager will determine the inspection period, likely to be 6 or 12 months dependent on risk assessment.

Labelling

Labelling with standard 'asbestos warning labels' or fixing of appropriate warning signage will be carried out to all known accessible ACMs considered to be of significant risk where this is deemed to:

- help prevent accidental damage, and
- not cause undue concern

Labelling of lower risk materials, for example, packing to soil pipes, seals to ductwork, may not be carried out if other control mechanisms e.g. site awareness, are considered adequate in preventing accidental exposure. Labelling within domestic dwellings does not normally take place.

Improvement works

Where the ACM has minor damage, simple repair and/or sealing (encapsulation), may be appropriate. The technique and materials used will be dependent on the ACM and may include over-cladding or use of liquid applied encapsulants. These encapsulants are typically polymeric applications which dry to give a robust water resistant surface. Repairs and any encapsulation measures will be undertaken by a Licensed Asbestos Contractor, with the local area being isolated, either by constructing an enclosure or using local exclusion techniques.

Appendix 6

Management of ACMs

Removal of asbestos materials

The term 'removal' is used to describe both the removal of bulk materials and the decontamination of areas where debris or trace asbestos contamination has been identified.

Removal of ACMs is carried out as a result of:

- Such work being stated within the Action Plan
- Recommended works related to planned projects, or
- Unplanned circumstances, for example:
 - identification of high risk ACMs
 - damage to ACMs
 - ACMs subject to maintenance or building works not foreseen during the AMP Review.

The option to remove ACMs will be authorised by

- the Head of Asset Management for aspects of on-going management of ACMs
- the Project Manager for any specific building or project works.

The Project Manager will authorise the financial spend related to the removal works, the extent of such work will be based on recommendations given by the Facilities Manager or appointed advisor. The responsibility for arranging and co-ordinating asbestos remedial works lies with the Project Manager, it is anticipated that they will appoint the Facilities Manager to take on all relevant tasks. Further details are within Appendix 7.

Removal of ACMs is an operation with inherent risks and requires effective management.

Consideration of building occupation, co-ordination with other projects, effective use of budget, etc. will be taken into account when arranging remedial works.

Remedial works planning must allow sufficient time for key stages, including:

- Agreement of scope of works
- Contractor's quotation period
- Method statement assessment
- Decant arrangements
- Statutory HSE notification
- Re-instatement requirements assessment
- Occupant Liaison meetings
- Pre-start meeting.

Appendix 6

Management of ACMs

Completion of asbestos works

The Facilities Manager generally provides a completion document to the Project Manager, this will include:

- a clear summary of what materials have been removed
- project references
- contact and documentation details
- comment on residual asbestos risks

Remedial Works Records

These are held by the Facilities Manager, with relevant documents copied to the Project Manager.

Records include as minimum:

- Works specification
- Removal method statement
- Air monitoring reports
- Certificate of Re-Occupation with 4 Stage Clearance documentation (where relevant)
- Waste consignment notes

Records will be held for an appropriate period.

Disclosure of information

Initial requests to be made to the relevant Manager, for example Building or Project Manager, or Safety Office. Enquiries then to be routed, if required, to the Facilities Manager via the FM Customer Service Desk. Where relevant, for example where issues relate to health or financial aspects, the Facilities Manager will forward the request to the appropriate Tamworth Borough Council authority.

Appendix 6

Management of ACMs

Minor asbestos removal works

Some works with ACMs may be carried out by in-house maintenance employees or regular Tamworth Borough Council Contractors not holding an HSE License for work with ACMs. These works will be of a minor nature and will be co-ordinated by the Facilities Manager.

Such works may include:

- Removal of compressed asbestos fibre (CAF) gaskets from pipe flanges
- Collection and proper disposal of asbestos cement (AC) debris or materials

Each type of work is to be notified in advance to the Facilities Manager for review. A record will be kept by the Facilities Manager of all reviews.

Where works are carried out by regular/term Contractors the key personnel will be expected to attend the appropriate Tamworth Borough Council asbestos awareness training session. These **'Preferred Contractors'**, likely to be a small number of companies, will have an enhanced awareness of Tamworth Borough Council procedures and knowledge of the site.

The Facilities Manager will hold a listing of these Preferred Contractors.

Appendix 7

Project Management Procedures for all building works – refurbishment, maintenance, IT etc.

Work

For the purpose of this AMP the term 'work' is used for any activity that has the potential to affect the fabric, finishes or services of a building, or which requires entry to services areas or voids.

Review of work area

All works within the Tamworth Borough Council estate with the potential to alter or damage the fabric of the building, service voids, building services etc, must be reviewed by the Project Manager with regard to:

- Possible presence of ACMs
- Control measures to be taken to avoid damage or exposure
- Any necessary remedial/removal works
- Potential impact on project programme.

This review is to be at a level appropriate for the project in terms of its scale of refurbishment, known asbestos data, and regulatory requirements. The Project Manager is expected to seek guidance from the Facilities Manager, or equivalent, and make use of their specialist asbestos consultancy services where relevant.

Initial contact with the Facilities Manager should be via the FM Customer Services Desk. Additional information and/or site walks may be required to give the Facilities Manager a more informed picture of the project requirements.

The review must be carried out by the Project Manager at an early stage of the project to allow sufficient time for project implications of ACMs to be assessed. Discussions on project design and site inspections may be required dependant on scale of project.

Facilities Manager's Role

On receipt of the Work Request the Facilities Manager will assess the project and undertake, as relevant, the following:

- Assessment of cost of, and agreement on, scope of Asbestos Management Services
- Review of known ACM information
- Discussion on project detail with Project Manager
- Site walk(s) with Project Manager and/or relevant contractors
- Site investigation, such as a formal survey (See Appendix 3)
- Report issue.

A preliminary Report may be generated by the Facilities Manager for certain works, generally those related to larger or more complex projects.

Appendix 7

Project Management Procedures for all building works – refurbishment, _maintenance, IT etc.

Facilities Manager's Role contd.

The preliminary Report may include:

- Information on known ACMs
- Level of site investigation required, for example any requirement for management or refurbishment/pre demolition surveys, including their impact on occupants and project timetable
- Requirement for services isolations
- Requirement for space e.g. contractors welfare, decontamination unit, analytical office etc.
- Requirement for additional services e.g. use of a Licensed Scaffold Contractor to provide access.

The final Report style and content will be dependent on the complexity of the project and may range from an email to a Survey Report with marked up plans.

Guidance on remedial measures required, including any control measures, such as protection or further labelling of ACMs, and budgets may be included.

Recommendations made by the Facilities Manager for remedial action should be incorporated into the Project Works.

Implementing the recommendations of the Facilities Manager

Where remedial works are required these may include:

- Remedial/removal works being undertaken to ACMs NOT DIRECTLY affected by the project scope, but which lie within, or directly adjacent, the project location. The intention being to use the refurbishment period to improve the Tamworth Borough Council environment, with minimal disruption to building use. Such remedial works will normally be funded by the Project.
- Co-operation with programming of the works, for example, the preference that asbestos remedial works are carried out as a priority activity either prior to the Main Contractor taking possession of the site or at the start of the possession period.
- Assisting in making space available for asbestos remedial works equipment, such as parking for decontamination units (DCUs), appropriate office space for the Analyst.
- Arranging any necessary services isolations or enabling works – such as steam shutdowns, cutting out of non-asbestos redundant ductwork, removal of fixtures, fittings, furniture or certain building features.

Appendix 7

Project Management Procedures for all building works – refurbishment, maintenance, IT etc.

Informing Project personnel

Aspects to be considered include:

- Site handover arrangements comprising documentation such as the Facilities Managers Report, Asbestos Works Completion statements etc
- Site familiarisation walks with key personnel such as Site Foreman, Facilities Manager et al.
- Highlighting the requirement for asbestos information to be reviewed when project changes, such as M&E scope, or extension of project area, are proposed. The review to be undertaken by the appropriate Project team member, this may include the Main Contractor, CDM Co-ordinator and/or Project Manager.
- Particular attention to co-operation and co-ordination where Contractors who do not hold an HSE License for asbestos works are used for enabling works prior to asbestos remedial works being undertaken. It is essential that these ‘non-asbestos’ contractors are
 - aware of any risks and related controls
 - undertaking enabling works that are sufficient to provide necessary access etc for the future Asbestos Licensed Contractors works

Additional or suspect ACMs

The Project Manager is responsible for making sure works are halted if suspect ACMs are discovered and that further advice is sought.

In practice, it may be the Site Manager who takes the first action of stopping works to the affected areas, they should then contact the Project Manager. Further guidance would normally be obtained from the Facilities Manager however, in certain situations the Project Manager may consider that they have adequate knowledge, competency and experience to resolve the issue themselves.

Removal Works

Further details on the removal of ACMs is within Appendix 6.

Project stage summary/programme

The following gives guidance on typical projects where the Facilities Manager has been instructed to undertake a review/investigation etc. Workload, investigation constraints, HSE notification periods etc, will affect the actual programme.

The examples assume the Project Manager has supplied all relevant project information and there are no delays in accessing areas or decanting prior to asbestos removal works. The examples show that more complex projects can require at least 3 months planning prior to completion of asbestos related works.

Appendix 7

Project Management Procedures for all building works – refurbishment, _maintenance, IT etc.

Item	Description of work				
	New cable route. No asbestos remedial works required	Redecoration of a residence. ACMs present	Maintenance work. Remove 2m section of asbestos lagged pipework	Reconfiguration of 1 office. Asbestos ceiling tiles	Refurbishment of 3 laboratories. Numerous ACMs
	Action in Week;				
Project Manager:					
Contact Help Desk	1	1	1	1	1
Facilities Manager:					
Agree services scope and management costs	1	1	1	1	1
Preliminary report	1 - 2	1 – 2	1 – 2	1 - 2	1 - 2
Survey	1 - 2	1 – 2	1 – 2	1 - 2	1 - 3
Report issued	1 – 2	1 – 2	1 – 2	2 – 3	3 – 4
Further survey e.g. 'Refurbishment/Pre-Demolition' in unoccupied areas	-	Not required	Not required	Agreed with Project Manager Assume Week 4	Agreed with Project Manager Assume Week 4
Remedial works required	None	None. Decorating contractor to receive site specific asbestos awareness	Remove asbestos insulation to pipework	Remove ceiling tiles	Remove bulkheads, fume cabinets and exhaust ducts
Remedial works specification	None	None	2	4	5
Appoint Contractor	-	-	3	6	8
Contractor:					
HSE Notice period	-	-	3 - 4	6-7	9 - 10
Site work start	-	-	5	8	10
Asbestos site works completed.	-	-	5	9	12

Appendix 8

Specialist Contractors

Licensed Asbestos Removal Contractors

Remedial works to ACMs, including encapsulation, will generally be carried out by a Contractor holding a License under the Asbestos Licensing Regulations.

In specific circumstances non Licensed Contractors or Tamworth Borough Council employees may undertake work where this falls outside the asbestos licensing requirements and is of acceptably low risk. In these circumstances all relevant health and safety regulations, including provisions of the Control of Asbestos Regulations must be complied with. The Facilities Manager must review and accept proposed procedures and work methods.

Choice of Licensed Contractor

Contractors will be subject to in-house selection and approval procedures, co-ordinated by the Head of Asset Management.

Audits of Contractors undertaking work with ACMs will be carried out by the Facilities Manager. Such audits will include assessment of at least:

- Quality of completed work
- Safety issues throughout the remedial works
- Compliance with Contractor's own Safety Management systems
- Feedback and safety etc. information from the UKAS accredited Consultancy engaged for the associated inspection and analytical works
- Adherence to programme

Use of Advisory Services

Advice and services may be sought from external specialist organisations.

Only organisations holding the appropriate qualification and UKAS accreditation, for example to ISO 17020 for building surveys for ACMs or to ISO 17025 for analytical services, will be used.

Appendix 9

Emergency Procedures

Definition of an emergency

Emergencies are unexpected situations requiring sudden and urgent action. In the context of asbestos the immediate measures taken should prevent or minimise exposure to airborne asbestos fibre. Following this action there may be a subsequent requirement to bring in specialist contractors such as an UKAS accredited Analytical Consultancy or Licensed Contractor. The Facilities Manager will assess and make suitable arrangements, and if appropriate inform the site manager and the Facilities Manager.

The following emergency situations are considered:

A Personnel in areas of potential elevated airborne asbestos fibre

For example:

- Known or suspected ACMs are damaged
- Asbestos remedial works cause an uncontrolled release of airborne fibres, for example if an asbestos removal work enclosure is damaged

Action to be taken:

- Do not disturb the material or stay longer in the affected area than is essential
- If the problem is within, or associated with, a Project area, contact the Site or Project Manager.
The Site Manager will then contact the Head of Asset Management who will provide site specific advice.
- Notify the Health and Safety Manager.
- If the emergency relates to a damaged ACM, and it is safe and appropriate to do so, cover the material with polythene or other barrier to prevent disturbance by air currents.
- Seal off the area – close windows, doors etc so long as this is possible without causing further disturbance to the material/staying longer in the area.
- Evacuate the local area and prevent others from entering the area by using signage, sealing up doorways or posting guards at an appropriate distance.

Additionally for Project Areas:

The Site Manager should halt all local works and take any necessary or recommended action. Such action may include informing staff and building occupants, clearing the area or site etc. The Project Manager must be informed of all developments.

General, contractor specific and site health and safety reporting procedures may be triggered by these events.

Where the emergency has been caused by finding damaged ACMs it is likely that the longer term action will be the removal of the material, with the costs borne by the project.

Appendix 9

Emergency Procedures

B Non specialist personnel required to enter areas of elevated airborne asbestos fibre

For example:

- Plumbers or electricians are needed within known contaminated areas to carry out emergency services isolations
- Experts are required to enter asbestos work enclosures to give first aid

Action to be taken:

- Contact the Facilities Manager, via the Site Manager (for Project Works).

Access can only be given if the individual has received appropriate training, protective equipment and is accompanied by a Licensed Contractor or Analyst.

Appendix 9

Emergency Procedures

Reports and Records

Tamworth Borough Council Dangerous Occurrence Report

Sample form held at the rear of the policy are to be used as Reports and are to be completed by the Individual/appointed representative or Project Manager and submitted to the Health and Safety Team..

Accidental Asbestos Exposure Form

To be completed whenever an Tamworth Borough Council employee considers they may have been exposed to airborne asbestos fibre. "Exposure" will generally be taken to mean exposure to a known or possible level approaching or exceeding a control limit.

The form will record information including

- Name
- Date and time of incident
- Nature of exposure (damage or work to ACM, uncontrolled release of asbestos fibre from asbestos removal enclosure etc.)
- Location of incident
- Type of asbestos fibre/asbestos material
- Duration and level of exposure
- Copies of any associated analytical records
- Details of advice etc given to individual (health risks of asbestos etc.)

The Facilities Manager will provide technical information and the Form will be reviewed, completed, and kept by the Human Resources. A copy will be given to the employee with the recommendation that it be kept indefinitely.

Where the exposure relates to non- Tamworth Borough Council employees the Facilities Manager will record known details, these will be kept within the Tamworth Borough Council Asbestos Management record system.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) where exposure occurs above the control limits set in the Control of Asbestos Regulations the requirement to report the incident under RIDDOR will generally be assessed and carried out by the Health and Safety Team.

If the exposure occurs in an area under the control of a Principal Contractor the reporting requirement is the contractors responsibility.

Contractor Safety Reports

Company generated reports should be copied to the Project Manager and forwarded by them to the Facilities Manager and the Health and Safety Team

Disclosure of information

The Health and Safety Team may request copies of any reports in order to carry out investigations into the underlying causes of the emergency

Requests from individuals or other parties should be made to the relevant Manager, for example Building or Project Manager. It is unlikely that information would be released unless for individual e.g. insurance, purposes or to provide anonymous data for consideration in the AMP Review.

Appendix 10

Information and Training

Information

Information on the AMP and the management of ACMs will be available to all relevant personnel and organisations. General and Tamworth Borough Council specific information may be posted on relevant notice boards or produced for distribution in electronic format.

Where more specialist knowledge is required this may be sourced from specialist consultancies and publications, including HSE documents.

Training

It is acknowledged that effective management of ACMs requires knowledge of a specialised area of health, safety and construction works.

The Director of A&E shall ensure that a suitable level of expertise is available at Tamworth Borough Council, either by in-house training of employees, by using external training courses or resources, or by establishing a relationship with a specialist external organisation such as a UKAS accredited Consultancy.

The Head of Asset Management assesses training requirements and co-ordinates it's provision. The intention is to provide an open and responsive culture where individuals have an awareness of the risks and an appreciation of the effectiveness and suitability of, and requirement for, management procedures.

The key areas covered by in-house training sessions are:

AMP	purpose, general arrangements, availability and location responsibilities of employees and key groups
Asbestos Register	it's location, use and availability
ACMs	health effects their range and distribution at Tamworth Borough Council
Work practice	Safe systems and arrangements

It is acknowledged that risk groups, such as new employees, newly appointed contractors etc, may require asbestos awareness training or similar as part of their initial Tamworth Borough Council induction process.

In summary:

- Initial asbestos awareness/training will be carried out for relevant employees and contractors
- Continuing asbestos awareness/training will be carried out as necessary
- Problems or incidents with ACMs will be investigated and a review of training arrangements carried out if considered appropriate.

Appendix 10

Information and Training

Outline of training topics

Training agenda will be amended as required, tailored to the requirements of the audience.

Topic	Group		
	Maintenance, Security, Technicians etc	Consultants, Contractors	Employees with extra Responsibilities
Asbestos health risks			
AMP and Procedures			
Responsibilities			
ACMs – uses and distribution at Tamworth Borough Council			
Procedures for building works			
Advanced knowledge			

Employees considered to have extra responsibilities includes:

- Head of Asset Management
- Director A&E
- Health & Safety Manager
- Building Managers

Advanced knowledge may include formal qualification in health and safety or asbestos specific topics.

Appendix 10

Information and Training

Training for specific tasks with ACMs

Where employees are expected to carry out works with ACMs specific training will be provided. Such tasks may include:

- Removal of compressed asbestos fibre (CAF) gaskets (to flanges, soil pipe joints etc)
- Collection of asbestos cement debris
- Labelling of ACMs
- Emergency sealing off/decontamination of areas following disturbance to ACMs.

The Head of Asset Management will keep details of training agenda, training dates and which individuals have been trained for specific tasks.

Training review

The Head of Asset Management will review the training arrangements annually to assess if:

- All individuals/department/groups requiring training have been identified
- Re-training requirements are adequate
- Tamworth Borough Council induction arrangements are adequate
- Course content is appropriate.

Appendix 11

Action Plan

Action Plan

The Action Plan will contain priorities and timetables or targets for both remedial works e.g. removal works and non-remedial works e.g. training issues, survey requirements.

Consideration of a timetable for remedial works will take account of several factors including:

- ACM risk assessment score
- Building occupation constraints
- Financial resources
- Other planned building works.

The Head of Asset Management will review the Action Plan; the Plan will be finalised by the Director (Asset and Environment).

Action Plans will be included within the AMP Review, and later retained as archive documents, kept by the Head of Asset Management.

Appendix 12

Review of the Asbestos Management Plan

Review purpose

The Head of Asset Management will arrange a regular review of the AMP.

The intention of the review will be to assess:

- Management procedures and their effectiveness.
- Effectiveness of the management plan in terms of its integration into all matters relating to the building fabric and use
- Overall progress made against the Action Plan
- Suitability and maintenance of communication, instruction, training of personnel, employees and contractors
- Suitability and success of record keeping tasks

Significant findings and comments will be reported to the Director of A & E. A record of the Review will be kept by the Head of Asset Management.

Review Timetable

The Head of Asset Management will set the timetable and date of the next review.

A Review will be:

- Carried out on a 12 monthly basis
- Considered when significant events occur - for example, on completion of major asbestos removal projects, following exposure of personnel to significant airborne asbestos fibre levels, transfer or increase of premises, or if arrangements within the AMP are no longer considered to be adequate.

Review Attendees

The Head of Asset Management will invite appropriate representatives.

Review Agenda

The Head of Asset Management will set the Agenda and will distribute to all relevant personnel in sufficient time for data and feedback to be collated.

The agenda will include some or all of the areas set out below:

AMP

Compliance with HSE and Tamworth Borough Council procedures
Management and Organisation structure
Audits and Reports

Action Plan Remedial

Works Asbestos

Register

Asbestos awareness/training

Incidents with ACMs

HSE reports

Appendix 13

Key regulatory documents

	Asbestos Regulations
SI No. 2739	Control of Asbestos Regulations 2006
	Asbestos – Approved Codes of Practice and Guidance
L143	ACoP – Work with Materials containing Asbestos (1 st Ed) (2006)
L127	ACoP – The Management of Asbestos in non-domestic premises (2006)
HSG 53	The selection, use and maintenance of respiratory protective equipment (2005)
HSG 247	Asbestos: The Licensed Contractors guide (2006)
HSG 248	Asbestos: The analysts guide for sampling, analysis and clearance procedures (2005)
HSG 189/2	Working with asbestos cement (1999)
HSG 213	Introduction to Asbestos Essentials (2001)
HSG 210	Asbestos Essentials – Task Manual (2001)
HSG 227	A comprehensive guide to managing asbestos in premises (2002)
HSG 264	Asbestos: The Survey Guide (2010)
	Medical Series
MS 13	Asbestos: Medical Guidance Note (4 th Edition) (2005)
	Health and Safety – Approved Codes of Practice and Guidance
L73	A guide to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (2008)
	Waste Regulations
SI No. 988	Waste (England and Wales) Regulations 2011
SI No. 894	The Hazardous Waste (England and Wales) Regulations 2005
	The List of Wastes (England) Regulations 2005. As Amended by the 2011 Regulations.
SI No. 1056	The Waste Management Licensing Regulations 1994 as amended 2003
SI No. 2092	Carriage of Dangerous Goods (Carriage, Packaging and Labelling) & Use of Transportable Pressure Receptacles Regulations 1996

Management Plan for the Control of Legionella Bacteria in Water Systems

TAMWORTH Borough Council



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Legionella Policy

The policy of Tamworth Borough Council is to provide and maintain safe working conditions, equipment and systems of work for all staff, visitors and contractors, and to provide such resources, information, training and supervision as required for this purpose.

The Council will provide resource and maintain appropriate management systems, systems of work and equipment to ensure that legionella risks to all staff, visitors and contractors are controlled. Suitable information, instruction, training and supervision will be provided to all those involved in the control of legionella.

The council will adopt the principles of control set out in the HSC publication *'Legionnaires' disease: The control of legionella bacteria in water systems- Approved Code of Practice and Guidance (L8)*

The management of legionella risk will be a continual commitment by the organisation involving regular management and progress meetings, a risk assessment program, monitoring, inspection and record keeping.

The Director (Assets and Environment) has been appointed by the Organisation as the Responsible Person (Legionella).

This policy is formally accepted by the organisation. The Council will do all that is reasonably practicable to comply with its requirements, and will make all necessary resources available.

Signed: _____

Chief Executive of Tamworth Borough Council

1.0 Introduction

1.1 This Management and Procedures Manual has been prepared for TAMWORTH Borough Council and sets out a framework for ensuring water systems are installed, operated and maintained in a manner which both reduces the risk of a Legionellae outbreak and ensures an appropriate water quality. This Manual forms the first part of a three part framework which comprises the following elements:

i. Management Policy

Outlines the overall responsibilities of the organization, details responsibilities of individuals, and defines outline operational duties which must be implemented, defines record keeping requirements.

ii. Risk Assessment

Outlines the requirement to identify and assess the risk of Legionellosis from work activities and water sources within the councils estate and the identification of any remedial or precautionary measures that need to be undertaken.

iii. Operational Policy

Details the specific operational criteria that must be achieved for all systems identified in the Risk Assessment as being susceptible to colonising Legionella.

Details the specific maintenance criteria that must be achieved to minimise the risk as identified in the Risk Assessment.

Details of testing protocols, frequencies, record keeping etc.

1.2 The Council has both a moral and legal responsibility to ensure that the risk to employees, visitors and contractors etc. is reduced so far as is reasonably practicable. The staff detailed in this manual, are required to implement the procedures, works, etc. necessary to ensure the Councils obligations and statutory requirements are fulfilled.

Legionella Management Policy

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1.0 What is Legionnaires Disease?

1.1 Background

Legionnaires disease is a potentially fatal form of pneumonia which can affect anybody, but which principally affects those who are susceptible because of age, illness, immunosuppression, smoking etc. It is caused by the bacterium *Legionella pneumophila* and related bacteria. Legionella bacteria can also cause less serious illnesses which are not fatal or permanently debilitating e.g. Pontiac Fever and Lochgoilhead Fever.

Legionnaires Disease was first recognised in July 1976, when an outbreak occurred amongst delegates attending an American Legion Convention in Philadelphia. The cause eluded scientists for several months, but in January 1977 the Centre for Disease Control, Atlanta, reported the isolation of the causative agent, which they named Legionella Pneumophila.

1.2 Risk of Infection

On average there are approximately 200-250 reported cases of Legionnaire's disease each year in the UK. It is thought, however, that the total number of cases may be generally underestimated. About half of cases are associated with travel abroad. Infections which originate in the UK are often sporadic, for which no source of infection is often traced. However, clusters of cases also occur and outbreaks have been associated with cooling tower systems and hot and cold water systems in factories, hotels, hospitals and other establishments.

Mortality rates from confirmed cases are, on average 10 – 12%. Since 1980 there have been a number of major outbreaks of Legionnaires Disease in the UK.

1.3 Susceptibility of Individuals

While previously healthy people may develop Legionnaires Disease, there are a number of factors which increase susceptibility:

- increasing age, particularly above 50 years (children are rarely infected)
- sex: males are three times more likely to be infected than females
- existing respiratory disease which makes the lungs more vulnerable to infection or anything that may suppress the immune system
- smoking, particularly heavy cigarette smoking, because of the probability of impaired lung function

1.4 Reducing the Risk

As legionella bacteria are commonly encountered in environmental sources they may eventually colonise manufactured water systems and be found in cooling tower systems, hot and cold water systems and other plant which use or store water. To reduce the possibility of creating conditions in which risk from

exposure from legionella bacteria is increased, it is important to control the risk by introducing measures which:

- (a) Do not allow proliferation of the organisms in the water system; and
- (b) Reduce, so far as is reasonably practicable, exposure to water droplets and aerosol.

The risk of infection depends upon the ability of these organisms to multiply to significant levels, to be then dispersed into the air as an aerosol and to be inhaled in sufficient numbers by susceptible individuals.

By knowing the ideal conditions for the bacteria's growth and taking all reasonable precautions to avoid them we can reduce the risk of sufficient numbers of bacteria being present to cause a health hazard.

Although the bacterium is relatively easily killed it is important to avoid the conditions under which it likes to grow.

Most water systems can provide a potential habitat for the organism. The optimum temperature required is 37°C. At temperatures above 37°C the rate of multiplication of Legionella, in laboratory tests, decreases and at 46°C falls to zero. Bacteria will survive at higher temperatures but the survival time decreases from a matter of hours at 50°C to one of minutes at 60°C and practically zero at 70°C.

Below 37°C the multiplication rate decreases and can be considered insignificant below 20°C. The organism can remain dormant at much lower temperatures and return to active multiplication whenever more favourable temperatures occur.

It is this temperature dependence which gives us the main mechanism of prevention of Legionnaires Disease in hot and cold water systems. If we can keep the cold water cold (below 20°C) and the hot water hot (above 50°C) then the bacteria will either not be able to multiply or will be killed.

However, even with good day to day control of temperature or scale, corrosion and fouling, and the use of effective biocides, it is essential to clean and sterilise all parts of a water system on a regular basis. The recommended times between this process vary dependent upon the type of system, but the objectives remain the same. The essentials of control are to keep any water system as clean as possible.

2.0 Legislation, Standards, Guidance and Codes of Practice

2.1 Introduction

An approved Code of Practice and Guidance L8 (ACOP) "The Control of Legionella Bacteria in Water Systems" became effective on 8 January 2001 and employers (and others as defined) are expected to follow the ACOP guidance in controlling Legionellosis in all circumstances where the Health and Safety at Work Act 1974 (HSW) applies. The ACOP provides practical guidance for compliance with certain provisions under HSW and the Control of Substances Hazardous to Health Regulations 1999 (COSHH).

In addition to the ACOP a number of other sources of legislation, guidance, codes of practice, etc. are available and are listed below:

- Health and Safety Executive – The Control of Legionellosis including Legionnaires Disease
- Control of Substances Hazardous to Health Regulations 2002
- Cold Water Services Water Supply (Water Fittings) Regulations 1999
- "Safe" Hot Water and Surface Temperatures – Health Guidance Note 1998
- British Standard Specification BS 6700: 1997 for design, installation and maintenance of services supplying water for domestic use within buildings and their curtilages
- Health and Safety Executive – Guidance Note EH48 Legionnaires Disease
- The Chartered Institution of Building Services Engineers TM13 2002 COP Minimising the Risk of Legionellosis

The above documents provide a useful source of data for site staff to manage the control of Legionellosis and should be consulted whenever further information on the subject is required.

2.2 Required Standards at TAMWORTH Borough Council

Our policy is to follow the guidance in the ACoP (L8) as a means of complying with the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

Although failure to comply with any provision of the ACOP is not in itself an offence, that failure may be taken by a court in criminal proceedings as proof that a person has contravened the legal requirement to which the provision relates. In such cases, however, it will be open to that person to satisfy a court that he has complied with the requirements in some other way.

Therefore, in order to minimise the potential for an outbreak of Legionella and ensure appropriate water quality standards are maintained, **the responsible persons as detailed in Section shall implement all requirements of the ACOP and, where applicable, adopt the procedures and practices detailed in the supporting documents listed above.**

2.3 ACoP L8: The Key Requirements

The key requirements of the ACOP are listed below and a more detailed copy is included in the Operational Policy Document:

- Identify and assess sources of risk;
- Prepare a scheme for preventing or controlling the risk;
- Implement, manage and monitor precautions
- Keep records of the precautions
- Appoint a person to be managerially responsible

The Operational Policy Manual (Section 3 of this Manual) provides specific detail on the maintenance regimes that must be implemented on the systems on the council's estate.

2.4 TAMWORTH Borough Council Policy Statement

The policy of the Council is to provide and maintain safe working conditions, equipment and systems of work for all staff, visitors and contractors, and to provide such resources, information, training and supervision as required for this purpose.

The Council will provide resource and maintain appropriate management systems, systems of work and equipment to ensure that legionella risks to all staff, visitors and contractors are controlled. Suitable information, instruction, training and supervision will be provided to all those involved in the control of legionella.

The council will adopt the principles of control set out in the HSC publication *'Legionnaires' disease: The control of legionella bacteria in water systems- Approved Code of Practice and Guidance (L8)*

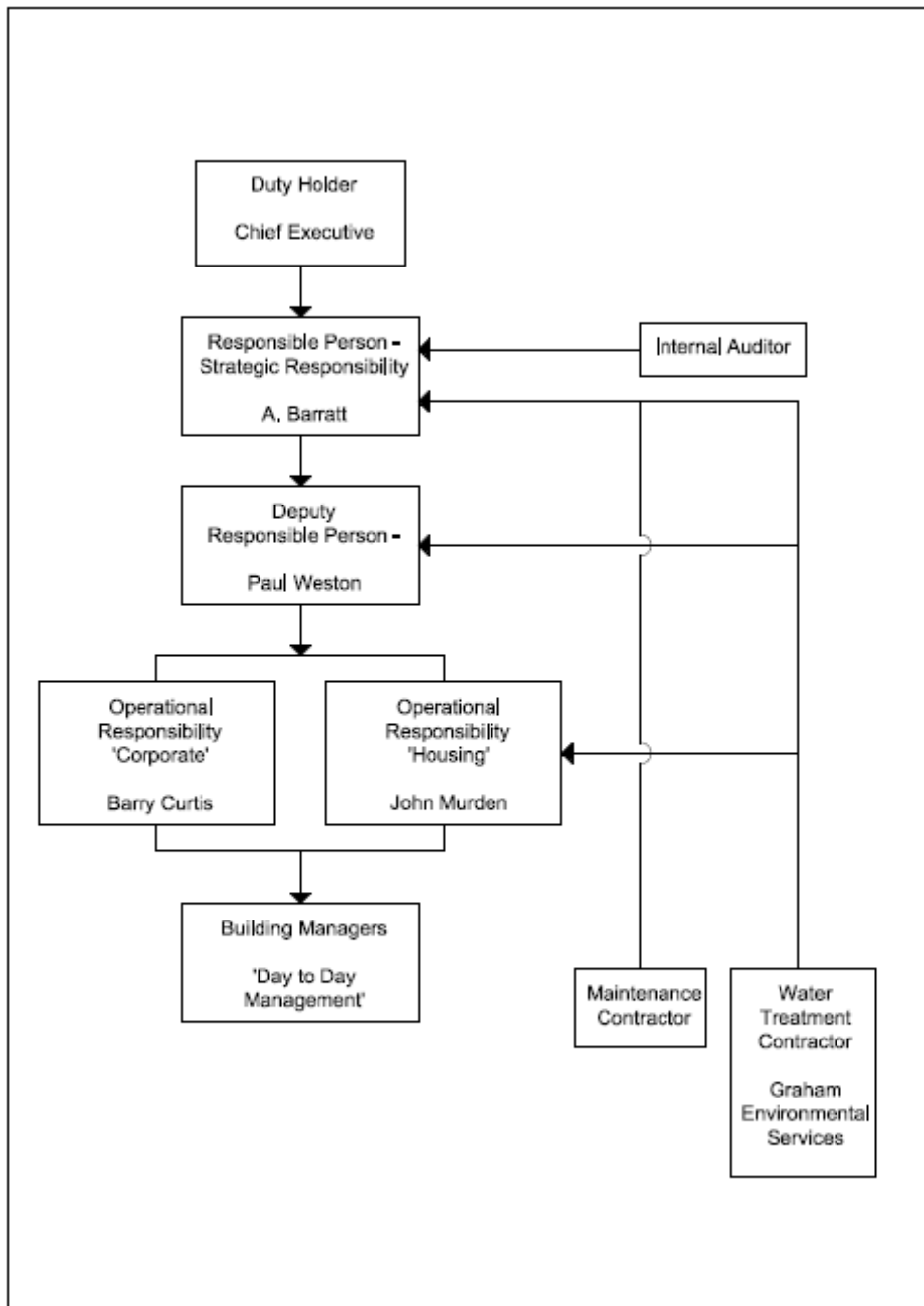
The management of legionella risk will be a continual commitment by the organisation involving regular management and progress meetings, a risk assessment program, monitoring, inspection and record keeping.

The Director (Assets and Environment) has been appointed by the organisation as the Responsible Person (Legionella)

This policy is formally accepted by the organisation. The Council will do all that is reasonably practicable to comply with its requirements, and will make all necessary resources available.

3.0 Arrangements for Managing Legionellosis

The following organisational structure diagram summarises the Councils arrangements for managing legionella.



3.1 **Specific Duties and Responsibilities**

The ACoP identifies two distinct roles, each having specific responsibilities for the management of legionella bacteria, namely

- (a) The Duty Holder
- (b) The Responsible Person

3.1.1 The Duty Holder: Chief Executive

The duty holder must appoint in writing a responsible person to take managerial responsibility for controlling legionella in Council premises and must ensure that the Council meets its statutory obligations. The Chief Executive is ultimately responsible for Health and Safety and the safe operation of the water systems within the council premises.

3.1.2 The Responsible Person

The responsible person shall accept managerial responsibility for the control of legionella bacteria within all council premises. They will be responsible for the implementation and management of the Legionella Control Plan and all the procedures for control as set out in this policy and operational manual.

The Responsible Persons duties include but are not limited to the following

- Act as a focal point for all Legionellae / Legionellosis related issues within Council.
- Arranging for all premises to be risk assessed by a competent specialist water treatment contractor, no less frequently than bi-annually, in sufficient detail so as to identify and assess the risk of Legionella.
- Arranging for a competent specialist water treatment contractor to undertake inspection and monitoring regime to meet the requirements of the risk assessment and statutory legislation.
- Maintain Council's Legionellae Written Scheme (Management Plan).
- Ensuring up to date schematic drawings / diagrams of the hot and cold water systems are prepared, updated and made available to Maintenance Contractors, Building Maintenance Operatives and Building Managers as necessary.
- Providing an asset register of all associated plant, pumps etc. to Maintenance Contractors, Building Maintenance and Building Managers (or equivalent) as necessary.
- Providing adequate information to the Building Managers/users/Building Maintenance etc. on any risks and measures necessary to ensure that water systems will be safe and without risks to health.
- Ensuring hot and cold water systems are designed and constructed in compliance with relevant water regulations.
- Notifying the Building Maintenance Supervisor, Contracts Manager and the Health & Safety Advisor of any cooling towers and evaporative condensers.

- Develop and implement action plans in relation to identified or potential Legionellae presence.
- Assess Safe Systems of Work / Method Statements and / or Permit to Work systems in relation to any work where there is a risk of Legionellosis.
- Convene meetings of relevant personnel and groups prior to and, where necessary during any work with the potential for a release of Legionnellae, to ensure appropriate procedures and safe systems of work are being applied.
- Liaise with other relevant agencies and personnel, including surveyors, analysts, HSENI, EMAS, Occupational Health / Hygiene professionals, project managers, and emergency services, as appropriate.
- Coordinate any significant Legionellae related works including, so far is as reasonably practicable, compliance monitoring.
- Ensure that relevant employees and / or contractors are provided with appropriate information, including the results of site-specific risk assessments as applicable.
- Ensure that, in the event of a serious Legionellosis related incident, the appropriate senior managers and the HSENI are informed as soon as possible.
- Being accountable to the Chief Executive for the effective management of Legionellae within Council.

The Property Services Team are responsible for the selection of suitable systems. The design, maintenance and operation of the system is crucial to controlling the risk from Legionella bacteria and employees should avoid procuring systems that give rise to a reasonably foreseeable risk of Legionellosis. Competent advice should be sought from sources such as manufactures, suppliers, British Standards and / or their European / International equivalents where necessary.

3.1.3 Deputy Responsible Persons

The Deputy Responsible Persons will, in the absence of the Responsible Person, assume the role of 'Acting Responsible Person'. They will also be responsible for assisting in the implementation, management and operation of the Legionella Control Plan and all the procedures for control as set out in this policy and operation manual. They may also be delegated specific responsibilities as directed by the Responsible Person.

3.1.4 Facilities Manager / Building Manager

Those Building Managers who are responsible for the day-to-day management of the risk from Legionella bacteria on-site must:

- Allow reasonable access to enable the risk assessment and any remedial works to take place.
- Ensure that no repair, maintenance or alteration work takes place on hot and cold water systems within the building(s) they are responsible for without notifying Property Services Team of the planned changes so an assessment can be made as to the potential water hygiene impact on the system.
- Appoint and identify any individuals(s) who will be responsible for completing the routine water hygiene tasks and checks on the premises, i.e. weekly flushing tasks
- Regular maintenance of showers and water systems (with direction from Building Maintenance and following the recommendations of the assessment carried out by the Maintenance Contractor as appropriate), this may include:
 - a. Flushing / running showers for a set time at the hottest setting at least once a week;
 - b. Flushing / running little used taps, WCs and water sources weekly;
 - c. Instigating suitable closedown and reopening procedures where a facility or part thereof, is to be removed from use for any period of time greater than seven consecutive days.
- Facilitating Building Maintenance as necessary.
- Facilitating Maintenance Contractors as necessary.
- Recording such flushing procedures in log sheets and managing / monitoring maintenance records contained within the log book such as regular maintenance, Chlorination records and remedial works.
- Reporting any concerns to Responsible Person (the Responsible Person), such as inappropriate temperatures, in a timely and appropriate manner.
- Ensuring that problems or concerns are followed up with the Responsible Person, in a timely and appropriate manner.
- Ensure that they are aware of the work being undertaken by the contractors and maintenance staff, the risks being introduced and how the work may affect the working environment;

- Maintaining a Contractors Log for their department.
- Report any damage, deterioration or changes in the use of the building, use of the of water systems and / or air conditioning plant within their area of operational responsibility to the Responsible Person.
- Ensure that they inform the contractors and maintenance staff of all relevant emergency procedures within their department / area as appropriate.
- Account for contractors and maintenance staff working within their department in the event of an emergency.
- Ensuring only modifications, approved and authorised by the Responsible Person, are made to any system that utilises hot or cold water.

Each building will have its own Legionella Survey / Risk Assessment and particular recommendations, which must strictly implemented and followed. Building Managers should seek advice from the Facilities Management Team and the Responsible Person. Building Managers should also seek advice where there is a concern that exposure to Legionella might present a risk to health.

3.1.5 Water treatment contractor

The Water Treatment Contractor, were employed, will be responsible for undertaking any of the legionella control tasks/procedures as delegated to by the Responsible Person. These responsibilities will be defined in writing in the contract documentation. Any deviation from the initial contract documents shall be mutually agreed and documented as part of the contract review process. It is the council's policy that a specialist water treatment contractor will undertake the following tasks as identified in the Risk Assessment and Operational Policy & Procedure Manual

The appointed specialist water management contractor is responsible for carrying out control schemes measures as directed by the tender specification. A detailed list of the current contractors responsibilities are provided in Appendix A. The duties may include, but are not be limited to:

- Carrying out Legionella Surveys and Risk Assessments.
- Provide a log to record details of all monitoring, inspections and remedial work undertaken.
- Monitoring and inspecting all accessible parts of systems for damage or contamination.
- Disinfecting systems and ensuring treatment regimes are appropriate.
- Legionella and TVC Sampling.

- Recording all such inspections, assessments and maintenance regimes and providing any necessary documentation to enable responsible persons to update log books accordingly.
- Advising Responsible Person and / or Facilities Managers of the outcome of inspections and areas of concern in a timely fashion so that recommended preventative work can be implemented to maintain appropriate standards.
- Providing Legionella Awareness training to TAMWORTH Borough Council staff as appropriate.
- Advising TAMWORTH Borough Council as to the adequacy of its legionella management plan and control procedures
- All work carried out by the contractor must be carried out in accordance with relevant legislation and industry best practice.
- All contractors must comply with the Councils policy on the control of the contractors.

3.1.6 Independent Auditor

An independent Auditor, external to the Council is responsible for auditing the building water systems operation and control and providing independent advice from time to time, as necessary

3.2. Appointments for the Management of Legionellosis

- 3.2.1** The Duty Holder is the Council Chief Executive.
- 3.2.2** The Responsible Person (Legionella) shall be the Director (Assets & Environment)
- 3.2.3** The Deputy Responsible Person (Legionella) will be the Head of Asset Management.
- 3.2.4** The appointments of the Responsible Persons (Legionella) and the Deputy Responsible Persons (Legionella) shall be confirmed in writing by the Duty Holder, a copy of which is held in Appendix B.
- 3.2.5** The details of the current Water Treatment Contractor shall be held in Appendix B.

4.0 Legionellosis Management Plan/ Risk Minimisation Plan

4.1 The Responsible Person and Property Services Team will be responsible for the implementation and arrangement of the written management plan for the control of legionella bacteria in council properties in accordance with this Policy and Procedure Manual and the HSE ACoP L8, COSHH regulations and all other statutory and advisory provisions afore mentioned. The Legionellosis Management Plan/ Risk Minimisation Plan will take the form of a Legionella Action Plan and will encompass the following key elements

- Risk Assessment
- Risk Control Measures
- Routine Monitoring
- Record Keeping
- Review

4.2 The Legionella Management Plan/Risk Minimisation Plan and arrangements will be reviewed annually on a formal basis by the Responsible Person. This annual legionellosis risk management audit will be undertaken in order to ascertain the effectiveness of the broad management arrangements. The methodology for audit may vary from year-to-year in order to ensure a fresh outlook on each occasion. The audit report will include recommendations for improvement and forms part of the legionellosis risk management system. A quarterly audit of site log books will also be undertaken.

5.0 Risk Assessments

(See section 2 of this Policy and Procedures Manual)

5.1 A suitable and sufficient assessment is required to identify and assess the risk of exposure to Legionella Bacteria from work activities and the water systems on the premises and any necessary precautionary measures. The assessment should include identification and evaluation of potential sources of risk and:

- The particular means by which exposure to legionella is to be prevented; or
- If prevention is not reasonable practicable, the particular means by which the risk from exposure to legionella bacteria is controlled.

5.2 Prior to the conduct of on-site risk assessments, a risk screen will be performed in order to prioritise the water systems for detailed risk assessment, in order that the potentially highest risk building are assessed first.

Where the assessment demonstrates that there is no reasonably foreseeable risk or that risks are insignificant and unlikely to increase, no further assessments or measures are necessary. All risk assessments should be reviewed annually.

5.3 The risk assessment shall form the basis of the Legionella Management/ Risk Minimisation Scheme describing the particular means by which the risk from exposure to Legionella bacteria is to be controlled. The remedial actions within the Legionella Management Plan/ Risk Minimisation Scheme shall be reasonably practicable and prioritised on the basis of risk, cost and difficulty.

