

Report of Health and Safety Project Manager

Subject: Health, Safety & Wellbeing Quarterly Report

1. Incidents & Accidents

All reported Health, Safety and Security Incidents (PCNPA wide), *June 2022 through to May 2023*:

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Premises	3		3				3	2				1	11
Near Miss		1					1			1	1	1	5
Personal Injury	3	5	2	3	3				1	4	3	3	27
RIDDOR						1							1
Vehicle & Machinery		2	1	1		1							5
Other													0
Total	6	8	6	4	3	2	4	2	1	5	4	5	58

The total incidents of 58 for the last rolling 12 months compares with 46 incidents for the same period in the preceding 12 months of June 2021 to May 2022.

Note: previous data may differ slightly as the incident reporting configuration has changed to when the incident occurred, not when it was reported.

Learnings

To continually drive down the number of 'actual' incidents, whilst increasing the number of near misses recorded, the following changes were implemented:

Premises

Several call-outs due to security alarm activation at Cilrhedyn, but no causes found. Referred to contractor for investigation or review of security system.

Personal Injury

One of the causes of visitor head injury at Carew Castle is a low door threshold which has resulted in bumps, cuts and grazes. As a result, the door in question has been blocked off until further notice.

Verbal Abuse

No verbal abuse has been reported in 2023 so far.

Vehicle & Machinery

The issue of a wheel detaching from a vehicle will be mitigated by wheel nut indicators being fitted as vehicles are periodically serviced. These indicators are simple high visibility pieces of plastic that fit over the wheel nut with an arrow design. If the arrow

changes position, it indicates a loose wheel nut. Staff using the vehicles will undertake regular checks going forward.

Near Misses

In May 2023, a blade on a remote controlled Sherpa mower came loose upon initial start-up. The device was shut down immediately and reported. All guards were in place and no debris was evident. An investigation was carried out by both the Countryside Manager and the supplier. The supplier found that a primary bolt holding the blade had failed (sheared) during start-up. The bolt was replaced and no further incident has occurred with the mower and no further action is required.

Incident Reporting System

A project to automate Incident Reporting through Microsoft 365, to enable ‘real time’ recording, automatic notification and management reporting of all H&S and security incidents, was started in 2022. While the project was halted due to a lack of IT staff and resources, it has since been restarted in May 2023 and is in the early stages.

The current reporting form and process is not suitable for all staff and the use of Microsoft Forms should facilitate the reporting of incidents at all levels.

RIDDOR

No RIDDORs have been reported since the last meeting in April 2023.

Covid-19

The Authority recognises that COVID-19 remains within the community in Pembrokeshire, albeit at low levels. Human Resources are now recording the disease as ‘respiratory infection’ rather than COVID-19.

2. Regular Safety Monitoring

At the last Committee Meeting, Members were provided with assurances regarding regular and statutory monitoring taking place across PCNPA. An update is provided below, detailing the next date of assessment.

Two areas are currently ‘in fault’ awaiting maintenance. More detailed information can be provided, if required.

Item	Date of next assessment / service / test						
	Carew	Castell Henllys	Cilrhedyn	Llanion	Milton	OyP	Withybush
M & E Servicing and Testing							
Fire							
Alarm systems	Aug-23	Jul-23	Aug-23	Aug-23		Jul-23	Jul-23
Emergency Lighting		Jul-23	Feb-24	Aug-23		May-23	Jul-23
Extinguisher and fire suppression	Oct-23	Sep-23	Oct-23	Aug-23	Oct-23	Feb-24	Aug-23
M & E Servicing and Testing							
Fixed Electrical Installations	Aug-25	Aug-25	Oct-25	May-24	Nov-23	Dec-23	Feb-26
Portable Appliance (PAT)	Nov-23	Mar-24	Jan-24	Dec-23	Nov-23	Oct-23	Aug-23
Lightning conductor testing				Jun-23		Jun-23	
PV systems				New contract or required		In fault	

Water – Legionella Testing							
Hot & cold water systems, Air Handling etc)	Nov-23	Sep-23	Dec-24	Sep-23	Nov-23	Jun-24	Sep-23
Heating, Ventilation & Air conditioning							
Gas boilers				Nov-23		Dec-23	
Oil boilers & storage tanks		Feb-24					
Biomass boilers		Jun-23	Jan-24	Oct-23			
Heat pumps	Oct-23					Dec-23	
LPG systems & storage tanks	Jan-24	Sep-25					
Solar Hot Water				In fault		In fault	
LEV (Local Exhaust Ventilation) \$	Jul-23		Sep-23				
Other							
Security & Access systems	Oct-23	Jul-23	Aug-23	Aug-23		Jul-23	Jul-23
CCTV	Oct-23	Sep-23	Feb-24	Aug-23		Jul-23	
Pressure vessels (Coffee machines etc.)	Sep-23	Sep-23					
Lifts & Lifting equipment			Oct-23	Aug-23	Jul-23	Dec-23	Jan-24
Fall Restraint systems						Sep-23	
Sewage plants	Apr-24		Jul-23				
Automatic doors				Aug-23		Dec-23	May-23*
Service of radon extraction system		Mar-24					

* Automatic doors at Withybush are hand operated roller doors, not automatic, and are awaiting service.

\$ Testing done under insurance policy with Zurich

3. First Aid

A review of First Aid provision is to start in July, to ensure such provision is suitable for the Authority. This will include policy, training, numbers of qualified first aiders at each site and updated 'First Aider' posters.

4. Fire Risk Assessments

While the current Fire Risk Assessments are extant until later in 2023, a review carried out by the Health and Safety Project Manager has identified some issues across some sites, especially fire doors not meeting compliance. While the fire risk across 3 of the sites (Llanion, Oriel y Parc and Castell Henllys) are considered low, the Cilrhedyn site is in a higher tier for risk, based on the processes carried out at that site. The updated Fire Risk Assessments will in place by October and an update for the Committee will be provided at the next meeting.

5. HAVS – Hand and Arm Vibration Syndrome

A report on HAVS will be provided and introduced by the Director (Nature Recovery and Tourism).

6. Health and Safety Group

The new Health and Safety Group had their first meeting in May 2023. Minutes are attached. The Terms of Reference have been approved by the Group and subsequently sent to all staff for information only.

7. Health and Safety Audits

Health and Safety Audits are yet to be planned for later in the year, with a HAVS audit planned for July to confirm monitoring data and points scores are within the criteria for staff.

8. Health and Safety Policies

A review of the current health and safety policies was conducted in April, identifying that the majority of policies were out of date. There are 3 routes for changes in documentation agreed with the Compliance Officer.

- 1) Where a document only requires a reformat to the new template, no formal approval required.
- 2) Where a document introduces small changes, or a minor change to work activities, for example, legislation updates, these will go before the Management Committee only.
- 3) Where a new policy or a change to a policy will introduce a significant change to work activities, these will require approval through the Audit Committee.

New policies will include staff consultation in the first instance before going to the Audit Committee.

9. Training

A review of the Health, Safety and Fire training by the Health and Safety Project Manager had identified non-compliances with the respective legislation. The issue was brought to the Management Committee in May and as a result, all staff will undergo mandatory Health and Safety Awareness training through ELMS to be completed in October 2023. The same will apply to Fire Safety