6.0 **Operational Control Measures**

(See section 3 of this Policy and Procedures Manual)

6.1 Where the risk assessment shows that there is a reasonable foreseeable risk and this cannot be totally eliminated, there should be a written scheme for controlling the risk from exposure. This scheme should specify measures to be taken to ensure that it remains effective and should include:

- An up-to-date plan showing layout of the plant or system, including any part temporarily out of use;
- A description of the correct and safe operation of the system;
- The precautions to be taken;
- Checks to be carried out to ensure efficacy of the scheme and the frequency of such checks;
- Remedial action to be taken in the event that the scheme is shown not to be effective.

6.2 General Statement of Control

There are many ways in which exposure to legionella bacteria can be controlled and the complexity of controls will vary depending on the risks posed by any one system. The risk from exposure will normally be controlled by measures, which do not allow the proliferation of legionella bacteria in the system and reduce exposure to water droplets and aerosol. Control measures will generally include the following precautions where appropriate:

- Controlling the release of water spray;
- Avoidance of water with temperatures between 20°C and 45°C;
- Avoiding water stagnation, which may encourage the growth of bio film;
- Avoiding the possibility of materials which provide a harbour for nutrients which encourages the multiplication of bacteria e.g. dead animals, wood etc., which can fall into open water tanks;
- Avoid use of materials in systems that can harbour or provide nutrients for bacteria and other organisms;
- Keeping systems clean to avoid the build-up of sediments which may harbour bacteria
- The use of suitable and safe water treatment programmes;
- Effective monitoring and management systems, which ensure correct and safe operation together with effective maintenance of the water system.

6.3 Any written scheme, which includes the use of chemicals, must contain manufactures details on the effectiveness, the required concentrations and contact time required for effective treatment. They should also contain the health and safety information for the storage, handling, use and disposal of the chemical.

6.4 The cleaning and disinfection procedures should be clearly stated. Where monitoring procedures are required the scheme must clearly state the required frequency, sampling locations and procedures to ensure consistency. It must make clear the acceptable physical and chemical parameters together with allowable tolerances. There must also be guidance on the remedial action to be taken in case the control limits are exceed,

including lines of communication, which should include all appropriate appointed persons.

- 6.5** It is essential that the risks are adequately controlled therefore written schemes must state what arrangements have been made to ensure they are properly implemented and managed. Anyone who is responsible for managing the scheme or undertaking monitoring of the control measures needs to be identified in the written scheme by name. All written schemes must also contain a Normal Operating Procedure together with an Emergency Action Plan. The primary objective should be to avoid conditions, which permit Legionella Bacteria to proliferate and to avoid creating a spray or aerosol.

7.0 Monitoring and routine inspection

7.1 Where there is a significant risk there is a need to ensure that the control measures remain effective. This should be the duty of the responsible person or where appropriate, a Council appointed external contractor and should involve:

- Checking the performance of the system and it's component parts:
- Inspecting the accessible parts of the system for damage and signs of contamination; and
- Monitoring to ensure that the treatment regime continues to control to the required standard

7.2 The frequency and extent of the routine monitoring will depend on the operating characteristics of the system and shall be set out in the site specific risk assessment (see Appendix C).

8.0 Record Keeping

(See section 3 of this Policy and Procedure Manual)

8.1 Records of risk assessments and surveys of water systems carried out in accordance with the Approved Code of Practice will be documented. The resulting information is to be held electronically.

8.2 Electronic web based legionella log book

8.2.1 The council will use a Web Based Electronic Logbook System to hold all records pertaining to the control and management of legionella relating to the tasks undertaken by the Water Treatment Contractor. The system will be specified by the Property Services Section. It will be the responsibility of the council to act upon any non conformances reported and to appoint a competent person to undertake all necessary remedial action to mitigate the risk of exposure to legionella bacteria.

8.2.2 The system should fully integrate the key stages of the Legionella management process into one user friendly and secure web page. The system must be able to provide the following information as a minimum electronically and with a delay from site to web page of less than one hour; using GPRS enabled PDA hand held technology. Each water system asset will be allocated a unique Asset Identification Number, in the form of a barcode or similar.

8.2.3 The system must include demonstrable, robust security (minimum 1024Bit SSL Certificate) to protect any and all data relevant to the Contract Administrator and the council such as property names, addresses, contact details and information recorded, during the contact period and beyond. The system must fully comply with the Data Protection Act 1998.

8.2.4 Access to the Electronic Web Based System will be via a secure and unique user name and password. The key personnel involved in the management of the control scheme will have full editable access to the system while other users such as Building Managers will have a read only facility.

8.3 Water Hygiene Logbook (Held on each site where practically possible)

8.3.1 A hard copy log book will be held on each site and will hold the following information;

- A log to be signed by all contractors carrying out work on the buildings water systems and a description of their work.
- A register for weekly flushing of infrequently used outlets. This will also include a procedure detailing how and why outlets should be flushed.

See Appendix I for an example log book.

8.3.2 To ensure that precautions continue to be carried out and that adequate information is available, 'current' records will be required to be kept for at least two years after that period. All records should be signed by those performing the various tasks assigned to them. These records shall be retained for five years.

8.4 Information for Employees

All staff involved in the operation of the Legionellosis Management must be given information to ensure they are aware of the risks associated with the water and other risk systems within the council estate. They should have access to the written scheme, all monitoring records and risk assessments. Poor communication has been indicated in previous outbreaks as a contributory factor, therefore all lines of communication should be clear, unambiguous and audited regularly to ensure they are and remain effective.

9.0 **Training and Competence**

9.1 Only competent persons will be authorised to carry out legionella management and control works. A person shall be deemed competent to carry out the appropriate operation only if they have satisfactorily completed a Council approved course on Legionella control, as well as having other appropriate qualifications, sufficient knowledge and experience relevant to the Legionella control, testing or management operations that they propose to undertake.

9.2 **Council Employees**

All council employees involved in the control of legionella will be given suitable and sufficient training to enable them to competently carry out all tasks that they are responsible for. The Responsible Person will identify all employees training requirements and co-ordinate the delivery of that training. Typically legionella training will be required as follows

1. Responsible/ Deputy Responsible Persons

City & Guilds Management of Legionella Bacteria BS0004 or equivalent/similar

2. Building Managers/ Maintenance Operatives

Legionella Awareness Training, City & Guilds BS0006 or equivalent/similar

9.3 **Water Treatment Contractor**

Contractors appointed to undertake legionella control operations will be required to conform in full with the requirements of this Policy and Procedure Manual. Additionally contractors shall comply with the following

- Hold current Grade 1 membership of the 'Legionella Control Association' (LCA) as set up jointly by the Health and Safety Executive (HSE) and Water Management Society (WMS). Contractors must comply with in full the LCA ' Code of Conduct for Service Providers'
- All contractor employees undertaking Legionella control operations shall hold the relevant City and Guilds/ Water Management Society accredited qualifications. In exceptional cases, employees who have undertaken alternative training courses and are able to demonstrate competency to the satisfaction of the Responsible Person may be permitted to undertake Legionella control operations.

9.4 Water Analysis Services

Water samples taken for analysis as part of the legionella control program should be submitted only to laboratories that are UKAS accredited for the analysis suites in question. A copy of the laboratories relevant UKAS accreditation certificate/s must be submitted to the Responsible Person for approval prior to any analysis being undertaken.

10.0 The Course of Action if an Outbreak of Legionnaires Disease is suspected

- 10.1** The nominated responsible person will be informed of a suspected case of Legionnaires 'disease. If a case is suspected then the responsible person will notify the councils corporate safety unit. The responsible person, the relevant FM and the independent partner will normally work in association with the Public Health Laboratory Service and the local CCDC to search for the source of the causative organism. It is essential that systems are not drained or disinfected before samples have been taken. The Property Services Teams role is an important one – identifying the various water systems within the building and, in particular, to the points from which samples can be taken. Easy access to these sampling points is essential.
- 10.2** An investigating team will be established under the guidance of the Duty Holder, this will normally comprise of the staff listed in Appendix D
- 10.3** The investigation will concentrate upon all potential sources of Legionella infection, including:
- the domestic hot and cold water distribution system
 - showers or spray washing equipment
 - drainage system and traps
 - humidifiers in ventilation systems
 - cooling coils in air-conditioning systems
 - any other water based system
- 10.4** To assist in such investigations, the Building Manager must be able to provide details of all associated equipment, including all documentation. He must assist by advising the investigating team on the extent of servicing on the site, and by locating taps and sample points.
- 10.5** Information will also be required, such as whether there have been any local excavation or earthmoving works, alterations to water supply systems or drainage systems or any other factors which may have a bearing on the site.
- 10.6** The team is responsible for identifying the cause of infection, and will advise on cleaning, disinfection, any modifications, and long-term control measures.

11.0 The Course of Action in the Event of an Outbreak

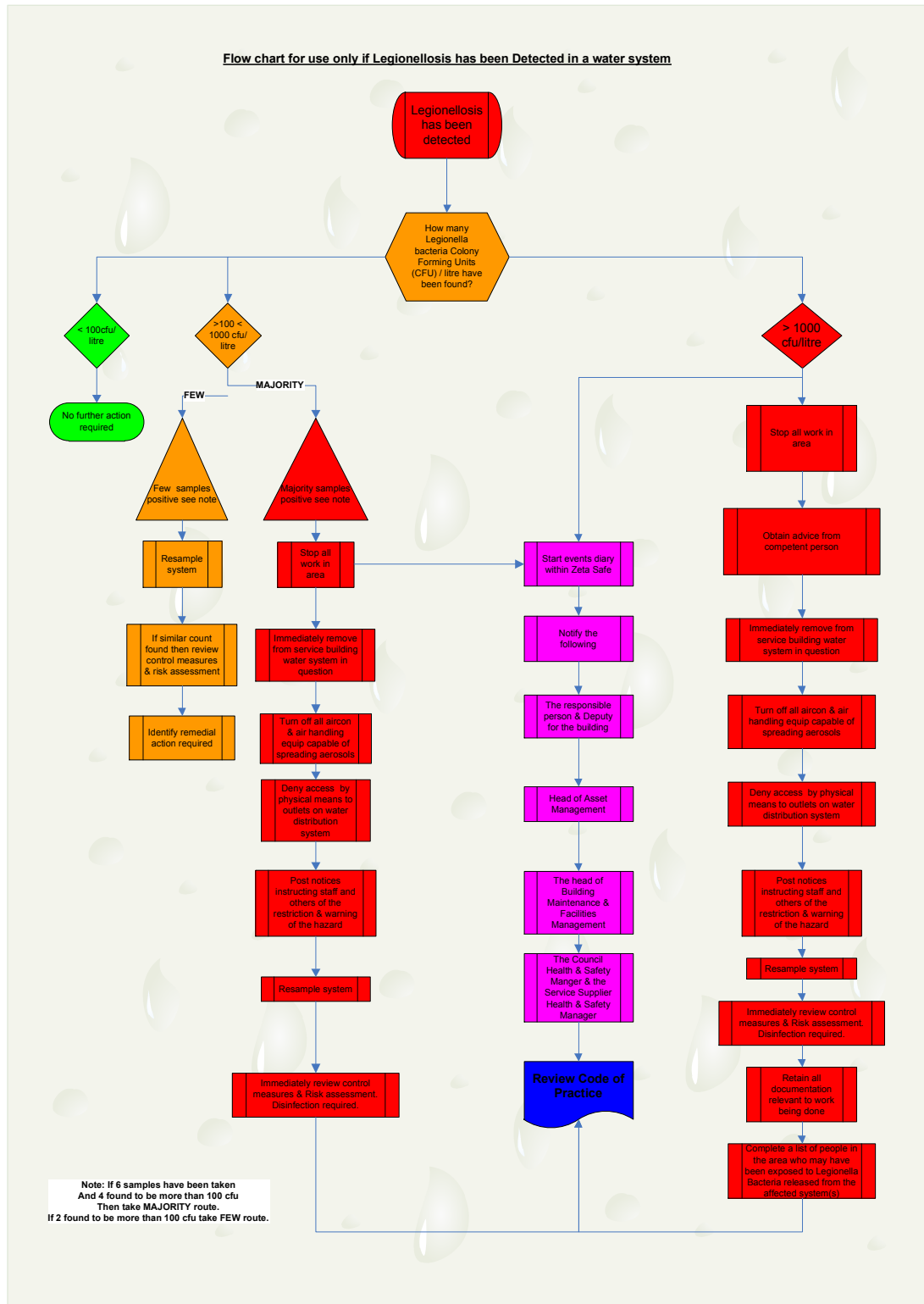
- 11.1** Legionnaires Disease is not notifiable under public health legislation in England.
- 11.2** An outbreak is defined by the Public Health Laboratory Service (PHLS) as two or more confirmed cases of Legionellosis occurring in the same locality within a 6 month period. Location is defined in terms of geographical proximity of the cases and requires a degree of judgement. It is the responsibility of the Proper Officer for the declaration of an outbreak. The Proper Officer is appointed by the local authority under public health legislation and is usually a Consultant in Communicable Disease Control (CCDC).
- 11.3** Local authorities will have established incident plans to investigate major outbreaks of infectious disease including Legionellosis. These are activated by the Proper Officer who invokes an Outbreak Committee, whose primary purpose is to protect public health and prevent further infection. This will normally be set up to manage the incident and will involve representatives of all the agencies involved. HSE or the local authority EHO may be involved in the investigation of outbreaks, their aim being to pursue compliance with health and safety legislation.
- 11.4** The local authority, or EHO acting on their behalf (often with the relevant officer from the enforcing authorities – either HSE or the local authority) will make a site visit.
- 11.5** As part of the outbreak investigation and control, the following requests and recommendations may be made by the enforcing authority:
- (a) To shut down any processes which are capable of generating and disseminating airborne water droplets and keep them shut down until sampling procedures and any remedial cleaning or other works has been done. Final clearance to restart the system may be required.
 - (b) To take water samples from the system before any emergency disinfection being undertaken. This will help the investigation of the cause of the illness. The investigating officers from the local authorities may take samples or require them to be taken.
 - (c) To provide staff health records to discern whether there are any further undiagnosed cases of illness and to help prepare case histories of the people affected.
 - (d) To co-operate fully in an investigation of any plant that may be suspected of being involved in the cause of the outbreak. This may involve for example
 - a. Tracing of all pipe work runs
 - b. Detailed scrutiny of all operational records
 - c. Statements from plant operatives and managers
 - d. Statements from water treatment contractors or consultants

- 11.6** Any infringements of relevant legislation may be suspect to a formal investigation by the appropriate enforcing authority.

- 11.7** If a water system other is implicated in an outbreak of Legionnaire's Disease, emergency treatment of that system should be carried out as soon as possible.

12.0 The Course of Action in the Event of a Legionella Positive Test Result

12.1 Summary of procedures for Action to be undertaken following the confirmation of a legionella positive test result.



13.0 Specific Health and Safety Issues

13.1 Work in Confined Spaces

If plant is located in confined spaces, reference on entry into confined spaces can be sought from Safe Work in Confined Spaces Approved Code of Practice, Regulations and Guidance [L101]. A Confined Spaces Risk Assessment should be completed and returned to the Responsible Person prior to any work commencing.

13.2 Water Treatment

Because water treatment chemicals, including chlorine-containing chemicals and solutions, are often toxic or corrosive they should be used cautiously to ensure that they do not endanger the users or other occupants of the building. Caustic resistant gauntlet type gloves will be required. Water treatment should be carried out by, or under the direction of, people who are suitably qualified and experienced.

13.3 COSHH

The use of water treatment chemicals should be subject to a COSHH assessment and permission would be required from the water authority prior to any discharge to sewers, storm water drains and watercourses. The Local Water Authority should be contacted prior to direct discharge to water courses.

13.4 Scalding

With regards to scalding risk the council will ensure that all that is reasonably practicable will be done to follow the requirements for the protection of hot water system users.

13.5 Contaminated Aerosols

13.5.1 The disinfection procedures presented for cold water storage tanks, domestic hot water vessels and water systems are designed to minimise the risk to staff and others that may come into contact with water which may have been contaminated with *Legionella sp.* In all instances of draining, water should be drained in such a way as to avoid the creation of an aerosol. This also applies for the safe purging of stagnant water e.g. from unused outlets.

13.5.2 The appropriate protective clothing should be worn during such procedures. This can be a powered filter and hood, European Class TH3 [assigned protection factor of 40] or a power assisted filter and close fitting full face mask TM3 [assigned protection factor 40]. It should be borne in mind that the filter on these systems is liable to get wet and subsequent resistance to air can increase with consequent discomfort to the operator.

13.5.3 Where possible, cleaning methods which create an aerosol [e.g. high pressure water jets] should be avoided. If this is not possible, the operation should be executed when the building is unoccupied, or in the case of permanently occupied building, windows in the vicinity should be closed and air inlets temporarily blanked off. As systems requiring cleaning will have high

organic load the operator and others closely involved should wear suitable respiratory protective equipment.

Risk Assessment Policy and Procedures

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1.0 Introduction

Identification and assessment of the risk

A suitable and sufficient assessment is required to identify and assess the risk of exposure to legionella bacteria from work activities and water systems and any necessary precautionary measures on all TAMWORTH Borough Council premises. The council will comply with its requirements under the Control of Substances Hazardous to Health Regulations 1999, Regulation 6 Management of Health and Safety at Work Regulations 1999, Regulation 3 Health and Safety at Work Act 1974, Sections 2, 3 in undertaking a Legionella/ Water Hygiene Risk Assessment at all premises within the councils estate.

The risk assessment will form the basis of the Legionella Management Plan/ Risk Minimization Scheme, as set out in section 1 of this Policy and Procedure Manual.

2.0 Persons at Risk

The Council have identified that all building users, including employees, contractors, visitors and the general public are at risk from the potential exposure to legionella bacteria. However, the council recognizes that due to the nature of legionellosis certain individuals may be at greater risk, these include;

- Smokers/ drinkers
- Individuals with existing respiratory conditions
- Males over the age of 50yrs
- Immune-suppressed individuals e.g. the aged or the young

The council will identify any specific groups of building users at significant risk or susceptibility and will fully inform the individual/s undertaking the risk assessment.

3.0 **Buildings and Systems at Risk**

It is generally considered that all buildings that contain a water system of any description are at risk from the potential proliferation of legionella bacteria which may result in the potential exposure to building users.

The following types of water systems are considered to present a reasonably foreseeable risk of causing an exposure to legionella bacteria and should be prioritised for assessment as part of the Legionella Management Plan/Risk Minimisation Scheme;

- Water systems incorporating a cooling tower
- Water systems incorporating an evaporative condenser
- Hot and cold water systems
- Other plant and systems containing water that is likely to exceed 20°C but not 60°C, and which may release a spray or aerosol during operation or when being maintained.

Risk Categorisation

For the purpose of risk prioritisation and management, Council buildings and plant are considered to fall into five categories, these are

Class A: Buildings with cooling towers

Class B: Complex buildings with spray outlets/showers

Class C: Simple buildings with spray outlets/showers

Class D: Complex buildings without spray outlets/ showers

Class E: Mains fed buildings with point of use water heaters

4.0 **Review of Risk Assessment**

- 4.1 It is the council's policy that all risk assessments are reviewed annually by a competent person. The purpose of this review is to assess the effectiveness of the control scheme, its management and to identify any changes to the water systems or the building use.

Additionally the risk assessments shall be reviewed in the following circumstances, where there are

- changes to the water system or its use;
- changes to the use of the building in which the water system is installed;
- the availability of new information about risks or control measures;
- the results of checks indicating that control measures are no longer effective;
- a case of Legionnaires' disease/legionellosis is associated with the system.

4.2 **High Risk Buildings and Systems**

Buildings that are identified and categorised as High Risk (Class A and B) will undergo a desktop risk assessment review, every 3 months and undertaken by the Responsible Person. This will involve an audit of all records held including the on site hard copy logbook and the electronic web based system.

4.3 **Internal Auditor**

The Council has an Internal Auditor to audit and assess the effectiveness of the Risk Minimisation Scheme, including the risk assessments, internal audit procedures, and record keeping.

5.0 Risk Assessment

Competency

Risk Assessments will only be undertaken by individuals who are suitably and sufficiently trained, qualified and competent. It is the council's policy that a specialist Water Treatment Contractor is employed to undertake these risk assessments.

The Responsible Person (Legionella) should assess the competency of any contractor or individual prior to any legionella works being undertaken in accordance with section 1 of this Policy and Procedure Manual.

5.2 Carrying out a risk assessment

A number of factors are required to create a risk of acquiring legionellosis, such as:

- (a) the presence of legionella bacteria;
- b) conditions suitable for multiplication of the organisms e.g. suitable temperature (20°C-45°C) and a source of nutrients e.g. sludge, scale, rust, algae and other organic matter;
- (c) a means of creating and disseminating breathable droplets e.g. the aerosol generated by a cooling tower or shower; and the presence (and numbers) of people who may be exposed, especially in premises where occupants are particularly vulnerable, e.g. healthcare.

While there will inevitably be common factors associated with the many and varied types of premises being assessed, the individual nature of each site should be taken into account. In complex systems or premises, a site survey of all the water systems should be carried out and should include an asset register of all associated plant, pumps, strainers and other relevant items. This should include an up-to-date drawing/diagram showing the layout of the plant or system, including parts temporarily out of use. A schematic diagram would be sufficient. It should then be decided which parts of the water system, for example, which specific equipment and services, may pose a risk to those at work or other people.

5.3 The following list contains some of the factors which should be considered, as appropriate, when carrying out the assessment:

- (a) the source of system supply water, for example, whether from a mains supply or not;
- (b) possible sources of contamination of the supply water within the premises before it reaches the cold water storage cistern, calorifier, cooling tower or any other system using water that may present a risk of exposure to legionella bacteria;
- (c) the normal plant operating characteristics; and
- (d) unusual, but reasonably foreseeable operating conditions, for example breakdowns.

5.4 Specification for the Risk Assessment

The following sets out the specification for all risk assessments and risk assessment reviews that are undertaken on council buildings or water systems.

5.4.1 The risk assessment is to be carried out by a fully trained surveyor who has been trained in accordance with the City and Guilds accredited course BS4, Legionellosis: Hazard Identification and Risk Assessment of Water Systems within Buildings or equivalent. Copies of the surveyors training records will be required to be submitted to the Authorized Officer before any work commences.

5.4.2 The risk assessment is required to be carried out in accordance with the section identification and assessment of the risk, detailed within part 1: The Approved Code of Practice within HSE document Approved Code of practice and Guidance, L8 "Legionnaires Disease" The Control of Legionella Bacteria in Water Systems.

5.4.3 The Risk assessment is to be supplied in 1 No. PDF copy on a secure web page. The risk assessment is to be provided in the following section for the ease of identification and contain the information as listed as a minimum in a logical format enabling ease of use to the end user.

The Risk Assessment documentation should conform to the requirements outlined in ACoP L8 and BS 8580. Refer to Appendix F for further information.

Operational Policy and Procedures

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1.0 Introduction

The following policy and procedures set out the specific operational requirements for hot and cold water and other risk systems and associated plant within the TAMWORTH Borough Council estate. These operational procedures are designed to mitigate the risk of the potential proliferation of legionella bacteria in water and other associated systems by reducing the risk, so far as is reasonably possible. These operational procedures set out the basis for the written scheme for the control of legionella bacteria. In all cases reference should be made to the specific site Risk Assessment and the recommendations for the control scheme and the water systems contained within.

2.0 Domestic Cold Water Systems

2.1 Non-Mains Water Supplies

Natural water sources such as borehole supplies may be contaminated with legionellae. Sampling for Legionella testing shall be undertaken where such supplies are used.

2.2 Cold Water Cisterns and Cold Feed Tanks

All new domestic cold water storage cisterns and tanks shall comply with the requirements of the Water Byelaws 2000 for cold water storage [heating system header tanks - F&E are excluded]. The organisation is subject to a risk assessment programme as required by the HSE L8 ACoP. The findings of the risk assessments include prioritised recommendations. The actions necessary to bring existing tanks to the standards required by the Water Byelaws, and timescales appropriate are tabled in the legionellosis risk minimisation scheme, and are reviewed as part of legionellosis risk re-assessment.

All cold water storage tanks with a water storage capacity of greater than 1000 litres containing potable water are to be examined and the temperature tested on a regular six monthly cycles and cleaned on an annual basis as required.

All other domestic cold water storage tanks are to be examined on an annual basis [where possible to coincide with the annual legionellosis risk re-assessment exercise], and cleaned and disinfected as detailed in the Tank Cleaning Procedure as required.

2.3 Connections to Outside Services

The existence of these connections and their necessity is checked on an annual basis.

2.4 Pressurisation / Supply Pumps

Where two or more pumps have been fitted for pressurisation systems, the lead pump shall be changed over at least weekly in order to avoid water stagnation.

Dates and times of the manual pump change-over shall be recorded in the plant room log book. Print-outs of regimes for automatic systems will be adequate.

Where pumps have not been in service for a period of four weeks or greater, or have been removed for any reason, the pump and associated pipe work shall be thoroughly washed out and disinfected before being brought back into service. Disinfection of pumps shall be to 50ppm free residual chlorine for 1 hour and pumps shall be totally submerged during this period. An incident report record sheet shall be completed giving details of why the pump was out of use.

3.0 **Domestic Hot Water Systems**

3.1 Calorifiers and hot water cylinders are all a means of producing domestic hot water and are subject to the procedures below. Hereinafter the term "calorifier[s]" is used to describe any domestic hot water storage vessels.

3.2 **Hot Water Storage and Distribution Temperatures**

The storage of domestic hot water should be arranged to ensure that a water outflow temperature of at least 60°C is achieved. It is important to maintain temperatures at above this figure [Legionellae organisms will survive for only a short period of time above this temperature - approximately two [2] minutes].

Permanent continuous monitoring of water temperatures via a building management system or data logger is recommended for higher risk premises in order to demonstrate performance.

The outflow water temperature, under prolonged maximum continuous demand [at least 20 minutes] from calorifiers should not be less than 60°C.

While it is accepted that occasionally under peak instantaneous or prolonged demand that the water outflow temperature will fall, it is not acceptable if this occurs frequently [more than twice in any 24 hour period] and / or for long periods [exceeding 20 minutes].

Under no circumstances shall the domestic hot water flow temperature fall below 50°C.

It is recommended that disinfection by pasteurisation is undertaken if the water temperature of the calorifier falls below 45°C.

A minimum domestic hot water circulation temperature of 50°C shall be maintained.

3.3 **Calorifier Operation**

Calorifiers in high risk premises are to be run 24 hours per day, 7 days per week, and the domestic hot water circulation pump kept running. Should it be necessary for interrupted operation or shut-down, then the calorifier should be allowed to maintain its water storage temperature and the domestic hot water pump should be started up to ensure full temperature through-out the distribution system for at least one hour prior to occupation of the premises.

3.4 **DHW Circulation Pumps**

Domestic hot water circulation pumps should perform in such a way to ensure a minimum water circulation temperature of 50°C.

Only one domestic hot water distribution pump should be installed near the calorifier, and a spare pump kept for immediate replacement in the event of pump failure.

In circumstances where it is impracticable to remove pumps, the pumps shall be switched daily to ensure that all pumps are regularly brought into service, thus avoiding stagnation. It may be more effective to utilise an auto-changeover system.

Shut down of the pumped circulation system should be avoided. To do so will result in a loss of the required distribution temperatures.

4.0 Air Conditioning Plant

4.1 General

Air conditioning and ventilation plant and duct-work should be inspected at the access point[s] on an annual basis in order to check cleanliness and general condition. After several years of service, even a correctly filtered system may contain dirt accumulation. It may be necessary to consider cleaning of the system. However, accumulation of dirt in a relatively short period of time is indicative of either:

- Poor filter arrangement and design;
- The use of incorrect filters; or
- Failure of the filtration system.

In particularly polluted areas, it may be necessary to consider the installation of high grade final and pre-filters. The quality of filter housing design and in particular the seals are a critical factor in maintaining the efficiency of the filtration system by ensuring that air does not bypass the filter panels.

All information on condition, cleanliness etc to be recorded in the plant room log book, with any non-compliance or incidents being identified to the Responsible Person [*Legionella*] immediately on identification, and an incident report record form completed.

4.2 Draining Traps and Pipe work

A drainage drip tray should be provided, to collect condensation collecting on cooling coils [including the return bends and headers], and for humidifiers, eliminators and, if necessary, heat recovery devices. The drainage drip tray should be constructed of a corrosion resistant material and be so arranged that it will completely drain - i.e. the drain connection should have no up stand in order to prevent 'pooling'. The drainage tray should be large enough to collect all the water produced by the device it serves. Provision should be made to allow for inspection of the drainage tray [i.e. viewing window / access panel]. Any jointing materials used to seal the drainage tray to the duct must be listed in the Water Fittings Directory and must not be capable of supporting bacterial growth. A slope of 1:20 in all directions towards the drain outlet position should be incorporated.

Drainage drip trays should be connected to a drainage trap assembly which should discharge via a type A air gap as laid down in BS 6281:Part1:1988.

The depth of any trap should be at least twice the static pressure head generated by the fan so that the water seal is not 'blown out' during plant start up.

A trap need not be directly under the drainage drip tray which it serves, provided that the connecting pipe work has a continuous fall. Each trap shall be made of the clear [borosilicate] glass or transparent plastic type in order to show clearly the integral water seal level, and should be fitted with a screw top

cap to permit re-filling. The water seal level shall be permanently marked on the trap, to indicate the water seal levels when the fan is operational at its design duty. Each installation should incorporate quick release couplings to facilitate easy removal of the traps.

Traps fitted to plant located outside or in unheated plant rooms may require trace heating to prevent freezing damage during the winter period. The trace heating system employed should not raise the temperature of the water in the trap to greater than 5°C. Similarly, it may be necessary to shield the trap from the direct sunlight of mid-summer in order to prevent heat gain and algal growth.

The pipe work from each trap should be constructed of thermoplastic, copper or stainless steel tube. Stainless steel may be particularly useful in instances where greater mechanical strength is required. The pipe work shall have a minimum fall of 1 in 60 in the direction of water flow.

Water from each trap should discharge over an open tundish connected to a drainage stack via a second trap, or a floor gully.

Where the drainage pipe work from the tundish outlet, which should be ventilated, discharges to a surface water drainage stack or a dedicated plant drainage stack, then the connection shall be in the form of an easy sweep tee.

It may be necessary to employ chlorine or other chemicals in order to clean humidifiers and cooling coils etc. Under such circumstances it is necessary to discharge the plant effluent produced to the foul drainage system.

Individual drainage systems should be separate wherever possible.

4.3 Humidifiers

The steam supply connections to the humidifier should be provided with a dirt pocket and trap set installed as close as practicable to the humidifier.

The water supply to the steam generating unit shall be designed as if potable supply right up to the device.

The humidifier chamber should be inspected on an annual basis and specified in the plant PPM schedule. Particular attention should be given to any pooling of water. The chamber interior should be clean, and free from any scale or other build-up on the walls. It may on occasion for cleaning and / or re-lining to be carried out by a specialist.

4.4 Heater Batteries

Inspection of the heater batteries is necessary in order to ensure free air flow and no build up of dirt, scale or other debris. Cooling coils should be examined regularly in order to ensure that correct drainage is being achieved, and that there is no pooling of water or development of slime, algae or other deposit. Drainage drip trays should be removed [if possible] and cleaned on a regular basis.

4.5 Air Handling Plant Inspection

Plant inspection is to be on an annual basis, and the record form completed.

5.0 Other Risk Systems

Monitoring requirements for other risk systems should be based on the attached table [which is based on a similar table in the HSE ACoP L8] See Appendix E.

5.1 Water Conditioning

The hot water treatment method used by the Council is that of full temperature control. Should an alternative water treatment regime be sought the onus shall be on the organisation to establish the efficacy of the system in its control of Legionella for each site, this shall be in the form of a trial to establish:

- A control level;
- The ability to achieve that control level, and;
- The assurance that the control level will be maintained.

Regular Legionella sampling will be required if biocidal treatments are used as an alternative to temperature.

5.2 Cleaning and Disinfection

Water systems will be cleaned and disinfected under the following circumstances as part of a planned maintenance program or reactive works:-

System/ Service	Circumstance Requiring Cleaning and Disinfection	Frequency
Domestic cold water tank	New installations. Empty tank re-commissioning. Tank temperature exceeds 20°C. Tank contains moderate sediment, i.e. a complete covering of the tank base. Tank contains moderate corrosion. Contamination of tank by vermin or vermin faeces. Gross organic contamination e.g. large number of dead insects. Regular programme for high risk category. Regular programme for significant risk category. Regular programme for moderate/low risk systems [excluding small tenanted residential properties]. controls-assurance.co.uk advice - interpretation of microbiological results – drinking water tanks	As required As required As required As required As required As required Annually 2 yearly 5 yearly As required
Domestic cold water distribution system	New installations and small modification/ additions. Contamination of tank by vermin or vermin faeces. Gross organic contamination e.g. large number of dead insects. Controls-assurance.co.uk advice - interpretation of microbiological results.	As required As required As required As required
Domestic hot water calorifer	New installations and modifications / additions. Calorifier falls below 45°C. Empty calorifier recommissioning. Contamination of header tank by vermin or vermin faeces. Regular programme [excluding small tenanted residential properties], where access panels are fitted. Consultant advice - interpretation of microbiological results.	As required As required As required As required Annually As required
Domestic hot water distribution system	New installations and modifications / additions. Contamination of header tank by vermin or vermin faeces. Controls-assurance.co.uk advice - interpretation of microbiological results.	As required As required As required
Air handling unit	Contamination by vermin or vermin faeces. Gross organic contamination e.g. large number of dead insects. Chiller battery, drip trays and drainage pipe work.	As required As required 6 monthly

6.0 MANAGEMENT REVIEW

6.1 Review

Quarterly management review meetings shall be held in order to assess the progress with respect to management issues and the Legionella Management Plan/ Risk Minimisation Scheme.

These meetings will also assess progress against the action plan in order to identify any problems with the implementation of specific remedial measures.

6.2 Sampling and monitoring

The table below summarises the temperature sampling and monitoring frequencies which are to be applied as part of the control scheme were applicable and in accordance with HSE ACoP L8.

System/Service	Task	Frequency
Domestic cold water tank	Incoming mains cold water temperature	Six monthly
	Tank water temperature	Six monthly
Domestic cold water outlets	Sentinel tap temperatures	Monthly
	Temperature at representative number of taps on a rotational basis	Annually
Domestic hot water calorifiers	Flow and return temperature	Monthly
Domestic hot water outlets	Sentinel tap temperatures	Monthly
	Temperature at representative number of taps on a rotational basis	Annually
Thermostatic mixing valves	Inlet temperature	Six monthly
	Outlet temperature	Six monthly

6.2.1 Water Temperature Checks

Temperature checks on the calorifier and distribution system should be carried out as detailed below on a monthly, six monthly and annual basis. In the event of a non-compliance, the Responsible Person [*Legionella*] shall be informed immediately. Use of a digital thermometer with a touch and immersion probe is recommended.

Although the HSE recommends spot temperature checks, continuous monitoring will be necessary in certain circumstances, dependent on the risk assessment findings.

Cold water storage tank temperatures should be checked during periods of high ambient temperatures [e.g. afternoons between June and August], water temperatures should be no greater than 20°C. At the same time, the furthest and nearest draw off points in the system should be checked to ensure that the water distribution temperatures no greater than 20°C within 1 minute of running the water [at full flow]. A similar temperature check regime should be undertaken during the winter months to identify the performance of cold water distribution systems and the impact of heat gain from heating systems.

6.2.2 Hot and cold water distribution temperatures from sentinel taps:

For domestic hot water services, these are the first and last taps on a re-circulating system. For cold water systems or non-recirculating hot water systems this is the nearest and furthest taps from the storage tank.

For cold water outlets, the temperature should be no greater than **20°C** after two minutes of running the water. For hot water outlets, the temperature should reach **50°C** within a minute of running the water.

6.2.3 Calorifier flow and return temperatures:

Outgoing water from the calorifier should be at least **60°C**, and water returning to the calorifier should be at least **50°C**. These temperatures can be taken from adequately calibrated temperature gauges fitted to the vessel and return pipe work. If temperature gauges are not fitted, then suitable surface temperature probes may be used.

6.2.4 Input temperature to thermostatic mixer valves:

Where fitted, the input temperatures to thermostatic mixer valves should be at least **50°C** within a minute of running the water. Outlets with TMV's should be monitored on a sentinel basis as detailed above.

6.2.5 Incoming mains cold water:

Where there is a cold water storage tank, this should be measured at the ball valve outlet. The water should preferably be no greater than **20°C**. However, during a prolonged hot summer the incoming water may rise above this temperature. Under the Water Supply [Water Quality] Regulations, water utilities are permitted to supply water to premises at temperatures up to **25°C**. If incoming water temperatures are above **20°C**, the water undertaker should be advised to see if the cause of the high temperature can be found and removed.

Monitoring should ideally be carried out so that one check takes place in the summer months and the other in the winter months.

6.2.6 Representative number of taps on a rotational basis:

In order to ensure that the whole system is reaching satisfactory temperatures for Legionella control, the outlet temperatures should be taken from a representative number of outlets other than sentinel taps.

For cold water outlets, the temperature should be no greater than 20°C within one minute of running the water. For hot water outlets, the temperature should reach 50°C within a minute of running the water.

Where water temperatures fail to satisfy the criteria described, the Responsible Person [*Legionella*] shall be informed, and a full investigation must follow.

6.2.7 General Microbiological/Legionella Sampling in Hot/Cold Water Systems

Circumstances under Which Samples are Taken

Samples for general microbiological testing i.e. total aerobic bacterial counts at 22°C and 37°C, coli forms and E.Coli are taken:-

- One week following handover of a new building or water system;
- As part of the routine monitoring of drinking water tanks;
- In response to taste or odour or sustained discoloured water complaints.

When such samples are taken, a mains supply sample should be taken as a control, to verify whether the supply could be the source of any identified problems. The water supplier is also contacted for distribution zone water quality data, for the same reason.

6.2.8 Samples for Legionella testing are taken

- Monthly from hot water systems treated with biocides where storage and distribution temperatures are reduced from those recommended in the HSE's ACOP/Guidance Document L8. At the time of preparation of these procedures, there is only one such system within the organisation;
- Weekly from hot water systems where control levels of the treatment regime, i.e. temperature in this case, are not consistently achieved – these samples should be taken until the system is brought back under control;
- When an outbreak is suspected or has been identified;
- Regularly where a department specialises in services for “high vulnerability” healthcare patients.

6.2.9 Action Levels for Legionella in Hot and Cold Water Systems

Legionella Bacteria [cfu/litre]	Action Required
More than 100 but less than 1000	<p style="text-align: center;">Either:</p> <p>If only one or two samples are positive, system should be re-sampled. If a similar count is found again, a review of the control measures and risk assessment should be carried out to identify any remedial actions. If the majority of samples are positive, the system may be colonised, albeit at a low level, with Legionella. Disinfection of the system should be considered but an immediate review of control measures and risk assessment should be carried out to identify any other remedial action required.</p>
More than 1000	<p>The system should be re-sampled and an immediate review of the control measures and risk assessment carried out to identify any remedial actions including possible disinfection of the system.</p>

6.2.10 Laboratory competence

Samples for Legionella shall be tested by a UKAS accredited laboratory that takes part in the PHLS Water Microbiology External Quality Assessment Scheme for the isolation of Legionella from water.

7.0 Records

7.1 Retention Period

The following types of records are kept.

Record	Retention Period
This policy and procedures document	Throughout the period for which they remain current and for at least two further years.
Risk assessments	
Risk minimisation scheme and details of its implementation	
Monitoring, inspection, test and check results, including details of the state of operation of the system	At least five years

7.2 Record Keeping

Monthly monitoring records are stored on the electronic web based log book system ZetaSafe.

Via the use of a PDA GES Water Hygiene Technicians are responsible for populating the electronic database with temperature results and inspections during monthly monitoring site visits.

Non conformances identified during the monitoring visit are categorised as High (Priority 1), Medium (Priority 2) or Low (Priority 3) as Per ES 040 Guidelines Non Conformance Reporting ACoP L8 Monitoring- Appendix.

Any Priority 1 high risk non conformances are emailed at the time of the site visit directly to the TAMWORTH Facilities Team and to the GES Helpdesk.

It is the responsibility of the GES Account Manager to follow up all Priority 1 non conformances with a phone call to the TAMWORTH Facilities Team to ensure they are aware of the situation and offer remedial advice.

It is the responsibility of the Property Services Team to routinely log onto the zetasafe database (every two weeks) and address all non conformances.

It is the responsibility of the Account Manager to routinely log onto the zetasafe database and review the performance of the management of the database and identify any areas/asset where there are consistent non conformances. This is communicated back to the TAMWORTH Facilities Team.

8.0 Schematics

8.1 Water system schematics are produced for all hot and cold water systems, with the exception of point of use water heaters and small tenanted domestic premises served by individual single-pipe water systems. The schematics show the storage systems in plant rooms and tank rooms. Distribution schematics show sentinel outlets on block plans [where available].

8.2 For each water system that presents a risk from Legionella bacteria, a schematic or drawing shall be held, showing:-

- Origin of water supply;
- General layout of the system;
- How the system operates;
- All associated storage and header tanks;
- All standby equipment;
- Any parts of the system that may be out of use temporarily;
- Any problem areas such as dead legs;
- Regular operation and test points e.g. sentinel outlets and major plant

These schematics/drawings may also show:-

- All system plant, e.g. water softeners, filters, strainers, pumps, non-return valves and all outlets, for example showers, wash hand basins etc;
- All associated pipe work and piping routes.

8.3 Drawings/schematics shall be checked to coincide with risk re-assessment, to ensure that they are up to date.

The degree of complexity of schematics will be as follows:-

Risk	Drawing/Schematic Type
High	As-fitted drawing, water storage system schematic and simple distribution schematic
Significant	Water storage system schematic and simple distribution schematic
Moderate	Water storage system schematic
Low	None

9.0 **TECHNICAL PROCEDURES**

Cleaning of CWSTs

Members of staff either of the organisation, or contract staff shall not be permitted to enter any water storage system [i.e. tank, calorifier, AHU] if they are suffering or have recently suffered from any gastric or other communicable illness, or a condition which may result in their increased susceptibility to legionellosis. It is the responsibility of the individual to inform their supervisor immediately if applicable.

All tanks are classified as potable water tanks.

The Responsible Person/ Building Manager shall notify all users of the proposed line of action, and of any disruption or modification to service. The Building Manager being the individual responsible for the management of the task in question.

All equipment and tools to be employed during the cleaning and disinfection process must be dedicated only to this task - this will include hire equipment. All equipment should be disinfected in a high concentration of chlorine solution prior to commencement of the process.

Refer to Appendix H.1 for the procedure of tank clean and disinfection.

Cold Water Tanks with Water Temperature Greater Than 20°C

This procedure is to be implemented when cold water tanks [domestic hot water header tanks or cold down service tanks] are found to contain water with a temperature of greater than 20°C. This may sometimes be suggested initially, when water at greater than 20°C is supplied by cold water outlets, which normally supply water at a temperature of no greater than 20°C. The temperature of the relevant storage tank should be taken, and the following procedure followed if necessary.

Examples of failures which may be responsible for tepid cold water [greater than 20°C]:

- High ambient temperature and heat gain - may be accentuated by poor ventilation, glass windows above tanks, lack of or poor insulation.
- Mixing valve failure causing back feeding - non return valves are recommended.
- Domestic hot water system venting over the tank.
- Failure of the primary heating coil.

Refer to Appendix H.2 for procedure for dealing with CWST with temperatures greater than 20°C.

Calorifier Flushing

Each calorifier should be flushed quarterly through its drain valve by opening the drain valve three [3] times, each time for a three [3] minute period. The hose from the drain valve is to discharge to a container filled with clean water as described in the section dealing with the safe discharge of stagnant water.

Calorifier flushing should be carried out after temperature checks on the calorifier and system have been completed. The calorifier maintenance record form should be completed.

Refer to Appendix H.3 for procedure for calorifier maintenance.

Stratification Checks

Domestic hot water storage vessels should be subject to water temperature stratification checks on a bi-annual basis [i.e. every two years] for each calorifier. These checks should extend over a period of seven [7] days. Checks should also be made where de-stratification pumps have been fitted to establish that such a pump will ensure that the water temperature at the base of the vessel achieves 50°C.

The sophistication of the temperature checking process depends on the water system legionellosis risk:-

Water system / AHU risk	Type of temperature check
High	BMS
Significant	Portable logger
Moderate	Spot checks
Low	None

Calorifier temperature stratification checks are not undertaken in small tenanted domestic properties with individual single pipe water systems.

Showers

Showers which are rarely used should preferably be removed, or run at least weekly for a 3 [three] minute period.

A memo is to be issued to all Building Managers indicating this requirement, and requesting notification of showers for removal. Label all showers "**THIS SHOWER MUST BE RUN WEEKLY**". A memo should be issued to all users / managers with showers indicating their responsibility to ensure that showers are run on a weekly basis.

Shower heads are cleaned and de-scaled where necessary, on a quarterly basis.

Domestic Hot Water Temperature Less Than 45°C

This procedure must be employed following a reduction of domestic hot water temperature to below 45°C for any reason.

Such temperature reductions can result from system failures such as:

- Primary heat source failure;
- Calorifier water temperature controls failure;
- Domestic hot water distribution pump failure;
- System shut down for modification or repairs.

Refer to Appendix H.4 for procedure for dealing with DHW temperatures less than 45°C.

Cleaning Water Systems within Buildings

Installations within buildings

All visible debris and scale shall be removed from the cistern. The cistern and distribution pipe work shall be filled with clean water and then drained until empty of all water. The cistern shall then be filled with water again and the supply closed. A measured quantity of Sodium Hypochlorite solution of known strength shall be added to the water in the tank in order to give a free residual chlorine concentration of 50mg/l [ppm] in the water. The cistern shall be left to stand for one [1] hour. After this time period, each draw-off point shall be successively opened working progressively away from the cistern. Each tap and draw-off point shall be closed when the water discharge begins to smell of chlorine. The cistern shall not be allowed to become empty during this exercise. If necessary it shall be refilled and chlorinated as above. The cistern and pipes shall remain charged with chlorinated water for a further one [1] hour.

On completion of this period, the tap furthest from the tank shall be opened and the level of free residual chlorine in the water discharged from this tap shall be measured. If the concentration of free residual chlorine is less than 30 mg/l [30ppm] the disinfection process shall be repeated.

The tank and pipe work shall remain charged with chlorinated water for one [1] hour [for existing installations], sixteen [16] hours [for new installations]. Systems fed directly off the mains water supply shall have a chemical injection point fitted by others, and then thoroughly flushed out with clean water until the free residual chlorine concentrations measured at the taps are no greater than that present in the supplier's mains water.

On completion of the cleaning exercise, a certificate of cleaning and chlorination shall be issued stating that the system has been cleaned and chlorinated in accordance.

Safe Purging Of Stagnant Water

Stagnant water may potentially contain large numbers of legionellae. In order to avoid the risk of legionellosis, precautions are taken to avoid the creation of aerosols and to avoid the exposure of people to any unavoidable aerosols.

The specific precautions may vary according to the particular circumstances, but typically include:-

- Running a hose from the outlet into a container of clean water;
- Running hoses directly into a drain cover;
- Running fire hoses at a distance from occupied buildings;
- Closing windows and air conditioning intakes where aerosols are created outdoors;
- Wearing respiratory protective equipment [remember this does not protect nearby members of the public and others who are not wearing masks].

Care should be taken to avoid the possibility of back siphon age into mains water supplies.

Flushing of Infrequently Used Outlets

In order to avoid the risk of stagnation of water in outlets that are not used regularly it is recommended that such outlets are flushed on a weekly basis and that this action is documented in a site specific log book.

Flushing should be performed in line with the following procedure:-

- Identify any outlets that may be infrequently used
- Flush through each tap at the outlet for at least 3 minutes
- Record the flushing in a site specific log book

Any outlets that may have remained unused for a significant period of time should be purged

Management of Sprinkler Systems

A detailed survey of the grounds maintenance sprinkler systems will be conducted and appropriate inspection and control measures will be implemented.

Inspection and maintenance will take account of the manufacturer's recommendations and will address issues around water storage, stagnation and potential issues arising from misting of water.

Management of Infrequently Used Buildings

This procedure describes how the Council controls and manages the risks associated with the proliferation of and exposure to legionella bacteria in buildings that are classified as infrequently occupied,

- Part closed or unoccupied,
- Under temporary closure
- Under indefinite closure
- Residential or leased buildings
- New or refurbished buildings

10.1 Definition:

An infrequently occupied building can be defined as one where the water systems contained within that building are not used or maintained to a frequency where the minimum operating control measures as set out in HSE ACoP L8 are not met on at least 5 out of 7 days per week.

A full risk assessment should be carried out on all buildings on a minimum of a two yearly cycle, in accordance with the council's Risk Assessment Policy and Procedures Manual to determine whether or not a building should be classified as infrequently occupied.

This procedure may typically, but not exclusively apply to the following buildings within the council's estate

- Pavilions
- Community Centres
- Halls

10.2 Responsibility

It is the responsibility of the nominated Responsible Person for each building to co-ordinate, monitor and measurement activity. It is also the responsibility of all individuals to undertake the works they are involved in accordance with these procedures, control documents, relevant legislation, guidance documents and recognized best industry practice. This will include all,

- Contractors
- Council Staff
- Visitors

10.3 Occupation of New Premises

Procedure until Occupation

This procedure is designed to prevent the risk of legionellosis developing in a new building / department through the interim period following construction, commissioning and hand over to occupancy.

Design and Build Contracts - outbreaks of Legionnaires 'disease has been associated with 'design and build' type contracts. It is vital that Development and Factoring staff who projects manage such projects ensure that immediately before occupation that cleaning and disinfection of water systems is undertaken.

Once the system is in use and has been cleaned and chlorinated prior to hand over, a Responsible Person shall be nominated to monitor and observe the system, and ensure that the system is operated in accordance with the Organisation's 'Procedure for Temporary Closure' and the relevant record sheets completed.

At the point of hand over all relevant information on system performance together with as-fitted drawings and design criteria of the domestic hot water systems and cold water services shall be submitted to the relevant Officer who will be responsible for the premises.

Occupancy of the new property should be as soon after hand over as possible to prevent further costs being incurred due to the need for re-chlorination of the water systems

10.4 Residential Accommodation/ Leased and Buildings

This sub-section applies to domestic properties served by individual water systems. Where domestic properties share a common water system, the procedures for the larger premises apply.

The organisation recognises its obligations as a provider of residential accommodation. In practical terms it fulfils these by routine maintenance checks/actions immediately prior to the occupation of a domestic dwelling by a new tenant and by provision of information to the new tenant.

Maintenance Actions/Checks Prior to Occupation by a New Tenant

Whenever the expected time delay between vacation of accommodation by one tenant and occupation by the next is greater than one week, the following actions should be taken.

The accommodation unit is visited within one week prior to occupation. The following actions are taken, in the order stated:-

- The hot water system is switched on;
- All WCs are flushed twice [on full flush where dual flush type];
- The cold water storage tank, where present, is checked for gross contamination e.g. microbiological growth, the presence of organic

debris or live organisms such as insects – in the event of discovering such contamination the Property Services Team is informed to arrange tank cleaning and disinfection. The remaining actions below are not undertaken until the cleaning and disinfection of the tank is complete;

- Each hot and each cold water outlet is run for three minutes, creating as little aerosol as possible;
- The shower head is removed and the shower hose run underwater for three minutes;
- The hot water system is left switched on;
- Any defects are reported and wherever possible, rectified prior to tenant occupation.

These actions apply to accommodation served by either a conventional hot water system or a combination boiler.

10.5 Provision of Information for New Tenants

The organization can influence but not control the actions of its domestic tenants. It exerts its influence by the provision of the following guidance as part of the general information pack provided to new tenants.

“The water systems in this accommodation have been prepared by the Property Services Team in such a way as to protect water hygiene. You can protect your own health and safety by:-

- Ensuring that all outlets are used regularly [preferably once per week] or run for a couple of minutes per week to keep the water fresh;
- Reporting any water system defects, such as hot water temperature failure or dirty drinking water, to the Council as soon as possible”.

10.6 Procedure in the Event of Closure of Part or All of a Building

Background

Where part or all of a building is going to close for a period of greater than one week, the relevant manager must notify the Responsible Person [*Legionella*] of the details.

Following a closure decision, negotiations between the relevant manager and the Responsible Person [*Legionella*] must take place to ensure that the following procedure is established and documented, and to clearly define what actions named individuals shall perform.

Period of Closure

The period of closure should be established at the earliest point in negotiations. The period for which an area is closed can play an important part on the cost implication and involvement of a closure.

10.7 Temporary Closure

Where a closure is expected to not exceed 60 days a nominated individual shall be identified to run every tap for 3 minutes and flush every toilet weekly. The nominated individual should then complete the record sheet, signed by themselves and their relevant manager, the completed form being forwarded to the Responsible Person [*Legionella*].

Before the closed area is re-occupied the Property Services Team shall carry out an inspection and test of the water systems and report its condition to the Responsible Person [*Legionella*] for any remedial works that may be required.

It is the responsibility of the relevant manager to notify the Property Services Team of their intention to re-open a temporarily closed area.

10.8 Indefinite Closure

In the instance that part or all of a building is to close with no planned re-opening date, or where the closure period exceeds 60 days, negotiations must be held as detailed in the "background" subsection above, and funding made available to the Property Services Team by the manager of the department that is closing, in order to disconnect and drain the water services within the affected area. The relevant manager should be aware that considerable cost for modifications could be needed to achieve this requirement in some large properties.

10.9 Detail of Works for an Indefinite Closure

Where relevant - all water tanks associated with the affected area shall be drained, cleaned and dried out.

All pipe work and devices shall be drained and where applicable domestic hot water calorifiers [or other storage vessels] shall be opened up, cleaned and left open to the atmosphere.

Pipe work shall be disconnected from the mains services and capped off, mains cold water services shall be isolated and capped off from the system and all relevant pipe work drained.

Notices shall be posted throughout the affected area stating that all water services are disconnected.

The Property Services Team shall be responsible to ensure that an adequate water seal exists in unused toilets to prevent odours from the foul drain system entering the premises.

Adequate records of actions, and amended water service schematic diagrams shall be produced by the Property Services Team showing the relevant

modifications and disconnections made to the water systems. The Indefinite Closure Form shall be used for record keeping purposes.

10.10 Re-occupation of an Indefinitely Closed Area

In the event of re-occupation of an indefinitely closed area, full negotiations must take place between the relevant manager and the Property Services Team prior to the re-occupation exercise.

The Property Services Team will require the following information: -

- The planned re-opening date;
- Any proposed changes of use of the area;
- Any areas which will not be used.

Before the water system is put back into service, any necessary modifications and maintenance shall be carried out prior to the cleaning of the system.

Appendices

Duties of Water Treatment Contractor

The Contractor

The contractor is responsible for all aspects of the Legionella monitoring and management regime as outlined in ACOP L8, excluding:-

- Weekly Flushing of outlets

The Contractor will, on receipt of an order from the client (TAMWORTH Borough Council) undertake remedial works identified in the Legionella risk assessments and through regular monitoring works.

The contractor will also provide on site log books as well as an electronic log book in the form of zetasafe, www.zetasafe.co.uk. Responsibilities for the online log are outlined below. During the contract mobilization stage, the contractor will set up and populate the electronic logbook system, while running a paper reporting system in tandem, until such time as the Zeta Safe system is rolled out to all council departments. The contractor will be responsible for adjusting thermostatic control settings where applicable, to regulate the hot water systems on the councils estate.

The contractor must report all faults to the site responsible person as per their procedure GAMMP 09 Site Operations. All low/medium risk faults will be dealt with locally by the relevant site responsible person. The contractor must also compile a weekly summary report of all major/high risk faults observed to be submitted to the council Building Safety Team.

The Client (TAMWORTH Borough Council)

The client is responsible for the weekly flushing of infrequently used outlets as identified in the Legionella risk assessment. This must be documented in the site specific log book. The client is responsible for the provision and maintenance of the hard copy site log book. The client is also responsible for the ordering of remedial works as identified and reported to the client through the Legionella risk assessment and through ongoing monitoring works, reported via the zetasafe on-line log book and the weekly action summary reports.

ZetaSafe

Responsibilities for the Client

The council will identify a person or series of persons who will be appointed as authorised users for the system. Each user will be assigned accessibility and editable rights dependant and relevant to their responsibilities under the Legionella Management Plan. The council will be ultimately responsible for the management and use of the test data stored on the database, this includes

- Appointing relevant authorised users
- Providing the contractor with one main point of contact, in the form of an email address, for the reporting of high risk or emergency situations
- The updating and 'signing off' of system 'notes'
- Periodic or continual checking of the test data, non conformance 'notes' and recommendations stored
- Proactively using the information stored to assist in management and control of Legionella

Responsibilities of the Contractor

The contractor will be responsible for the provision and set up of the system. This includes all technical service management, maintenance and security issues associated with the system. The contractor is required to undertake periodic inspections and other works in accordance with the contract specification, relevant legislation and guidance documents. The contractor will be responsible for the reporting of test results and for providing adequate and relevant supporting recommendations for remedial action. The contractor will specifically be responsible for the following

1. Setting up and providing access to a web based and unique secure log in of all identified council users
2. Setting up specific access/ editable rights for those identified council users dependant on and appropriate to their role in the Legionella Management Plan
3. Setting up of appropriate test suites and asset types on the system, relevant to those on the councils estate
4. Setting up and maintaining periodic inspection schedules for all sites and identified assets in line with HSE ACoP L8
5. Fixing and maintaining a unique asset identification numbers on all major plant/ assets in the form of a barcode sticker
6. Undertaking periodic inspection of buildings and assets as per the inspection schedule/control program set up as they fall due
7. Providing a facility/ procedure for the prompt and timely reporting of high risk occurrences to the appropriate council representative
8. Providing training in the use of the system for authorised council users
9. Providing adequate information regarding recommended remedial action associated with 'notes'
10. Keeping the system operation up to date in line with industry good practice and any relevant changes in legislation of guidance
11. Providing the client with a monthly 'outstanding Note/Non Conformance' report

Appointments of Responsibility for Control of Legionella Bacteria

RESPONSIBLE PERSONS (MANAGEMENT)

Overall Responsibility:	Nominated Technical Responsibility:
Appointment: <i>Duty Holder</i>	Appointment: <i>Responsible Person</i>
Name:	Name:
Position:	Position:
Tel:	Tel:
Mob:	Mob:
Fax:	Fax:
E-mail:	E-mail:
Signed:	Signed:
Date:	Date:

Delegated Operational Responsibility and co-ordination of all council staff to ensure operational procedures are undertaken:

Name:

Position:

Tel:

Mob:

Fax:

E-mail:

Signed:

Date:

General Health and Safety advice:

Name:

Position:

Tel:

Mob:

Fax:

E-mail:

Signed:

Date:

Appendix C

Schedule of Monitoring Inspections HSC ACoP L8

TASK	Weekly	Monthly	Quarterly	6 Monthly	Annually
• Flush Calorifier drain for 2 Minutes					X
• Measure temperature of All Sentinel outlets cold/hot		X			
• Measure temperature from representative taps on a rotational basis					X
• Measure temperature of calorifier flow and return		X			
• Measure temperature of incoming main and storage tanks				X	
• Check CWS cistern closed and secure					X
• Inspect CWS cistern interior					X
• Check installation of tanks, cistern, calorifier and pipes					X
• Check labelling of tank and valves					X
• Clean and disinfect storage cistern					If required
• Disinfect hot and cold system (Remedial Action)					If required
• Clean and disinfect calorifier (Remedial Action)					If required
• Pasteurisation of hot system (Remedial Action)					If required
• Dismantle, clean and descale shower heads and hoses			X		If required
• Flush dead legs (if applicable) without release of aerosol	X				
• Dip slide cold water storage					If required
• Dip slide hot and cold outlet					If required
• TVC cold water storage					If required
• TVC hot and cold outlet					If required
• Legionella tests					If required
• Review results					If required
• Review risk assessment					X
• Review meeting with customer					X

Legionella Detection Investigatory Team

To be appointed

Appendix E: Schedule of Monitoring Inspections for 'other' Risk Systems HSC ACoP L8

Maintenance Checks for Other Water Systems

System/Service	Task	Frequency
Ultrasonic humidifiers / foggers and water misting systems	If equipment fitted with UV lights, check to ensure effectiveness of lamp [check to see if within working life] and clean filters	Six monthly or according to manufacturer's instructions
	Ensure automatic purging of residual water is functioning	As part of machinery shut down
	Clean and disinfect all wetted parts	As indicated by risk assessment
	Sampling for Legionella	As indicated by risk assessment
Spray humidifiers, air washers and wet scrubbers	Clean and disinfect spray humidifiers / air washers and make-up tanks including all wetted surfaces, de-scaling as necessary	Six monthly
	Confirm the operation of non-chemical water treatment [if present]	Weekly
Water softeners	Clean and disinfect resin and brine tank – check with manufacturer what chemicals can be used to disinfect resin bed	As recommended by manufacturer
Emergency showers and eye wash sprays	Flush through and purge to drain	Six monthly or more frequently if recommended by manufacturers
Sprinkler, wet riser and hose reel systems	When witnessing tests of sprinkler blowdown, wet risers and hose reels ensure that there is minimum risk of exposure to aerosols	As directed
Lathe and machine tool coolant systems	Clean and disinfect storage and distribution system	Six monthly
Spa baths	Check filters – sand filters should be backwashed daily	Daily
	Check water treatment – pools should be continuously treated with an oxidising biocide	Three times daily
	Clean and disinfect entire system	Weekly
Horticultural misting systems	Clean and disinfect distribution pipe work, spray heads and make-up tanks including all wetted surfaces, de-scaling as necessary	Annually
Dental equipment	Drain down and clean	At the end of each working day
Car/bus washers	Check filtration and treatment system, clean and disinfect system	See manufacturers' instructions
Indoor fountains and water features	Clean and disinfect ponds, spray heads and make-up tanks including all wetted surfaces, de-scaling as necessary	Interval depending on condition

Appendix F: Risk Assessment

Specification for the Risk Assessment Report

Front Page

- Client Name and address
- Site Name and address
- Site Contact and telephone No
- Surveyors Name
- Date of Assessment
- Contractor Contact Details

An Executive Summary

- Category of risk
- Matters of evident concern
- Recommendations for actions

A Policy statement

The contractor is to provide a policy statement signed by a Director / Senior Manager containing important information about the risk assessment document.

Introduction to the risk assessment – For Example:-

- Legal requirements and implications
- Overview of other relevant regulations
- General guidance on the requirements of ACOP/L8 guidance for system contained within document
- Additional considerations, e.g. scalding risk, asbestos, access.
- Summary checklist of ACOP/L8 recommendations
- Any Other useful information

Site Information/ Building Information

- Property type and size
- Property description
- Details of buildings/rooms on site

System Information

- Quantity and location of cold water storage tanks
- Quantity and location of calorifiers/water heaters
- Quantity and location of other systems, e.g. spas, swimming pools, water features
- Site management system and control measures

The Risk Assessment

Key risks identified in the following categories:-

1. Cold water services
2. Hot water services
3. Other water services

4. Overall Building risk factor

Each of the items 1-4 listed above is to be risk rated into one of the following risk categories as follows

- No foreseeable risk
- Low
- Medium
- High
- Very High

The contractor is required to provide the following information for each cold water storage tank, calorifier, and water heater identified on site:

Assessment of Calorifier / Water Heaters.

Details should include the following:-

- Dimensions, capacity and construction
- Does the quantity of hot water stored meet normal operational demand without falling below 60°C?
- Heat Source
- Anti – stratification pump and timer
- System pumped/gravity
- Insulation type and condition
- Drain valve installed/operational
- Flow return and base temp
- Corrosion
- Supplied from mains and cistern
- Supply pipe work material and size
- Flow pipe work material and size
- Return pipe work material and size
- Condition of supply, flow and return pipe work valves
- Type and condition of installation to supply, flow and return pipe work
- Labelling
- Power, lighting and access
- Any other significant details

Assessment of cold water storage tanks

- Dimensions and capacity
- Does the tank have less than 24 hrs usage?
- Material and construction
- Supply, stored and ambient temperature
- Insulation type, thickness and conditions
- Close fitting lid, ball valve hatch and air vent installed
- Cistern configuration e.g. single, linked, series, parallel
- Overflow pipe – size, material, screened
- Warning pipe – size, material, screened
- Internal tank condition
 - Sludge/slime

- Corrosion
- Stagnation
- Contamination
- Water flow
- Supply pipe – size and material
- Outlet pipe – size and material
- Type and condition of insulation to supply and outlet pipe work
- Type and condition of valves o supply and outlet pipe work
- Return pipes – quantity and size
- Power, lighting and access

Asset register

The contractor must include an asset register for every asset associated with the water system. Each asset must be given a unique asset no. The assets are to be included within two sections – plant assets and outlet assets and include the following

Plant asset register

- Asset No
- Description
- Location
- Comments
- Supply Temperature
- Stored temperature

Outlet Asset registers

- Asset no
- Location
- Description
- Type
- Quantity
- Supplied from
- Aerosol potential – yes/no
- Comments
- Temperatures – hot, cold, mixed
- Sentinel – yes/no

Actions / recommendations

The contractor must include a full list of recommendations for items required to be carried out to the cold water storage tanks, calorifiers, water heaters and associated system to meet the requirements of ACOP/L8 guidance. The recommendations must be recorded in asset no order and include the following information

- Asset no
- Recommendation
- Priority
- Section for signature and date on completion of remedial action

System Schematics

The Contractor must include a schematic drawing of each building on site showing the complete water systems. The schematic must show each room containing a water system asset and the supplies to the rooms. The drawing must include a legend and the water services within the building, colour coded to show:-

- Mains cold water
- Cold water down services
- Hot water flow
- Hot water return
- Plant with asset number
- Sentinel outlets identified

Appendix G

Appendix G - ES 040 Guidelines Non Conformance Reporting ACoP L8 Monitoring						
Asset Type	Test	Control Limit	Result	Contributing Risk Factor	Priority Rating	
HWSV	Storage Temperature	>60 °C	<48°C >48<55°C >55<60°C >20 <50°C	If switched ON and thermostat set	1 2 3 2	
	Return Temperature	>50 °C	Fail	If storage/return temperature >20 <48 °C	1	
	Visual inspection of drain water	Clear within 5L of through flush	Present		1	
	Visual inspection of internal surfaces	Accumulation of scale Accumulation of sediment Accumulation of sediment	Heavy Moderate		1 2	
Storage WH	Outlet Temperature	>50 °C within 1 minute	>20 <50°C		2	
Limited Storage WH	Visual inspection of drain water/internal	Free from organic matter	Fail		2	
	Outlet Temperature	>50 °C within 1 minute	>20 <50°C		3	
Combi Boiler/PHE	Visual inspection of drain water/internal	Free from organic matter	Fail		3	
	Flow Temperature	>60 °C	>20 <48°C >48<60°C		2 3	
Domestic CWST	Incoming Main Temperature	<20 °C	>25°C		1	
	Storage Temperature	<20 °C	>20°C		1	
	Visual Internal Inspection	Stagnation or bio films		Present		1
		Presence of corrosion		Heavy		1
		Presence of corrosion		Moderate		2
		Presence of corrosion		Light		3
		Sediment accumulation		Heavy		1
Sediment accumulation		Moderate		3		
Visual Design/Condition Inspection	Compliant with Water Regulations		No		2	
Potable CWST	Visual Design/Condition Inspection	Presence of corrosion	Yes		1	
		Sediment accumulation	Yes		1	
		Compliant with Water Regulations	No		1	
Sentinel Cold Water Outlets	Temperature	<20 °C within 2 minutes	>20°C >20°C	After flushing if still out of spec inspect CWST	2	
Sentinel Hot Water Outlets	Temperature	>50 °C within 1 minute	>20<50 >60°C	Scald risk if vulnerable adults/children present	2 1	
TMVs	Mixed Outlet Temperature	Not exceeding 43°C	>50°C	Scald risk if vulnerable adults/children present	2	
		Fail Safe Check	Fail	Scald risk if vulnerable adults/children present	1	

Appendix H – Technical Procedures

Tank Cleaning Procedure – Appendix H.1

The Process Steps [Free Residual Chlorine]:

[a] Isolate and shut down the cold water storage tank and remove the cover or inspection hatch. The operator shall display warning labels in and around the plant room stating chlorination in progress;

[b] The tank shall be examined visually for signs of corrosion [if applicable], debris and biological growth. The water storage temperature and any such defects identified are recorded for reporting to the Property Services Team.

[c] Permission must be obtained from the relevant water authority before dumping the tank contents. The relevant water authority will need to be informed of the volume to be discharged, any further quantities of chlorinated water are to be dumped as a result of tank cleaning should be included. It may be necessary to neutralise the chlorine with sodium thiosulphate before dumping.

[d] Tank cleaning shall be performed using non-abrasive cleaning materials;

[e] Protective clothing, footwear, face goggles and masks are to be employed. These items must be specific to the task of cleaning and chlorination, and must not have been used for other activities;

[f] Where tanks are to be painted, only paints or coatings and materials that are recognised and approved by the WRC and detailed in "The Water Fittings and Materials Directory" shall be employed. The specification for any such product must be submitted to the Responsible Person or their nominated deputies for their approval prior to use;

[g] Details of all cleaning and painting materials shall be listed on the cold water tank inspection record sheet;

[h] On completion of the cleaning / painting exercise, and after the necessary paint maturing period [if required], the tank shall be thoroughly flushed and washed out with water, refilled to the tanks normal working level and dosed to a level of 50 ppm free residual chlorine. The tank shall be left to stand for a minimum period of one [1] hour. During this period the level of free chlorine shall be monitored and maintained at 50 ppm;

[i] On completion of the tank chlorination period, the tank contents shall be discharged as previously detailed in section [c]. The tank is then refilled to its normal operating level with fresh water. The free chlorine level in the tank water shall be monitored until it matches that of the incoming water supply;

[j] On completion of this exercise the tank shall be put back into service immediately.

[k] On completion of the tank cleaning or inspection exercise, it is recommended that details should be entered onto a tank cleaning record label to be posted on or adjacent to the tank. Such a label must be robust, and able to withstand contact with water;

[l] Details of findings, actions taken and test results are to be entered onto the Cold Water Storage Tank Maintenance Record Form. Chlorination certificates are to be obtained and held within the onsite hard copy logbook and on the web based electronic system.

Any defects shall be reported immediately to the responsible person or nominated deputies.

Once a system has been filled, the Council and / or their Contractors will not drain that system unless full disinfection is to be undertaken before the system is brought into use again. The only exception is in the case of an emergency and with the consent of the Responsible Person. However there should be a regular flushing programme if the system is not brought into service within one week. Records of such flushing should be kept.

Cold Water Tanks with Water Temperature Greater Than 20°C – Appendix H.2

[a]The person identifying, or receiving report of a tepid cold water occurrence must notify the Facilities Manager [*Legionella*] as soon as the problem is identified, and an appropriate Property Services Team representative should be identified to be responsible for dealing with the occurrence;

[b]The individual shall verify the problem by taking the water temperature of the appropriate cold water storage tank. If the cold water storage temperature is greater than 20°C, the temperature of the incoming mains cold water should be taken;

If the incoming water is 19°C or greater, and the tank water is no greater than 2°C higher, no actions are necessary unless the incoming water exceeds 25°C [in which case the Facilities Manager [*Legionella*] will contact the Water provider];

If the water temperature in the tank is greater than 2°C higher than the incoming water supply, the following actions should be implemented [see [c] to [f]];

[c]The reason for failure must be identified and rectified as soon as possible;

[d]If the cause of the warm water is identified as heat gain to the tank, drain the tank contents and clean if necessary. A permanent solution, such as ventilation for the plant room or reducing the water storage volume must be implemented;

[e]If the reason for warm water is found to be due to ingress of hot water [i.e. from the DHW system or similar source], the Facilities Management representative department shall:

[i] Inform the users of the failed system that they must not draw off any cold water [and hot water if a single domestic hot water header] from the affected system until further notice;

[ii] Chlorine disinfection of the tank and distribution system shall be carried out in accordance with the tank cleaning/disinfection procedure;

[iii] The tank shall be brought back into service, as detailed in the tank cleaning/disinfection procedure;

[iv] The users shall be informed that the system is back in operation;

[f] The Property Services Team Representative shall complete an Incident Report Sheet.

Calorifier Maintenance – Appendix H.3

The cleaning procedure for calorifiers is as follows:

- [a] The calorifier shall be taken off line by isolating the service valves;

- [b] The calorifier shall be heated up until the contents have reached 70°C and held at this temperature for a period of at least one [1] hour;

- [c] The calorifier is drained [with consideration of the Water Authority as before]. The inspection hatch is removed. The drain down time is recorded and a photo of the internal condition is to be taken and held with the record sheet;

The calorifier should be drained with the hose pipe outlet discharging below water level i.e.: into a container of clean water.

- [d] The calorifier should then be hosed out to remove any debris, scale or other deposit. Care will be taken to ensure that aerosols are kept to a minimum;

If the calorifier does not have an inspection hatch, the pipe work at the top of the vessel should be disconnected to allow the insertion of a high pressure water hose to allow debris to be washed down off internal surfaces;

- [e] The internal and external condition of the calorifier and pipe work should be examined; any defects should be reported immediately to the Supervisor. The safety valve should be checked, overhauled and re-set as necessary including temperature, altitude and pressure gauges to be checked;

- [f] The calorifier can then be re-constructed, ensuring that only materials and compounds approved in the Water Fittings and Materials Directory are employed;

- [g] On completion of calorifier assembly, the following sequence must be undertaken:

- [i] Refill with cold water;
- [ii] Drain the calorifier [advice should be sought from the local Water Authority prior to any discharge];
- [iii] Refill with cold water, leave cold feed valve open;
- [iv] Run calorifier at a temperature of 70°C for at least one [1] hour. Test the operation of a high limit cut out system if fitted. Check the temperature of the calorifier top and bottom with a touch thermometer;

- [v] Allow the system to cool down to the operating temperature and put the system back on line immediately.
- [vi] Adjust any controls as necessary;
- [h] Undertake sterile bacteriological sampling for the parameters identified in the cold water tank cleaning procedure. Samples to be taken from the calorifier drainage tap [if possible], and nearest and furthest outlet.
- [i] Complete calorifier maintenance record form.

Domestic Hot Water Temperature Less Than 45°C – Appendix H.4

[a] In the event of a reduction in domestic hot water temperature to less than 45°C, the Responsible Person [*Legionella*] or nominated deputies and the appropriate Property Services Team representative should be notified immediately. It may be wise to fit calorifiers with an alarm system. This will be relatively easy to achieve for vessels on a BMS system. The reason for failure must be identified and rectified as soon as possible;

[b] The Property Services Team representative shall notify the users on the failed system that they must not draw off any hot water from the affected services until further notice;

[c] The user shall ensure that their staff members are aware of the situation, and that in turn shall prevent patients from using affected services;

[d] Thermal disinfection shall be carried out by raising the domestic hot water temperature of the contents of the calorifier to 60°C, and then circulating this water throughout the affected distribution system for at least one [1] hour. Each tap or appliance should be run in sequence until full temperature is achieved [this should be measured]. To be effective the temperature in the calorifier should be high enough to ensure that all distribution outlets receive water at a temperature of greater than 60°C. Ensure the return flow to the calorifier is a minimum of 50°C;

Care must be taken not to exhaust the calorifier during this operation;

[g] The users shall be informed that the system is back in operation;

[h] Legionella samples are to be taken;

[i] The Property Services Team representative shall complete an Incident Report Record.

Management of Water Features Appendix H.5

Daily

1. Check water treatment – if not continual.
2. Check water clarity.
3. Check disinfectant levels in reservoirs.
4. Check temperatures

Weekly

1. Dip slide supply pond (if applicable)

Monthly

1. Bacteriological water sampling
2. Filter inspections and changes
3. Clean pumps

Quarterly

1. Legionella sample(best practice)

Annually

1. Check Written procedures are up to date

Operational Temperature Checks

If the stored water temperature within any supply water storage cistern is recorded at a temperature above 20°C it is recommended that to avoid bacteria proliferation within the cistern, that disinfection remedial action be undertaken as soon as possible.

Management of Sprinkler Systems – Appendix H.8

Recommendations for Control

Weekly

- The system should be flushed at regular intervals at a time when there is minimal risk of exposure to prevent the potential stagnation of water. This is of particular importance during periods of low usage (i.e. winter months).

Monthly

- It is recommended that temperature testing is undertaken on a monthly basis when the system is operational to ensure that temperatures of <20°C are maintained.

Quarterly

- The sprinkler heads should be subject to regular inspections and cleaned as required.
- Filters should be cleaned and disinfected.
- Consideration should be given to sampling the system for Legionella Sp. on a monthly basis during periods

As Required

- The pump and filters should be serviced in accordance with manufacturer's instructions.

Procedure for flushing of Infrequently Used Outlets

Outlets and showers that are not frequently used can present conditions that favour the proliferation of legionella bacteria. Therefore it is important that **ALL** infrequently used outlets and showers are identified and flushed weekly.

TAPS

- Run both the hot and cold tap(s) for a period of five minutes. This should be carried out with minimal production of aerosol.
- If an outlet has not been used in more than seven days then this outlet should be purged to a drain.
- This action **MUST** be recorded on the '*infrequently used outlets*' log sheet.

SHOWERS

- Run both the hot and cold water supplies, or warm if on a single mixer tap, through the showerhead for five minutes.
- Remove the shower head. If this is not possible, then run the shower into a bucket of water or wrap a black bag (with a hole in the bottom) round the head fixture to avoid creating an aerosol.
- This action **MUST** be recorded on the '*infrequently used outlets*' log sheet.

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THURSDAY, 31 JULY 2014

REPORT OF THE PORTFOLIO HOLDER FOR ECONOMY AND EDUCATION**TAMWORTH ASSEMBLY ROOMS AND CREATIVE QUARTER UPDATE****EXEMPT INFORMATION**

N/A

PURPOSE

To update Members on the current position regarding the Tamworth Assembly Rooms redevelopment project and wider Creative Quarter Scheme.

RECOMMENDATIONS

1. The Council withdraws its current Heritage Lottery Fund Round 2 bid for the Assembly Rooms with a review to resubmitting following further work to secure additional external match funding.
2. The Council authorises the reopening of bookings for the buildings within the Creative Quarter for the period February 2015 until January 2016.
3. That officers continue to assess the business case for prudential borrowing to support a future HLF Round 2 bid.
4. Formally approach the County Council for their position in relation to the Creative Quarter project and their ability to contribute financially to it.
5. That the Council seeks formal feedback from the Government and SSLEP on the Creative Quarter Bid.
6. Approach GBSLEP and SSLEP to position the Creative Quarter as a fallback project within their respective SLGF programmes.
7. Explore the opportunity for EU funding bids ahead of the call for projects expected in the Autumn 2014

EXECUTIVE SUMMARY

The last report to cabinet in March 2014 referred to this project as the Cultural Quarter however following feedback from funding bodies, partners and internal discussion the project is now entitled the Tamworth Creative Quarter.

As detailed in previous cabinet reports a joint Tamworth Borough Council and Staffordshire County Council governance structure and working group has been established to explore and develop a strategic plan for the creation of a Creative Quarter, with Tamworth Assembly

Rooms at the heart of the proposals. The purpose is to explore opportunities to use existing public sector assets in a more innovative manner, in order to benefit the wider Town Centre, acting as a catalyst for future development, regeneration and inward investment. The project is exploring how all the identified buildings and the public realm can be adapted and improved to deliver an enhanced offer for residents and visitors, ultimately having a significant positive impact on the Town Centre. The principal method in which this is intended to be delivered is through the creation of a Creative Quarter; based off Corporation Street in Tamworth Town Centre, comprising the following assets.

- The Assembly Rooms - Tamworth Borough Council owned
- The Carnegie Centre – Tamworth Borough Council owned
- The Philip Dix Centre – Tamworth Borough Council owned
- Tamworth Library – Staffordshire County Council owned
- Public space / car park between the 3 buildings – County / Borough Council owned

The Creative Quarter project consists of a number of unique parts, which are linked so that greater impact can be achieved as one project rather than on their own. For example the public realm improvements enhance the setting of the Assembly Rooms, add to the commercial attractiveness of the Carnegie restaurant proposal and enhance the accessibility and look of the library, whilst connecting this area with the rest of the town centre. However, it is feasible that some elements of the scheme could be delivered independently of the other elements. This is most evident for the business enterprise centre proposals at the Philip Dix Centre.

Using the government's economic impact methodologies it is estimated that the Creative Quarter impact could have an estimated £13m benefit to the wider town centre economy. Further to this, the Council has appointed ERS, an economic consultancy to assess the economic impact of the Creative Quarter scheme and other regeneration projects to support existing and future funding bids. This has been funded through the existing regeneration budget.

Key issue

A number of bids for funding have been submitted for the various elements of the project. Unfortunately, none of them have been successful. Most significantly a number of bids for the Assembly Rooms element have been unsuccessful leaving a funding gap of over £2.1m. The Heritage Lottery Fund have informed us that they are unlikely to approve the recently made bid for funding as a result of the funding gap. They remain supportive of the project and have therefore suggested that the Council withdraw the application, seek to secure the necessary funding gap or to reduce the scale of the project. They will allow us 6 months to do this.

This report seeks to identify the best course of action for the immediate term and starts to consider the medium and longer term implications should funding not be available. As the HLF are likely to reject the current application if not withdrawn there are three options available:

- a) secure the funding required for the Assembly Rooms, circa £2.1m, within the next 6 months and the additional elements of the overall project.
- b) reduce the scale of the Assembly Rooms project and resubmit a bid to HLF. Seek funding for the additional elements of the overall project.
- c) Place the project on hold, Undertake a Service Review based on the future closure of the Assembly Rooms with either a new theatre or without one.

The report seeks approval to investigate the first two options in the first instance.

Current Progress

1) Tamworth Assembly Rooms

A second round bid for Heritage Lottery Funding was submitted in early June 2014 This bid

was one of two external funding bids endorsed by a scheme of delegation report. The first bid was to the Staffordshire and Stoke on Trent Local Enterprise Partnership for Single Local Growth Funding.

Building and service issues

As part of the survey work completed under the HLF stage one grant and other studies, the key building and service issues can be summarised as follows:

- Structural issues, including cracking above the proscenium arch on the front façade highlighted by the project structural engineers. The Proscenium arch is a key area of ongoing concern and is currently undergoing further investigation and will require an element of emergency works.
- The worn and outdated condition of the interior of building.
- The significant damp problem in the basement areas of the building
- Poor access into, and throughout, the building for visitors, especially those with mobility issues
- Current external structural issues including cracking, water ingress and brick erosion
- Incoherent and not fit for purpose mechanical and electrical infrastructure, resulting in issues with heating and cooling the building. This year has seen an increase in complaints about the temperature of the main hall.
- Lack of street presence with visitors believing the building to always be closed
- The need to increase income generation due to increasing running costs.

Final design and summary of proposed capital works

The final design has been developed by the architects Rodney Melville and Partners with the project team. The principal aspects of the proposed capital works include:

- Repairs to the fabric of the building including the proscenium arch and front façade
- Reconfiguration of the bar and toilet areas to allow the bar/café to front onto corporation street with glass windows.
- Improvements to the layout of the foyer and box office
- An extension to the north of the building incorporating a studio and large multipurpose space
- The redecoration of the interior of the building
- Increase footfall and income.

Consultation update

Public consultation has been carried out throughout the development of the project to inform the proposals. Initial consultation found that some 97% of the public wanted to see the building preserved for future generations. In spring 2013 a major consultation programme gathered more than 800 questionnaire responses and addressed members of the community at over 20 events and focus groups. It found there was overwhelming public support for the redevelopment of the Assembly Rooms with 86.7% supporting the use of further public funding to support this.

In Spring 2014 the public were consulted on the proposals and found the public were in favour of the intended redecoration, internal reconfiguration and extension of the building and plans for daytime opening and increased usage.

Plans for closure and customer care

Provision for the temporary closure of the Assembly Rooms from the end of January 2015

has been made and no bookings have been taken beyond this point. Given the gap in available funding it is highly unlikely that work will be able to commence in January 2015. At present it is not possible to confirm when works may take place, however there is a need for a short closure in January to carry out emergency repairs to the building..

Funding and costs

The total estimated cost for the proposed development is £3.687m. The intention was to fund this through a grant of £991,600 from the HLF; £320,000 from Arts Council England; £10,000 from Public donations; £67,500 from Staffordshire County Council; £102,000 in Volunteer time; £1,195,951 from the Staffordshire and Stoke on Trent Local Enterprise Partnership's Single Local Growth Fund and £400,000 from TBC resources allocated through the capital programme. The funding for the remaining £600,000 required has not been secured however prudential borrowing is being examined as a potential option for this shortfall. As the Single Local Growth Fund bid has been unsuccessful for 2015/16 this does leave a substantial gap in funding for the project. As a result the HLF whilst still supportive of the project have informed the Council that due to the gap in committed match funding that when the application is assessed it will be classed as a 'High Risk' project and therefore is unlikely to be successful as it stands. They have therefore suggested that the Council might withdraw the application. However, they have indicated that they would allow the Council a period of 6 months to resubmit the application, either as the same proposal with committed match or a proposal of reduced scale and cost with committed match. If this route is pursued an indicative timetable is as follows:

Submission of revised bid: March 2015
Decision from HLF: June 2015
Appoint contractor: Autumn 2015
Work begins on site: early 2016

2) Philip Dix Centre

The Council had applied for funding from ERDF for funding the proposed Business Enterprise Centre at the Philip Dix Centre. This opportunity arose at short notice as a result of the 2007-2013 programme being extended until December 2015. The bid sought £575k .This application was unsuccessful due to the number of existing projects that applied. Had this bid been successful it is likely that it would have allowed the Business Enterprise Centre project to be implemented, as the case for a modest amount of prudential borrowing by the Council to complete the project budget was very strong. It is still the intention to submit a planning application so that the necessary statutory permissions for this project are obtained. The Council has been advised that the project is a good fit for ERDF funding and that a submission would be encouraged for the next funding programme in 2015-2020 which could be made later this summer.

3) Carnegie Centre

The intention is still to develop the Carnegie centre into a restaurant, offering the building on a long lease to a tenant that would convert the building at their own costs, in exchange for a short rent free period. In order to maximise opportunities for private investment by a restaurateur it would be necessary to ensure that at the very least the surrounding public realm is fully complete, offering an attractive proposition for investors. This part of the Creative Quarter was always envisaged to be completed at the latter stages of the overall project and so is currently on hold.

4) Library

Staffordshire County Council are planning external changes to the library primarily focused around improvement to the church yard entrance and changes to the external ground floor

panels that face the public realm. It is expected that a planning application will be made later on this year.

5) Public Realm

The unsuccessful funding bid to the Single Local Growth Fund (SLGF) via the Staffordshire Stoke on Trent Local Enterprise Partnership (SSLEP) also included funding for the public space between the Carnegie Centre, the Assembly Rooms and the Library. Consequently, progress on this project is stalled. It is still the intention to submit a planning application so that the necessary statutory permissions for this project are obtained.

Summary

The gap in funding for the works to the Assembly Rooms is likely to result in the current HLF bid being unsuccessful. It is recommended that the current bid is withdrawn and then the next 6 months are used to secure the match funding. At the same time an alternative scheme should be worked up which reduces the scale of the proposed works which would require much lower match funding and resubmit. It should be noted that this will only deal with the structural architectural features of the building including essential repairs, conservation works and some improvements to the front of house and commerciality of the building. This would likely see the works to the back of house and the potential for a studio space and extension being excluded and are unlikely to lead to any changes in the ability of the building to improve its revenue position. It is therefore recommended emergency works are carried out in January and that bookings for 2015 are now taken for when the works are complete.

There remain a number of potential sources of match funding for the overall project, including Local Growth Fund, Borough and County Council capital programmes or prudential borrowing and ERDF. It is therefore recommended that the wider Creative Quarter project is promoted as a fall back position should GBSLEP or SSLEP programmes develop any underspend. It is also recommended that the County Council are approached to fund the public realm and Library elements as originally discussed. Furthermore it is recommended that a further bid to the next ERDF funding round is submitted to meet the Enterprise Centre capital costs.

It is also recommended that the necessary planning permissions are obtained for all aspects of the project. Whilst there is a risk that the project does not move forward and therefore the cost of the planning applications will have to be written off, it is considered that by securing planning consent the overall risk to delivery of the project is minimised.

In addition to obtaining all the necessary planning permissions, consideration is being given to tendering for the various works that make up the Creative Quarter project so that real costs are obtained. It is believed that this information will assist in securing the necessary financial resources for the project.

OPTIONS CONSIDERED

- 1) Continue with the existing HLF Round 2 bid and seek to secure the gap funding through prudential borrowing. Given the short timescales from HLF there is not sufficient time to work up a proposal and seek approval prior to determination from HLF of the submission.
- 2) Withdraw the HLF round 2 bid and place the project on hold but keep it fresh so we are able to act quickly subject to emerging opportunities for external funding. It should be noted that the Assembly Rooms will require some element of capital spend to stay open in the short to medium term. Undertake a Service Review based on the future closure of the Assembly Rooms with either a new theatre or without one.

RESOURCE IMPLICATIONS
Creative Quarter Capital costs

	Estimated capital cost	Preferred funding source	Alternative funding source	Alternative funding source
Philip Dix Business Enterprise Project	£575,845	£143,961 TBC Prudential Borrowing £431,884 ERDF	TBC Capital Programme (dependent on sales)	SLGF programmes fallback project.
Carnegie Centre Restaurant	£110,000	£100,000 Private Sector £10,000 TBC	TBC Capital Programme (dependent on sales)	
Library and Public Realm	£341,631	£341,631 SCC Capital Grant	TBC Capital Programme (dependent on sales)	SLGF programmes fallback project.
Assembly Rooms	Development Phase £207,988: Phase 1 £2,879,063 Phase 2 approx £600,000 (if works undertaken at same time as Phase 1) Total Cost £3,687,051	£991,600 HLF; £320,000 Arts Council; £10,000 Public donations; £400,000 TBC; £1,195,951 SLGF; £102,000 Volunteer time; £67,500 Staffordshire County Council and £600,000 TBC Prudential borrowing	TBC Capital Programme (dependent on sales)	SLGF programmes fallback project

It should be noted that at present all General Fund capital resources are currently earmarked for the approved 3 year Capital Programme – therefore no funding would be available unless significant capital receipts from the sale of assets were realised.

Assembly Rooms Reduced Scale Capital works

The table below shows the costs of works considered as essential. All the works listed are included in the HLF round 2 bid. The table doesn't show the costs for the back office reconfiguration and extension. It should be noted that the Council would need to meet these costs in the future in order to keep the Assembly Rooms operating. The phasing of the works is based on the conservation and other technical studies and doesn't account for changes in the buildings condition. The works listed deliver a mix of conservation and commercial improvements which could form the basis of a negotiation with the HLF regarding a reduced

scope for the Round 2 bid. Whilst this delivers a scheme with a smaller funding gap, it is likely to reduce any increase in projected income. This in turn may also impact on the business case for prudential borrowing.

	Year 1-3	Years 3-6	Years 6-10
Damp proofing works	£400k		
Proscenium Arch – repairs	£200k		
External repairs and improvements to the facade		£299k	
Main Hall/stage repairs and improvements		£200k	
Corridor repairs and re-decoration		£44k	
Box office upgrade			£203k
Bar and toilets re-configuration			£352
Period totals	£600k	£543k	£555k
Combined total	£1.698m		
Current HLF Bid	£900k		
TBC match	£400k		
Deficit	£398k		

Revenue costs

A summary of the forecast increased income / cost reductions following the proposed works is outlined below (when compared with the approved 3 year MTFS):

	14/15	15/16	16/17	17/18	18/19
Phil Dix/Carnegie Centres					
(Increased income) / costs	0	(38,190)	(38,660)	(38,840)	(39,050)
Assembly Rooms					
Assembly Rooms	0	(6,520)	(7,620)	(30,850)	(50,690)
Bar	0	15,630	16,300	(238)	(8,310)
Third Party Tickets	0	29,170	30,840	11,170	8,350
Outdoor Events	0	(3,520)	(3,660)	(11,430)	(11,940)
Arts Development	0	(570)	(1,180)	(19,380)	(26,840)
Promotions Budget	0	(27,240)	(27,240)	(27,240)	(27,340)
(Increased income) / costs	0	6,950	7,440	(77,968)	(116,770)

Prudential borrowing

In order to consider borrowing to part-fund the capital works, a return on the investment in

terms of cost reductions and increased income would need to be identified to meet the interest cost together with the statutory annual repayment of debt charge associated with the loan.

The net projected cost reduction / increased income required to finance the interest and repayment costs of a loan of £2m would equate to c.£130k p.a. over 25 years. The projected savings on the revenue budget for the Phil Dix and Assembly Rooms do not achieve this figure until 2018/19.

The evaluation process would also need to consider the potential risks involved in achieving and then sustaining such an ongoing saving for the life of the loan.

LEGAL/RISK IMPLICATIONS BACKGROUND

Detailed Risk Registers for the Assembly rooms project are included in the Appendix. A summary of key risks is as follows:

- Availability of relevant external funding
- Impact on car parking provision
- Relocation of Philip Dix and Carnegie Centre tenants and users
- The need to secure match funding to support a resubmitted HLF application to be made
- Design of an acceptable loading / unloading scheme for the Assembly Rooms
- Diocese of Lichfield faculty permission for works in the churchyard extends project timetable
- Archaeological site investigation finds significant evidence
- Further deterioration in the condition of the Assembly Rooms;
- Impact on the MTFs (Revenue & Capital) of any of the proposed changes.
- The estimated increases in income do not materialise
- The actual cost of the project exceeds the estimated costs

SUSTAINABILITY IMPLICATIONS

BACKGROUND INFORMATION

SSLEP LGF Creative Quarter application for funding
HLF Phase 2 Assembly Rooms application for funding
ERDF Phil Dix Enterprise Centre application for funding

REPORT AUTHOR

Robert Mitchell x616

LIST OF BACKGROUND PAPERS

APPENDICES

No	Risk & Impact (Threat/Opportunity to achievement of business objective)	Assessment of Gross Risk (1-5)			Risk Treatment Measures Implemented	Assessment of Current Risk (1-5) [With control measures implemented]			Further Possible Risk Mitigation
		Impact (Severity)	Likelihood (Probability)	Risk Score		Impact (Severity)	Likelihood (Probability)	Residual Risk Score	
1	Heritage Lottery funding not granted or forthcoming	4	4	16	Work closely with funder to ensure application meets their requirements. Explore opportunities and develop a strategy for other forms of funding.	4	2	8	
2	Failure of partners to work together	4	2	8	Regular project steering groups meetings with all partners involved. Regular communication between partners and sign up to Project Initiation Document.	4	1	5	
3	Impact on car parking inadequately assessed and dealt with	3	3	9	Review car parking in the local area. Communicate with current car park users and stakeholders. Create a car parking strategy for the area.	3	1	3	
4	SCC Local Growth Fund funding not granted or forthcoming	5	4	20	Work closely with funder to ensure application meets their requirements. Explore opportunities and develop a strategy for other forms of funding.	4	4	16	
5	Arts Council funding not granted or forthcoming	2	4	8	Work closely with funder to ensure application meets their requirements. Explore opportunities and develop a strategy for other forms of funding.	2	4	8	
6	Faculty Permission for works in the churchyard extends project timetable	2	4	8	Devise contingency for works to be carried out after the main project / Amend design specification to minimise requirement for Faculty	2	2	4	
7	Archaeological site investigation finds significant evidence	5	1	5	Minimise requirement for archaeological site investigation	5	1	5	
8	Contractor financial problems due to emerging from recession	4	2	8	Carry out financial due diligence on Contractor tender list	3	1	3	
9	Surface Water Sewers unfit for purpose	2	5	10	Define legal responsibility between South Staffs water and landowner Design and cost new scheme	1	5	5	

**Project Risk Register
Tamworth Assembly Rooms**

Revision: 4
Date: May 2014



Risk Identification				Risk Analysis							Risk Management						
1	1a	1b	1c	2	3	3a	4	5	6	7	8	9	9a	10	11	12	13
No	Date Received	Raised By:	Strategic Programme Project Operational	Risk Description	Consequence	Category	Likelihood (VL,L,M,H,VH)	Impact (VL,L,M,H,VH)	Rating	Risk Status (ROAG)	Management Actions Taken	Management Actions Planned	Risk Owner	Action Owner	Date By	Last Updated	Comments
2	29.08.13	GPL	Project	Incorrect initial brief/ performance specification	Unsuitable proposals & abortive design works/ costs incurred .	Quality, cost and programme	H	H	6000	RED		Structured briefing process. Set up design workshops. Ensure consequences of changes are clearly communicated.					
3	29.08.13	GPL	Project	Construction costs and fees exceed budget available	Project cannot proceed	Cost	H	H	6000	RED		Competitive quotations to be obtained. QS to be included in design team.					
4	29.08.13	GPL	Project	Delays on site	Internal spaces not available for use when required.	Programme	L	M	200	AMBER		Clearly communicate project deadlines from the outset.					
5	29.08.13	GPL	Project	Overspend of budget, failure to obtain sufficient funding for funding gap if project overspends	Cost overspend	Cost	M	VH	8000	RED		Funding to be tailored to suit the proposed scheme. Regular cost checking to be completed and strict cost control procedures adopted.					
6	29.08.13	GPL	Project	Lack of contingency fund	No available funding for unforeseen items.	Cost	M	M	400	AMBER		Review cost control procedures / look at potential savings					
7	29.08.13	GPL	Project	Insolvency of Main Contractor	Contractor unable to complete the works	Programme, cost, quality	M	H	4000	ORANGE		Check contractors status during tender process					
8	29.08.13	GPL	Project	Client sign off/Change Control	Cost overspends, programme over-run	Programme, cost	M	M	400	AMBER		See flowchart in PEP. All parties to work within timescales					
9	29.08.13	GPL	Project	Late sign off of Contract Documents	Potential for disputes	Programme, cost	M	M	400	AMBER		Detail contract terms at tender stage, contractor to price on that basis.					
10	29.08.13	GPL	Project	Number of clients/interested parties may cause problems with brief	Inability to fix brief	Quality	M	H	4000	ORANGE		Keep all parties aware of the tight timescales involved and try to minimise delays. Agree client core team and communications plan at onset					
11	29.08.13	GPL	Project	Inability to deal with Planning/Building control issues on an ongoing basis	Delays in project delivery	Programme	L	M	200	AMBER		Regular communication of design to Planners. Timely and appropriate planning submission with all supporting documentation. Appointment of specialist sub consultants in line with programme.					
12	29.08.13	GPL	Project	Client change during development and delivery phases	Delays and cost overspends	Programme, cost	M	M	400	AMBER		Ensure brief is frozen early. Allow period in programme for stakeholder approval. Set up robust change control procedure					
13	29.08.13	GPL	Project	Not selecting the most appropriate contractor	Contractor unable to deliver the project to the required quality/programme/budget	Programme, cost, quality	H	VH	12000	RED		Issue robust pricing document. Interview and score contractors accordingly					
14	29.08.13	GPL	Project	Inability to identify long lead-in plant and/or materials	Delays during the works.	Programme	M	H	4000	ORANGE		Lead in periods to be carefully monitored with a list of potential long lead in times agreed.					
15	29.08.13	GPL	Project	Inability to complete project within timescales set and not achieving the completion date	Loss of building use, disruption to TAR.	Programme	M	H	4000	ORANGE		Close monitoring of the project is required and programme analysis can be undertaken at each progress meeting					
16	29.08.13	GPL	Project	Disruption from TAR running and operation	Building users disrupted	Quality	H	H	6000	RED		Hoardings to be erected and separate access to be agreed. Also scheme to consider the routing of temporary services as required.					
17	29.08.13	GPL	Project	Not achieving quality standards	Inability to meet TAR requirements, project failure	Quality	M	VH	8000	RED		Contractor to be responsible for achieving quality standards on site, site inductions with mock ups to be used. Workmanship to be closely monitored					
18	29.08.13	GPL	Project	Interface with traffic and public	Disruption to anyone affected by the works.	Quality, Safety	H	H	6000	RED		Contractor to manage, care to be taken to cause as little disruption as possible to staff, students and neighbours. Detailed description to be included in preliminaries.					
19	29.08.13	GPL	Project	Safety of workforce, TAR personnel and public	Potential injury, death.	Safety	H	VH	12000	RED		H&S plan and method statement to be checked by CDMC					
20	29.08.13	GPL	Project	Asbestos present in site areas to be demolished	Works progress affected, safety of workforce and site personnel.	Safety, Programme	H	H	6000	RED		Asbestos survey to be carried out prior to commencing the works. This can either be commissioned by TAR or arranged by the MC.					

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Project Risk Register
Tamworth Assembly Rooms

Revision: 4
 Date: May 2014



Risk Identification				Risk Analysis							Risk Management						
1	1a	1b	1c	2	3	3a	4	5	6	7	8	9	9a	10	11	12	13
No	Date Received	Raised By:	Strategic Programme Project Operational	Risk Description	Consequence	Category	Likelihood (VL,L,M,H,VH)	Impact (VL,L,M,H,VH)	Rating	Risk Status (ROAG)	Management Actions Taken	Management Actions Planned	Risk Owner	Action Owner	Date By	Last Updated	Comments
21	29.08.13	GPL	Project	Failure to obtain correct building insurances - client/contractor?	Any loss, damage caused by the works is not insured	Cost, Programme	L	H	2000	ORANGE		Building insurances to be checked and correct policy to be taken out.					
22	29.08.13	GPL	Project	Quality of workmanship not complying with Planning, Building Control conditions etc.	Failure to get building control approval.	Quality, cost	L	VH	4000	ORANGE		Contractor to ensure that quality of workmanship complies with Planning/Conservation/BS conditions etc.					
23	29.08.13	GPL	Project	Loss of Key Personnel	Lack of continuity in the project.	Quality, programme	L	M	200	AMBER		Check availability of contractor staff throughout the project at tender stage.					
24	29.08.13	GPL	Project	Noise, dust and complaints from neighbours	Disruption to programme	Safety, Programme	H	H	6000	RED		Contractor to manage and liaise with TAR/GPL					
Page 27 of 73	29.08.13		Project	Possible scope changes may impact.	Disruption to programme. Additional cost	Programme and cost	M	M	400	AMBER		Establish quickly if these works are required					
	29.08.13		Project	Construction team unable to assist in the planning of the phases and the logistics and to commit to the set timeframes at the start of the project	Disruption to programme	Programme	L	VH	4000	ORANGE		The planning of the works and logistics must be a joint effort. The timeframes need to be set at the start of the project and the contractor needs to be flexible to accommodate any TAR business critical changes					
	28	29.08.13		Project	Lack of communication with staff during the project	Lack of continuity in the project and decision making process could be slowed	Programme and cost	L	H	2000	ORANGE		Establish a user group. Weekly meetings with contractor to review design, samples etc to speed up the decision making process				
29	29.08.13		Project	Design through contractor or through a third party	Lack of understanding of TAR requirements	Cost, Programme and quality	L	H	2000	ORANGE		Ensure design is direct from the designers					
31	29.08.13		Project	Poor quality of on site supervision	Low quality of work and excessive defects	Quality, programme	L	VH	4000	ORANGE		Ensure the right people in place before commencement					
32	29.08.13		Project	Poor management of sub contractors both internal and external	Low quality of work and excessive defects. Potential health and safety issues	Quality, Safety, Programme	L	VH	4000	ORANGE		Ensure the right people in place before commencement					
33	29.08.13		Project	Changes in scope	Effect on programme and budget	Cost, programme	M	M	400	AMBER		Ensure early design freeze					
34	29.08.13		Project	No project lead from TAR	Disruption to programme and TAR business continuity	Cost, Programme	M	H	4000	ORANGE							

CDM DESIGN RISK REGISTER

Client Name: Tamworth Borough Council
 Project Title: Tamworth Assembly Rooms

Issue: 1
 Date: 08-Apr-14

Date	Element or Activity	Risk No	Hazard	Owner	Comment Constraint	Risk Control Measures in Design	Residual Hazards	Owner	Mitigation Required (Construction Phase)	Maintenance Required (Post Completion)	High / Medium / Low (H/M/L)
31/03/2014	Access to and undertakings to adjacent site.	A01	Proximity of general public and surrounding buildings. Restricted road widths and access routes.			Contractors traffic management strategy to be developed prior to commencement of works.	Surrounding businesses to continue adjacent to site.				
31/03/2014	Existing services above and below ground.	A02	Live Mains			Plot location of known services from suppliers information. Isolate all known services wherever possible. Contractor to undertake site investigation prior to commencing works. Exposure of services (live and dead) during works to be recorded by Contractor.					M
31/03/2014	Hazardous materials.	A03	Asbestos containing materials. Lead used in roof coverings and paints.			Works are to be undertaken to survey and record all apparent asbestos materials. Refer to employers existing asbestos management plan prior to commencement of works. Analysis of existing paints to be undertaken to determine chemical content prior to stripping.	Employ suitable PPE when handling and working with hazardous materials. All asbestos removal to be undertaken by a specialist contractor should materials be exposed during the works.				M
31/03/2014	Handling lead work.	A04	Inhalation and ingestion of lead residue.			Contractor to ensure suitable PPE is available.	Contamination				
31/03/2014	Hot works to leadwork.	A05	Fire (high risk)			Hot works are not to be permitted on the buildings. Where permitted, employ a permitting system and only undertake with the employers prior to consent Contractor to develop a fire escape strategy prior to commencing works.	Fire (reduced risk)				
31/03/2014	Working at height.	A06	Falls (high risk) Falling objects			Contractor to employ suitable access equipment and safety harnesses where appropriate.	Falls Falling objects				M
31/03/2014	Working off scaffold	A07	Fall Falling objects Disposal of debris			Provision of guard rails, toe boards and netting as necessary in accordance with HSE recommendations. Scaffolded areas to be fenced off at floor and ground levels. PPE to be worn inside fences area. Access routes to be kept clear of all scaffolding or tunnel protection provided as appropriate. No objects to be thrown from the scaffold. A control system of debris disposal such as using chutes and barrows is to be provided. Only suitably trained operatives are to operate hydraulic platform lifts and the like.			Contractor to make provision as risk control measures listed above and comply with relevant HSE information on scaffold design. Ensure protection is provided against falling objects. All operatives to be advised of procedures and the need for care in handling materials and debris at induction.		M

CDM DESIGN RISK REGISTER

Client Name: Tamworth Borough Council
 Project Title: Tamworth Assembly Rooms

Issue: 1
 Date: 08-Apr-14

Date	Element or Activity	Risk No	Hazard	Owner	Comment Constraint	Risk Control Measures in Design	Residual Hazards	Owner	Mitigation Required (Construction Phase)	Maintenance Required (Post Completion)	High / Medium / Low (H/M/L)
31/03/2014	Erection and dismantling of scaffolding.	A08	Fall Falling objects			Working and scaffolded area to be fenced off. PPF to be worn inside fenced area. No objects to be thrown. All materials to be in containers and lowered by hand. Area around stored materials to be kept clear.			Contractor to submit an agreed Method Statement for erection/dismantling works. Contractor to make provision as control measures listed and comply with relevant COSHH information on scaffold design. All operative to be advised of procedures and the need for care in handling materials at induction.		M
31/03/2014	Moving, lifting and handling loads.	A09	Falling objects Strain injuries			Plan to reduce manual handling wherever possible. Where unavoidable, ensure sufficient manpower to share loads and oversee.					
31/03/2014	Unstable structure (demolitions)	A10	Falling material during demolition of existing structure overhead			Contractor to prepare a methodology and system of safe working for agreement with the Design Team.	Falling objects				M
31/03/2014	Working in confined spaces.	A11	Restricted working spaces such as roof voids. Heat build up and restricted natural ventilation leading to respiratory problems.			Establish safe system of working in confined spaces, ensuring communication with others at all times.	Confined working spaces				M
31/03/2014	Working in areas of dust, debris, contaminated materials.	A12	Disease/infections Skin complaints Anthrax from historic plaster Respiratory complaints			Contractor to ensure suitable PPE is available. Ensure good ventilation in working area. Control creation of dust at source wherever possible. Provide welfare facilities to allow washing before eating and mess facilities from working areas.	Contamination				
31/03/2014	Roof and eaves gutter maintenance.	A13	Falls (high risk) Existing access arrangements required			Incorporate fall arrest systems where possible. Future maintenance to allow use of tower scaffold or hydraulic platform for access from ground level.	Falls (reduced risk)				
31/03/2014	Window cleaning and maintenance.	A14	Falls (high risk)			Future maintenance to allow use of tower scaffold or hydraulic platform for access. Use of 'water fed pole' cleaning systems to be considered.	Falls (reduced risk)				
12/03/2014	Removal of Load Bearing Walls and Installation of Steelwork	S01	Insufficient temporary support resulting in instability of remaining structure		Contractor, General Public, Clients Staff	Expose existing structure sufficiently to enable accurate assessment of loading by Structural Engineer			Contractor's temporary works designer to take full account of loading given by the Structural Engineer (including adequate support off the ground for the temporary works) and have these designs independently reviewed.		H

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CDM DESIGN RISK REGISTER

Client Name: Tamworth Borough Council
 Project Title: Tamworth Assembly Rooms

Issue: 1
 Date: 08-Apr-14

Date	Element or Activity	Risk No	Hazard	Owner	Comment Constraint	Risk Control Measures in Design	Residual Hazards	Owner	Mitigation Required (Construction Phase)	Maintenance Required (Post Completion)	High / Medium / Low (H/M/L)
12/03/2014	Excavations for new Foundations	S02	Collapse of excavations, potentially causing instability to nearby structures		Contractor, General Public, Clients Staff	Provide advice on likely stability of excavations in Ground Investigation Report. Any underpinning to be designed to be constructed in a sequenced approach.			Contractor to take due account of Ground Investigation Report and ensure temporary soring is provided, as necessary. Follow underpinning sequences, as designed or gain agreement to vary this.		H
12/03/2014	Excavations for new Foundations and Drainage	S03	Potential conflict with existing services, causing electrical shock or gas explosion.		Contractor, General Public, Clients Staff	Provide all information relating to existing buried services.			Contractor to take due account of known services and proceed with caution where risks may be apparent.		H
12/03/2014	Working at height (e.g. Installation of Helifix to arch over stage)	S04	Using tools at height on insufficient working platform, resulting in falls from height.		Contractor	None			Contractor to provide adequate scaffolding to prevent falls from height of workforce or tools.		H
12/03/2014	Erecting temporary scaffolding or permanent theatre seating off existing floor.	S05	Floor load capacity exceeded, resulting in collapse of temporary scaffolding or seating.		Contractor & General Public	Employ timber decay specialist to conduct survey of existing suspended timber floors to ensure the timber strength is not compromised. Measure joists and carry out retrospective calculations to assess load capacity. Design additional ventilation, if required.			Contractor to take due account of loading constraints and replace any defective timbers.	Ensure adequate ventilation is maintained and conduct periodic surveys to ensure timber is sound.	H
12/03/2014	Oveloading existing roof with stage lighting, etc	S06	Instability of roof due to increased or uneven loading.		General Public & Client's Staff	Provide independent support for stage lighting, etc off load bearing walls.				Monitor amendments to lighting rigs to ensure loading on roof is not increased or redistributed.	H
17/02/2014	Working at heights for installation and maintenance	M&E01	Falls from height; installing & maintaining ceiling and roof mounted equipment		Contractor and maintenance engineers	Provide as much information during the design and pre-construction phases; Improve access arrangements			Equipment to be located at normal working height where possible. Use appropriate access equipment; avoid use of ladders for access to roof; follow codes of practice.		
17/02/2014	Handling materials delivered to site	M&E02	Heavy Lifting		Contractor	Provide as much information during the design and pre-construction phases			Employ suitable lifting equipment; specify sectional units; follow codes of practice		
17/02/2014	Site movement	M&E03	Contact with moving vehicles, plant or materials		Contractor, General Public, Clients Staff	Provide as much information during the design and pre-construction phases			Employ experienced plant operatives; wear high visibility and ppc and equipment		
17/02/2014	Handling materials around site	M&E04	Risk of musculo-skeletal injuries		Contractor	Provide as much information during the design and pre-construction phases			Employ suitable lifting equipment; specify sectional units; follow codes of practice		
17/02/2014	Working in confined spaces, basements and roof voids	M&E05	Asphyxiation; harm from hazardous products including vapours, fumes and dust; entrapment		Contractor	Provide as much information during the design and pre-construction phases			Provide adequate lighting and ventilation; work in pairs; provide protection from structure collapse; follow codes of practice		
17/02/2014	Torching and hot working	M&E06	Fire and explosion		Contractor	Provide as much information during the design and pre-construction phases			Employ working permits; have fire extinguisher and blanket available; store flammable substances away from building when not in use		
17/02/2014	Painting	M&E07	Harm from potentially hazardous products, including dusts, fumes and vapours		Contractor	Provide as much information during the design and pre-construction phases; avoid high VOC paint			Provide adequate ventilation; follow manufacturer's instructions; wear ppc		

CDM DESIGN RISK REGISTER

Client Name: Tamworth Borough Council
Project Title: Tamworth Assembly Rooms

Issue: 1
Date: 08-Apr-14

Date	Element or Activity	Risk No	Hazard	Owner	Comment Constraint	Risk Control Measures in Design	Residual Hazards	Owner	Mitigation Required (Construction Phase)	Maintenance Required (Post Completion)	High / Medium / Low (H/M/L)
17/02/2014	Noise and vibration	M&E08	Risk of damage to hearing and limbs		Contractor	Provide as much information during the design and pre-construction phases			Use trained engineers; use appropriate equipment.		
17/02/2014	Welding and soldering operations	M&E09	Risk of eye damage and burns		Contractor	Provide as much information during the design and pre-construction phases			Carry out behind protective screen, in well ventilated area; wear ppc; store gas bottles away from building; follow codes of practice		
17/02/2014	Working with high and low voltage electrical supplies	M&E10	Electrocution		Contractor and end user	Provide as much information during the design and pre-construction phases			Restrict access to qualified personnel; follow codes of practice and regulations		
17/02/2014	Use of power tools and equipment	M&E11	Injury from moving parts and electric shock		Contractor	Provide as much information during the design and pre-construction phases			Test and inspect equipment regularly; restrict use to trained operatives; use ppc where appropriate		
17/02/2014	Pressurised systems and gas installations	M&E12	Risk of explosions and fire		Contractor and maintenance engineers	Provide as much information during the design and pre-construction phases			Restrict access to qualified personnel; follow codes of practice and regulations		
17/02/2014	Storage of materials on site	M&E13	Manual handling, musculo-skeletal injuries; injury from collapse		Contractor	Provide as much information during the design and pre-construction phases			Store materials in a safe enclosure; avoid high stacking; review with site safety officer		
17/02/2014	Commissioning live status systems	M&E14	Risk of electric shock and moving parts; risk of falling and falling equipment		Contractor and maintenance engineers	Provide as much information during the design and pre-construction phases; design for ease of access			Use trained engineers; highlight live systems using warning signs; use appropriate access equipment; avoid ladders		
17/02/2014	Commissioning items of plant	M&E15	Risk of electric shock and moving parts; misuse of gas appliances		Contractor and maintenance engineers	Provide as much information during the design and pre-construction phases			Use qualified engineers; ensure all guards are fitted; follow manufacturer's instructions		
17/02/2014	Existing underground gas and electric mains services	M&E16	Encounter unknown buried gas and electrical services		Contractor	Provide as much information during the design and pre-construction phases			Assess possible locations of buried services; identify whether any service or cable is live; safely cut off and disconnect; keep record of any service found on site		

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THURSDAY, 31 JULY 2014

REPORT OF THE PORTFOLIO HOLDER FOR ECONOMY AND EDUCATION**NORTH WARWICKSHIRE CORE STRATEGY MAIN MODIFICATIONS CONSULTATION
AND SITE ALLOCATIONS PLAN CONSULTATION****EXEMPT INFORMATION**

N/A

PURPOSE

- Inform Members of the draft pre-submission Site Allocations Plan for North Warwickshire Borough Council currently available for public consultation.
- Seek Cabinet approval of the comments to be made in response to draft pre-submission Site Allocations Plan for North Warwickshire Borough Council.
- Inform Members of North Warwickshire's Core Strategy main modifications consultation
- Seek Cabinet approval of the comments to be made in response to the Core Strategy main modifications consultation.

RECOMMENDATIONS

1. **Approve comments for both the draft pre-submission Site Allocations Plan and Core Strategy main modifications for North Warwickshire Borough Council as detailed in the appendices to the report.**

EXECUTIVE SUMMARY

The comments on both consultations have been prepared based on the most up to date evidence at the time of preparing this report. Both responses take account of the recent meetings held between Tamworth, Lichfield and North Warwickshire officers and Members. Therefore, these comments reiterate, update and supplement comments previously made through past consultations for both documents and at these recent meetings.

The emphasis of the comments for both consultations is for planning policies to be flexible and prepared positively to meet strategic needs. The Core Strategy should be sufficiently flexible to allow for other planning policy documents to be prepared to meet Tamworth's needs without causing significant delay. The Site Allocations Plan should take account of Tamworth's un-met needs and it should be this document in North Warwickshire's development plan that plans strategically to meet these unmet needs.

The offer to produce a joint evidence base (potentially building on that produced in 2009) and a joint strategy has been put forward to North Warwickshire again through this consultation.

Main Modifications consultation

This sets out the changes the Council believes are required to make the Core Strategy 'sound'. The changes are based on the examination sessions held in January 2014 presided over by the appointed Planning Inspector.

This consultation is potentially the final opportunity to comment on North Warwickshire's Core Strategy, it is unclear whether a further round of examination sessions will take place.

The recommended comments to be made to the main modifications consultation are attached to this report (enclosures 1 to 4 & 6)

Site Allocations Plan consultation

The draft pre-submission consultation was taken to their LDF sub-committee on 9 April 2014 for the approval to consult on. This version of the document is an update of the previous version from early 2013 and should take account of new evidence and the current status of the Core Strategy under examination.

There will be at least one further round of public consultation on this document before it is submitted to the Secretary of State for examination. It is not clear when this final consultation or the submission will take place.

The recommended comments to be made to the Site Allocations Plan are attached to this report (enclosure 5)

OPTIONS CONSIDERED

1. Do not respond to the consultations. A failure to respond will not put across the Council's view point on either Local Plan, nor will it be seen as positively working with a neighbouring local authority. This option may result in the unmet needs arising from Tamworth not being delivered or not being delivered in a mutually beneficial way/location for both local authorities.

RESOURCE IMPLICATIONS

No additional resource required

LEGAL/RISK IMPLICATIONS BACKGROUND

North Warwickshire

The statutory procedure governing the preparation and adoption of Development Plan Documents is contained in the Planning and Compensation Act 2004, the Town and Country Planning (Local Planning) Regulations 2012 and the National Planning Policy Framework (NPPF). Failing to adhere to these requirements could result in a Local Plan being found 'unsound' at an examination.

It is important that the North Warwickshire Site Allocations plan provides land to meet needs arising from Tamworth. The plan should deliver the current figure of 500 homes set out in North Warwickshire's Core Strategy. However as Members are aware the needs arising from Tamworth are much greater than this and this Site Allocations plan should deliver more housing and employment land to meet Tamworth's objectively assessed needs. If North Warwickshire fail to co-operate with neighbouring authorities they may fail the 'legal test' at an examination and also may fail to demonstrate that the plan has been 'positively prepared' during a Local Plan examination. As this is not the final round of consultation North Warwickshire still have the opportunity to work with Tamworth Borough Council to address these issues. A failure to do so will increase their risk of being found un-sound or failing the duty's legal test.

In the event that North Warwickshire fail to progress their Site Allocations plan further it should not increase the risk to Tamworth's Local Plan being found sound. This is because we are positively and actively seeking to work with our neighbouring authorities to deliver unmet development needs arising from Tamworth

SUSTAINABILITY IMPLICATIONS

There is one employment allocation adjacent to Tamworth – extending cardinal point, the issues surrounding this site are detailed in the consultation response.

As neither the Site Allocations plan or Core Strategy allocate sites that are specifically meeting Tamworth's needs it is difficult to understand if there will be any sustainability implications. Clearly parts of North Warwickshire are within the Tamworth travel to work area and housing market area and there may be implications in terms of an increase in car borne journeys. In addition, any development in North Warwickshire if not planned in a sustainable manner may lead to an increase demand on services and infrastructure in Tamworth.

BACKGROUND INFORMATION

REPORT AUTHOR

Alex Roberts – Development Plan Manager x279

LIST OF BACKGROUND PAPERS

APPENDICES

Main Modifications response - MM4
Main Modifications response - MM5
Main Modifications response - MM18
Main Modifications response - MM43-49
Main Modifications response - MM67
Site Allocations Plan response

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North Warwickshire
Borough Council

Core Strategy
Main Modifications
Representation Form

Ref:

(for official use)

Please return to North Warwickshire Borough Council by **21st August 2014**

PLEASE USE THIS FORM TO RESPOND TO THE MAIN MODIFICATIONS ON THE CORE STRATEGY ONLY

The Council are seeking comments on the Modifications to the Core Strategy, following the Examination in Public (January 2014). The changes are proposed by the Inspector to address issues of legal compliance and soundness and we are only able to accept representation on these matters.

Please send us your comments no later than 5:00pm by the **21st August 2014** to the following address: Forward Planning Team, Chief Executives Division, Council Offices, South Street, Atherstone, Warwickshire, CV9 1DE or email planningpolicy@northwarks.gov.uk

Any representation received will be a public document, all details of which will be stored on a database, and made available for inspection at the council's offices and on the council's website

Please provide your details below.
(If you are an agent please provide both your details as well as your clients.)

Name: Alex Roberts – Development Plan Manager

Organisation (if applicable): Tamworth Borough Council

Address: Alexander-roberts@tamworth.gov.uk

Email:

Q1. Please give the Main Modification reference number that your representation relates to
(use a separate sheet for each representation and each modification)

Modification Reference

MM4

Q2. Do you consider the Main Modifications to be Legally Compliant?

YES

NO

Q3. If you consider the Proposed Main Modifications to be Unsound, please identify which test of soundness your comments relate to?

Positively prepared

Effective

Justified

Consistent with National Policy

- Q4. Please give details of why you consider the Main Modifications not to be legally compliant or unsound. Please be as precise as possible. If you wish to support Modifications please also use the box below to set out your comments.

The terminology used in this paragraph is confusing. By early review of the Local Plan, is it meant this 'Core Strategy' or a Local Plan as a whole collection of documents? Local Plans should effectively be reviewed on an on-going basis through the monitoring process and the production of new evidence which may have impacts for local plan authorities. Should it not be the case that subsequent Local Plans address any new evidence and not have to wait until the whole of the development plan is reviewed?

We question the relevance of the sentence stating a 'proven track record'. A statement should be made as to what has already been done and what work will be done to address the known strategic issues arising from Tamworth, Birmingham and within the GBSLEP area.

- Q5 Please set out what change(s) you consider necessary to make the Main Modifications legally compliant or sound, having regard to the test you have identified above. You will need to say why this change will make the Main Modifications legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible

The modification is not effective as it does not commit North Warwickshire to undertaking any specific piece of work addressing strategic issues and the mechanism for address may not be the most appropriate. Tamworth would welcome the opportunity to work with North Warwickshire and Lichfield to produce a joint strategy / evidence base. The wording of this paragraph should be amended further to be more specific as to what will happen, when it will happen and how (if any) changes will be made.



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Modification Reference

MM5

Q2. Do you consider the Main Modifications to be Legally Compliant?

YES

NO

Q3. If you consider the Proposed Main Modifications to be Unsound, please identify which test of soundness your comments relate to?

Positively prepared

Effective

Justified

Consistent with National Policy

- Q4. Please give details of why you consider the Main Modifications not to be legally compliant or unsound. Please be as precise as possible. If you wish to support Modifications please also use the box below to set out your comments.

Terminology needs to change to be in line with 2012 Planning Regulations – Policies Map, not Proposals Map.

(Continue on a separate sheet/expand box if necessary. Mark any additional pages with your name)

- Q5. Please set out what change(s) you consider necessary to make the Main Modifications legally compliant or sound, having regard to the test you have identified above. You will need to say why this change will make the Main Modifications legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible

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Email:

Q1. Please give the Main Modification reference number that your representation relates to
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Modification Reference

MM18

Q2. Do you consider the Main Modifications to be Legally Compliant?

YES

NO

Q3. If you consider the Proposed Main Modifications to be Unsound, please identify which test of soundness your comments relate to?

Positively prepared

Effective

Justified

Consistent with National Policy

Q4. Please give details of why you consider the Main Modifications not to be legally compliant or unsound. Please be as precise as possible. If you wish to support Modifications please also use the box below to set out your comments.

This table is misleading as to how Tamworth's housing needs will be met and what the annual housing requirement for North Warwickshire is. The objectively assessed need for North Warwickshire and the un-met need arising from Tamworth should be set out at the start and be combined to produce an annual housing requirement. If this is not combined how will a 5 year housing supply be accurately measured that ensures the needs for Tamworth are met? By placing Tamworth's needs at the end of the equation and removing them from the annual requirement equation they are still being treated as separate, and therefore there is no certainty that the full amount of housing will be delivered.

In addition to this as the plan period has rolled on by 1 year, then so should the 500 dwellings for Tamworth. This would be 531 $(500/17) \times 18 = 531$

Are the completions and commitments monitoring information the most up to date? Does it go to 31 March 2014?

It is difficult to see how this relates to the 5 year housing supply, has there been a past under delivery? Should the amount required be increased to allow for a 5% or 20% buffer as required by the NPPF?

The quantum of housing to meet Tamworth's needs should be stated as a minimum throughout the Core Strategy.

Q5 Please set out what change(s) you consider necessary to make the Main Modifications legally compliant or sound, having regard to the test you have identified above. You will need to say why this change will make the Main Modifications legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible

The table should be clear and concise. The figures should be updated to 31 March 2014.

a) Housing requirement	Total 3,681 (NWBC 3,150 + TBC 531)	Annual 205 (rounded up from 204.5)
b) Completions	151	
c) Commitments (permissions and LIP sites)	1,050	
d) Housing remaining to be delivered	$3,681 - 151 - 1,050 = \mathbf{2,480}$	

Has there been an under supply from previous years? This will need to be included in the table.



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Organisation (if applicable): Tamworth Borough Council

Address: Alexander-roberts@tamworth.gov.uk

Email:

Q1. Please give the Main Modification reference number that your representation relates to
(use a separate sheet for each representation and each modification)

Modification Reference

MM67

Q2. Do you consider the Main Modifications to be Legally Compliant?

YES

NO

Q3. If you consider the Proposed Main Modifications to be Unsound, please identify which test of soundness your comments relate to?

Positively prepared

Effective

Justified

Consistent with National Policy

- Q4. Please give details of why you consider the Main Modifications not to be legally compliant or unsound. Please be as precise as possible. If you wish to support Modifications please also use the box below to set out your comments.

The Council is generally supportive of this change as it better reflects the evidence base and Sustainability Appraisal. However what is a meaningful gap? Specific reference points should be listed, these could be the M42 or other physical features of significant importance. The proposed modification is too ambiguous and it should be more specific to ensure its effectiveness.

(Continue on a separate sheet/expand box if necessary. Mark any additional pages with your name

- Q5 Please set out what change(s) you consider necessary to make the Main Modifications legally compliant or sound, having regard to the test you have identified above. You will need to say why this change will make the Main Modifications legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible

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Name: Alex Roberts – Development Plan Manager

Organisation(if applicable): Tamworth Borough Council

Address: Alexander-roberts@tamworth.gov.uk

Email:

Do you support the Draft Pre-Submission Site Allocations Plan

NO

If yes, we would like to know why you support the document. If no, please explain why and what changes you would like to see to the document

Paragraph No

COMMENTS

1.1	Is the plan period correct? The plan period for subsequent Local Plans following on from a Core Strategy should last for 15 years and not just until the end date of the Core Strategy. If the plan is to last until 2029, then it will need to be adopted in 2014. This is not possible given the lead in times and consultation periods for Local Plan production. A realistic time period should be used which takes into account anticipated examinations and potential delays.
1.3 bullet point 1 & 2	Additional text should read: ...to meet the current and projected future population needs of North Warwickshire and neighbouring authorities including Tamworth. Locations for employment sites to meet the needs of North Warwickshire and Tamworth.
1.5	There are 4 sources of sites considered for allocation. How has the assessment process for all 4 been standardised? Have each been assessed in the same way? What are the technical constraints to site delivery and how can these be mitigated? Are the sites viable and does mitigation and infrastructure impact on this? Do the sites have willing landowners? It is not apparent from the Council's website where the SHLAA is or any other site assessment document. There is no whole plan

	<p>viability assessment. There is no housing trajectory which indicates when sites will become available for development and their projected delivery rate.</p> <p>Until this information is available it is not possible to understand or comment on the what, where, when and how questions for all the sites in this document.</p>
1.8	<p>The dates used in the Sustainability Appraisal do not match the dates for the plan period. If land is released for employment to increase the attractiveness of the Borough then surely the level of new housing should match this increase? Attracting new people to an area will not necessarily push the existing population out to 'make room' for them. An adequate level of housing should be provided which takes into account the natural population change and the desire to increase migration into the Borough.</p>
2.1	<p>There is an unmet need for employment land arising from Tamworth as detailed in Tamworth's draft Local Plan of at least 14ha. Tamworth's Local Plan was consulted on in March 2014 for 6 weeks, North Warwickshire were consulted on and meetings were held between officers. It is surprising that this Local Plan has no mention of meeting this need at all. How does this demonstrate that the plan is 'positively prepared'?</p>
2.3	<p>Regarding previous comments on the plan period, if the plan period is extended what will the employment need be?</p> <p>There appears to be a gap of almost 2 hectares, how will this be addressed?</p> <p>How can the supply of employment land be increased? What are the barriers to new sites coming forward, this allocations plan should be addressing the problem and not just noting the lack of available sites.</p>
Employment Sites	<p>Are all the proposed allocations located within or adjacent to the settlement boundaries they are grouped into?</p>
Policy EMP6 Site DOR24	<p>This site forms an extension to Centurion Park which is located within Tamworth and does not form part of Dordon. How can this site meet local employment needs for North Warwickshire when it is wholly detached from Dordon, separated by the M42 and joined to the urban area of Tamworth? The 8.5 hectares of employment land coming forward from this proposed allocation should be to meet part of Tamworth's unmet employment need (14ha).</p> <p>Furthermore, there is no information available as to how this may impact on Tamworth, or how this site will relate to the proposed Employment allocations in Tamworth.</p>

3.04 / Policy TP2

The map clearly shows that DOR24 will form part of the Centurion business park in Tamworth.

It is not clear from the mapping or the supporting text where this route is and why it is needed. As this safeguarded route would link into the B5000 what impacts could it have on the wider local network in particular links into Tamworth.

5.3

The total housing requirement for North Warwickshire is stated as 3,650 – over the plan period this is 203 per annum. The 500 for Tamworth should not be restricted to delivered after 2022 (an issue which was debated during the Core Strategy hearing which the Planning Inspector appeared to agree should be removed as there is no justification).

5.4

There does not appear to be any flexibility within the plan, the combination of extant consents, allocations and the windfall allowance comes to 3650 units, which is the exact amount required. There is no allowance for losses and demolitions. The NPPF requires Local Plan to be flexible and therefore in this instance more than sufficient land should be allocated for meeting the current 3,650 housing requirement. How will the Local Plan respond if several sites fail to be delivered over the plan period?

5.10

There is no housing trajectory which would show how sites are to be released and delivered across the plan period. Without a housing trajectory setting out annual or 5 year periods of delivery it is not possible to ascertain whether sufficient housing will be delivered in the right places at the right time over the plan period. The delivery of housing should be aligned with Core Strategy policies which set out the distribution and level of housing across the Borough.

The table which is provided there appears to be an over allocation in Cat 4 settlements.

Housing General

There does not appear to be an evidence base to support a windfall allowance for the borough as a whole or within specific settlements.

Do the housing sites need to be within a policy to ensure that mitigation measures are contained in policy and not supporting text alone? It appears that some sites are allocated and some are not.

Do you have any further comments to make on the accompanying consultation documents? (Infrastructure Delivery Plan, Sustainability Appraisal)

The issue of Tamworth not being able to meet its own needs for housing and employment is long standing and was discussed before and during

the Core Strategy examination in January 2014. Since then meetings have taken place between officers and Members of each Council. Therefore it is of great concern to Tamworth Borough Council that this version of the Site Allocations Plan has not been prepared in light of the most up to date evidence. In particular the evidence which supports Tamworth's Local Plan.

Paragraph 178 of The NPPF states that:

Public bodies have a duty to cooperate on planning issues that cross administrative boundaries”

“The Government expects joint working on areas of common interest to be diligently undertaken for the mutual benefit of neighbouring authorities.”

Paragraph 179 goes on to state:

“Local planning authorities should work collaboratively with other bodies to ensure that strategic priorities across local boundaries are properly coordinated and clearly reflected in individual Local Plans. Joint working should enable local planning authorities to work together to meet development requirements which cannot wholly be met within their own areas – for instance, because of a lack of physical capacity or because to do so would cause significant harm to the principles and policies of this Framework.”

Furthermore paragraph 182 concerning the 4 tests of ‘soundness’ states:

“Plans should be positively prepared to meet... unmet requirements from neighbouring authorities where it is reasonable to do so and consistent with achieving sustainable development”

Tamworth Borough Council urges North Warwickshire to properly consider these strategic issues. We would welcome working together to produce a joint strategy and evidence base in conjunction with Lichfield District Council which sets out how un-met needs arising from Tamworth will be delivered. Therefore further progression of this plan should not take place until the outcomes of this further work is known. If the Site Allocation plan fails to address these strategic issues it would not be produced within the requirements of the NPPF and therefore there is a risk of being found un-sound at examination. For the sake of clarity, the un-met needs arising from Tamworth are:

- 2,000 dwellings – currently 500 to be delivered in Lichfield and 500 in North Warwickshire, leaving a shortfall of 1,000 dwellings.
- 14ha of employment land. There are no agreements in place. There are sites within this plan where there is no justification how it will support the employment needs of North Warwickshire, these sites could meet a proportion of Tamworth's employment need.

The evidence base supporting Tamworth's Local Plan can be found on our website.

There is no updated draft Policies Map to show where the sites are located in the context of the whole Borough. The 2012 Planning Regulations now refers to Policies Map not Proposals Map, this should be updated through the plan and evidence base.

IDP

Why are there 3 categories for infrastructure items, how can something be necessary if it is not required for development to go ahead? Should critical and necessary be grouped together?

HRA

2.12 – have Staffordshire County Council’s Waste and Minerals plans been reviewed for the ‘in-combination’ effects?

3.2 – wrong plan period, see previous comments

3.4 – is the land allocated or safeguarded?

3.5 – The new allocations are in and around Tamworth, Polesworth, Dordon and Atherstone.

3.9 – Is land allocated or identified, these are two different things.

Sustainability Appraisal – Non-Technical Summary

1.1 - Wrong plan period, see previous comments

1.13 - The scoping report was carried out 7 – 8 years ago, surely this is now out of date and a new scoping report and consultation should have been done to support this Sustainability Appraisal?

1.15 - It is not clear from this paragraph if the Scoping Report has been updated or not? If it has been updated it should have been subject to a minimum 5 week consultation in-line with the EU SEA directive requirements.

1.19 The sites which were not considered to be reasonable alternatives: which sites are these and why have they been removed from the SA process? Has an assessment been carried out to support the removal?

Table 2

Objective 4 should be to meet local needs and needs of Tamworth.

--

Monitoring Information						
This information is not intended to intrude upon your privacy in any way, but will help us to monitor whether we are reaching all sectors of the community in our consultations. Please do not fill in this section if you are completing the representation on behalf of a group.						
Gender: Male/ Female (<i>Please delete as appropriate</i>)						
Age: Under 15 16-19 20-29 30-39 40-49 50-59 60-69 70-79 80+						
<p>Ethnicity: (<i>please tick</i>)</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>White: British Irish Other White</p> </td> <td style="vertical-align: top; width: 50%;"> <p>Black or Black British: Caribbean African Other</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Mixed: White & Black Caribbean White & Black African White & Asian Other</p> </td> <td style="vertical-align: top;"> <p>Chinese: Other Ethnic Group:</p> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <p>Asian or Asian British: Indian Pakistani Bangladeshi Other</p> </td> </tr> </table>	<p>White: British Irish Other White</p>	<p>Black or Black British: Caribbean African Other</p>	<p>Mixed: White & Black Caribbean White & Black African White & Asian Other</p>	<p>Chinese: Other Ethnic Group:</p>	<p>Asian or Asian British: Indian Pakistani Bangladeshi Other</p>	
<p>White: British Irish Other White</p>	<p>Black or Black British: Caribbean African Other</p>					
<p>Mixed: White & Black Caribbean White & Black African White & Asian Other</p>	<p>Chinese: Other Ethnic Group:</p>					
<p>Asian or Asian British: Indian Pakistani Bangladeshi Other</p>						
Do you consider that you have a disability? Yes/ No (<i>Please delete as appropriate</i>)						



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(If you are an agent please provide both your details as well as your clients.)

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Email:

Q1. Please give the Main Modification reference number that your representation relates to
(use a separate sheet for each representation and each modification)

Modification Reference

MM43, 45, 44, 45, 46, 47, 48,
49

Q2. Do you consider the Main Modifications to be Legally Compliant?

YES

NO

Q3. If you consider the Proposed Main Modifications to be Unsound, please identify which test of soundness your comments relate to?

Positively prepared

Effective

Justified

Consistent with National Policy

Q4. Please give details of why you consider the Main Modifications not to be legally compliant or unsound. Please be as precise as possible. If you wish to support Modifications please also use the box below to set out your comments.

These suggested modifications not take into account Tamworth's unmet employment needs of 14ha. These modifications are unsound as they are not based on the most up to date evidence.

The issue of Tamworth not being able to meet its own needs for employment discussed before and during the Core Strategy examination in January 2014. Since then meetings have taken place between officers and Members of each Council where this issue has been discussed further. Therefore it is of great concern to Tamworth Borough Council that the Main Modifications have not been prepared in light of the most up to date evidence. In particular the evidence which supports Tamworth's Local Plan.

Paragraph 178 of The NPPF states that:

Public bodies have a duty to cooperate on planning issues that cross administrative boundaries"

"The Government expects joint working on areas of common interest to be diligently undertaken for the mutual benefit of neighbouring authorities."

Paragraph 179 goes on to state:

"Local planning authorities should work collaboratively with other bodies to ensure that strategic priorities across local boundaries are properly coordinated and clearly reflected in individual Local Plans. Joint working should enable local planning authorities to work together to meet development requirements which cannot wholly be met within their own areas – for instance, because of a lack of physical capacity or because to do so would cause significant harm to the principles and policies of this Framework."

Furthermore paragraph 182 concerning the 4 tests of 'soundness' states:

"Plans should be positively prepared to meet... unmet requirements from neighbouring authorities where it is reasonable to do so and consistent with achieving sustainable development"

Tamworth Borough Council urges North Warwickshire to properly consider these strategic issues.

Q5 Please set out what change(s) you consider necessary to make the Main Modifications legally compliant or sound, having regard to the test you have identified above. You will need to say why this change will make the Main Modifications legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible

We suggest that these modifications are altered to recognise that North Warwickshire has a significant role to play in helping to meet the unmet employment needs arising from Tamworth. A paragraph similar to 6.9 and 6.10 (related to Tamworth being unable to meet housing needs) should be inserted or an existing paragraph amended and the employment policy should also acknowledge this unmet need.

THURSDAY, 31 JULY 2014

REPORT OF THE PORTFOLIO HOLDER FOR ECONOMY AND EDUCATION**TAMWORTH CASTLE ACCREDITATION REVIEW 2014****EXEMPT INFORMATION****PURPOSE**

To seek Cabinet approval for the adoption and implementation of documents relating to the 2014 Accreditation review in respect of Tamworth Castle Museum and Collections.

RECOMMENDATIONS

1. Approve and adopt the Collections Development Policy, the Care and Conservation Policy and Plan, and the Forward Plan for Tamworth Castle and Museum.
2. Authorise the Director Communities Planning and Partnerships in conjunction with the Portfolio Holder Economy and Education to progress the Castles Museum Accreditation process and make minor changes to the documents if required.

EXECUTIVE SUMMARY

Tamworth Castle is an Accredited Museum, and by definition it's core function is to collect, safeguard and make accessible the objects or specimens which it collects and holds in trust for society. The Castle enables local people and all visitors to explore its object collections, for inspiration, learning and enjoyment.

Tamworth Castle's 2014 Accreditation Review requires new documents. The Collections Development Policy, which replaces the previous Acquisitions and Disposals Policy, and the new Care and Conservation Policy and Plan. Tamworth Castle's Forward Plan is now included in this review.

The adoption and implementation of such policies and plans by a governing body of a museum is a requirement of the Accreditation Scheme for Museums and Galleries in the United Kingdom. This Scheme is administered by the Arts Council England and requires that these policies and plans be formally accepted by the governing body of the Museum, in this case Tamworth Borough Council.

At the time of its adoption, the Collections Development Policy represents the aims and objectives of responsible Collections Management at Tamworth Castle. The policy outlines and defines the current object collections and the ways in which we will continue to collect, care for, and manage the material.

It defines the geographical area that we will collect objects from, and the themes/subject matter/type of objects we will collect, as well as the areas where rationalisation needs to take place. It also sets out the guidelines that we must adhere to as an Accredited Museum, to ensure that we act in an ethical manner and to a standard accepted by all Museums in the United Kingdom. It is intended that this policy should be reconsidered at least every five years, and a revised statement brought before the governing body for its agreement. The date for the review is 2019. The Care and Conservation Policy and Plan outline how we care for and maintain the collections that we hold on a daily and ongoing basis. Tamworth Castle's Forward Plan details how we are planning to carry out the various processes to manage the collections.

A copy of the policies and plans are attached, together with the background papers.

OPTIONS CONSIDERED

RESOURCE IMPLICATIONS

There are no resource implications arising from this report

LEGAL/RISK IMPLICATIONS BACKGROUND

The following risks have been identified should the Council not adopt and then implement these policies:

1. Failure to maintain Museum Accreditation Standard Scheme status because of failure to meet the minimum standard for the Collections Management requirements.
2. Loss of Accreditation Standard will mean inability of Castle to qualify for grant aid and awards both nationally and regionally.
3. Loss of awareness that caring for collections are an important and core part of Tamworth Castle's work.
Accreditation raises awareness and understanding of museums, building confidence and credibility both within the governing body and among the public.
4. Loss of recognition that Tamworth Castle meets approved National Benchmark Standards of Museum work.
Accreditation is a quality standard that serves as an authoritative benchmark for assessing performance, rewarding achievement and driving improvement.
5. Loss of confidence amongst donors that we are a suitable repository for objects.

SUSTAINABILITY IMPLICATIONS

none

BACKGROUND INFORMATION

See Background Papers listed below and attached.

REPORT AUTHOR

Sarah Williams, Collections Officer, Tamworth Castle

LIST OF BACKGROUND PAPERS

Accreditation Guidance - An Introduction - Arts Council England 2013

Accreditation Guidance - 2 Collections - Arts Council England 2013

Disposals Toolkit Guidelines for Museums - Museums Association / Arts Council England 2014

APPENDICES

Tamworth Castle Collections Development Policy 2014 - 2019

Tamworth Castle Care and Conservation Policy 2014

Tamworth Castle Care and Conservation Plan 2014 (with Appendices 1 - 5)

Tamworth Castle Forward Plan 2014 - 2019

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Collections Development Policy

Name of museum: Tamworth Castle

Name of governing body: Tamworth Borough Council

Date on which this policy was approved by governing body: **Date**

Date at which this policy is due for review: **July 2019**

1. Museum's statement of purpose

Tamworth Castle is a unique Scheduled Ancient Monument offering an inspiring, entertaining, and enjoyable learning experience for all our users.

Through the collection, conservation and preservation, interpretation and exhibition of the museum's collections and buildings, we strive to maximise access to, and understanding of, Tamworth's heritage.

2. An overview of current collections

Tamworth Castle was purchased by Tamworth Corporation in 1897 without contents.

The collections have been acquired since 1897 through gift, bequest and purchases.

There are ten core areas of the collections:

1. The collection of furnishings drawn from the reserve collections, that interpret the period room displays within the Castle. These cover the four main periods relating to the ownership of the Castle. Tudor, Jacobean, Georgian and Victorian.
2. The locally produced terracotta samples collection, from nationally and internationally renowned company Gibbs & Canning, together with the company's business archive, dating from the mid 19th century to mid 20th century.
3. The locally produced ceramics collection, from George Skey, later Doulton's, together with some company archives, dating from the mid 19th century to mid 20th century.
4. The coin and medal collection. Coins are the significant core of this collection and include: Saxon Tamworth mint coins, a considerable number of Roman coins, including those found locally, and coins from significant periods up to, and including the 20th century.
5. The Allsopp collection, an eclectic discrete collection from a private local collector, that forms the main core of the social history, art, weapons and armour, curiosities and book collections. This also includes an archive not related specifically to the objects. From 18th to 20th century.
6. The Archaeology collection contains principally 20th century material excavated from, and found in, the environs of :
 - Tamworth Castle motte,
 - Tamworth Castle grounds
 - Rivers Anker and Tame.
 - Excavations in various parts of the town of Tamworth prior to changes to roads and the built environment in the 1960's and 1970's.
 - A major excavation carried out prior to the 1980's Ankerside Shopping development which included the unique remains of a Saxon watermill, Rhineland lava mill stones, timbers, leather, and metalwork.
 - Various locations surrounding Tamworth in the 1960's when Tamworth Castle was the only available repository in the area.
 - Material obtained from formal and informal field walking in the local area.

- A small amount of archival material and written reports, some published, some awaiting reports and / or publication.
7. Small fossil and mineral collections from a local private late 19th and early 20th century collection. Identified and catalogued by West Midlands Area Museum Service (WMAMS) in 1990, and re-assessed in 2013 by BMT. (Awaiting report)
Small 19th century mineral collection donated by Lady Emily Peel. Identified and catalogued by Stoke Museum Service in 2009 with report.
Small, but classified as nationally significant, 19th century botanical collection of Staffordshire / Warwickshire mosses and wildflowers, also donated by Lady Emily Peel. Identified and catalogued by Staffordshire Arts and Museum Service (SAAMS) in 2009.
 8. Local trade samples and records, late 19th and early 20th century, relating to businesses in Tamworth.
 9. Art collection late 18th to mid 20th century.
 - Oil paintings, all of which are included on the 'BBC Your Paintings' website, and the Staffordshire section of the Public Catalogue Foundation.
 - Portraits of Tamworth Castle owners.
 - Notable local people, including Sir Robert Peel.
 - A small number of works by local artists in various media, of local views.
 - Views of Tamworth and Tamworth Castle.
 10. Handling / Living History collection.
 - Reproduction items.
 - Items from the collections used as handling objects with no Tamworth or significant provenance.
 - Items purchased specifically for handling use.

3. Themes and priorities for future collecting

Items offered to **Tamworth Castle Museum** within the time frame of this Policy will be considered on an individual basis, dependent on provenance, relevance and volume. Preference will always be given to items relating directly to Tamworth Castle, or its occupants throughout its history, and the development of Tamworth as a Saxon town. Items with an evident provenance to the town and Borough of Tamworth, key people and families, businesses, social and industrial history, the development and extension of the Borough throughout all time periods.

The area of Tamworth includes the current district boundaries and Civil Parishes. **Tamworth Castle** does not intend to actively collect on any areas of the current collections within the time frame of this Collections Development Policy.

4. Themes and priorities for rationalisation and disposal

Tamworth Castle will actively seek to rationalise its collections listed above within the time frame of this Collections Development Policy.

The priority of rationalisation and disposal will include items already noted through the recent collections audit as being outside of the provenance and remit of Tamworth Castle's collections, and its recent collecting policies.

(See Care and Conservation Policy and Plan)

Priorities for disposal due to size and volume will include architectural salvage items. These items are expected to be disposed of under the Clause 13 paragraphs (e), (f) and (h) of this Collections Development Policy.

Responsible, curatorially-motivated disposal takes place as part of a museum's long-term collections policy, in order to increase public benefit derived from museum collections¹

5. Limitations on collecting

Tamworth Castle recognises its responsibility, in acquiring additions to its collections, to ensure that care of collections, documentation arrangements and use of collections will meet the requirements of the Accreditation Standard. It will take into account limitations on collecting imposed by such factors as staffing, storage and care of collection arrangements.

6. Collecting policies of other museums

Tamworth Castle will take account of the collecting policies of other museums and other organisations collecting in the same or related areas or subject fields. It will consult with these organisations where conflicts of interest may arise or to define areas of specialism, in order to avoid unnecessary duplication and waste of resources.

Specific reference is made to the following museum(s):

- The Staffordshire Regiment Museum, Whittington Barracks
- Staffordshire Arts and Museums Service (SAAMS)
- Erasmus Darwin
- Samuel Johnson Birthplace Trust

In relation to the development of Saxon collections and the Mercian Trail Partnership:

- Stoke-on-Trent Potteries Museum and Art Gallery (PMAG)
- Birmingham Museums Trust (BMT)

7. Policy review procedure

The Collections Development Policy will be published and reviewed from time to time, at least once every **five** years. The date when the policy is next due for review is noted above. Arts Council England will be notified of any changes to the Collections Development Policy, and the implications of any such changes for the future of existing collections.

8. Acquisitions not covered by the policy

Acquisitions outside the current stated policy will only be made in very exceptional circumstances, and then only after proper consideration by Tamworth Borough Council, the governing body of Tamworth Castle itself, acting on curatorial advice from the Collections Officer / Heritage and Visitor Services Manager, and having regard to the interests of other museums.

9. Acquisition procedures

- a. **Tamworth Castle** will exercise due diligence and make every effort not to acquire, whether by purchase, gift, bequest or exchange, any object or specimen unless the governing body (Tamworth Borough Council) or the Collections Officer / Heritage and Visitor Services Manager is satisfied that Tamworth Castle can acquire a valid title to the item in question.
- b. In particular, **Tamworth Castle** will not acquire any object or specimen unless it is satisfied that the object or specimen has not been acquired in, or exported from, its country of origin (or any intermediate country in which it may have been legally owned) in violation of that country's laws. (For the purposes of this paragraph 'country of origin' includes the United Kingdom).

¹ See Museums Association 'Disposals Toolkit' pg 5.

- c. In accordance with the provisions of the UNESCO 1970 Convention on the Means of Prohibiting and Preventing the Illicit Import, Export and Transfer of Ownership of Cultural Property, which the UK ratified with effect from November 1 2002, and the Dealing in Cultural Objects (Offences) Act 2003, **Tamworth Castle** will reject any items that have been illicitly traded. The governing body (Tamworth Borough Council) will be guided by the national guidance on the responsible acquisition of cultural property issued by the Department for Culture, Media and Sport in 2005.
- d. So far as biological and geological material is concerned, **Tamworth Castle** will not acquire by any direct or indirect means any specimen that has been collected, sold or otherwise transferred in contravention of any national or international wildlife protection or natural history conservation law or treaty of the United Kingdom or any other country, except with the express consent of an appropriate outside authority.
Biological material acquired historically has been reported, and added to, the Science and Advice for Scottish Agriculture (SASA) DNA Database in 2013.
- e. **Tamworth Castle** will not acquire archaeological antiquities (including excavated ceramics) in any case where the governing body (Tamworth Borough Council) or the Collections Officer / Heritage and Visitor Services Manager has any suspicion that the circumstances of their recovery involved a failure to follow the appropriate legal procedures.
In England, Wales and Northern Ireland the procedures include reporting finds to the landowner or occupier of the land and to the proper authorities in the case of possible treasure as defined by the Treasure Act 1996.
- f. Any exceptions to the above clauses 9a,9b, 9c, or 9e will only be because **Tamworth Castle** is:
- acting as an externally approved repository of last resort for material of local (UK) origin
 - acquiring an item of minor importance that lacks secure ownership history but in the best judgement of experts in the field concerned has not been illicitly traded
 - acting with the permission of authorities with the requisite jurisdiction in the country of origin
 - in possession of reliable documentary evidence that the item was exported from its country of origin before 1970
- In these cases the museum will be open and transparent in the way it makes decisions and will act only with the express consent of an appropriate outside authority.
- g. As **Tamworth Castle** holds or intends to acquire human remains from any period, it will follow the procedures in the 'Guidance for the care of human remains in museums' (issued by DCMS in 2005)

10. Spoliation

Tamworth Castle will use the statement of principles 'Spoliation of Works of Art during the Nazi, Holocaust and World War II period', issued for non-national museums in 1999 by the Museums and Galleries Commission.

11. The Repatriation and Restitution of objects and human remains

Tamworth Castle's governing body, (Tamworth Borough Council) acting on the advice of the professional staff, Collections Officer / Heritage and Visitor Services Manager may take a decision to return human remains (unless covered by the 'Guidance for the care of human remains in museums' issued by DCMS in 2005), objects or specimens to a country or people of origin. Tamworth Castle will take such decisions on a case by case basis; within its legal position and taking into account all ethical implications and available guidance. This will mean that the procedures described in 13a-13d, 13g and 13o/s below will be followed but the remaining procedures are not appropriate.

The disposal of human remains from museums in England, Northern Ireland and Wales will follow the procedures in the 'Guidance for the care of human remains in museums' (DCMS 2005).

12. Management of archives

As **Tamworth Castle** holds / intends to acquire archives, including photographs and printed ephemera, its governing body (Tamworth Borough Council) acting on the advice of the Collections Officer / Heritage and Visitor Services Manager will be guided by the Code of Practice on Archives for Museums and Galleries in the United Kingdom (third edition, 2002). See Care and Conservation Policy and Plan.

13. Disposal procedures

Disposal preliminaries

- a. The governing body (Tamworth Borough Council) will ensure that the disposal process is carried out openly and with transparency.
- b. By definition, **Tamworth Castle** has a long-term purpose and holds collections in trust for society in relation to its stated objectives. The governing body (Tamworth Borough Council) therefore accepts the principle that sound curatorial reasons for disposal must be established before consideration is given to the disposal of any items in Tamworth Castle's collections.
- c. **Tamworth Castle** will confirm that it is legally free to dispose of an item and agreements on disposal made with donors will be taken into account.
- d. When disposal of a museum object is being considered, **Tamworth Castle** will establish if it was acquired with the aid of an external funding organisation. In such cases, any conditions attached to the original grant will be followed. This may include repayment of the original grant and a proportion of the proceeds if the item is disposed of by sale.

Motivation for disposal and method of disposal

- e. When disposal is motivated by curatorial reasons the procedures outlined in paragraphs 13g-13s will be followed and the method of disposal may be by gift, sale or exchange.
- f. In exceptional cases, the disposal may be motivated principally by financial reasons. The method of disposal will therefore be by sale and the procedures outlined below in paragraphs 13g-13m and 13o/s will be followed. In cases where disposal is motivated by financial reasons, the governing body will not undertake disposal unless it can be demonstrated that all the following exceptional circumstances are met in full:
 - **the disposal will significantly improve the long-term public benefit derived from the remaining collection**
 - **the disposal will not be undertaken to generate short-term revenue (for example to meet a budget deficit)**
 - **the disposal will be undertaken as a last resort after other sources of funding have been thoroughly explored.**

The disposal decision-making process

- g. Whether the disposal is motivated either by curatorial or financial reasons, the decision to dispose of material from the collections will be taken by the governing body (Tamworth Borough Council), acting on advice from the Collections Officer / Heritage and Visitor Services Manager only after full consideration of the reasons for disposal. Other factors including the public benefit, the implications for the Castle's collections and collections held by museums and other organisations collecting the same material

or in related fields will be considered. External expert advice will be obtained and the views of stakeholders such as donors, researchers, local and source communities and others served by the museum will also be sought.

Responsibility for disposal decision-making

- h. A decision to dispose of a specimen or object, whether by gift, exchange, sale or destruction (in the case of an item too badly damaged or deteriorated to be of any use for the purposes of the collections or for reasons of health and safety), will be the responsibility of the governing body of **Tamworth Castle** (Tamworth Borough Council) acting on the advice of the Collections Officer and the Visitor and Heritage Services Manager, and not of one person responsible for the collection acting alone.

Use of proceeds of sale

- i. Any monies received by **Tamworth Castle's** governing body (Tamworth Borough Council) from the disposal of items will be applied for the benefit of the collections. This normally means the purchase of further acquisitions. In exceptional cases, improvements relating to the care of collections in order to meet or exceed Accreditation requirements relating to the risk of damage to and deterioration of the collections may be justifiable. Any monies received in compensation for the damage, loss or destruction of items will be applied in the same way. Advice on those cases where the monies are intended to be used for the care of collections will be sought from the Arts Council England
- j. The proceeds of a sale will be ring-fenced so it can be demonstrated that they are spent in a manner compatible with the requirements of the Accreditation standard.

Disposal by gift or sale

- k. Once a decision to dispose of material in the collection has been taken, priority will be given to retaining it within the public domain, unless it is to be destroyed. It will therefore be offered in the first instance, by gift or sale, directly to other Accredited Museums likely to be interested in its acquisition.
- l. If the material is not acquired by any Accredited Museums to which it was offered directly as a gift or for sale, then the museum community at large will be advised of the intention to dispose of the material, normally through an announcement in the Museums Association's Museums Journal, and in other specialist journals where appropriate.
- m. The announcement relating to gift or sale will indicate the number and nature of specimens or objects involved, and the basis on which the material will be transferred to another institution. Preference will be given to expressions of interest from other Accredited Museums. A period of at least two months will be allowed for an interest in acquiring the material to be expressed. At the end of this period, if no expressions of interest have been received, the museum may consider disposing of the material to other interested individuals and organisations giving priority to organisations in the public domain.

Disposal by exchange

- n. The nature of disposal by exchange means that **Tamworth Castle** will not necessarily be in a position to exchange the material with another Accredited museum. The governing body (Tamworth Borough Council) acting on advice from the Collections Officer / Heritage and Visitor Services Manager will therefore ensure that issues relating to accountability and impartiality are carefully considered to avoid undue influence on its decision-making process.
- o. In cases where the governing body (Tamworth Borough Council) wishes for sound curatorial reasons to exchange material directly with Accredited or unaccredited museums, with other organisations or with individuals, the procedures in paragraphs 13a-13d and 13g-13h will be followed as will the procedures in paragraphs 13p-13s.
- p. If the exchange is proposed to be made with a specific Accredited museum, other Accredited museums which collect in the same or related areas will be directly notified of the proposal and their comments will be requested.
- q. If the exchange is proposed with a non-accredited museum, with another type of organisation or with an individual, the museum will make an announcement in the Museums Journal and in other specialist journals where appropriate.
- r. Both the notification and announcement must provide information on the number and nature of the specimens or objects involved both in **Tamworth Castle's** collection and those intended to be acquired in exchange. A period of at least two months must be allowed for comments to be received. At the end of this period, the governing body (Tamworth Borough Council) acting on advice from the Collections Officer / Heritage and Visitor Services Manager must consider the comments before a final decision on the exchange is made.

Documenting disposal

- o/s. Full records will be kept of all decisions on disposals and the items involved and proper arrangements made for the preservation and/or transfer, as appropriate, of the documentation relating to the items concerned, including photographic records where practicable in accordance with SPECTRUM Procedure on de-accession and disposal.

TAMWORTH CASTLE

CARE AND CONSERVATION POLICY

JULY 2014

Created & written by	Sarah Williams - Collections Officer	Date: June 2014
Reviewed & Authorised by	Louise Troman - Heritage & Visitor Services Manager	Date: June 2014
Review date	Ongoing / Annually	Date: June 2015
Reviewed by		Date
Reviewed & Authorised by		Date



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Appendix 1 Care and Conservation Plan

Appendix 2 Documentation Backlog Policy and Plan

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Appendix 4 Handling and Moving of Objects

Appendix 5 Packing and Storage Policy and Procedures

Appendix 6 Tamworth Borough Council Environmental Strategy

Tamworth Castle Museum

Governing body: Tamworth Borough Council

Approved by Tamworth Borough Council Date:

This policy will be reviewed by Tamworth Castle Date :

1. INTRODUCTION AND AIMS OF THE CARE AND CONSERVATION POLICY

- 1.1 This policy has been written in accordance with **Tamworth Castle's Statement of Purpose** and the Collections Development Policy. The Care and Conservation Plan sets out the way the policy will be put into action, and should be read in conjunction with the Forward Plan, Emergency Plan, and any other plans affecting the collections and the museum buildings. This Policy will cover the conservation of objects (including two-dimensional printed, painted and drawn material), photographs, and archives collectively referred to in this Policy as "items".

A key function of Tamworth Castle Museum is the care and long-term preservation of its collections. To this end Tamworth Castle recognises the importance of good conservation practice and undertakes to maintain the highest standards in the storage, handling, display and preservation of collection items in its care.

Responsibility for the care, management and development of Tamworth Castle's collections, and for the implementation of this policy, lies with the core management team at Tamworth Castle.

- 1.2 Tamworth Castle is owned and governed by Tamworth Borough Council. Its Mission Statement is:

"Tamworth Castle is a unique monument offering an inspiring, entertaining and enjoyable learning experience for all our users. Through the collection, conservation and preservation, interpretation and exhibition of the museum's collections and buildings, we strive to maximise access to and understanding of Tamworth's heritage"

2. SCOPE OF THE POLICY

- 2.1 The aims and objectives of Tamworth Castle with regard to the care of its collections are outlined in its Care and Conservation Plan and the Forward Plan. This Conservation Policy aims to identify those factors which have a bearing on the care and preservation of collection items and to provide a best practice guideline and reference manual for achieving the day-to-day and long-term care of Tamworth Castle's collections.

3. RESOURCES AND RESPONSIBILITIES

- 3.1 Overall responsibility for the care of Tamworth Castle collections lies with the Heritage and Visitor Services Manager. However, responsibility for the execution of this policy and for the day-to-day care of the collections lies with the Collections Officer.
- 3.2 Limited financial resources prevent the instigation of any major remedial conservation work. The budgetary resources of Tamworth Castle in this area are, therefore, directed predominantly towards preventative¹, rather than remedial² conservation.

4. BACKGROUND TO THE COLLECTIONS

- 4.1 Tamworth Castle's collections cover a wide range of subjects mainly within the fields of local, social and industrial history, as well as those items relating directly to Tamworth Castle and the development of its history including its Saxon history. The collections contain some 25,000 objects and 12,500 photographs. A small number of furniture items from the Victoria & Albert Museum, London, continue to be incorporated into the period room displays, with a current 3 year loan agreement
- 4.2 With such a wide subject base, the material composition of the collections varies greatly and includes metal, terracotta, ceramic, wood, glass, textile, plastic and paper, with many objects containing a mix of these materials.
- 4.3 Object size ranges from coins and tokens of 10mm in diameter to a terracotta statue over 2 metres in height.
- 4.4 Tamworth Castle has available limited storage space, smaller items being based largely within the museum buildings themselves, and an off-site industrial unit object store containing the reserve collection of boxed and palleted items.

5 TAMWORTH CASTLE BUILDINGS

- 5.1 Tamworth Castle is a Norman motte and bailey castle categorised as a Scheduled Ancient Monument.
The Holloway Lodge Archive store and Stables are Grade 2 early 19th century buildings within the Castle grounds, but outside of the Scheduled Ancient Monument boundary.
The off-site object store is a late 20th century industrial unit on a small nearby industrial estate, in use since April 2010.
- 5.2 Within the constraints of a Scheduled Ancient Monument building the environmental controls are limited principally to monitoring and basic resources, even so the environmental data shows that it remains within acceptable parameters, as does the Holloway Lodge archive store and the Stables.
- 5.3 The off-site industrial unit object store is a vast improvement on the previous various storage locations for the reserve collections.
Storage systems include bespoke racking, and the environment as a whole provides much more appropriate storage.

¹ Preventative conservation: The delaying of object deterioration by providing favourable and stable external conditions.

² Remedial conservation: The active removal of destructive elements from an object and the providing of support for degraded materials enabling its original purpose and qualities to be understood.

The aim is for environmental controls for the building to be considered and acted upon within budgetary constraints, now that baseline data has been obtained.

- 5.4 Maintenance of buildings is fundamental to the preservation of both the buildings and the collections. Tamworth Borough Council is responsible for the upkeep and maintenance of all the Tamworth Castle buildings, however due to the nature of Tamworth Castle, the Holloway Lodge, and the Stables, specialist external contractors are brought in for remedial and conservation work on the fabric of those particular buildings. Overall responsibility for all the Tamworth Castle buildings lies with the Heritage and Visitor Services Manager, with the Castle staff and visitor services staff maintaining the Castle on a day to day basis. The Collections Officer has responsibility for overseeing the day to day aspects of Holloway Lodge and the Stables, and the off-site industrial unit store.

5.5 Changes and Events Impact

- 5.5.1 A major store change took place in April 2010 when the object collections previously stored in three buildings across Tamworth were merged into one off-site industrial unit. This has provided improvement in storage and access, as well as security and alarmed protection. (See 6.11)
- 5.5.2 In April 2011 Tamworth Castle underwent preparations and improved security measures to the building to display the main touring exhibition in July 2011 of the Staffordshire Hoard, as one of the four venues in the West Midlands.
- 5.5.3 In July 2011 the Heritage Lottery Fund project commenced for the major capital building works carried out on Tamworth Castle internally and externally, and on the motte between July 2012 and July 2013. These changes and events impacted heavily on the workload for the small team of Castle staff, as well as the previously set timescales for actions planned in the Care and Conservation of the collections, and the Documentation Backlog. (See Appendix 2)

6. Conservation Factors

6.1 Conservation Factors and Links

The following factors have a bearing upon conservation within Tamworth Castle and its collections:

- Environmental monitoring and control
- Storage
- Condition checking
- Preventative conservation
- Conservation cleaning
- Documentation
- Materials
- Health and Safety
- Emergency Plan
- Object access
- Training
- Environmental sustainability

"Documentation" and "Materials" relate to all of the other factors shown.

6.2 **Environmental Monitoring and Control**

6.2.1 One of the most effective and fundamental ways in which Tamworth Castle is able to arrest the degradation of objects is by the careful monitoring and control of environmental conditions in which the collections are stored and displayed.

6.2.2 Temperature, relative humidity³ and light can be monitored and to some extent controlled with fairly basic equipment and resources.

6.2.3 **Ideal Conditions:**

Different materials each have their own preferred conditions. However, for mixed collections, both in storage and on display, the following stable, controlled environment is regarded as ideal:

Temperature	18°C +/- 1°C
Relative Humidity	50% +/- 2%
U.V. Light	less than 75 microwatts per lumen
Illuminance	less than 250 lux

All airborne particulates such as dust and soot should be removed from the atmosphere. All airborne gaseous pollutants such as sulphur dioxide and nitrogen dioxide should be removed from the atmosphere.

6.2.4 **Practical Aims:**

It would be very difficult to achieve the above environmental conditions even with state of the art equipment and an extremely stable building. Tamworth Castle must have practical environmental objectives which take into account the nature of the building and the monitoring and control equipment available.

The following represent practical targets in environmental control:

Temperature	14-22°C (display areas) 10- 22°C (storage areas)
Relative Humidity	45-65% (display areas) 45-65% (storage areas)
Ultra Violet Light	less than 75 microwatts per lumen
Illuminance	less than 250 lux (50-100 lux for textiles and other light susceptible items)

6.2.5 At present Tamworth Castle has no way of measuring particulates or gaseous pollutants. The investigation of relevant monitoring equipment (possibly on loan from another Museum service) is therefore regarded as a long-term objective.

6.2.6 Although some of the above limits fall well outside the ideal, the stability of the environment is of paramount importance to the collections. Rapid fluctuations generally cause more damage to objects than permanently high or low temperatures and humidity.

³ Relative Humidity: The amount of water in a given quantity of air as a percentage of the maximum amount the air can hold at that temperature.

6.2.7 There are two forms of equipment available to Tamworth Castle and its buildings at present for environmental monitoring.

TINYTAG RH and temperature data loggers are used in all of the Tamworth Castle buildings. 15 monitor conditions in the period display rooms and Tamworth Story gallery, with an additional dedicated monitor inside the Staffordshire Hoard display case.

2 operate in the two Archive store rooms in Holloway Lodge, and 4 in the off-site industrial unit store.

2 separate RH and humidity units are used to monitor the Stables storage environment for temporary and non-collections items.

Downloads from the monitors are done quarterly and a report produced annually.

Hand held monitoring equipment is available to take on the spot readings of temperature, relative humidity, visible and ultra violet light.

6.2.8 The method generally used for control within Tamworth Castle displays and the Holloway Lodge store is the use of heating devices which, with careful manipulation, can retain relative humidity to acceptable limits (especially in the colder months) although this is far from ideal with obvious problems arising during warmer periods.

Other storage areas currently lack any forms of heating.

6.2.9 Light is effectively controlled with the use of opaque Holland blinds and U.V. window filters in all south facing rooms, and appropriate lighting systems throughout Tamworth Castle. The off-site industrial unit and Holloway Lodge storage buildings, all benefit from complete window blackouts along with U.V. fluorescent filters on all accessible light fittings.

6.2.10 Tamworth Castle ensures that display cases for objects, including supports, and fabric backings all comply with good practice guidelines on materials used. Conservation materials are used at all times including glass, perspex, unbleached calico / cotton, acid free paper / card, polyester buffering and Plastazote.

6.3 **Storage**

6.3.1 The collections for which Tamworth Castle is responsible vary greatly in material, size, shape and therefore have widely ranging storage requirements. The main off-site storage space is open plan with a partial mezzanine floor to one side, which provides a discrete space beneath.

Consideration has been given to enclosing the mezzanine, and the space beneath to provide two environments that could be more effectively controlled.

The archive and photographic collections are located in historic Grade 2 listed buildings. This causes problems in terms of accessibility, floor loading, climate buffering and limits store expansion.

6.3.2 It is the policy of Tamworth Castle to store items, where possible, in such a way as to best preserve their physical integrity and inhibit degradation, whilst still allowing easy identification and access. This generally involves the covering or boxing of objects and costume using archival quality materials and inert, acid free packaging, or calico with their location off the ground. The vast majority of small objects are stored in this way. Larger items are located on bespoke open pallet racking, and pallets for floor storage. Boxes are clearly labelled with their content details.

- 6.3.3 The art and fine art collections are stored on a combination of static hanging picture racking and picture shelving, beneath the partial mezzanine floor.
- 6.3.4 For the storage of the costume collection it is Tamworth Castle's policy to hang the majority of items but, where fragility is a problem, boxes will be used. A survey of the costume collection has been undertaken within the major collections audit, and items have been noted for disposal, particularly certain duplicate items. (See Appendix 1)
- 6.3.5 The archive, book and photographic collections are stored in archival quality materials and boxes on epoxy powder coated shelving.
(See Appendix 5 for Packing and Storage Policy and Procedures)

6.4 **Object Access**

- 6.4.1 It is one of the main aims of Tamworth Castle to make the collections more widely accessible through improved interpretation of the period room displays, living history events, specialist subject weekends, open store days, digitisation and online access.
- 6.4.2 Such activities could incur significant, irreversible damage to collection items if carried out in an undisciplined manner. However, in order to eliminate/minimise the risk of damage and deterioration Tamworth Castle operates within a set of guidelines for the handling, movement and display of collection items. (The guidelines are outlined in Appendix 4)
- 6.4.3 Public access to collections for research purposes is encouraged but can only be accommodated when supervision is given by the Collections Officer.
- 6.4.4 Where objects are actively used, for example in the living history events, it is the policy of the Tamworth Castle to use only reproduction items, those which are duplicated within the collection, or those whose deterioration will not increase if only handled by trained Castle staff.
- 6.4.5 A handling collection, clearly marked and separate from Tamworth Castle's reserve collections, has been developed as a learning resource
- 6.4.6 **Access and Security:**
Period room settings are all on open display with barriers and movement sensitive alarms, together with monitored CCTV.
Smaller, valuable and sensitive objects are in locked and alarmed display cases.

6.5 **Qualified Staff and Resources**

- 6.5.1 Tamworth Castle does not employ a trained conservator. Therefore all remedial conservation work is to be carried out externally by an approved trained conservator.
- 6.5.2 The Collections Officer is responsible for implementing preventative conservation according to the procedures, and guidelines in this policy and in Appendix 1.
- 6.5.3 Volunteers may assist with preventative conservation, under supervision once full training has been provided by the Collections Officer.
- 6.5.4 Due to limited conservation budgets, any remedial conservation work must be first authorised by the Heritage and Visitor Services Manager.

Condition Checking

- 6.6.1 The regular checking of objects within the museum collections is vital in identifying those in need of remedial attention and for evaluating the effectiveness of preventative conservation measures.
- 6.6.2 As those objects on display receive cleaning on a rolling programme they are also given a brief, superficial inspection. Those in storage are inspected as and when they are accessed apart from the wooden objects which are checked annually and where necessary treated for woodworm.
- 6.6.3 Since the Tamworth Castle is committed to the regular condition checking of objects, the framework for a more disciplined approach is to be implemented now the audit has been completed. (see Appendix 3) This will involve the checking of items on a more frequent basis, depending upon their condition and/or importance and written records completed. The Condition Checking Report Form will form the basis of future checking frequency and action required.

6.7 Conservation Cleaning

- 6.7.1 The cleaning of collection objects and their surroundings, particularly for those on display, is an obvious and vital aid to preventative conservation.
- 6.7.2 The internal cleaning of Tamworth Castle is the responsibility of the visitor services staff on a day to day basis, assisted by trained volunteers one day a week. The responsibility for the cleaning of the collection objects falls to the Collections Officer and trained volunteers on a rolling programme.
- 6.7.3 The regular tasks carried out by the small team of visitor services staff within Tamworth Castle keeps the fabric of the building clean under difficult circumstances and therefore also reduces the amount of particulates finding their way onto displayed objects.
- 6.7.4 With many objects on open display it is the policy of Tamworth Castle to clean these items on a rolling programme. Those displayed within cases are less susceptible to particulates, however, the aim is also for them to be cleaned on a rolling programme. Surface cleaning is done using conservation brushes, vacuum cleaners with adjustable suction and white lint free cotton cloths. Muslin and fabric covered elasticated bands are available to use over the end of the vacuum cleaner for delicate items.
- 6.7.5 Some objects require more frequent cleaning, such as period furniture in the room displays, which can be affected by dust carried in from the Courtyard by visitors. The frequency of future cleaning is determined in conjunction with the object checking exercise (see 6.6.3) and written records are completed (see Appendix 3) These records are kept in conjunction with Condition Checking Report Forms to build up a comprehensive conservation history.
- 6.7.6 The majority of display objects are cleaned by the Collections Officer and trained volunteers, however, where appropriate and necessary, help is given by the visitor services staff, all of whom have also received training.

6.7.7 The off-site industrial unit stores, Holloway Lodge and Stables stores are also cleaned on a rolling basis, by the Collections Officer and trained volunteers.

6.7.8 Eating and drinking is not permitted in collection areas.

All food and food remains must be kept in well-sealed containers.

Any area where food is stored or prepared, such as the staff kitchen facilities in the Castle, Holloway Lodge and the off-site storage unit must be cleaned on a regular basis.

When food is consumed in the museum buildings the area must be cleaned up immediately. Food remains and wrappers must be deposited in the external waste bins located at the Castle, Holloway Lodge and the off-site storage unit, all of which are emptied weekly.

6.8 **Pest Control**

6.8.1 Tamworth Castle and the stores suffer from four main pests:

- woodlice
- silverfish
- furniture beetle (woodworm)
- carpet beetle

6.8.2 Display and storage areas are monitored as part of an integrated pest monitoring (IPM) system. Traps are checked every three months. Conservation cleaning is supplemented by a regular check on all known areas of the Castle and the collections in the spring of each year as the furniture beetles become active.

6.8.3 As part of the integrated pest monitoring system bat-proof insect traps are distributed around Tamworth Castle and the stores. Due to all the buildings being situated in an area of known bat colonies it has become good practice to use the same traps throughout.

Due to its town centre proximity to fast food outlets and the confluence of two rivers Tamworth Castle does suffer occasionally from rat and mice ingress, however they are kept in check by humane traps and poisons, provided and monitored by an external pest control expert.

All entrances to the off-site storage unit have been fitted with brush and rubber strips, and vents covered with muslin sealed with duck tape.

6.9 **Remedial Conservation**

6.9.1 Only very basic levels of remedial work are tackled by the Collections Officer for Tamworth Castle and these actions are generally limited to collection objects of lesser importance, or reproduction items. Any processes carried out are first checked to ensure they are reversible. No conservation work is ever undertaken by an untrained or unsupervised member of staff.

6.9.2 For any larger projects or work on objects of greater importance, outside assistance is always sought from specialist, ICON registered conservators. The planning of such projects would require some form of external grant-aid assistance, as well as authorisation from the Heritage and Visitor Services Manager (see 6.5.4).

6.10 **Materials**

- 6.10.1 It is the policy of Tamworth Castle where materials or equipment are required, to use those which are recommended by individual conservators, professional bodies or sector standard documents such as the Museum Association's Benchmarks in Collections Care 2.0 (Collections Link).
- 6.10.2 All chemicals used and stored by Tamworth Castle are listed under a COSHH register with the list being updated as new materials are introduced. Under COSHH guidelines appropriate health and safety measures are taken and protective clothing available, when any chemicals are used.
- 6.10.3 As with the overall approach to conservation by Tamworth Castle, the materials and equipment are geared towards preventative conservation.

6.11 **Emergency Plan and Security**

- 6.11.1 The effort and hard work put into preventative conservation can easily be eradicated if a major disaster (such as fire or flood) takes place for which there are no contingency plans. Consequently, an Emergency Plan has been developed, covering the collections on display in Tamworth Castle, the off-site object store and the archives store, and linked to this policy.
- 6.11.2 The touring exhibition and subsequent permanent display of items from the Staffordshire Hoard has enabled Tamworth Castle to improve its security measures with an upgraded intruder alarm system and CCTV.
- 6.11.3 The relocation of the object collections to the off-site industrial storage unit has ensured that the security recommendations raised from the previous review have been addressed. The store has fully maintained intruder and fire alarm systems, with all entrances alarmed, PIR movement sensors and smoke detectors in all areas.

6.12 **Documentation**

- 6.12.1 One of the most fundamental aspects of any conservation programme is the accompanying documentation; recording the object's condition, and detailing conservation work and materials used.
- 6.12.2 It is the aim of the Tamworth Castle to include all written reports and object information in the MODES XML database so that the history of all individual objects together with any conservation history of individual items is easily retrievable.
New timescales have had to be developed for the Documentation Backlog Action Plan due to the impact of the events and changes at Tamworth Castle since the plan was originally produced. (See 5.5)
(See Appendix 2 for Documentation Backlog Policy and Plan)

6.13 **Training**

- 6.13.1 Tamworth Castle is committed to the training and updating of members of its staff involved with conservation / preservation issues and practice.

6.13.2 This is predominantly 'on the job' training, by the Collections Officer including updates through written material - guidelines, integrated pest management (IPM) training and posters, handouts, and external professionally run seminars and short courses.

6.13.4 It is of vital importance for Tamworth Castle visitor services staff, schools facilitators and volunteers to be aware of basic conservation practice in order to be able to answer visitor queries accurately and to deal with any localised emergency, such as breakages. Training sessions and guidelines are therefore organised from time to time to update existing staff and train new staff.

6.13.5 Tamworth Castle has developed strong links with professional conservators, specialist equipment suppliers, and fabricators specialising in replica objects. These links enable the Museum Service to remain up to date on new initiatives and best practice ideals.

6.14 **Environmental Sustainability**

6.14.1 Tamworth Castle's care and conservation work will be underpinned by Tamworth Borough Council's Environmental Policy, "Tamworth's Climate Change Strategy - Instinctively Green" ensuring that any negative effects our activities have on the environment are kept to a minimum, and that wherever possible our environmental footprint is reduced. (See Appendix 6)

6.15 **Annual Environmental Monitoring and Preventative Conservation Report**

6.15.1 An Annual Environmental Monitoring and Report is produced. This report summarises results of environmental monitoring; the integrated pest monitoring programme, cleaning programme and condition checking; and provides recommendations for improvements in collections care and conditions which feed into Tamworth Castle's Care and Conservation Plan. (See Appendix 1)

7. **Authorisation and review date**

Louise Troman
Heritage and Visitor Services Manager
June 2015

Care and Conservation Plan 2014 - 2019**Aim 1: To maintain and improve standards of storage and displays. (Preventative Conservation)**

Action / Comment	Performance Indicator	Timescale
Consideration given to partitioning mezzanine and ground floor area beneath mezzanine into discrete areas at off-site store.	Partitioning carried out and monitored	December 2015
Continue to implement protection of items on open storage with unbleached calico at the off-site store	Shelved items / picture racking / and clocks covered	December 2014
Replace all UV filters on accessible fluorescent lights at off-site store and Holloway Lodge archive store.	New UV filter on all accessible store lights	December 2014
Continue to re-instate newly boxed archives onto recently installed purpose shelving in Holloway Lodge archive store	All archive storage complete and final locations listed	December 2014
Investigate soft close door hinges for external doors to period display rooms in Tamworth Castle to allow the doors to close automatically	Installation of soft close door hinges to external doors. IPM and dust control	December 2014
Complete Holland blind installation to windows in Oak Room CSS9 (last south facing period room to complete)	Blinds installed on same basis as blinds in other rooms	March 2015
Commence replacing acid free packaging materials for the costume and textile collections	Acid – free tissue and other packaging replaced from the 2010 store move / repacking process.	July 2017
Commence re-boxing larger photographs stored in Holloway Lodge into document cases with dividers instead of costume boxes	Photographs are stored in more accessible form	January 2016
Commence review of smaller photographs and their storage requirements in Holloway Lodge	Photographs are stored in appropriate storage	April 2016

Aim 2: To seek to improve environmental conditions in museum stores and displays.

Action / Comment	Performance Indicator	Timescale
Review Collections store RAW Health Check 2011 with regards to the Environmental controls for off-site industrial unit (other recommendations have been actioned)	Recommendations in RAW Health Check acted upon	March 2015
Comment: Staffordshire Hoard / HLF Project / Capital works impacted on previously intended timescales		
Re-assess the areas at the off –site store for dehumidifiers	Dehumidifiers installed or alternatives found	March 2015
Consideration given to partitioning mezzanine and ground floor area beneath mezzanine at the off-site store (as above)	Partitioning carried out and the environments monitored	December 2015
Continue programme of environmental monitoring for the Castle, off-site store, Holloway Lodge and Stables	Tinytags recordings downloaded to laptop, maintain quarterly log, analyse and report annually	Ongoing
Continue IPM (Integrated Pest Management) programme at off-site store, Holloway Lodge and Stables store.	Continue using bat-proof traps and maintain digital records on laptop	Ongoing
Continue the housekeeping programme for the Castle display areas, off-site store, Holloway Lodge and Stables	Separate logs for all areas. Weekly log of cleaning in Tamworth Castle carried out by trained volunteers under supervision by Collections Officer.	Ongoing
Continue Condition Checking programme for display areas in Tamworth Castle, off-site store, and Holloway Lodge	Condition Checking Forms Provide a digital option accessible on the laptop that can be completed at the same time as the environmental and IPM monitoring	Ongoing
Consider having panel heaters in Holloway Lodge stores to facilitate temperature controls separately from office space. (Previous point)	Discuss & obtain quotes	December 2014

Aim 3.1: Manage and improve the state of objects within the collections. (Rationalisation)

Action	Performance Indicator	Timescale
Develop programme of woodworm assessment for large wooden items in off-site store and prioritise needs	Monitoring and possible disposal	Ongoing
Review large items in open storage at off-site store and assess needs on individual basis	Consider disposal of items in accordance with Collections Development Policy	December 2015
Priority rationalisation - dispose of banister rails from demolished local buildings	Check ownership with Tamworth Borough Council (TBC) and dispose of in accordance with Collections Development Policy	December 2015
Priority rationalisation - dispose of duplicated and rusted fire grates	Check ownership with Tamworth Borough Council (TBC) and dispose of in accordance with Collections Development Policy	December 2015
Priority rationalisation - dispose of fire place surrounds from demolished buildings	Check ownership with Tamworth Borough Council (TBC) and dispose of in accordance with Collections Development Policy	December 2015
Priority rationalisation – dispose of unusable doors with no provenance from unknown buildings	Check ownership with Tamworth Borough Council (TBC) and dispose of in accordance with Collections Development Policy	December 2015
Priority rationalisation – dispose of unidentified and unusable fixtures and fittings from modernisation of local buildings	Check ownership with Tamworth Borough Council (TBC) and dispose of in accordance with Collections Development Policy	December 2015
Priority rationalisation – dispose of duplicated items (without Tamworth provenance)	Ownership checked and commence disposal process in accordance with Collections Development Policy	December 2016 – March 2017
Rationalisation – dispose of items with no Tamworth provenance / indiscriminate past collecting - acquired before former Acquisitions and Disposals Policy (2009 – 2014) and any previous policies were in place	Ownership checked and commence disposal process in accordance with Collections Development Policy	December 2016 – March 2017

Aim 3.2: Manage and improved the state of objects within the collections. (Displays)

Action / Comment	Performance indicator	Timescale
Review display cases in Tamworth Story and investigate potential re-use when Tamworth Story is modified	Options considered / investigated and reported on	December 2016
Review and replace supports to objects in Tamworth Story displays	Supports installed	December 2014
Review items on display in Tamworth Story that require monitoring for risk of pests	Continued reviews and checks	December 2014
Review and monitor metal items on display for corrosion	Monitor & remove from display if corrosion worsens	Ongoing
Review rugs on display and replace white polyester felt underlay and anti-slip material	Continue review and replace underlay and anti-slip	Ongoing
Review furniture cups plastazote under furniture feet, throughout Castle where on carpets or rugs	Continue review / replace where required	Ongoing
Continue cleaning terracotta pieces on display in Tamworth Story	Rolling programme of cleaning by trained volunteers with supervision by Collections Officer	Ongoing
Continue to monitor the positioning of rush seat chairs for public use away from the walls in period display rooms to prevent wall damage especially to the panelling (Attached plastazote failed to remain in place / was removed)	Continuous monitoring via visitor services staff and Collections Officer	Ongoing
Mirror plates with security screws / or security wire for the images / mirrors displayed on the walls together with small spacers to allow air flow	Mirror plates / security wire & spacers installed	December 2008?
Comment: Following discussion and considering the nature of the Castle as a Scheduled Ancient Monument it was felt that the upgraded security measures would prove sufficient to eliminate this above action from the plan.		

Aim 4: To train and develop staff in preventative conservation.

Action	Performance Indicator	Timescale
Ensure all curatorial staff continue to receive updated training in preventative conservation as part of their individual training plans	Attend RAW training courses where available. Consult trained conservators where required	Ongoing
Ensure all Tamworth Castle visitor services staff, schools facilitators and volunteers continue to receive instruction in care, handling and packaging of objects	'On the job' training by Collections Officer for new staff and volunteers Regular supervision / updates / handouts / guidelines provided by Collections Officer.	Ongoing
Copyright training for curatorial staff	Updated training where available	Ongoing

Aim 5: Develop appropriate policies and procedures to manage our collections effectively.

Action	Performance Indicator	Timescale
Continue cleaning plan for the Castle displays with an audit of objects on display. See Care and Conservation Policy.	Rolling programme of cleaning and condition checks. Digital record of objects on display	Ongoing
Rolling programme of cleaning together with deep cleans at regular intervals	Recommendations implemented and new storage facilities	Ongoing
Upgraded alarm and CCTV system installed prior to the Staffordshire Hoard touring exhibition being on display in Tamworth Castle	Continuous and upgraded security measures	Ongoing
Water heating system monitored on regular basis for leaks. Dry system recommended in future allowing for budget constraints	Check & consider future options	Ongoing
Heating of museum & stores 24/7 recommended with panel heaters to be more efficient	New storage heaters installed in the Castle. Stores under review	Ongoing
Light control on windows. Cover for cases in Tamworth Story displayed in full light	UV film on Perspex sheets installed. Levels monitored. Plan for modified displays	Ongoing December 2015

Tamworth Castle Backlog Policy

Introduction

Purpose

1. Accreditation requires that a museum meets minimum requirements in the documentation and care of its collections. As part of Tamworth Castle's Accreditation a review of the collections was undertaken and significant backlogs were identified in all areas.
2. Accreditation Requirement 2.5:
'The museum must have plans to improve its collections documentation and documentation systems'
Creating a written documentation plan, setting out actions, including the timescale, for dealing with any backlog.
3. This backlog policy has been produced by Tamworth Castle and outlines the Castle's target position, providing an accurate statement of the current procedures in place, reviews retrospective procedures and identifies areas for action in a comprehensive Backlog Action Plan.

Scope

4. This policy covers backlogs with the documentation of the collections before moving on to look at backlogs with the care of the collections. Action points relating to documentation and care issues are combined in the action plan. With limited staff resources it is more efficient to address the backlogs in the collection as a whole and combine action points.
5. This policy replaces any former policies, formal and informal, relating to backlogs in the documentation and care of collections at Tamworth Castle. All items that have entered the museum under former policies will now be subject to this policy.
6. Throughout this policy the terms 'object', 'item' or 'artefact' are taken to mean archive material as well as actual objects within the museum collections.
7. The term 'backlog' is taken to mean a procedure which has either not been implemented or has been implemented but no to accreditation standard.

Policy Review Procedure

8. The Backlog Policy will be published and reviewed at least once every five years. The date when the policy is next due for review is August 2014.
9. The Backlog Action Plan is to be updated yearly to ensure that it remains relevant to current priorities. The next review will be due in September 2016.

Authorisation and Responsibility

10. The Collections Officer is responsible for reviewing the Backlog Policy and Action Plan in liaison with The Heritage and Visitor

- Services Manager. The final edition requires the authorisation of the Heritage and Visitor Services Manager for all amendments.
11. The Collections Officer and volunteers are responsible for implementing the Backlog Action Plan.

Target Position

12. Tamworth Castle aims to meet the Accreditation standards for documentation and collections management.
13. The minimum standards for the eight SPECTRUM primary procedures will be used to measure the Castle's documentation procedures in the following areas:
 - a. Object Entry
 - b. Loans In
 - c. Acquisitions
 - d. Location and Movement Control
 - e. Cataloguing
 - f. Object Exit
 - g. Loans-out
14. The Accreditation standards for collections management will be used to measure the Castle's standards of care in the following areas:
 - a. Environmental Monitoring
 - b. Housekeeping
 - c. Provision of suitable building conditions
 - d. Planned programme to institute improvements in collection care
 - e. Conservation and collection care advice and services.

Review of Current Documentation Procedures

15. For a detailed overview of current documentation procedures see Tamworth Castle's Documentation Procedural Manual. This outlines Tamworth Castle's policies and procedures relating to the SPECTRUM primary procedures.
16. As part of Accreditation Tamworth Castle has implemented SPECTRUM compliant procedures throughout its collections. Therefore the following review of current documentation procedures will not identify any current procedures that form part of the backlog. All items that enter the museum are documented in accordance with the required standards to ensure that Tamworth Castle's backlog will not expand further.
17. Tamworth Castle's main backlog lies in its retrospective documentation, which has not been carried out to the required standards, resulting in a wide ranging documentation backlog.

Object Entry

18. Museums are expected to take the same care of objects not belonging to their collections as they would of their own objects. They might be held liable for loss of, or damage to, objects whether

solicited or not. Entry records log every item which is left in the care of the museum at the time of its arrival. Entry documentation should be applied to all potential gifts or purchases, and items to be identified, even if they will only remain in the museum for a short time.

19. All items entering Tamworth Castle have a Collections Trust Object Entry form completed in full, including the transfer of title section, a copy of which is given to the depositor with the terms and conditions of deposit. Each form is given a unique entry number and filed in the Object Entry file in HL1. All items are easily located in Holloway Lodge as they are stored in the Holding Bay pending further action. A log is kept of entry numbers and the fate of items, to allow for easy cross reference.
20. A detailed Object Entry Policy and Procedure within the Documentation Procedural Manual provides more information, including timescales for action, procedures for the return of items and Tamworth Castle's responsibility for items left under its care.

Accessions

21. Accessioning is the formal acceptance of all permanent acquisitions (whether by gift, purchase or bequest) into the museum collection. It is achieved through the following steps:
 - **Transfer of Title:** A legal term to describe the formal process of a change of ownership of an object from one person or organisation to another.
 - **Accessioning:** The formal inclusion of an object into the institution's collections. It follows transfer of title and includes assigning a number to an object and recording details in an accessions register. An accessions register is the permanent record of all objects which are, or have been, part of the institution's permanent collections. An entry should record details concerning the source, identification and history of each item.
 - The accession register is the most important document in a museum. It acts as a formal list of the institution's collections for which staff are accountable. It should last as long as possible and be made from the best quality, high rag content, archival paper. If using a manual system, the volume should have sewn pages and a stout binding. The best quality permanent ink should be used when making entries and unnecessary handling avoided. If a computer system is used for cataloguing accession records could be generated from the computer record in the form of a print-out. These print-outs should be made on archival quality paper and then bound.
 - **Security Copy of Accessions Register:** A back-up copy of the Accessions Register should be made and held at an outside location. Ideally copies should be made on microfiche. Photocopying is an acceptable alternative. The Accreditation Standard states that: 'A second, back-up copy of the museum's accession records must be created and maintained.'

Both registers must be held securely, with one available to authorised staff for reference and the other stored off-site.

22. Transfer of title for all items is signed on entry to the museum in case the item is later accessioned. Only items that comply with the Castle's collecting policy are accessioned. All accessioned items are given a unique identity number and are recorded in an accessions register in accession number order, a backup copy of the accession register is maintained in the Castle safe. All information relating to accessioned items is stored in History Files.
23. A detailed Accessions Policy and Procedure within the Documentation Procedural Manual provides more information. See also Tamworth Castle's Collections Development Policy.

Labelling and Marking

24. Labelling and marking should accompany the accessioning procedure. Each item in a museum collection must carry its identity number at all times. Every item can then be identified and its history traced. If this bond between the object and its documentation is broken, the consequences may be serious. At best, time will be wasted because of the need to track down documentation and re-establish the link. At worst, the object will lose its provenance for all time.
25. The accession number is marked or labelled onto the object as soon as it is accessioned using archival quality materials. Guidelines for labelling and marking are contained within the Labelling and Marking Policy and Procedures within the Documentation Procedural Manual.

Location and Movement Control

26. Museums need to log current and past locations of all objects in their care to ensure that they can locate any object at any time. This information should be recorded in the catalogue record. This system should include: location coding, location recording and a means of recording a change of location.
27. Each display area, store, bay and shelf has an identifying location code to enable standardised location records. See Display & Storage Guide.
28. The location of all items is recorded at every stage of its documentation on object entry forms and catalogue cards/database. This allows for an item's location to be identified from its identifying number. The database also allows for a search by location.
29. If an item is moved from its location for more than one working day the documentation is updated. For temporary moves a movement ticket is completed and the database updated, for permanent moves the catalogue card and database is updated.

30. The Location and Movement Control Policy and Procedures within the Documentation Procedural Manual contain more information, including those responsible for the movement of items and authorising the movement of items.

Cataloguing

31. The requirement of the Accreditation Standard is that there should be at least three indexes giving access to catalogue information. Cataloguing is the assembling together of all primary information about each item in the collection. This information is held in a file of records. These could be cards, loose-leaf sheets or computer records. This file is the collection catalogue. Information in the record is sorted into a set of pigeonholes known as 'fields'. Each discrete piece of information such as the date the item was made or the name of donor is held in a separate field. This may be a box on a catalogue card or an entry on a computer screen. The record should be consistently structured in this way, as it is easier to index than unstructured information. When information is placed in these fields certain rules must be followed to aid indexing. These rules govern the words used, the order in which they are entered and any punctuation which may be required. This regulation of data entry is known as 'terminology control'.
32. As soon as an item is accessioned it is also catalogued. This includes the completion in full of a Collections Trust Simple Catalogue Card, a donor record card and an entry in Tamworth Castle's MODES XML database.
33. This provides an index organised by accession number, an index organised by donor name and the database also allows for searching via location, simple name etc.
34. The Cataloguing Policy and Procedures within the Documentation Procedural Manual contains further information.

Object Exit

35. Exit records should log any item from the reserve collection which leaves the museum premises. The procedure should be applied to all loans-out, temporary transfer of material for conservation, copying etc, permanent transfer to another institution, or the destruction of an object due to damage. The return of an object to its owner (e.g. an unwanted offer of a gift) does not normally require the creation of an exit record. Its removal will be logged on the appropriate Entry form.
36. Any item exiting the museum has a Collections Trust Object Exit form completed in full, this includes those items permanently exiting the museum and those items exiting on loan. The signature of the receiver is obtained in all situations. The second, pink copy of the form, with terms and conditions on the reverse, is issued to the receiver as a receipt.

37. An object exit log is kept of all items leaving the museum and catalogue cards and database entries are updated when an item leaves the museum to ensure the Castle is able to locate accessioned items at all times.
38. The Object Exit Policy and Procedures within the Documentation Procedural Manual contains further information, including who is responsible for the authorisation of object exit.

Loans-In / Loans-Out

39. Museums need to manage and document the process of borrowing objects, for which they are responsible for a specific period of time and for a specified purpose, normally display, but including research, education or photography. They also need to manage and document the process of loaning objects to other institutions for a specific period of time. All loans into museums should be for a fixed period of time with agreed terms and conditions. Museums should not accept items on 'permanent loan'.
40. All Loans-In and Loans-Out are recorded on a Loans-In or Loans-Out Agreement, which is signed by both parties before the loan commences. These documents outline the terms and conditions for the loan and the responsibility for insurance. They also fix the period of the loan, stipulate the reason for loan and stipulate that all items should and will receive the same level of care as Tamworth Castle applies to its accessioned items.
41. Any information about Tamworth Castle requested by a borrower or lender is provided, where this does not contravene the Data Protection Act.
42. Tamworth Castle ensures that all of its Loans-in and Loans-out are reviewed annually and provides and expects to receive annual condition reports on borrowed items.
43. All Loans-in and Loans-out are recorded on Loans-in and Loans-out logs, which record the items on loan, their lender, date of exit / entry and expected date for return. This is to ensure that all loans are maintained up to date.
44. The Loans-In and Loans-Out Policies and Procedures within the Documentation Procedural Manual contains further information.

Retrospective Documentation

45. Tamworth Castle's backlog lies predominantly in its retrospective procedures. Documentation practices at Tamworth Castle have been inconsistent and did not conform to current Accreditation requirements. This section will describe the backlog Tamworth Castle has accumulated in its documentation and recommend changes. However it is important to note that not all of the primary procedural requirements can be applied retrospectively. However, where it is possible to apply the primary procedures retrospectively this will be listed as an action point.

Object Entry

46. Tamworth Castle's retrospective documentation fails to meet the any of the object entry requirements on the retrospective documentation checklist:

- a. *Establish the terms and conditions under which objects will be received for deposit?*
Until the use of MDA / Collections Trust Object Entry Forms in 1996 depositors were not issued with terms and conditions.
Action: N/A cannot retrospectively rectify.
- b. *Uniquely identify the newly received object or associated group of objects? For example, by giving each object or group an entry number?*
There is no evidence that all items were allocated an entry number on entry to the museum.
Action: Carrying out an inventory of all items under Tamworth Castle's care will allocate those items that have yet to be accessioned a temporary number.
- c. *Ensure the museum is able to account for all objects left in its care? Could you, for instance, find any object easily if asked?*
Items were not stored in one location when they entered the museum, this resulted in a number of items within the stores that were not accessioned. There is evidence that entry documentation has been left with the item in store or filed randomly. Entry documentation is now stored in filing cabinet 1, HL1. It is expected that there may still be a number of entry records stored in boxes of previous curator's paperwork.
Action: Carrying out an inventory will identify all the items that Tamworth Castle has within its stores and will enable the Castle to easily locate all items historically left in its care. Sorting any entry records contained within this paperwork and filing them with the current entry records in date order will enable easy access to all of the Castle's entry documentation.
- d. *Provide a receipt for the owner (or depositor acting on behalf of the owner)?*
Hand written receipts in receipt book format or typed letters thanking the donor for a donation were in use in 1980s-1990s. However there is no evidence that other donors were issued with a receipt.
Action: N/A, cannot retrospectively rectify.
- e. *Help establish the extent of the museum's liability? What would happen if the object were lost or damaged while in your care?*
There is no documentation to suggest that the extent of the museum's liability was established to the donor.
Action: N/A cannot retrospectively rectify.
- f. *Indicate the reason for the receipt of the object? Is it on loan, an enquiry left for identification, on offer as a donation, etc?*
Some of the documentation records the reason for receipt of the object, but this is patchy.
Action: N/A cannot retrospectively rectify.

- g. *Determine a finite end to the deposit? Do you agree a fixed period for all loans, and ensure that other objects left at the museum are dealt with, one way or another, within a specified time?*
 Timescales were not recorded.
Action: N/A cannot retrospectively rectify.
- h. *Enable the object to be returned to the owner or depositor as required? Is it clear what steps the museum can take to avoid becoming cluttered up with unwanted items?*
 For the minority of items that have entry documentation the contact details of the donor is not consistently recorded.
Action: N/A cannot retrospectively rectify.
- i. *Allow for objects and associated records to be checked on entry to ensure that they correspond to any accompanying inventory and/ or transfer of title documentation supplied?*
 This has not been carried out to date.
Action: N/A cannot retrospectively rectify.
- j. *Help establish legal title to the object in case of subsequent acquisition? If the object is offered for sale or as a donation, do you get a signed statement that the person making the offer is the undisputed owner of the object (or acting on their behalf)?*
 For the minority of items that have entry documentation there is little evidence of any signatures from donors, until 2002 authorising transfer of title to the museum.
Action: Where donors can be contacted Tamworth Castle will endeavour to obtain a signature confirming transfer of title.
- k. *Capture key information about the object, to be augmented in the future? E.g., factual information, anecdotes, copyright information.*
 Any entry documentation that does exist provides little detail, in some cases just a name, date and item name.
Action: N/A cannot retrospectively rectify.
- l. *Inform the decision making process?*
 The lack of entry documentation suggests that it was not used to inform the Castle's decision making process.
Action: N/A cannot retrospectively rectify.

Accessions

47. Tamworth Castle fails to fully meet all the requirements of the retrospective documentation checklist:

- a. *Ensure that written evidence is obtained of the original title to an object and the transfer of the title to your institution? 'Transfer of title' is a legal term to describe the formal process of a change of ownership from one person or organisation to another.*
 There is little or no documented evidence that donors held the original title to items.
Action: Where donors can be contacted Tamworth Castle will endeavour to obtain a signature confirming transfer of title.

- b. *Ensure that a unique number is assigned to, and physically associated with, all objects?*
 Most items were allocated a unique number. However there are instances of duplicated numbers, items not allocated numbers and numbers not recorded.
Action: After conducting an inventory listing every item within the collection, the Accessions Registers and catalogue cards will be compared with the inventory to eliminate anomalies and ensure that all items are recorded with one accession number.
- c. *Ensure that an accessions register is maintained, describing all acquisitions and listing them by number?*
 An Accessions Register has been maintained since 1976, with all accession numbers from 1897 – 1976 retrospectively recorded in one Accessions Register, subsequent years to date recorded in another Accessions Register.
Action: After comparing the results of the inventory with the Accession Registers anomalies will be rectified. Where numbers have been recorded incorrectly in the Accessions Registers they will be amended. Where items have not been allocated an accession number they will be accessioned with a current accession number. Where numbers have been duplicated, one of the items will be re-accessioned with a new number, making reference to the old number. Where numbers were allocated to items but not recorded in either Accessions Register a new number will be allocated and the item recorded in the current Accessions Register, making reference to the old number.
- d. *Ensure that information about the acquisition process is retained? For example, do you keep copies of relevant letters, receipts, etc on file?*
 History files have been maintained containing information about the acquisition process. However not all information is stored within the history files.
Action: All paperwork from previous curators will be sorted and filed accordingly to ensure than any information relating to acquisition is stored in one location, within an item's history file.
- e. *Ensure that donors are made aware of the terms on which their gift or bequest is accepted by the museum?*
 There is no documented evidence, until 2002 when Object Entry Forms were consistently in use, that donors were made aware of any terms or conditions to their gift.
Action: N/A cannot retrospectively rectify.
- f. *Ensure that collecting complies with the museum's collecting policy, and does not contravene any local, national or international law, treaty or recognised code of practice?*
 There is no evidence that items have been collected illegally or without following ethical requirements. However there are instances of items that have been collected that fall outside of collecting criteria, due to the lack of a contemporary collecting policy.

Action: As part of the inventory process Tamworth Castle will identify items that can be disposed of as being outside of the Collecting Policy. After the inventory has been completed and reconciled, these items will be disposed of using appropriate procedures.

- g. *Do you ensure that a copy of the information in the accession register is made, kept up-to-date and stored off-site?*

A back-up copy of the Accessions Registers have not historically been maintained. Tamworth Castle does now have a copy of the Accessions Registers printed on archival quality paper, stored in the Castle safe. As each new page is completed a new copy is made.

Action: Any page in the accessions register where amendments are made must also be re-copied.

- h. *Ensure that a unique number is assigned to, and physically associated with, all objects?*

There are items within the collection that share an accession number with another item or have not been allocated an accession number. However, most items are allocated a unique accession number. Not all numbers have been marked or labelled on the item.

Action: Tamworth Castle will conduct an inventory, which will record the accession numbers of all items within the collection. Any items found without an accession number will be allocated a temporary number. The completed inventory will be compared with the Accessions Registers and Catalogue cards to match items temporarily numbered with their original accession numbers. These numbers will then be marked on the item or securely labelled. Any items that are discovered not to have been accessioned will be accessioned with a new accession number and this number will be marked / labelled on the object in accordance with the Labelling and Marking Policy and Procedures contained within the Documentation Procedural Manual.

- i. *Have guidelines on preferred marking and labelling methods?*

Tamworth Castle has not had guidelines for marking and labelling methods until 2002. Therefore labelling / marking varies and includes adhesive labels, 'Tippex' and archival pen (with or without Paraloid solution).

Action: Where possible detrimental labelling / marking will be removed and archival quality procedures will be followed instead. Items whose number is not labelled or marked will have their number labelled securely or marked onto the item in accordance with the Labelling and Marking Policy and Procedures contained within the Documentation Procedural Manual.

Location and Movement Control

48. Tamworth Castle fails to meet any of the requirements of the retrospective documentation checklist:

- a. *Provide a record of the location where an object is normally displayed or stored?*

Location records have been recorded, however these have not always been updated when locations have changed. Therefore the location records on the catalogue cards and any location lists produced are outdated.

Action: Compile an inventory of every item in the collection, recording its accession number or temporary number and its location. Following this, implement a programme to update the information recorded on catalogue cards and to create a database entry for every item.

- b. *Provide a record of the location of an object when it is not at its normal location?*

The movement of items has not been consistently recorded. Movement tickets are now in place.

Action: N/A cannot retrospectively rectify.

- c. *Enable you to search for location information by object number and by location name?*

A catalogue card index has always provided the option to search for an item by accession number, but there has never been a location index.

Action: Create a database entry for every item based on the inventory information, which will allow for easy searching by accession number and/or location name.

- d. *Provide a record of the movement of an object both within the organisation and outside the organisation?*

The movement of items has not been consistently recorded. Movement tickets are now in place.

Action: N/A cannot retrospectively rectify.

- e. *Provide a record of the person responsible for moving an object?*

The movement of items has not been consistently recorded. Movement tickets are now in place.

Action: N/A cannot retrospectively rectify.

- f. *Provide a record or a statement of the people responsible for authorising object movements?*

Historically there has been no policy document outlining those responsible for authorising movement. The Location and Movement Control Policy and Procedures within the Documentation Procedural Manual now provide this information.

Action: N/A cannot retrospectively rectify.

Cataloguing

49. Tamworth Castle's cataloguing information is its most comprehensive information, but given that it is severely outdated, it represents one of the Castle's largest backlogs. Tamworth Castle fails to meet the requirements of the retrospective documentation checklist:

- a. *Do you have any indexes (manual or computerised) enabling you, for example, to look up: All the objects associated with a particular person or place? All the objects located in a particular place within the museum? All the examples you have of a*

particular type of object? All the objects associated with a particular theme or topic? All the objects of a certain date?
Tamworth Castle's maintains an up-to-date index of donors and an up-to date index of items by accession number. However the information contained on the catalogue cards stored by accession number is incomplete and outdated.

Action: Undertake a comprehensive programme to update the catalogue cards for all items, completing all sections in full. Create a database entry for all items recording as a minimum all of the details recorded on the catalogue cards. This will allow easier searching by object type, accession number, location and donor.

Object Exit

50. Tamworth Castle does not meet any of the requirements of the retrospective documentation checklist for object exit. However, as with object entry, this is an area in which it is difficult to recreate documentation retrospectively:

- a. *Ensure that legal requirements and the institution's policy are fulfilled by objects leaving its premises?*
Tamworth Castle has not knowingly contravened legal requirements relating to object exit. The Castle did not have an exit policy until 2009.
Action: N/A, cannot retrospectively rectify.
- b. *Ensure that you can account for all objects leaving the premises? Including those which have been deposited or loaned and are being returned to the owner?*
Exit documentation is less than the entry documentation held for items. There is the occasional note, filed amongst loan paperwork providing a date for exit and name of the receiver.
Action: All paperwork relating to previous curators will need to be sorted and filed accordingly. Any paperwork found relating to object exit will be filed in date order in the Object Exit file in HL1, filing cabinet 1.
- c. *Ensure that location information for accessioned objects leaving the premises is kept? Do you know where all your accessioned objects are, whether in the museum or out for any reason?*
The location records on an item's catalogue cards have not been maintained, therefore the location of many items is unknown.
Action: Compile an inventory of items to identify what items are currently within the collection and record an up-to-date location for each item. Retrospective documentation cannot be recreated.
- d. *Ensure that all objects are despatched with appropriate authorisation? Do you know who is allowed to send or take objects out of the museum?*
There was no object exit policy recording those responsible for object exit until 2009.
Action: N/A cannot retrospectively rectify.

- e. *Ensure that a signature of acceptance from the recipient is always obtained?*
Exit documentation is scarce and rarely includes the signature of the recipient.
Action: **Action: All paperwork relating to previous curators will need to be sorted and filed accordingly. Any paperwork found relating to object exit will be filed in date order in the Object Exit file in HL1, filing cabinet 1.**

Loans-In / Loans-Out

51. Documentation relating to Loans-in and Loans-out has also been patchy. Tamworth Castle has failed to meet the requirements of the retrospective documentation checklist for Loans-in:

- a. *Establish the purpose for which a loan is being requested?*
The absence of a loan agreement and Loans-in terms and conditions until 2005 has resulted in a lack of information about items received on loan historically, including the purpose in some instances.
Action: For Loans-in that are still current contact the owner and ensure that a new Loans-in Agreement, Loans-in checklist and terms and conditions are completed in full and signed.
- b. *Enable at least the same care of the borrowed object as of the permanent collections?*
Loaned items have always been subject to the same conditions of care as items within Tamworth Castle's collection.
- c. *Include written agreements signed by both borrower and lender before the loan begins?*
The absence of a Loan Agreement and Loans-in Terms and Conditions until 2005 has resulted in a lack of information about items received on loan historically.
Action: For Loans-in that are still current contact the owner and ensure that a new Loans-in Agreement, Loans-in Checklist and Terms and Conditions are completed in full and signed.
- d. *Ensure that the terms and conditions of loan are adhered to?*
All loaned items have been used and cared for in accordance with the lender's terms and conditions.
- e. *Ensure that all loans are for fixed periods?*
Loans have been accepted in the past without specifying the term of the loan.
Action: Review loan paperwork and identify current loans that have no end date. Contact the lender and ensure that a new Loans-in Agreement, Loans-in Checklist and Terms and Conditions are completed and signed, including the end date of the loan.
- f. *Enable effective control of the loan process?*
The absence of a Loan Agreement and Loans-in Terms and Conditions until 2005 has resulted in a lack of control over the Loans-in process.
Action: N/A cannot retrospectively rectify.
- g. *Ensure a written record of the loan is retained?*

The absence of a Loan Agreement and Loans-in Terms and Conditions until 2005 has resulted in a lack of written information about items received on loan.

Action: For Loans-in that are still current contact the owner and ensure that a new Loans-in Agreement, Loans-in Checklist and Terms and Conditions are signed and completed in full.

- h. Enable the provision of information about the borrower and the loan as requested by the lender?*

Tamworth Castle has always provided any information requested by the lender, where this does not contravene the Data Protection Act.

- i. Provide insurance or indemnity cover for the loan period?*

The absence of detailed Loans-in records means that it is unclear whether insurance or indemnity cover for the loan period was established.

Action: For Loans-in that are still current, contact the owner and ensure that a new Loans-in Agreement, Loans-in Checklist and Terms and Conditions are signed and completed in full, including information about insurance and indemnity.

- j. Ensure that up-to-date information about the location of borrowed objects is maintained?*

The locations of loaned items were well maintained when the item was received on loan. However these records have not been well maintained.

Action: Compare the inventory information with the Loans-in files to match up any items on loan. The location information for these items should be updated within the Loans-in file.

- k. Ensure that up-to-date information about the security and physical well-being of borrowed objects is maintained, including the environment and condition of the objects?*

Information recorded about loaned items is patchy.

Action: Copies of any environmental monitoring results and security reviews conducted in areas housing items on loan must be placed into the Loans-In file. It is not possible to retrospectively recreate information. All items on loan should be condition checked annually and their condition updated in the Loans-In file, HL2, filing cabinet 3.

52. Tamworth Castle has failed to meet the requirements of the retrospective documentation checklist for Loans-out:

- a. Ensure that loan requests are assessed according to the institution's policy?*

Tamworth Castle did not have a Loans-Out Policy until 2005.

Action: N/A cannot retrospectively rectify.

- b. Ensure that there are written agreements signed by both borrower and lender before the loan commences?*

The absence of a Loan agreement and Loans-out Terms and Conditions until 2005 has resulted in a lack of written information about items issued on loan.

Action: For Loans-out that are still current contact the borrower and ensure that a new Loans-out agreement, Loans-out

Checklist and Terms and Conditions are signed and completed in full.

c. *Ensure that the loan is for a finite period?*

Loans have been issued in the past without specifying the term of the loan.

Action: Review Loan paperwork and identify current Loans that have no end date. Contact the borrower and ensure that a new Loans-out Agreement, Loans-out Checklist and terms and conditions are completed and signed, including the end date of the loan.

d. *Ensure that the institution maintains and retains a record of all loans, including details of the borrower, the venues, the loan period and the purpose of the loan?*

The absence of a Loan Agreement and Loans-out Terms and Conditions until 2005 has resulted in a lack of written information about items issued on loan.

Action: For Loans-out that are still current contact the borrower and ensure that a new Loans-out agreement, Loans-out checklist and terms and conditions are signed and completed in full.

e. *Enable effective control of the loan process?*

The absence of a Loan Agreement and Loans-out Terms and Conditions until 2005 has resulted in a lack of control over the Loans-out process.

Action: N/A cannot retrospectively rectify.

f. *Ensure that the borrower confirms their intent and ability to provide an acceptable level of care and safekeeping for the object and to conform to the conditions of loan specified?*

The absence of a Loan Agreement and Loans-out Terms and Conditions until 2005 has resulted in a lack of written information about items issued on loan.

Action: For Loans-out that are still current contact the borrower and ensure that a new Loans-out Agreement, Loans-out checklist and Terms and Conditions are signed and completed in full, including the care requirements section.

g. *Ensure that the loaned objects are covered by insurance or indemnity as appropriate?*

The absence of detailed Loans-out records means that it is unclear whether insurance or indemnity cover for the loan period was established.

Action: For Loans-out that are still current, contact the owner and ensure that a new Loans-out Agreement, Loans-out checklist and Terms and Conditions are signed and completed in full, including information about insurance and indemnity.

Retrospective Care Procedures

53. Tamworth Castle has historically failed to meet all of the current Collections Management requirements of the Accreditation Standard.
- a. The Castle has recorded condition details for items on completion of catalogue cards. These details have been randomly updated as and when a catalogue is checked. However it is not possible to re-create lost condition checks for items.
Action: A condition check programme has been devised and implemented, see Care and Conservation Policy and Plan.
Environmental monitoring has been carried out by previous curators. However only temperature and relative humidity were recorded until 2010. The monitoring was inconsistent and patchy and the results have not been analysed. However it is not possible to re-create lost conditions checks for items.
Action: An environmental monitoring programme with reports has been devised and implemented, see Care and Conservation Policy and Plan.
 - b. Environmental control was carried out by previous curators, with the use of dehumidifiers in specific storage areas. However this was not maintained, the dehumidifiers became obsolete and had to be removed. Since April 2010 the object collections have been relocated in an off-site industrial unit store.
Action: Following two years of consistent environmental monitoring, at the off-site store, an Action Plan has been devised and implemented. The areas highlighted that require action form part of the new Care and Conservation Plan.
 - c. The object collections have been relocated to an off-site industrial unit store, in use since April 2010, with corresponding improvements in storage conditions and access. Tamworth Borough Council has responsibility for the maintenance of the building. An Emergency Plan has been put in place for Tamworth Castle, its related buildings and collections.
Action: See the Care and Conservation Policy and Plan.
 - d. Housekeeping, condition checking and integrated pest management are maintained on a rolling programme, with trained volunteers assisting the Collections Officer.
Action: See the Care and Conservation Policy and Plan.
See Tamworth Castle cleaning programme (Appendix I)
 - e. The museum has always sought external professional advice where gaps have been identified in internal knowledge.

Areas for Action

54. Tamworth Castle has identified significant backlogs in its retrospective documentation. Accreditation compliant procedures and policies have now been implemented to ensure that the size of the backlog is contained and work is ongoing to clear the backlog.
See Care and Conservation Plan.

Documentation

Sort paperwork belonging to previous curators and file accordingly.

Review object entry paperwork and attempt to fill in any gaps

Update security copy of accessions registers when amendments are made to a page.

Update catalogue card information, database entries and labelling of items

Review Loans-in paperwork and attempt to fill in any gaps

Review Loans-out paperwork and attempt to fill in any gaps

Care

Continue condition check survey

Continue environmental monitoring programme.

Continue housekeeping and pest monitoring programme

Tamworth Castle
Documentation Backlog - Action Plan

New timescales had to be developed for this Backlog Action Plan due to the impact that the events and changes at Tamworth Castle and the museum stores had on Castle staff. All staff were required to pick up extra tasks before and during the Staffordshire Hoard touring exhibition, the HLF project, and the capital works on Tamworth Castle and motte between April 2011 and July 2013

Documentation Actions

Action	Procedure	Performance Indicator	Date	Comments
Make an inventory of all items held in the Castle Collections	List every item on a new spreadsheet noting name, temporary number, accession number, brief description, location, notes Items without a number should be given a temporary number	Inventory completed	May 2009 to Oct 2011	Completed June 2014
Use inventory to update existing object card system, with information for missing objects including location and accession number information	Go through inventory and transfer new information to object cards	All cards are updated with inventory information	Nov 2011	Revised timescale Sept 2014 – Sept 2015
Reconcile the new inventory with existing documentation: Aim is to: <ul style="list-style-type: none"> a) Assign an accession number to objects that previously had no number but which now have a temporary number b) Match up objects to specific documentation where documentation was previously inadequate, including checking numbering sequences and matching objects to descriptions c) Match documentation to objects that were previously thought lost and have now been located 	Go through all existing documentation: day books, accessions registers, objects cards, catalogues and match each object to a corresponding entry in the new inventory. Replace temporary numbers with true accessions numbers if a match is found Ensure documentation is updated with data transferred from old records if required Ensure objects are recorded with one accession number only	Log to be kept on inventory when numbers are matched / located, keeping ongoing record of success.	Nov 2011 – June 2012	Revised timescale Oct 2014 – Oct 2016

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Action	Procedure	Performance Indicator	Date	Comments
Assess remaining unnumbered items and take a decision if they are to be accessioned or disposed of	Collections Officer and Heritage and Visitor Services Manager to discuss and make recommendations. Full lists to be produced and all decisions documented	Meeting held, items documented and draft report prepared for Cabinet	May 2012	Revised timescale Dec 2016
Accession un-numbered objects that are to remain within the collections	<p>Treat all items as though they are a new acquisition. Complete an entry form but note that the items has been found in store</p> <p>Where possible if any documentation exists, try to contact the donor to obtain a signature confirming transfer of title as part of the entry process.</p> <p>Assign an accession number from within the current year</p>	All items accessioned	June 2012 to Oct 2012	Revised timescale Jan 2017 – Jan 2018
Designate items for disposal	<p>Collate all documentation, and photograph the objects Explore avenues to contact the donors to inform them of the decision to dispose</p> <p>Follow Castle procedures for the disposal of objects</p>	Meeting held, and draft report prepared for Cabinet	June 2012 to Oct 2012	Revised timescale Dec 2016 – March 2017
Collate documentation for which no objects have been found and formally deaccession the objects	Follow Castle de-accession procedures within Collections Development Policy	Commence procedures for de-accessioning	June 2012 to Oct 2012	Revised timescale Jan 2017 – July 2017

Action	Procedure	Performance Indicator	Date	Comments
Update the Accessions register with reconciled items and new items found as a result of the reconciliation process	<p>Enter all new accessioned items into the accession register</p> <p>Enter all items into the accession register that may have updated information (e.g. donors, description) from reconciliation process.</p> <p>Amend numbers that have been recorded incorrectly</p> <p>Where numbers have been duplicated, ensure one item is re-accessioned with its original number and cross reference with the most recent/re-accessioned number</p> <p>Re-copy all amended pages of the accessions register to ensure the secure off-site copy is up to date</p>	Accession register completed and up to date.	June 2012 to Oct 2012	Revised timescale Jan 2017 – Jan 2018
Commence a comprehensive programme to update the catalogue information held for all objects including the object cards and introduce a new database system	<p>Update catalogue cards to complete all sections in full</p> <p>Create a new database catalogue for all objects using MODES XML</p>	Catalogues updated and complete	Oct 2012 to Sept 2015	Revised timescale Jan 2017 – Jan 2018
Review object exit documentation including sorting and filing previous paperwork	Check that all documentation can be traced for historic object exits	Documentation sorted and filed. Any new records kept in appropriate files	Oct 2015	Revised timescale Feb 2018 – April 2018

Action	Procedure	Performance Indicator	Date	Comments
Review and reconcile outstanding Loans –in and Loans Out	Collate and check through all Loans files. Contact owners where records are incomplete. Aim to reduce loans including re-establishing terms and potential donations and issue new and updated loan agreements if required.	All loans-in and Loans-out agreements filed, current and within date	Oct 2015 to Sept 2016	Revised timescale Feb 2018 – April 2018
Update catalogue for photograph collection	Re-catalogue on MODES XML	Catalogue completed	Dec 2015 – June 2016	

TAMWORTH CASTLE - CONDITION CHECK FORM

ITEM DETAILS

Accession Number:		Simple Name:	
Location:			
Dimensions w x d x h (mm)		Number of parts:	

CONDITION CATEGORY

(Circle as appropriate)

GOOD FAIR POOR UNACCEPTABLE

CONDITION DESCRIPTION

(Describe any major or minor structural damage, surface damage, disfigurement, chemical deterioration, biological attack, harmful old repairs and accretions.)

Signed:		Date:	
Name:			
Position:			
Organisation:			

Tamworth Castle Cleaning programme – 2012 - 2015

<u>Room</u>	<u>Cleaning guide</u>	<u>Room guide</u>
NORTH SIDE		
Day Parlour CNS7 State Dining Room CNS6 Ante chamber CNS5	<ul style="list-style-type: none"> • Hoover the floors, hearth surround & nearest window sills with Henry vacuum cleaner. • Dust furniture with conservation brush or dry cloth, Use only the conservation brush on the V&A furniture. • Use polish once a month. • Don't use Microfibre cloths in the Ante Chamber as they pick up, and all the herb bits cling to them 	<ul style="list-style-type: none"> • Take care when moving any of the furniture behind the barriers, & ensure it is returned to its correct position. • Other furniture can be moved but take care that chair backs & other furniture are not pushed up against the wall, the plaster on the walls is fragile, and the wood of the furniture can get marked
Tamworth Story CNS9 Landing (between Tamworth Story & Lady's chamber) Page 25	<ul style="list-style-type: none"> • Hoover the floor through in the Tamworth Story. • Clean the glass / Perspex on all the display cases, using the glass spray on blue paper towels – spraying onto the paper – not the glass • Clean the glass on the display case on the landing 	<ul style="list-style-type: none"> • Don't clean any of the items on open display: • Staffordshire Hoard (repros) • Bicycle • Washing machine • Oven • Any graffiti or scribble on anything inform the Collections Officer
Lady's chamber CNS10 Servant's chamber CNS11	<ul style="list-style-type: none"> • Hoover the floors & window sills with Henry vacuum cleaner. • Dust furniture with conservation brush or dry cloth. Use only the conservation brush on the V&A furniture in the Lady's chamber • Use polish once a month • Clean Perspex of display 'cupboard' in Servant's chamber 	<ul style="list-style-type: none"> • Take care when moving any of the furniture behind the barriers, & ensure it is returned to its correct position. • The furniture in the Servant's chamber is all replica
Stairs & handrails	<ul style="list-style-type: none"> • Stairs are best brushed down with a long handled brush or a dust pan & brush, or the Henry vacuum when possible. • Only wipe handrails down with a damp cloth once a fortnight. 	<ul style="list-style-type: none"> • Don't use any polish or sprays on stairs or handrails as this can make them slippery and creates a hazard

Tamworth Castle Cleaning programme – 2012 - 2015

<u>Room</u>	<u>Cleaning guide</u>	<u>Room guide</u>
<p>SOUTH SIDE</p> <p>Georgian room CSS1</p>	<ul style="list-style-type: none"> • Hoover floors, chimney place (including any chimney fall) & window sills with Henry vacuum cleaner. • Dust with conservation brush or dry cloth / polish where necessary the furniture, including the V&A chest of drawers – taking great care with front of the drawers not to catch the inlay. • Dust the dummy board only with the conservation brush – don't use a cloth on this as it may pull the surface painting • Clean the glass of the display case using the glass spray on blue paper towel - spraying onto the paper – not the glass 	<ul style="list-style-type: none"> • Return the fire irons to their original position on the hearth • Ensure the rope barriers are far enough out from the furniture
<p>Corridor area CSS2</p>	<ul style="list-style-type: none"> • Hoover floor • Clean mirror 	<ul style="list-style-type: none"> • Return any items to their hooks / locations
<p>Nursery CSS3</p> <p>Closet CSS4 (off the Nursery)</p>	<ul style="list-style-type: none"> • Hoover floors & chimney place (including any chimney fall) with Henry vacuum cleaner • Dust with brush or dry cloth very carefully in this room because of the number of original objects on display <p>Be particularly careful when dusting the glass display case of miniatures and the table it sits on. Do not attempt to move this display case to dust underneath - if it becomes essential speak to the Collections Officer first. We have a flat duster brush</p>	<ul style="list-style-type: none"> • Return the barriers to their correct location • Do be careful on the rug in this room – extremely slippery! • Don't hoover the carpet in here with the Henry hoover – this must be done with the Conservation vacuum only.

Tamworth Castle Cleaning programme – 2012 - 2015

Room

Cleaning guide

Room guide

SOUTH SIDE – Cont'd:

<p>Breakfast Parlour CSS9</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 253</p>	<ul style="list-style-type: none"> • Hoover the floor and the hearth (including any chimney fall) with the Henry vacuum cleaner. • Do not attempt to hoover the wood part of the fire surround / over mantle without a ladder. • Dust furniture with conservation brush or dry cloth / polish where necessary. • Use polish once a month on the bookcase & chairs • Dust the green sofa very carefully with a dry cloth– avoiding any of the main areas of damage • Only use the conservation brush on the portraits and frames with care – do not use a cloth 	<ul style="list-style-type: none"> • Don't move the main table in the room unless necessary– this is a V&A piece and should only be moved by two people • Do be careful on the rug in this room – extremely slippery! • Don't hoover the carpet in here with the Henry hoover – this has to be done with the Conservation vacuum only. • Ensure the barriers are properly stretched out. • Be very careful with the items under glass domes, hold with one hand whilst dusting dome. Most are not attached to the base!!
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Please report to the Collections Officer any signs of dead insects, debris, or piles of woodworm dust immediately, and before you clean them up, as we need to note locations and monitor for any further signs.

Also report to the Collections Officer any deterioration or damage to furniture, or to the fabric of the building that you notice.

Tamworth Castle Cleaning programme – 2012

Room

Cleaning guide

Room guide

SOUTH SIDE – Cont'd:

<p>Withdrawing room CSS11</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 254</p>	<ul style="list-style-type: none"> • Hoover the floor, and the hearth (including any chimney fall) with the Dyson vacuum cleaner. • Be very careful with the brass fire surround it is V&A – return it to its correct position • Dust with brush or dry cloth / polish where necessary. • Don't use polish on: <ul style="list-style-type: none"> ➢ the black folding screen ➢ Lady Peel's fire screen in front of fire place ➢ small sofa (V&A) ➢ black tipped up table with inlay ➢ green covered sofa • Only use a dry cloth on the tea urn in the centre of the table. 	<ul style="list-style-type: none"> • Do be careful on the rug in this room – extremely slippery! • Don't Hoover the carpet in here with either the Dyson or the Henry Hoover – this has to be done with the Conservation vacuum only. • Ensure the barriers are properly stretched out, without catching the black folding screen or being too close to the table at the opposite end. • Ensure the ladder back rush seat chairs are not up against the wall panels as they mark the panelling.
<p>Great Hall CGH</p>	<ul style="list-style-type: none"> • The floor in here can be swept, hovered and / or mopped. • Any of the weapons and armour should be cleaned with dry cloth / brush or "feather duster" • Always use a stepladder for anything that cannot be reached • The animal heads can be cleaned with the Conservation vacuum cleaner and / or a brush 	<ul style="list-style-type: none"> • The floor gets a lot of usage in here. • Do not stand on the wooden plinth at the far end of the hall – it is not safe! It is not attached in some places and is part of the panelling. Always use a stepladder. • Take care with the animal heads as not all are securely attached to the wall. • The water buffalo over the fireplace is best left alone! The horns are not secured!

Appendix 4

Tamworth Castle Handling and Moving of Objects Good Practice Guidelines

Introduction

1. Tamworth Castle ensures that all museum objects are subject to careful and appropriate handling, to minimise the risk of physical damage and to contribute to future accessibility. This requires high standards of practice and supervision at all times.
2. These handling guidelines provide advice on how to handle items correctly.
3. These guidelines apply to all the items in Tamworth Castle's collections, including items temporarily left under the care of Tamworth Castle such as items on loan, or received for identification.
4. These guidelines do not apply to the handling of items within the Handling Collection, although these should also be handled with care to preserve their continued use

When to Handle

5. Items should only be handled when absolutely necessary, as this reduces the risk of damage. Check with the Collections Officer before moving any items.
6. Correct packing reduces the need for additional handling as it should be possible to remove the packing from an item, rather than remove the item from the packing, see Packing/Storage Policy and Procedures.
7. Before handling an item its visible condition should be checked and recorded on the object's documentation (catalogue card / Condition Checking Form and database). An item should only be handled if it is robust enough to withstand handling and there is no evidence of structural weakness or damage. If any part of the item is damaged, do not handle the item, specialist advice should be sought from a conservator.
8. If an item is heavy or large you may need someone to carry it with you or act as a guide. If necessary moving or lifting equipment, such as a tray, box, trolley or powered equipment should be used in accordance with the manufacturer's guidelines, or a specialist should be employed. A risk assessment and method statement will need to be produced before handling large items.
9. Health and Safety should also be considered before handling. An item must only be handled if it can be done so without endangering yourself or others. It might be necessary to warn people along the route or ask them to leave the area.
10. Watches, rings and other jewellery will scratch delicate items, even through gloves and should be removed.

Advance Plan

11. Check with the Collections Officer that it is safe to handle or move an object.
Before handling an item, a plan must be established as to where the item is going to and how will it get there. It is necessary to plan the route to be taken. Make sure that the object will fit through doors and awkward areas and arrange for the doors to be opened. Ensure the route is clear of all obstructions.
12. Ensure that there is an area prepared at the receiving end for the object. This should be clean, secure and free from obstructions.
13. If the item is going to be moved more than once, you should plan for this by providing it with a secure carrying case or support which is more easily lifted and moved.

Handling Requirements

14. Make sure that all the parts of the object and any associated material or labelling are moved to the new location.
15. Make sure there is no food, drink or smoking in the areas where the object is being taken from and where it is going to.
16. It should be ensured when handling an object that it has sufficient support, if not, find suitable materials to support the object before handling. It might be necessary to place it in a box or on a tray, padded to fit the object.
17. Check that parts of the object do not rub or knock against each other. They may need to be packed separately. If the object is loose in its box, pack it securely using suitable packing materials and methods as described in the Benchmarks in Collections Care.
18. It is important to wearing either cotton or disposable Nitrile gloves every time an item is handled. The skin secretes oils and metabolic wastes including various salts and urea, which react aggressively with all materials. These will leave a permanent mark on the object. For example, fingerprints can quickly eat into polished metal. Gloves also protect the wearer from harmful substances.
19. Gloves are to be changed as they get dirty, ensuring that dirt is not transmitted from one object to another. It is important to wear the right kind of gloves. If the object is dusty or dirty, has a rough surface which could catch on fibres or a very smooth surface which could be slippery, it may be better to wear non-absorbent Nitrile gloves. If it is clean and dry, it may be preferable to wear cotton gloves.

Damage

20. Any damage sustained to an item should be reported to the Collections Officer, and should be noted on the item's documentation, the catalogue card / Condition Checking Form and database record.

Handling Techniques

21. Where possible items should be carried in their boxes.
22. However if the item is not boxed, or has to be handled out of its box, providing one person is able to carry the item without aid, it should be carried with one hand underneath the object and the other around the side for support and control. All parts of the item must be supported.
23. Do not pick up objects by their handles, arms, top or projections, as they may be loose or break off.
24. Occasionally even small or light objects may need two people to carry them safely. If more than one person is carrying the object, share the weight and nominate one person to say when to lift and when to put down. Agree in advance which way to move or turn the object.
25. If possible, keep the item level and make sure all the parts are supported.

Specific Advice

Books

26. To remove a book from a shelf push the books on either side of it further into the shelf and hold the book firmly with your hand around the spine, with your fingers on one cover and your thumb on the other. Do not pull it from the top of the spine.
27. Nitrile gloves should be worn to handle books to allow you to turn pages. Cotton or Nitrile gloves should be worn when handling books with gold leaf decorations on the covers or spine.
28. If the book is to be opened it must rest on a book pillow and should be opened gradually from the front or back. Do not directly open the book in the middle.
Snake weights should be used where appropriate to hold pages open.
29. Do not lick your fingers to turn pages. Pages should be turned slowly to prevent damage and handled as little as possible.
30. Scanning of books should be done using the digital 'MiniScan' and the 'MiniScan' book cradle.

Photographs

31. Photographs are highly susceptible to physical damage from improper and frequent handling so they should be handled as little as possible.
32. Cotton gloves should be worn.
33. Where possible photographs are to be left within their archival polyester pockets or sleeves for viewing. If they need to be removed the packing should be removed from the photograph and the photograph placed on a piece of acid free cardboard to provide support.
34. Photographs can be scanned through archival polyester pockets or sleeves.

Archives

35. Nitrile gloves should be worn to handle archive material.
36. Archive material should be left in their archival polyester pockets or sleeves where possible for viewing. If they need to be removed the packing should be removed from the archive material and the material placed on a piece of acid free cardboard to provide support.
37. Archive material in can be scanned through archival polyester pockets or sleeves

Art

38. Before carrying a framed picture, make sure there is no flaking paint and the picture is securely fastened in the frame, and the frame is not damaged. Carry it upright by the sides of the frame or the top and bottom. Do not use the top as a handle to lift it. Do not grip any of the ornate parts of the frame.
39. If there is flaking paint, carry it flat and face up so that you don't lose any paint while moving.
40. Do not touch the canvas or paint surface directly.
41. White cotton or Nitrile gloves should be worn for handling paintings and frames.
42. Carry an unframed picture by the stretcher bars at the back. Do not put your fingers around the stretcher bars because this could cause the paint to crack and flake in that area. Never touch the painted side or the back of the canvas.
43. When putting a painting on the floor ensure that there are padded, wooden blocks or foam blocks in place. These provide a softer surface than the floor and keep paintings off the ground. Do not set the painting down on the corner, always set it down along one complete edge.
44. A large painting must be moved by two people regardless of the weight involved.
45. If transporting glazed paintings the glass should be taped with masking tape. This will hold the glass together should it break and reduce the risk of damage to the work. Do not allow tape to get onto the frame or painting. For small frames one strip of tape vertically in the centre of the glass, one horizontal strip and one strip on each diagonal will be sufficient. Larger paintings will need more.
46. Unstretched paintings, if allowed to move too much, can cause the paint to come away from the surface of the canvas and so require good support.
47. If the paintings are small enough to be moved flat the painting should be moved on a piece of strong mount board.
48. Larger unstretched paintings may need to be rolled to be carried. The roller should be as large in diameter as possible. Rolls should be covered with a layer of padding i.e. Plastazote. Paintings should be rolled painted-side out with an interleaving layer of Tyvek to prevent any transfer of pigment. When rolled the painting should be tied firmly, but not tightly, with cotton tape in several places. If the paint layer is on the inside when the painting is rolled, the paint will become compressed and will develop creases that will remain in the painting after it has been unrolled.

Ceramics, Glass and Enamelware

49. Never lift or carry fragile glass, ceramic or other objects by the handles, rims or any projecting part.
50. Wear Nitrile gloves to handle objects with glazed, polished or highly finished surfaces.
51. Carry small objects with two hands, one hand should support the bottom of the object and the other hand should be placed at the top or side to steady the object.
52. Never carry more than one object at a time.
53. Always move light, fragile objects in a carrying box, with all empty space filled with acid free tissue.
54. Take care when picking up or setting down ceramics and glass. These materials can have hairline fractures that may cause the object to shatter.

Textiles

55. Do not handle textiles unless absolutely necessary, keep handling to a minimum.
56. Wear clean white cotton or Nitrile gloves when handling textiles and make sure your hands are clean.
57. Watches, rings and all other jewellery should be removed to prevent them catching on any textile.
58. When handling flat textiles never pick them up by one corner. Always support the weight of the textile evenly. Small textiles should be carried either on a board or in a box. Larger textiles should be rolled.
59. Costume should never be picked up by the shoulders. Carry costume supported across both arms, or on a large cloth, or sheet of acid free tissue. Ideally costume should be moved in boxes or on a board. If it is on a hanger, hold the hanger in one hand and support the rest of the garment across your other arm, making sure your clothes cannot become entangled. It may help to drape a clean cloth across your arm first.

Metal

60. When handling metal items from silverware to iron tools wear clean, Nitrile gloves.
61. Never lift or carry objects by the handles, rims or any projecting part.
62. Secure and support any moving parts on an object before you move it.

Furniture

63. Carefully examine each piece of furniture before moving it. The feet and bases of cabinets, legs of tables and legs and arms of chairs generally cannot withstand strain.
64. Only move one piece of furniture at a time.
65. Never lift furniture by a projecting part.
66. Never lift a chair by the arms or the back. Chairs should always be lifted by the seat rails.
67. Do not lift a table by its top. Tables should be lifted by their legs where possible, this supports the top from below and avoids straining the joints. If moving a gate legged table more than a couple of feet, close the supported leaves down and carry in the closed position.
68. Never turn a piece of furniture with its top side down, because only the legs or base were designed to carry its weight.

69. Tie unlocked drawers and doors in place with cotton tape, so they cannot open during the move.
70. Avoid touching the upholstered parts of furniture. Wear gloves if you must handle upholstery.
71. Always cover upholstered areas with clean cloth or Tyvek before moving or storing.
72. Remove marble tops and protective glass from tables and cabinets before moving them.
73. Before moving a piece of furniture take off any removable parts.

Authorisation and Responsibility

74. All Tamworth Castle staff, including visitor services staff, school facilitators and volunteers handling the collections are responsible for implementing the Handling and Moving Good Practice Guidelines.
75. The Collections Officer is responsible for providing advice and training on how to handle and move items, and should be consulted before any changes are made to period room settings and storage areas.

Appendix 5

Tamworth Castle Packing/Storage Policy

Introduction

Purpose

1. This policy reviews the guiding principles for packing or re-packing items and recommended materials.
2. Aspects of this policy that refer to the packing of objects do not apply to items on display. Those aspects of the policy that refer to storage requirements relate to both items situated in stores and items on display.
3. The guidelines recommended are based on best practice advocated by the National Preservation Office for archive material, and the Museum Association's Benchmarks in Collections Care 2.0 (Collections Link)
4. Appropriate packing and storage is vital for the preservation of items under the care of Tamworth Castle. Items can be damaged by insufficient or inappropriate packing and storage materials.
5. Tamworth Castle's overall principle is that items must be protected as much as possible from dirt, dust, pests and damage, without hindering access to the items. Items are not to be over-packed, wherever possible packing should allow items to be viewed without removing them from their packing.

Review of Current Packing/Storage Systems

6. Wherever possible items at Tamworth Castle are stored in plastic 'Really Useful' boxes for ceramics, glass, metal or more robust items. Archival quality card boxes for archive materials, textiles and smaller items. Items stored within containers are wrapped in acid-free tissue paper for protection. This protects the item, but does not allow for easy viewing of the object, requires extra handling to remove the packing to look at the object and does not prevent the objects from moving around within the container.
7. The covering of large items that are too big to be stored in a container, with unbleached calico is under review.
8. Boxes are stored on epoxy powder coated bespoke racking. Large objects on open storage are stored on the same shelving.
9. Terracotta items are stored on pallet racking with wood shelves and pallets.
10. A list of the stores and the type of items located in each of the stores can be found at the end of this document.
11. Archive documents are stored in polyester sleeves or pockets
12. Photographs are stored inside polyester pockets in a filing cabinet with their catalogue cards. However some have been glued onto their catalogue cards. As part of the backlog policy it is intended to address the packing and storage of photographs.

13. Part of the costume collection is hung on three dress rails and covered with calico coverings, the other part is boxed, where items are too fragile or where it is not possible to hang them. Other textiles require boxed storage.

Packing Guidelines

14. Before packing an item it must be checked to ensure that its identifying number has been clearly labelled/marked onto the object in accordance with the Labelling and Marking Policy and Procedures.
15. All items are to be stored in acid-free cardboard boxes (archive material) or 'Really Useful' plastic boxes, depending on the type of item. Exclusions to this include: books and costume, see Packing Procedures.
16. Wrapping items in tissue increases the need to handle the object in order to access it. Therefore there is a strong presumption **against** wrapping items in tissue paper and marking their identifying number on the wrapping, unless absolutely necessary. The objects must be as visible and easily accessible as possible.
17. Where possible Tamworth Castle prefers to leave items **unwrapped** within their storage containers. Unwrapped items are to rest on a nest of acid-free tissue and are not to be stacked. This is to enable easier access to items.
18. Smaller, fragile objects are to be packed individually within small boxes and stored together in a larger box.
19. There is also a strong presumption against stacking objects in boxes, as this hinders access and increases handling of items on the top layer in order to access the lower layers. It also increases the risk of damage from items coming into contact with items above or below them.
20. Only items that will incur damage without individual wrapping are to be wrapped individually in acid-free tissue paper. The identifying number is to be clearly marked on the packaging, preferably using a foil backed label and an archival quality marker pen, not a pencil, as this can easily be rubbed off and is often hard to see.
21. Empty spaces within boxes are to be filled with acid-free tissue, Tyvek paper, or air cushion to ensure that objects cannot move freely inside the box. The presumption should be against using materials such as bubble wrap as this is not archival material.
22. The outside of the boxes are to be clearly labelled with the contents of the box to remove the necessity for opening boxes to identify their contents, and / or a list inside the box.

Storage Guidelines

23. Items are not to be stored on the floor as it provides a tripping hazard and makes them susceptible to water damage from flooding or the aftermath of fire. Instead items are stored on stable metal shelving. Those objects that are too large or heavy for the shelving are stored on wooden pallets.
24. The shelving in the stores is laid out so that there is sufficient space for a person to move around within the stores when they are carrying objects.

25. All objects are stored on clearly labelled metal shelving units within their storage boxes where applicable. For an explanation of the labelling system used for stores shelving, please see Location and Movement Control Policy and Procedures in the Documentation Procedural Manual.
26. Where objects are stored on shelving without a protective container they should be covered over with unbleached calico.
27. Items on display should be stored either within lockable display cabinets or are to be on open display within period room settings. These items will be subject to more stringent condition checks than those items in stores. All display cases are constructed from inert materials that will not cause any deterioration to objects.

Recommended Materials

28. Damage to items is not just physical, damage can also be caused by chemical substances present in the packing materials and so it is important to only use materials recommended by Collections Trust.
29. The following materials are used by Tamworth Castle for packing:
 - a. 'Really Useful' boxes are used to store social history objects and archaeology. These are transparent polypropylene multi-purpose boxes, which are acid-free.
 - b. Acid-free card boxes are to be used to store textiles, archive material, photographs and documents.
 - c. Acid-free card is used to make four-fold envelope flaps to protect damaged books.
 - d. Acid-free tissue is used to create padding around objects and wrap particularly sensitive objects.
 - e. Plastazote is also used to create padded beds for objects to rest on.
 - f. Tyvek is used to provide a protective cover to delicate items.
 - g. Unbleached calico fabric is used to provide a protective cover to items that are too large to be stored in a container.
 - h. Unbleached cotton tape is used for attaching labels and tying rolls.
 - i. Polyester pockets are used for the storage of archive material, photographs and documents.

Castle Displays and Storage Location Guide

Location	Location Description	Previous Location name
	Period Room Displays	
CCY	Castle Courtyard	Courtyard
CGH	Castle Great Hall	Great Hall
CNS 1	Castle North Side Room 1	Reception
CNS 2	Castle North Side Room 2	Dungeon
CNS 3	Castle North Side Room 3	Norman Exhibition
CNS 4	Castle North Side Room 4	Bottom of North Stairs
CNS 5	Castle North Side Room 5	Antechamber
CNS 6	Castle North Side Room 6	Dining Room
CNS 7	Castle North Side Room 7	Day Parlour/Royal Bedchamber
CNS 8	Castle North Side Room 8	Ferrers Room
CNS 9	Castle North Side Room 9	Tamworth Story
CNS 10	Castle North Side Room 10	Ladies Chamber/Haunted Bedroom
CNS 11	Castle North Side Room 11	Servant's Chamber/Chapel
CNS 12	Castle North Side Room 12	Guard Room
CNS 13	Castle North Side Room 13	Back Cellar
CSS 1	Castle South Side Room 1	Georgian Room
CSS 2	Castle South Side Room 2	Georgian Corridor
CSS 3	Castle South Side Room 3	Nursery/ Annie Cookes Bedroom
CSS 4	Castle South Side Room 4	Nursery Closet
CSS 5	Castle South Side Room 5	Cookes Bedroom
CSS 6	Castle South Side Room 6	Cookes Bathroom
CSS 7	Castle South Side Room 7	Top of South Stairs
CSS 8	Castle South Side Room 8	Footbridge
CSS 9	Castle South Side Room 9	Breakfast Parlour
CSS 10	Castle South Side Room 10	Breakfast Parlour Cupboard
CSS 11	Castle South Side Room 11	Withdrawing Room
CSS 12	Castle South Side Room 12	Ceramics Cupboard
CSS 13	Castle South Side Room 13	Shop and Café
	Display Cases	
CNS 9 C1	Castle North Side Room 9 Case 1	Tamworth Story Torc case
CNS 9 C2	Castle North Side Room 9 Case 2	Tamworth Story Medieval case
CNS 9 C3	Castle North Side Room 9 Case 3	Tamworth Story Tudor case
CNS 9 C4	Castle North Side Room 9 Case 4	Tamworth Story Georgian case
CNS 9 C5	Castle North Side Room 9 Case 5	Tamworth Story Peel case
CNS 9 C6	Castle North Side Room 9 Case 6	REMOVED
CNS 9 C7	Castle North Side Room 9 Case 7	Tamworth Story Gibbs & Canning
CNS 9 C8	Castle North Side Room 9 Case 8	Tamworth Story Civic Pride case
CNS 9 C9	Castle North Side Room 9 Case 9	Tamworth Story Coal case
CNS 9 C10	Castle North Side Room 9 Case 10	Tamworth Story Farming case
CNS 9 C11	Castle North Side Room 9 Case 11	Tamworth Story Roman case
CNS 9 C12	Castle North Side Room 9 Case 12	REMOVED

Storage

Location	Location Description	Previous Location name
	HOLLOWAY LODGE	
HL 1	HL Ground Floor Room 1	Holloway Lodge Office
HL 2	HL Ground Floor Room 2	Holloway Lodge Photo Store
HL 3	HL First Floor Room 3 Bays 1 – 9 Archive store	Holloway Lodge Upper Store Room 1
HL 4	HL First Floor Room 4 Bays 1 – 9 Archive store	Holloway Lodge Upper Store Room 2
	STABLES	
ST1	Stables Room 1 LHS	
ST2	Stables Room 2 RHS	
ST3	Stables Upstairs Main Ante-Room 1	
ST4	Stables Upstairs first inner room	
ST5	Stables Upstairs second inner room	
	AMINGTON STORE Ground Floor	
AM 1	Bays A – F Shelves 1 – 4	Ceramic & Glass
AM 2	Bays A – F Shelves 1 – 4	Trades & Business / Domestic / Misc Social History
AM 3	Bays A – G Shelves 1 – 4	Domestic / Social History / Archaeology
AM 4	Bays A – G Shelves 1 - 4	Archaeology / Geology / Misc Architectural salvage
AM 5	Bays A - C Pallet racking 1 - 3	Terracotta / Stoneware/ Architectural salvage / Funeral bier
AMP1	Picture rack 1 a & b	Tools / Long case clocks
AMP2	Picture rack 2 sides a & b	Paintings
AMP3	Picture rack 3 sides a & b	Paintings
AMP4	Picture rack 4 sides a & b	Paintings
AMP5	Picture rack 5 Bays A - H	Pictures / smaller paintings
	AMINGTON STORE Mezzanine	
AM 6	Bays A – C Shelves 1 - 4	TBC Records / Travelling trunks
AM 7	Bays A – B Shelves 1 – 4	Luggage / Industrial sewing machines
AM 7	Bays C – N Shelves 1 – 6 / 4	Boxed Costume
AM 8	Bays A – C Shelves 1 – 5	Boxed toys / toys / prams
AM 9	Bays A – B Shelves 1 – 4	Armour / mail (boxed)
AM 9	Bays C – K Shelves 1 - 6	Boxed Costume (temporary location) / TBC Records (boxed)
	Mezzanine floor	X 3 dress rails (covered in unbleached calico)

Storage – continued:

	AMINGTON STORE ZONES	
	Zone 1 (under mezzanine)	Cine projectors / outsize camera / funeral bier
	Zone 2 (end wall)	Stack of removed doors
	Zone 3 (end of AM 1 / 2)	Dutch oven
	Zone 4 (wall end of AM 1 / 2)	Domestic cleaning / butter churn
	Zone 5 (in front of pallet racking)	Textile loom components / Architectural salvage / outsize clock mechanism
	Zone 6 (between pallet racking & roller shutter door)	Mangles / weighing machines / farm tools / wooden water pipes / Misc.
	Zone 7 (opposite side of roller shutter door)	Textile loom components / hay rack / Misc.
	Zone 8 (next to entrance door)	Wooden press / wooden mill cart / Misc. domestic items.
	Zone 9 (end of mezzanine area)	Misc. wooden furniture items including desks and school desks / chairs / display cabinets

Tamworth Castle
Packing/Storage Procedures
Good Practice Guidelines

Introduction

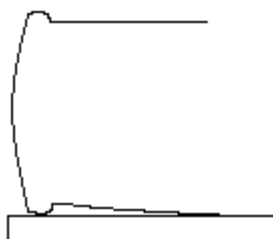
1. These procedures provide detailed instructions for how to pack and store specific items within the Collections and are to be used in conjunction with the packing / storage guidelines provided in the packing / storage policy.
2. Due to the wide variety of types of item within the Collections it will not be possible to provide detailed instructions on how to pack / store every item. For items not covered below, a decision on the most suitable packing and storage is to be made by the Collections Officer based on the policy guidelines above.
3. The 'Standards in Collections Care' series published by the MGC provides further information about the care and storage of particular types of collections material including archaeology, photographs, geology and larger working objects.
4. Training has been received by staff from the conservators at Staffordshire Record Office on current best practice for the packing requirements of books and archival documents. Photographs and Costume also have individual packing requirements. Procedures are provided for the following:
 - a) Books
 - b) Archival documents
 - c) Photographs
 - d) Costume
 - e) General guidance for other objects.
5. It is envisaged that these procedures are to be updated as and when required dependent upon any changes in best practice and any extra training received.

Books

6. Unnecessarily over packing books will prevent adequate air flow and unnecessarily under packaging books will increase the risk of further damage. Therefore it is important to accurately assess the condition of each book.
7. For the purposes of these guidelines books will be split into three categories based on their condition. When handling / storing books it will be necessary to decide which category the books fall into and follow the appropriate guidelines.

	Condition	Guidelines
Category 1	<ul style="list-style-type: none"> Pages are securely bound, there are no loose pages. Spine and cover boards fully encase all pages. Damage to spine and cover boards is allowed as long as all pages remain protected and the spine and cover boards are not at risk of detaching from the book. 	<ul style="list-style-type: none"> Initially store upright on bookshelf with no packing, layer of Tyvek on shelf. As part of Backlog Policy look to cover all of these books in four-flap enclosures made of acid free paper.
Category 2	<ul style="list-style-type: none"> Loose pages Damage to spine or cover boards which exposes pages. Loose spine or cover boards, which are at risk of detaching from the book. 	<ul style="list-style-type: none"> Cover all of these books in four-flap enclosures made of acid free card and stand upright on bookshelves.
Category 3	<ul style="list-style-type: none"> Spine is missing One or both cover boards are missing A large number of pages are loose 	<ul style="list-style-type: none"> Cover all of these books in four-flap enclosures made of acid free card and store horizontally on the shelf, with no more than three stacked on top of each other.

8. All category 1 and 2 books are to be stored upright on bookcases with the spine facing outwards. Only those with significant damage will be stored flat, or any large books over 40cm tall. Books that are stored flat must not be stacked more than three high. The binding of a book is such that storing books horizontally on a shelf places undue strain on the spine of the book, which is slightly more raised than the cover boards. See diagram below.



9. Books are not to be wrapped in acid free tissue as this unnecessarily increases handling of the item to remove it from its packing. The four-flap

- enclosures are designed so that the book can be removed from the packing rather than the packing removed from the book.
10. Books should only be stored on shelving where they do not project beyond the edge of the shelf.
 11. Wherever possible books of the same size should be stored together.
 12. Books with clasps, bosses, straps or ties should be covered with a four-flap enclosure to protect any projecting parts and to prevent damage to adjacent volumes.
 13. Bound volumes should not stand on their fore-edges, as this will eventually lead to the text block separating from the binding.
 14. Cloth and paper bindings should not come into direct contact with leather bindings.
 15. Books are to be stored next to each other, upright, in rows on the shelving. This is to ensure that the books are adequately supported. However it is important not to overfill shelving, the books need to stand next to other books but there needs to be enough room to allow for two fingers to be placed either side of a book to remove it. Where there is a gap at the end of a row of books that is not big enough to house a further book it must be filled using acid free tissue or Tyvek.
 16. Red rot is present on some of Tamworth Castle's leather bound books. It does not spread from book to book. It weakens the binding of the book and so books with leather rot are to be stored in a four flap enclosure that is buffered with acid free tissue to provide extra padding.

Archival Documents

17. Where possible all archival documents are to be stored flat.
18. Folded items should be unfolded where possible and stored flat, but only where this will not damage items further.
19. Rolled items should remain rolled and stored inside a protective archival quality cardboard tube.
20. Single page archival documents are to be stored in polyester sleeves where size allows. These should be a little larger than the original document. These transparent covers allow for easy use of the document without having to remove it from the packing.
21. Fragile archival documents should be supported with a backing board inside a polyester sleeve.
22. Archival documents of more than one page should not be stored in polyester pockets with three sides sealed as this involves extra handling to remove the item from the pocket for use. Nor should they be wrapped in acid free tissue paper as this involves extra handling to remove the object from the packing. Instead multi-page documents are to be stored in polyester sleeves with two sides sealed to allow for easier access to the document or four flap enclosures made from acid-free card which allow the packing to be removed from the document.
23. Archival documents are to be stored in acid-free cardboard boxes, which are just a little larger than the item itself to prevent excessive movement. Boxes should not be overloaded. Clamshell boxes are to be used to facilitate access for smaller documents.

24. Solander boxes are available for the storage of large items.

Photographs

25. All photographs are to be in polyester sleeves with a piece of mount-board for support and stored in upright document boxes. The identifying number is to be marked in the top left hand corner of the sleeve to enable easy identification within the box.

Costume

26. Costume is stored either in boxes lined with acid free tissue or on hangers on a clothing rail, with a protective unbleached calico dust sheet covering the whole rail and tied on top, thereby preventing any garments from touching the floor. The hangers should be padded and made to measure, see advice below in paragraph 29d.

27. Small textile items or delicate textile items are stored in archival quality cardboard boxes, with an acid free tissue cover to prevent further damage. The acid free tissue should be used to line the box and folded over the top of the items so that it is possible to unfold the tissue from the objects.

General Guidance

28. Plates are to be stored upright with acid free tissue wads in between providing padding. This reduces storage space and results in significantly less damage should the box be dropped.

29. Examples from 'Signposts to Collections Care: A Self-Assessment Pack for Museums Factsheet 3, SWMLAC' follow:

a. *Small lightweight objects that do not require special conditions*

- *Use acid-free card boxes.*
- *Place a layer of soft packing material in the bottom of the box.*
- *Create a nest for each object from acid-free tissue or Plastazote foam, making sure there is sufficient packing material underneath and around each object.*
- *Make a soft pad of acid-free tissue or a piece of Jiffy foam to place over the object before closing the box.*
- *Avoid placing objects in layers. If objects have to be packed in layers, ensure that the objects underneath are robust, and those on top are lightweight. A tray or rigid layer of acid free card between layers will help to spread the weight of the objects above. Remove all the objects from each layer in turn when unpacking the box. Make sure that there is a label inside the box indicating the number of layers present in the box.*
- *Label the box with all of the contents.*

b. Large or very heavy objects.

- *When boxing an object is not feasible, large or very heavy objects can be protected by raising them off the floor. Place them on wooden pallets, the bottom of shelves of racking or stand them on thick sheets of 'Plastazote' or 'Ethafoam'. The object may need to be raised slightly from the surface on padded blocks, so that you can safely set it down and lift it in future. Large pictures, cannons and stone blocks are frequently stored this way.*
- *Cover them with dustsheets, made from unbleached cotton, 'Tyvek' or 'Jiffy' foam. Label the dustsheets and the objects clearly. If the dustsheets need to be secured, use cotton tape. Do not use any type of adhesive tape, as it will eventually fail and the adhesive will migrate onto the objects leaving a permanent stain.*
- *Tie a label to the dustsheet using cotton tape.*

c. Large flat textiles.

- *When packing large flat textiles in a box, use the largest size box you can manage to minimise the number of folds. Line the box with acid-free tissue and use loose rolls of acid-free tissue to pad inside the folds. If possible, put each item in a separate box.*
- *An alternative to boxing is rolling. This prevents items such as large textiles from becoming damaged by creases from folding. Make sure you have enough space to store the rolls and that all the materials are inert.*
- *Prepare a clean flat area large enough for the textile and the people working on it. Cover an area slightly larger than the textile with acid-free tissue. Lay the textile face down on the tissue.*
- *Select an acid free cardboard tube that is wider than the textile and has the biggest diameter you can manage. Wrap it twice in acid-free tissue and place it on the edge of the acid-free tissue which extends from under the textile. Roll the tube slowly and evenly across the textile, using the tissue to hold it onto the tube as it rotates. This will almost invariably require at least two people.*
- *Cover the tube with an unbleached calico or Tyvek cover tied gently with cotton tape.*
- *Place a wooden dowel which is strong enough to support the weight of the rolled textile inside the tube, making sure that the ends project either side of the tube. Suspend the dowel horizontally so that the roll hangs free and is not pressing the textile against a wall or projection.*
- *If this is not possible, the tube can be placed horizontally on pads, on a shelf.*
- *Label the outside of the roll, including a small picture of the contents if possible.*

d. Costume.

- *When packing costume in a box, use the largest size box you can manage to minimise the number of folds. Line the box with acid-free tissue and use loose rolls of acid-free tissue to pad inside the folds. If possible, put each item in a separate box.*

- *When hanging costume, custom-fit each hanger to fit the item by padding it out with polyester wadding and making an unbleached calico slip cover to go over the wadding. Label the hanger so that it is simple to identify the correct hanger for each object if they become separated.*
- *Cover each item of hung costume with a custom-made Tyvek or unbleached calico 'garment bag'. Great care must be taken in the design of the bag so that the object is not damaged when the bag is put on or taken off.*
- *If several items are hung on one rail a large sheet of Tyvek can be hung to protect them all.*
- *Label the outside of the box or bag, preferably with a picture of the garment so that it is not necessary to open it up to identify the contents.*

Tamworth Castle and Museum

Forward Plan 2014-2019

Description of Service Area

Tamworth Castle operates the main museum and heritage service within Tamworth Borough. The department sits within the Community and Environment Directorate at Tamworth Borough Council. The Castle was purchased for the Borough in 1897, and since then has held collections and maintained a museum for 115 years. The service provides professional expertise and advice relating to the care of the material evidence of Tamworth's past.

By endeavouring to provide the highest standard of care and development of our object collections we are able to offer a range of opportunities for learning and active participation for all people. Through our displays and exhibitions, education work, events and activities, we are a major cultural provider in the borough of Tamworth.

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Purpose / Mission Statement

Tamworth Castle is a unique monument offering an inspiring, entertaining and enjoyable learning experience for all our users. Through the collection, conservation, interpretation and exhibition of the museum's collections and buildings, we strive to maximise access to and understanding of, Tamworth's heritage.

Key Links to Council Vision and Priorities

Our vision is 'One Tamworth, Perfectly Placed' which is made up of evidence-based priorities and our work with other organisations. Our performance is based against these priorities, and the Castle priorities links in with these:

1) To Aspire and Prosper in Tamworth: create and sustain a thriving local economy and make Tamworth a more aspirational and competitive place to do business :

A. Raise the aspiration and attainment levels of young people

Tamworth Castle provides a wide range of learning opportunities for all ages, within both formal and informal education sectors. We offer a wide range of activities and events targeted at specific sectors e.g. children (nursery to teens), special needs learners, adult groups, special interest groups (ghost searches). In addition we provide workshop sessions at all key stages within the formal education sector. We aim to instil a sense of civic pride and challenge attitudes, thereby helping them to aspire to and attain greater achievements through education and understanding.

B. Create opportunities for business growth

The services delivered by the Castle promote a positive image of Tamworth, encouraging tourism and attracting visitors to the Borough for both social and business reasons. As the main tourist attraction for the town we strive to provide an excellent service for our visitors, and be a major cultural player within the Heart of England region aiding business growth within Tamworth.

C. Promote private sector growth and create quality employment locally.

Through our activities and services the Castle offers all people in Tamworth and visitors, the opportunity to learn new skills and find outlets for creativity and self expression. By providing access to the history of the Borough we aim to promote an understanding of the development of society in the past and through time, for Tamworth's population. We provide volunteering opportunities and skill development to promote growth in employment locally and the region

D. Market Tamworth as a great place to 'live life to the full'

We will continue to work towards improving service delivery and the environment of the Castle, in consultation with users, responding to their needs and offering value for money. The services delivered by the Castle promote a positive image of Tamworth, encouraging tourism and attracting visitors to the Borough for both social and business reasons. As the main tourist attraction for the town we strive to provide an excellent service for our visitors, and be a major cultural player within the Heart of England region

E. Create the physical and technological infrastructure necessary

The Castle and associated motte are located within a historic park land that is popular with residents and visitors alike. We are committed to ensuring the castle site and setting is presented and maintained as a clean, safe and accessible attraction. We work with partners to ensure the areas our services and facilities meet the needs of all our users to enable them to enjoy their leisure time.

Key Links to Council Vision and Priorities

2) To be healthier and safer in Tamworth: Create a safe environment in which local people can reach their full potential and live longer, healthier lives:

A. Address the causes of poor health in children and young people.

B. Improved the health and well being of older people

Tamworth Castle provides a wide range of learning opportunities for all ages, within both formal and informal education sectors. We offer a wide range of activities and events targeted at specific sectors including adult groups. We aim to instil a sense of civic pride and challenge attitudes, thereby all people to enjoy local heritage using culture to improve their general well-being

C. Reduce the harm and wider consequences of alcohol abuse.

As a licensed premises the Castle adheres to all requirements of the licence and promotes the health, safety and well being of all users of the site.

D. Tackle crime and anti-social behaviour

Our range of activities and education workshops help to engage local people in their heritage, focusing on the positive impact the past has had on the town. We aim to instil a sense of civic pride and challenge attitudes, thereby tackling anti-social behaviour through education and understanding, including respecting historic sites.

E. Develop innovative ways to tackle youth crime and anti-social behaviour

Our range of activities and education workshops help to engage local people in their heritage, focusing on the positive impact the past has had on the town. We aim to instil a sense of civic pride and challenge attitudes, thereby tackling anti-social behaviour through education and understanding, including respecting historic sites.

F. Protecting those most vulnerable.

Tamworth Castle provides a wide range of learning opportunities for all ages, within both formal and informal education sectors. We offer a wide range of activities and events targeted at specific sectors including adult groups. We aim to instil a sense of civic pride and challenge attitudes, thereby all people to enjoy local heritage using culture to improve their general well-being

Service Drivers

Key Corporate drivers include:

- Corporate Vision and Priorities
- Communities, Planning and Partnerships Service Delivery Plan
- Creative Quarter Plan
- Visit Tamworth Business Plan

Museum Service drivers include:

- Accreditation Scheme operated by The Arts Council
- Mercian Trail Partnership and Staffordshire Hoard Development
- Birmingham Museums Trust and Potteries Museums and Art Gallery partnership ownership of the Staffordshire Hoard
- Visitor Attraction Quality Assurance Scheme operated by the English Tourism Council
- Heritage Education Trust (Sandford Award)
- Great Birmingham, Solihull, and The Black Country LEP – Visitor Economy Strategy

National Performance Indicators:

- BV 170a) - Number of visits to/usages of museums per 1000 population
- BV 170b) - Number of visits to /usages of museums that were in person per 1000 population
- BV 170c) - Number of pupils visiting museums and galleries in organised school groups

Corporate Health Indicators and Local Performance Indicators include:

- BV2 - Equality Standard
- Local - The number of complaints received through the corporate complaints system “Tell Us”
- Local - Income per child from school visits
- Local - Net cost of service per head of population
- Local - Net cost per visitor

Overview of Service Provision

Tamworth's Heritage Services operates principally within the walls of the Scheduled Ancient Monument that is Tamworth Castle. The area covered by the Scheduled Ancient Monument is outlined in Appendix 1. The Castle is a typical Norman motte and bailey castle and spans over 900 years of history. Within the shell keep are a Medieval Tower and Great Hall, which nestle alongside two ranges of buildings, covering the Tudor and Stuart periods, and Georgian and Victorian periods.

The Castle tells many stories, covering the early origins of the castle from the Norman invasion, as well as details of the wealthy and influential families who lived within its walls and made significant changes to the structure to reflect their needs. Most of the interpretation is done through period room settings, with a mixture of objects and text panels, as well as some multimedia techniques. The focus within the last two years has been a Heritage Lottery Funded Project, focusing on developing the Medieval Stories of the Castle and increasing access. In addition the Castle has been working in partnership with the owners of the Staffordshire Hoard, and works with a small number of other Museums to form the Mercian Trail Partnership. A permanent display of items from the Staffordshire Hoard are exhibited within the Castle alongside the story of Saxon Tamworth. The story of Tamworth also looks at the broader history of the town, and covers the lives of people who lived and worked within the borough. Object displays cover archaeological finds, items relating to the life of Sir Robert Peel, everyday household objects and local industries. The Castle has an active education service offering a range of handling and role play sessions which are delivered on site.

Tamworth Castle offers a number of services to its users, including:

Permanent exhibitions as described above.

Education service catering for the needs of Key stage 1 to 4 students. Workshops covered include:

Foundation Stage: Bryce the Mouse, Guided Tour

Key Stage 1: Old Toys, Meet the Castle Household, Meet the Stuarts, Meet the Victorians, Lady and Squires Academy

Key Stage 2: The Saxons, Tudor Household, Victorian Servant, Home Front

Key Stage 3: Medieval Life, Medieval Soldier, Civil War

Key Stage 4: History Around Us – Archives Workshop, Leisure and Tourism

- A diverse events and activities programme to meet the needs of a variety of audiences, including Santa Trails, storytelling, living history and children's holiday activities and quizzes.
- Guided tours and evening visit packages.
- An enquiry service offering basic identification of objects and some research
- Access by appointment, to object and archive materials not on display
- Lifelong learning opportunities through work with volunteers and work placement students
- Civil Wedding Ceremonies within the Castle's Medieval Great Hall
- Private Hire of the Great Hall for functions and events
- Castle shop and small café.
- A website, as part of Tamworth Borough Council's site

Resources – Human & Financial

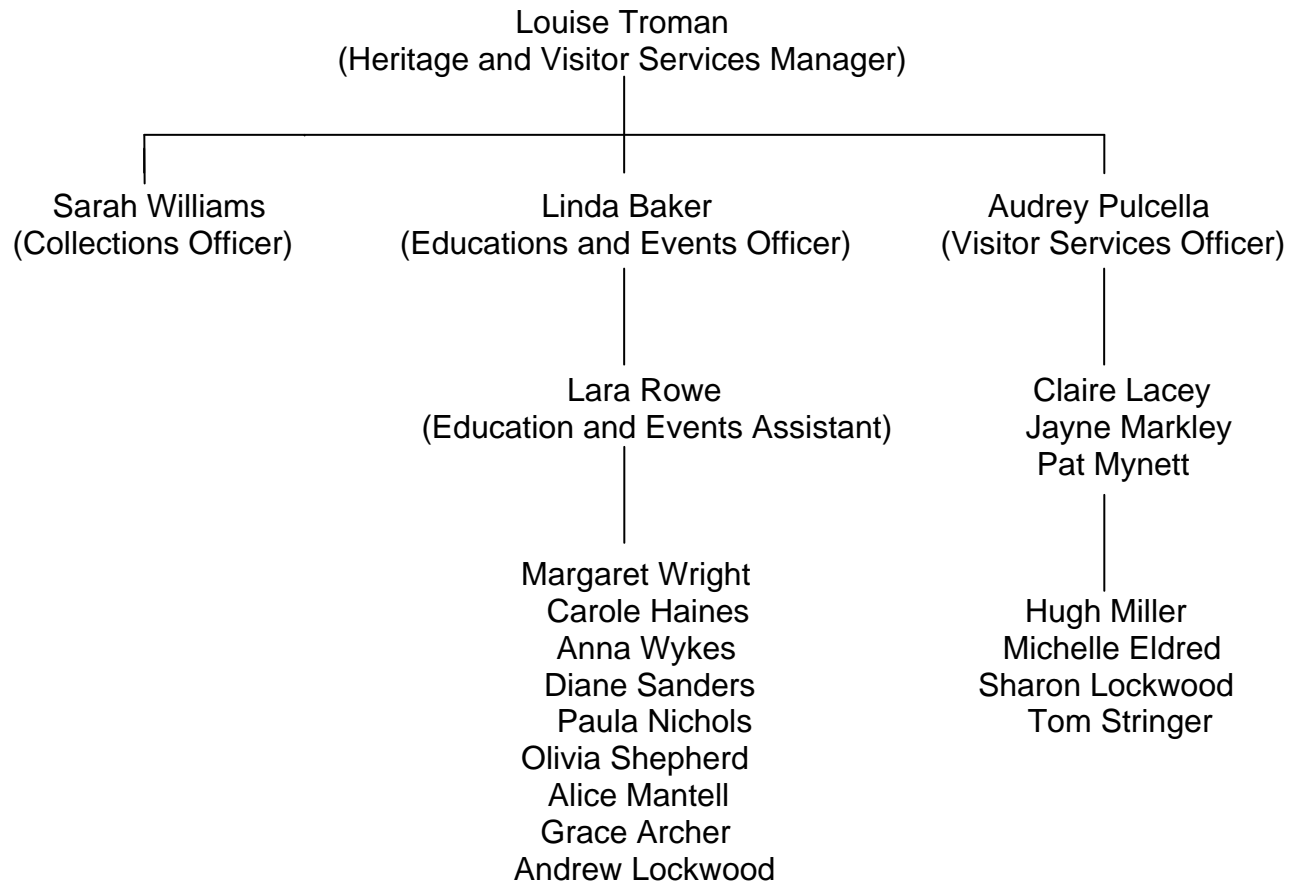
Heritage and Visitor Services Manager: 1 FTE
Education and Events Officer: 1 FTE
Collections Officer: 1FTE
Visitor Services Officer: 1FTE
Museum Assistant : 1 x 0.7 FTE
Museum Assistants: 3 x 0.5 FTE
Education and Events Assistant : 1x 0.8 FTE
Casual Castle Museum Assistants: 13

Employees Expenses:	£ 229,450.00
Premises Expenses:	£ 111,000.00
Supplies and Services:	£ 65,700.00
Central Support:	£ 93,380.00
Total:	<u>£499,530.00</u>

Please refer to Spending Plan in Appendix 2.

Resources – Human & Financial

Staffing Structure.



Visitor Figures

April 2008/March 2009

BV 170a) - Number of visits to/usages of museums – **59,044** (783 per 1000 population)

BV 170b) - Number of visits to /usages of museums that were in person – **29,8843** (396 per 1000 population)

BV 170c) - Number of pupils visiting museums and galleries in organised school groups – **8750**

April 2009/March 2010

BV 170a) - Number of visits to/usages of museums – **71,739** (949 per 1000 population)

BV 170b) - Number of visits to /usages of museums that were in person – **36,820** (487 per 1000 population)

BV 170c) - Number of pupils visiting museums and galleries in organised school groups – **10571**

April 2010/March 2011

BV 170a) - Number of visits to/usages of museums – **72,613** (958 per 1000 population)

BV 170b) - Number of visits to /usages of museums that were in person – **35,214** (465 per 1000 population)

BV 170c) - Number of pupils visiting museums and galleries in organised school groups - **9640**

April 2011/March 2012 **Staffs Hoard Touring Exhibition**

BV 170a) - Number of visits to/usages of museums – **95,705** (1264 per 1000 population)

BV 170b) - Number of visits to /usages of museums that were in person – **45,040** (595 per 1000 population)

BV 170c) - Number of pupils visiting museums and galleries in organised school groups – **11420**

April 2012/March 2013 **Closed for HLF Capital Works**

BV 170a) - Number of visits to/usages of museums – **67,286** (885 per 1000 population)

BV 170b) - Number of visits to /usages of museums that were in person – **24,659** (325 per 1000 population)

BV 170c) - Number of pupils visiting museums and galleries in organised school groups – **5310**

April 2013/March 2014 **Launch of HLF Project**

BV 170a) - Number of visits to/usages of museums – **114,630** (1491 per 1000 population)

BV 170b) - Number of visits to /usages of museums that were in person – **43,037** (560 per 1000 population)

BV 170c) - Number of pupils visiting museums and galleries in organised school groups – **9716**

Strategic Aim 1	To make the histories of Tamworth, it's Castle and it's people, more accessible				
Objective	To develop and present displays relating to the histories of Tamworth				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Action	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Review interpretation policy for Tamworth Castle to light of Conservation Management Plan, HLF project and new interpretation scheme	LT	LB/SW	Policy reviewed and Amended	June 2015	
Complete Phase 2 of the HLF interpretation so all castle displays have been refreshed with new information	LT	TT/LB	All interpretation installed	August 2014	
Develop the use of the hand held sheets within the displays: finish the re-designed ones as part of the second phase HLF work	LT	LB	2 rooms completed with new sheets	June 2016	
Prioritise collections information within the new hand held sheets	SW	LT/LB	2 rooms completed with new sheets	June 2016	
Replace remainder of old room barriers with new	LB	SW	Final rooms completed	March 2015	
Continue with proposals for a new Saxon Tamworth display replacing the Tamworth Story	LT/TH	LB/SW	HLF application developed LEP funding confirmed	March 2015	
Reconsider use of the Guard Room and storage of resources	LB	LT	Storage solutions sourced new interpretation in place	March 2017	
Consider subsequent phases of reinterpretation programme for the Dungeon, Antechamber, Lady's Chamber, Great Hall	LT	LB	Prepare draft proposal for discussion	May 2019	
Consider the development of a multi-use area within the Castle where temporary exhibitions may be hosted e.g. Great Hall or existing shop area	LT	LB/SW/AP Staff	Proposal drafted for consideration	May 2019	

Strategic Aim 1	To make the histories of Tamworth, it's Castle and it's people, more accessible				
Objective	To undertake original research				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Action	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Undertake research for the development of a new visitor guide which reflects the updated displays and new historical presentation post HLF project	LT	LB/SW	Draft guide written and ready to go to print with new branding etc	April 2015 to March 2016	
Consider a children guide or alternative to the main visitor guide which reflects children's interests and activities in the Castle	LB	LT	Draft guide written	April 2017 to March 2018	
Consider ideas for the inclusion of the TIC and gatehouse lodge in any future vision for the redevelopment of the Castle	LT	Staff	Ideas collated into proposal document	May 2019	
Undertake research to aid the development of the Saxon Tamworth gallery to replace the Tamworth Story	TH	LT/LB	Research included in final panel re-design	October 2015	
Research Saxon stories highlighted in Morn Kappa's vision for the Mercian Trail	TH	LT/LB	Researched used in Castle living history	Jan 2015	
Continue research into Townshend's family and impact on Castle fittings	LT		Liaise with Chislehurst history group	Jan 2015	

Strategic Aim 1	To make the histories of Tamworth, it's Castle and it's people, more accessible				
Objective	To consult and undertake evaluations with local people				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Action	Lead Officer	Contributors	Performance Indicators	Timescale	Comments
Consult with users, non-users, stakeholders and local community groups to get feedback for the development of the Saxon Tamworth re-display	TH	LT/Staff	Minimum of 2 surveys and 3 meetings with stakeholders	July 2014 to March 2015	
Discuss Saxon plans with Core focus group	TH	LT	Meeting set and carried out	Jan 2015	
Carry out regular exit surveys with users to evaluate our services with particular reference to Castle displays, and assess satisfaction with service delivery	LT	Staff	Annual survey completed	Easter 2015 Summer 2015	Ongoing
Consult with the core user group on existing marketing materials, changes to Castle interpretation and events programme	LR/LB	LT	Meeting set and carried out	June 2015	
Review membership guidelines and free entrance of Friends of Tamworth Castle in light of economic needs	LT		1 meeting organised	Dec 2016	
Carry out non-user survey	LB		1 survey annually	Dec 2015	Ongoing

Strategic Aim 1	To make the histories of Tamworth, it's Castle and it's people, more accessible				
Objective	To review our use of ICT to improve service delivery				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Create opportunities for business growth</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Work with Graphics and GDA to develop a new website for Tamworth Castle	LT	GDA Ltd TBC Graphics	Complete review of contents with GDA	Dec 2015	
Castle to change to slim client in line with rest of Council to improve efficiency across the team.	LT	ICT	Finalise where costs will be paid from	Dec 2016	
Develop an on-line calendar for schools bookings	LB/LT	ICT	Calendar available to use	March 2016	
Develop an on-line calendar for Wedding Bookings	LT/AP	ICT	Calendar available to use	March 2016	
Develop low res orientation map for email	LB	ICT	Map available to send	March 2016	
Develop low res worksheets and pre-visit information in email friendly format as part of school bookings	LB	ICT	Resources available to send	March 2016	
Look at portal option for sending documents to schools for bookings	LT	ICT	2 discussions with ICT to develop ideas	March 2017	
Purchase new laptop for collections work	SW	LT	Laptop purchased	March 2015	
Review ways of selling Castle tickets on-line and in-house	LT/GDA	LT	Proposal developed	Dec 2018	

Strategic Aim 1	To make the histories of Tamworth, it's castle and it's people, more accessible				
Objective	To develop our public profile through active marketing and improving relationships with related organisations				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Review Marketing plan in light of GDA suggestions and deliver on action points	LT/LB		Action points completed	Jan 2015 to Dec 2017	
Review facebook and Twitter handling by GDA after 12 months	LT/LB		Meet with GDA to discuss success and way forward	May 2015	
Review Audience Development Plan following end of HLF project and re-prioritise	LT/LB	Staff	New plan developed	March 2015	
Maintain regular meetings Tamworth Place and Town Centre representative discuss audience development and marketing initiatives	LT/SB		Minimum 1 meeting every quarter for first year	June 2015 to June 2016	
Review leaflet distribution and quantities to ensure we are being efficient with resources	LT	GDA	Annual review and discussion of needs	Dec 2015	Ongoing
Engage with FindaBiz to see what eth castle can gain from links with local businesses	LT/SB		Minimum of 1 meeting attended to discuss	Dec 2015	Ongoing
Review and update marketing plan on an annual basis.	LT	LB/GDA	Plan updated	April 2014 to March 2019	Ongoing
Reconsider membership of Destination Marketing Partnership to understand options for marketing	LT/GDA		Create list of priorities	March 2016	
Reconsider hierarchy of marketing needs from local to regional to national and allocate resources according to need	LT/GDA		Review with GDA	March 2016	Ongoing
Improve email capture to enable Castle e-shots for marketing purposes	LT/GDA	RM	Review ipad proposal	Dec 2016	
Complete HLF evaluation and learn lessons from what our audiences liked/disliked and reacted to via surveys. Ensure this feeds into forward planning	LT/LB		Review each surveys and meet to discuss	Jan 2015	
Review marketing budgets and try and free up more money to enhance the marketing offer	LT	GDA	Budgets reassigned	March 2015	Ongoing
Work with Mercian Trail Partnership on the marketing opportunities for the Mercian Trail and the Blue Sail Marketing plan including buy-in	LT	TH	First meeting attended	Jan 2015	Ongoing
Review the Visitor Economy for the Great Birmingham, Solihull and Black Country and seek opportunities to link into this for the Castle and the Staffs Hoard	LT	TH	Draw up list of action points	March 2015	
Continue gathering postcode information and where visitors heard about us to inform our marketing activities. Review this with use of ipads	FoH	LT/LB	Maintain postcode monitoring list	March 2015	Ongoing

Strategic Aim 1	To make the histories of Tamworth, it's Castle and it's people, more accessible				
Objective	To explore opportunities for external funding				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Create opportunities for business growth</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Undertake research into additional funding streams that the Castle could apply for on a project by project basis	LT	Staff	Minimum of 1 fund checked annually	April 2014 to March 2019	Ongoing
Maintain dialogue with Friends of Tamworth Castle to fund education projects at the Castle	LB	LT	Minimum of 1 discussion annually	April 2014 to March 2019	Ongoing
Consider discussions with Chamber of commerce and other local businesses to raise profile of the Castle and possible funding opportunities	LT/SB	James Roberts	Minimum of 1 meeting with relevant people to discuss viability	Dec 2016	
Follow up on LEP funding bid for Tamworth Story	LT/TH	RM	Review proposal	Jan 2015	
Participate in Blue Sail marketing plan for Staffs Hoard and engage with funders to lever funds to fulfill the potential future of the Hoard	LT/LB	Staffs Hoard Partnership	1 meeting with senior funders	Dec 2014	
Develop HLF bid for Saxon Hoard display	LT/TH		Bid submitted	Sept 2014 to Jan 2015	

Strategic Aim 2	To collect, document and care for the evidence of the lives of Tamworth people, past and present				
Objective	To produce appropriate policies and procedures to manage our collections effectively				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Create the physical and technological infrastructure necessary.</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Deliver Collections Care and Conservation Plan	SW	LT	Complete short term priorities	April 2014 to March 2019	Ongoing
Deliver Backlog Action Plan	SW	LT	Complete short term priorities	April 2014 to March 2019	Ongoing
Review Collections Development Policy every 5 years	SW	LT	Policy reviewed and amended	August 2019	Ongoing
Ensure all procedures within the Collections Care and Conservation Policy and Plan are being adhered to for the benefit of the collections	SW	LT	Quarterly review of performance against action plan	Each quarter 2014 to 2019	Ongoing
Ensure all procedures within the Documentation procedural manual are being adhered to for the benefit of the collections	SW	LT	Quarterly review of performance against plan	Each quarter 2014 to 2019	Ongoing
Review the Conservation Management Plan and consider requirements for the collection, link into Care and Conservation Plan	LT	SW	Draft a list of the main recommendations	Jan 2015	
Deliver training for Cabinet member on Tamworth Castle, it's collections and Service delivery	LT/RM	SW/LB/ME	Training session delivered annually	September 2014 to September 2019	Ongoing
Ensure annual training for all staff on handling of collection items	SW	LB/AP	Training delivered	April 2014 to March 2019	Ongoing
Review Emergency Plan on an annual basis	SW	LT	Deliver minimum 1 training session annually	April 2014 to March 2019	
Embed the role of collections into day to day delivery of visitor services particularly with events	SW	LT	Minimum of 1 training session delivered annually	April 2014 to March 2019	

Strategic Aim 2	To collect, document and care for the evidence of the lives of Tamworth people, past and present				
Objective	To seek to improve environmental conditions at all sites				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Create the physical and technological infrastructure necessary</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Maintain Pest Management Programme at Castle and store	SW	Volunteers	Deliver against plan	April 2014 to March 2019	Ongoing
Maintain housekeeping programme at Castle and store	SW/ Museum Assistants	Friends of Tamworth Castle	Maintain a log book as a record of cleaning	April 2014 to March 2019	Ongoing
Maintain environmental monitoring programme at Castle and Store	SW	Volunteers	Maintain records and quarterly report produced	April 2014 to March 2019	Ongoing
Review use of dehumidifiers and heating at Store as part of action plan of improvements	SW	LT	Meeting to discuss findings	Dec 2015	
Review proposal to create micro climates within the store using partition	SW	LT	Proposal with costs developed	Dec 2018	
Review light control and UV control within storage areas	SW	LT	Build into care and conservation plan	Dec 2014	

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Strategic Aim 2	To collect, document and care for the evidence of the lives of Tamworth people, past and present				
Objective	To maintain and improve standards of documentation				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Create the physical and technological infrastructure necessary</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Ensure ongoing compliance with Accreditation requirements for documentation standards	LT	SW	Review service against guidelines every 2 years	Dec 2015	Ongoing
Ensure compliance with Spectrum documentation standard on a day to day basis	SW		Standard to be used for all documentation	April 2014 to March 2019	Ongoing
Deliver Backlog plan as part of a rolling programme	SW		Deliver first priorities	April 2014 to March 2019	Ongoing
Implement use of new MODES XML system as part of the cataloguing procedures for the Backlog Plan	LT/SW		Modes up and running, first items catalogued	March 2019 to March 2020	

Strategic Aim 2	To collect, document and care for the evidence of the lives of Tamworth people, past and present				
Objective	To maintain and improve standards of storage				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Create the physical and technological infrastructure necessary</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Ensure object packaging and storage policies are adhered to as part of the Collections Care and Conservation Policy and Plan	SW	Volunteers	Review policy and spot checks	Sept 2009 to Sept 2014	Completed and ongoing
Carry out actions within Care and Conservation Plan	SW	Volunteers	Regular reporting on achievements in plan	Sept 2014 to March 2019	Ongoing
Maintain programme of re-boxing and re-packaging of stored objects and archives	SW	Volunteers	Review against care and conservation plan	July 2017	
Through objects checks develop a programme of woodworm assessment and individual needs of large objects	SW	LT	Update care and conservation plan	March 2019	

Strategic Aim 2	To collect, document and care for the evidence of the lives of Tamworth people, past and present				
Objective	Review status of collections: develop and rationalise where appropriate				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Create the physical and technological infrastructure necessary</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Review list of potential disposals from Inventory List	SW	LT	List checked and disposals confirmed	Jan 2015	
Review objects as they are catalogued and identify any potential disposals	SW	LT/Volunteers	Maintain an ongoing list of potential disposals	Dec 2016 to March 2017	Ongoing
Review objects as they are catalogued and identify potential items for the Handling Collection	SW	LT/SW	List of handling items established	Dec 2016 to March 2017	Ongoing
Plan a programme of object disposals and identify groups of objects as part of the Backlog Plan	SW	LT	List of groups of items developed and reviewed regularly	Dec 2016 to March 2017	Completed and ongoing

Strategic Aim 3	To provide a high quality education service, both formal and informal				
Objective	To maximise the education potential of the Castle and its collections, ensuring there are opportunities for lifelong learning to meet the needs of all users.				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributor	Performance Indicator	Timescale	Comments
Review Education Policy and Action Plan	LT	LB	Policy and plan reviewed	Dec 2014	
Deliver Education Action Plan on an annual basis	LB	Staff	Action points completed	Dec 2014 to March 2019	Ongoing
Review Education delivery in light of the Conservation Management Plan and Evaluation of HLF Project	LT	LB	Discuss plan and finalise area of change/improvement	March 2015	
Evaluate engagement of family audiences and develop proposals for continued engagement	LT/LB	Staff	Develop a proposal of actions to engage with users	July 2015	
Evaluate engagement of silver market and develop new ideas for continuing their engagement	LT/LB	Staff	Develop a proposal of actions to engage with users	Dec 2014	
Consider opportunities offered for the 10 -14 age bracket and how we might meet these users needs	LT/LB	Staff	Develop a proposal of actions to engage with users	Dec 2016	
Develop resources for use within Castle displays, for both general visitors and school use on a day to day basis	LB	LT	Min 2 resources developed	Dec 2014 to March 2019	Ongoing
Purchase additional armour for Armoury display to ensure ongoing delivery of services	LT	LB	Items purchased	Dec 2014	
Review the use of living history as part of our interpretive offer determining when and how often we can deliver it	LT	LB	Deliver report of findings	Sept 2015	Renew Characters
Review evaluation of the Education services and Events to gather more informative feedback on what users want from education services at the Castle	LT	LB	New evaluation form devised	July 2015	
Ensure a sustainable Education service with succession planning for delivery of workshops and events, ensuring a large pool of staff with flexible skills	LB	Staff	Outline proposal with key actions for sustaining day to day delivery	Dec 2016	
Include educational content in the re-development of the Saxon Tamworth display in the Tamworth Story	LB	LT/TH	Staff to be included in regular meetings for this re-development	Jan 2015	
Review education guide notes and other support materials, post HLF project, for historical accuracy to ensure authenticity and that staff are updated.	LB	LT	Update minimum 2 documents	Sept 2015	
Redevelopment of Children's guide book or equivalent to add extra engagement to visits	LB	LT	Draft guide produced	April 2016 to March 2017	

Strategic Aim 3	To provide a high quality education service, both formal and informal				
Objective	To develop a sustainable and relevant schools programme with a range of resources, that is inclusive and meets the study needs of the National Curriculum and formal learning agenda				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Develop and deliver a range of workshops and learning sessions for schools Foundation to Key Stage 4	LB	Staff	Workshops delivered on a daily basis	April 2014 to March 2019	Ongoing
Review all school workshops in light of changes to the National Curriculum, adapt and change as necessary	LB	Staff	Review each workshop in turn in respect of information on the NC	April 2014 to March 2019	Ongoing
Re-write session plan for Medieval Life and Soldier from a KS3 to a KS2 delivery	LB	LR	Staff already delivering but formal plan to be developed	Sept 2015	
Adapt Saxon workshop to include information on the Staffordshire Hoard and Aethelflaed, Viking invasions and the unification of England	LB	TH/Staff	New workshop outline developed	Sept 2015	
Mini-session plans, guide notes and worksheets to be developed for Tamworth Story and Armoury to enhance school use	LB	LR	Plan and sheets completed	March 2015	
Investigate potential for new workshops based on, Normans, Saxons, festivals an anniversaries, life and times of personalities and local history studies	LB	LR	Undertake research and develop proposals with outline session plan	Nov 2014 to Sept 2015	
Update all school workshop worksheets in light if the changes to the National Curriculum and HFL project changes and re-write where necessary	LB	Staff	Worksheets provided for sessions on an ongoing basis	Nov 2014 to July 2016	
Update school pre-visit information, including electronic version for emailing	LB	Staff	New sheets produced	Nov 2014 to July 2016	
Make contact with school teachers to assess needs of the changing curriculum and how it may affect the development of workshops and supporting material	LB	Staff	Minimum of 1 email and 1 meeting arranged	July 2014 to Nov 2014	
Review workshop evaluation sheets, issue and continue to evaluation of current school sessions to ensure we meet user needs	LB	Staff	Mail out and collate evaluation responses and review on an ongoing basis	July 2015	Ongoing
Continue to promote the education services through the workshop mail-out. Consider shift to email	LB	LT	1 mail out per year with an additional email mail-out	Sept 2014 to July 2015	Ongoing on annual basis
Provide more information on our website to help teachers plan their visits more effectively, include portal to access worksheets and bespoke information or email links or email send out of sheets	LB	LT	Include as part of new website design	Sept 2015	

Strategic Aim 3	To provide a high quality education service, both formal and informal				
Objective	To develop a sustainable and relevant schools programme with a range of resources, that is inclusive and meets the study needs of the National Curriculum and formal learning agenda				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Complete HLF worksheets for teacher led tour in grounds, including website ready format	LR/LB	LT	Sheets updated and printed	July 2015	
Bring all education paperwork into the Castle branding following the HLF project	LT/LB		All materials re-branded	July 2015	
Apply for quality mark LOTC as part of the Castle's ongoing service delivery	LB	LR	Application made in 2015	Oct 2015	
Review Crime and Punishment workshop and decide if we roll this out to schools for Sept 2014 or Sept 2015	LB/LT		Workshop ready to deliver	Sept 2014 to Sept 2015	

Strategic Aim 3	To provide a high quality education service, both formal and informal				
Objective	To deliver an informal programme of events and activities, which is entertaining and enjoyable for a wide range of users.				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributor	Performance Indicator	Timescale	Comments
Maintain and deliver an annual events programme	LB	LT	Plan produced and approved by January each year	Jan 2015 to Jan 2016	Ongoing on annual basis
Review new events introduced in 2013/2014 and determine if integrated into new programme	LB	LT	New event programme decided	Nov 2014	
Review Guided walks of the Bailey – is it viable?	LB	LT	Decision taken	Nov 2014	
Review Dragon Hunt - should this become a bookable evening event?	LB	LT	Decision taken	Nov 2014	
Review Banquets and private Banquets – should they continue?	LB	LT	Decision taken	Jan 2016	
Consider balance of events for target audiences, and need for new silver market event	LB	LT	Develop list of options	Jan 2016	
Continue to evaluate all events and activities to ensure we are meeting expectations and responding to customer needs	LB	Staff	Mail out evaluation forms and gather on the spot information at each event	Sept 2014 to March 2019	Ongoing
Continue to deliver living history events as a Summer events, review use at other times, and review themes	LB	LT	Meet to discuss success of events and plan improvements	April 2015 to March 2016	Ongoing

Strategic Aim 3	To provide a high quality education service, both formal and informal				
Objective	To deliver an informal programme of events and activities, which is entertaining and enjoyable for a wide range of users.				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributor	Performance Indicator	Timescale	Comments
Utilise replica costume we have more fully in Castle period displays or for events	LB	LT/SW	More replica costume on display	March 2016	
Continue to transfer knowledge from workshops to informal learning in the Castle displays	LB	LT	More additional activities in the displays	March 2017	Ongoing
Develop 2 new quizzes for use within the Castle at event times or during holiday periods	LB	LT	Minimum of 1 new quiz developed	March 2017	
Review new catering developments and what this may mean for delivery of food at the Castle for Banquets and other evening eating events.	LT/LB		1 meeting to discuss ideas and feed into event evaluation	October 2014	

Strategic Aim 3	To provide a high quality education service, both formal and informal				
Objective	To improve physical and intellectual access to the castle and its collections, and encourage learning for all our users				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people; Create opportunities for business growth</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Ensure all interpretation panels and information is of a suitable reading level and in plain clear English.	LB	LR	All information checked before production on an ongoing basis	April 2009 to Mar 2014	Completed and ongoing
Ensure all workshops, tours and sessions are presented in appropriate language and pitched at a level suitable to the needs of the audience	LB	LR	Staff trained in delivery and reviewed regularly on an ongoing basis	April 2009 to Mar 2014	Completed and ongoing
Complete HLF Phase 2 interpretation and advise on educational content of the panels	LB	LT	All panels installed	August 2014	
Work on the development of the hand held sheets to ensure appropriate educational content	LB	LT	2 rooms completed with new sheets	June 2016	

Strategic Aim 4	To ensure that all staff have opportunities for relevant training and have the necessary skills to undertake their work safely, professionally and efficiently				
Objective	To continue to support the development of staff, career progression schemes and continuing professional development				
<i>Link to Corporate Priority</i>	<i>Create opportunities for business growth; Promote private sector growth and create equality employment locally</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributor	Performance Indicator	Timescale	Comments
Undertake a Service review to develop a new staffing structure that reflects the needs of service delivery and provides sustainability and succession planning	LT/NM	Staff	Proposals developed and submitted to Cabinet	Dec 2014	
Discuss staffing with outside consultants to ensure we have a the information we need to develop a sustainable staffing structure	LT	NM/ Chris Copp	Meet with Staffs to develop a brief for the consultants	October 2014	
Review Front of House Customer Service and develop a plan of what it looks like and how we are going to improve delivery	LT	LB/Staff	Minimum of 2 meetings with staff to develop proposals	March 2015	
Review team building across all Castle staff and take measures to build the team needed to deliver our services	LT	Staff	Minimum of 4 meetings with staff to develop proposals	April 2014 to March 2016	
Review Staff procedural manual, discuss with staff and update all changes	LT/AP	Staff	Minimum of first 5 procedures reviewed and updated	April 2016 to June 2016	
Implement and maintain a procedural manual for Education and Events Staff including clarification of policies	LB	LT	Manual produced and implemented on an ongoing basis	April 2016 to Mar 2017	Review and re-prioritise
Complete Personal Development Reviews for all members of staff	LT	LB	All PDR's completed on an ongoing basis	April 2014 to Mar 2019	Reviewed at 1 to 1 mtgs
Maintain implementation of Volunteer and Placement Guidelines and review on a regular basis	LB/SW	LT	Guidelines reviewed every 2 years	Mar 2014 to Mar 2019	Completed and ongoing
To continue to offer structured placements for work placement students from local schools, colleges and universities.	LB/SW		Number of volunteers taking up placements	April 2014 to Mar 2019	Completed and ongoing
Maintain membership of Visitor Attraction Quality Assurance Scheme	LT		Assessments on annual basis	April 2014 to Mar 2019	Completed and ongoing
Review participation in Family Friends Museums scheme and Kids in Museums to ensure we are working to these criteria to develop the staff and meet the needs of our key audience	LT/LB	Staff	Get Kids in Museums manifesto and check against	April 2014 to Mar 2019	Ongoing

Strategic Aim 4	To ensure that all staff have opportunities for relevant training and have the necessary skills to undertake their work safely, professionally and efficiently				
Objective	To continuously review the training needs of staff				
<i>Link to Corporate Priority</i>	<i>Create opportunities for business growth; Promote private sector growth and create equality employment locally</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Review and update training plans for job roles, identifying corporate, service area, and individual needs	LT	Staff	Plans updated every 2 years on an ongoing basis	April 2014 to Mar 2019	Ongoing
Ensure all staff have identified areas for training as part of the PDR process	LT	Staff	Training needs identified on an ongoing basis	April 2014 to Mar 2019	Ongoing
Ensure all new starters receive Tamworth Borough Council Induction Training including all health and safety documents and training for the Castle	LT	LB/AP	Role training pack to be developed for staff roles	April 2014 to Mar 2019	Ongoing
Ensure that all staff have undertaken training in health and safety areas relevant to the Castle	LT	Staff	Training completed on ongoing basis	April 2014 to Mar 2019	Ongoing
Ensure all Front of House are trained in SIA procedures and it becomes part of the job description	LT	Staff	Staff trained as required	April 2014 to March 2019	Ongoing
Improve Customer Services training for all front of house, including specialist provider training for a quality delivery	LT	Staff	Contact NT to see what training is out there	April 2015 to Dec 2015	
Provide Haven training, shop training and wedding training for some FoH staff to ensure succession planning	LT	DL (TIC)	Minimum of 2 people trained	Sept 2014 to April 2015	
Maintain regular fire safety training and fire drill for all staff	AP	Staff	Arrange every 6 months	April 2014 to March 2019	Ongoing
Maintain regular First Aid training for all staff	AP	Staff	Arrange refresher and 3 year renewal	April 2014 to March 2019	Ongoing
Keep up to date with changes in the law and that staff are trained to comply with the law (e.g. Premises license, Smoking law etc)	LT	Staff	Staff trained as appropriate on an ongoing basis	April 2009 to Mar 2014	Ongoing
To look at Staff opportunities and seek to develop staff including Duty Manager positions to secure the long term sustainability of the service	LT	RM	Meet with senior manager to discuss	Dec 2014 to Mar 2016	

Strategic Aim 4	To ensure that all staff have opportunities for relevant training and have the necessary skills to undertake their work safely, professionally and efficiently				
Objective	To ensure that information is disseminated to all staff on a regular basis				
<i>Link to Corporate Priority</i>	<i>Create opportunities for business growth; Promote private sector growth and create equality employment locally</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Deliver monthly meetings for Museum Assistants to discuss front of house issues	AP	LT	Meeting delivered on ongoing basis	April 2014 to Mar 2019	Ongoing
Deliver regular meetings for Schools Facilitators every 3 months	LB		Meeting delivered on ongoing basis	April 2014 to Mar 2019	Ongoing
Deliver meetings for volunteers at least every 4 months	LB		Meeting delivered on quarterly basis	April 2014 to Mar 2019	Ongoing
Circulate Pin Board to all staff and provide feedback if required.	LT		Information provided and circulated monthly	April 2014 to Mar 2019	Ongoing
Circulate training information on a regular basis to all staff including Arts Council and Staffs Museum Network	LT/LB		Information provided and circulated	April 2014 to Mar 2019	Ongoing
Deliver a Castle AGM vision meeting once a year for all staff	LT	LB/SW/AP	Meeting delivered	April 2014 to April 2019	Ongoing
Deliver more 1 to 1 meetings with Front of House staff to develop team working	LT	Staff	Minimum of 2 meetings delivered	April 2014 to Mar 2019	Ongoing
Continue to send all staff emails on good news stories and developments of the Castle or project work; and send regular emails to all staff about maintenance or delivery issues so everyone has been communicated with.	LT	LB/SW/AP	Minimum 1 all staff email per month on what LT is doing	April 2014 to Mar 2019	Ongoing
Ensure all staff are familiar with spreadsheet logs for building so that all staff contribute to ongoing delivery issues and take responsibility	LT	Staff	Check spreadsheets on regular basis	April 2014 to Mar 2019	Ongoing

Strategic Aim 5	To ensure that the Castle has a sustainable future; being conserved, maintained and presented to the highest standards, offering an excellent quality of service to visitors				
Objective	To improve visitor services and building maintenance at the Castle and related sites				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Create the physical and technological infrastructure necessary</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Review Conservation Management Plan and build into ongoing Maintenance Plan	LT		Draft a proposal of changes to be considered	Sept 2015	Ongoing
Undertake an updated Condition Survey of the Castle	LT	Contractor	Condition Survey completed	Dec 2015	
Undertake capital request to seek funds for the condition survey and roof repairs as this will not be covered by existing Castle budgets	LT	RM	Requests completed	Dec 2014	
Ensure day to day repairs are reported on the spreadsheets and progress updated on each task	AP	LT/Staff	Repairs completed on an ongoing basis	April 2014 to Mar 2019	Ongoing
Update all risk assessments for Castle and related sites and review on an annual basis	LT/LB/SW/AP	All Staff	Risk assessments completed and updated on an annual basis	April 2014 to Mar 2019	Ongoing
Offer a high quality reception service for visitors, ensuring all visitors are welcomed to the Castle	AP	FoH Staff	Visitor satisfaction surveys on ongoing basis	April 2014 to Mar 2019	Ongoing
Draw up next phase of repairs for the Castle following a new condition survey. Ensure works are prioritized and costed	LT		Draft proposal completed	Dec 2016	
Maintain a Castle Forward Plan that identifies Castle work priorities and complies with Museum Accreditation Scheme	LT	LB/SW/AP	Plan completed and approved	July 2014	
Maintain effective rotas for Museum Assistants and Schools Facilitators to ensure that all services are delivered to the public effectively	LB/AP	Staff	Staff rotas provided monthly on an ongoing basis	April 2014 to Mar 2019	Completed and ongoing
Improve patrol duties within the Castle to implement improved cleanliness around the building	AP	Staff	Daily checks with reports back on where improved cleaning is required with this built into daily workload	July 2014 to Mar 2015	Ongoing
Improve daily supervision of Front of House providing increased support in light of new procedures and duties post HLF project	AP		Daily briefing and more regular contact to ensure staff feel supported	April 2014 to Mar 2019	Ongoing
Maintain Castle spaces as safe, clean, litter-free and pleasant environments for visitors	All Staff	AP	Visitor satisfaction surveys on ongoing basis	April 2014 to Mar 2019	Completed and ongoing
Continue to collate monthly performance indicators as a way of measuring and tracking our performance	AP		Performance indicators completed on an ongoing basis	April 2014 to Mar 2019	Completed and ongoing

Strategic Aim 5	To ensure that the Castle has a sustainable future; being conserved, maintained and presented to the highest standards, offering an excellent quality of service to visitors				
Objective	To improve visitor services and building maintenance at the Castle and related sites				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Create the physical and technological infrastructure necessary</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Comments
Monitor visitor numbers effectively and postcode information and aim to increase visitor numbers through improved services	AP	LT/Staff	Maintain spreadsheet of visitor numbers on an ongoing basis	April 2014 to Mar 2019	Completed and ongoing
Review pricing policy on a regular basis ensuring it is realistic and competitive to meet audience needs	LT	LB/AP	Yearly fees and charges produced for approval on an ongoing basis	April 2014 to Mar 2019	Completed and ongoing
Continue to consider discounted prices and incentive deals to suit the changing economic climate and increase visitors	LT	LB/AP	Review on a 6 monthly basis	April 2014 to Mar 2019	Ongoing
Review entrance times and admissions policy to reflect audience needs and ensure we are maximizing visitor numbers where we can	LT	LB/AP	Review on annual basis	April 2014 to Mar 2019	Ongoing
Deliver improved customer services training for Front of House staff	AP		Deliver first training session	Dec 2015	Ongoing
Ensure all new procedures (Glass barriers, visitor management and locking up new gates are written up and embedded with staff	AP		First procedures written up	Dec 2014	Ongoing
Deliver new procedural manuals for staff	AP/LB		Manual completed	Mar 2017	

Strategic Aim 5	To ensure that the Castle has a sustainable future; being conserved, maintained and presented to the highest standards, offering an excellent quality of service to visitors				
Objective	To provide a high quality Wedding Service, shop and café outlet within the Castle				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Create opportunities for business growth</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Completed
Review maintenance of wedding chairs and implement ongoing plan for repairs	AP		Chairs refurbished regularly on an ongoing basis	April 2014 to Mar 2019	Completed and ongoing
Develop new Wedding pack for Civil partnerships and ensure information is correct on website	AP		Draft pack produced	Mar 2015	
Maintain license for Castle as a premises for Civil Ceremonies	AP		Ensure license is renewed every 3 years on an ongoing basis	April 2014 to Mar 2019	Completed and ongoing
Maintain regular cleaning of porch roofs for wedding ceremonies	AP		Staff to clean once a week	April 2014 to Mar 2019	Ongoing
Review advertising of Castle in Wedding publications and seek new publications to showcase the Castle	AP	LT/GDA	Minimum of 1 new publication advert each year	April 2015	Completed and ongoing
Review wedding pack on an annual basis	AP		Review and update every 2 years	April 2014 to Mar 2019	Completed and ongoing
Review wedding bookings and seek to increase bookings and income with incentives and priority event status within Castle	AP/LB	LT	Draft list of considerations to improve income	Dec 2014 to Dec 2016	
Train more staff in the wedding procedures to ensure sustainability of the service	AP/LT		2 Staff trained	Dec 2015	
Provide external wedding banner for railings to promote our service	AP	GDA/LT	Banner produced and installed	Jan 2015	
Continue to ensure that Staff are delivering necessary procedures for the smooth running of the shop	AP		1 to 1 monthly meeting to discuss progress	April 2014 to Mar 2019	Completed and ongoing
Train more staff on the shop stock system on Haven and shop delivery in general to ensure sustainability of the service	AP	DL (TIC)	Minimum of 2 staff trained up	Mar 2015	
Review general stock lines on an annual basis with a view to introducing at least one new line each year.	AP	JM/CL	Stock reviewed new stock introduced on an ongoing basis	April 2014 to Mar 2019	Completed and ongoing
Ensure pricing of goods is competitive and attractive to visitors by reviewing on a regular basis	AP	LT	Regular meetings to discuss	April 2014 to Mar 2019	Completed and ongoing
Ensure Haven back office is transferred to Castle so we have a minimum of 2 staff who can use the system with confidence	LT	AP/LB	New licenses swapped over	Dec 2014	
Review shop cabinets and lighting and seek to update	AP	Staff	List of options drafted	Dec 2017	
Seek to provide new flooring for shop and café area	LT	AP	New flooring fitted	Dec 2015	
Consider reorganisation of the café and shop as part of the future vision of the Castle	LT	Staff	Draft proposal for discussion	2017 +	

Strategic Aim 5	To ensure that the Castle has a sustainable future; being conserved, maintained and presented to the highest standards, offering an excellent quality of service to visitors				
Objective	To consult with users on their views, and to be especially aware of the differing needs of a wide range of users				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Completed
Implement updated Audience development plan to improve service delivery	LT	LB/AP	Plan implemented	April 2014 to Mar 2019	Ongoing
Ensure the Castle events programme uses a language and presentation style that pitched to the needs of the audience, to ensure the information delivered is understandable and interesting.	LB		Review delivery of events on a regular basis	April 2014 to Mar 2019	Ongoing
Review access audit every 2 years	LT	AP	Audit reviewed	April 2014 to Mar 2019	Ongoing
Continue to review Castle opening hours and admissions policy to ensure we meet the changing needs of our audiences and where demand for opening is high	LT	LB/AP	Review on an ongoing basis	April 2014 to Mar 2019	Ongoing
Consider availability of Castle information in different formats, in line with our users needs	LT	LB	Draft proposals for discussion	Dec 2018	
Continue with consultation programme and core focus group evaluation of ongoing service delivery	LR	LT/LB	Surveys/ meetings/discussion groups delivered	Sept 2014 to Sept 2016	Ongoing
Continue to Deliver Easter, Summer and Non-users surveys on annual basis.	LT	All Staff	Surveys delivered	April 2014 to Mar 2019	Ongoing

Strategic Aim 5	To ensure that the Castle has a sustainable future; being conserved, maintained and presented to the highest standards, offering an excellent quality of service to visitors				
Objective	To continue to develop good working relationships with our support organisations and contractors (e.g. assets, grounds maintenance)				
<i>Link to Corporate Priority</i>	<i>Market Tamworth as a great place to 'live life to the full'; Raise the aspiration and attainment levels of young people</i>				
	ACCOUNTABILITY		MEASURING PERFORMANCE		
Actions	Lead Officer	Contributors	Performance Indicator	Timescale	Completed
Continue to represent the Castle on the Friends of Tamworth Castle committee and work to improve the Castle site	LT	Friends of Tamworth Castle	Attend monthly meetings and give report on ongoing basis	April 2014 to Mar 2019	Ongoing
Work in partnership with the Friends of Tamworth Castle to deliver annual Halloween event and updated Candlelight event	LT	Friends of Tamworth Castle	Event takes place on annual basis	April 2014 to Mar 2019	Ongoing
Maintain working relationship with the English Heritage Regional Inspector of Monuments	LT		Meet prior to all SMC Maintain contact at least every quarter	April 2014 to Mar 2019	Ongoing
Build up list of suitable contractors to undertake repair work to the level required for such a historic building as the Castle	LT		List collated on an ongoing basis	April 2009 to Mar 2014	Ongoing
Maintain working relationship with Conservation Architect, Fred Gibson	LT		Minimum of 2 site visits per year	April 2014 to Mar 2019	Ongoing
Maintain working relationship with Structural Engineer, Steve Mason	LT		Minimum of 1 site visit per year	April 2014 to Mar 2019	Ongoing
Maintain the Castle as a safe, clean, litter free and pleasant environment for all visitors through ongoing maintenance in liaison with Assets department	LT		Minimum of 2 site visits per year	April 2014 to Mar 2019	Ongoing
Liaise with Street Scene to improve regular litter picking and weeding/vegetation clearance on the motte, Castle entrance slope, the terrace walk and courtyard.	LT		Minimum of 2 discussions per year	April 2014 to Mar 2019	Ongoing
Liaise with Councils Health and Safety Representative to ensure safe working practices at the Castle	LT	AP/LB/SW	Minimum of 2 site visits per year	April 2014 to Mar 2019	Ongoing
Maintain good working relationship with local Fire Brigade and Fire Safety Officer	SW		Annual meeting and site visit	April 2014 to Mar 2019	Ongoing

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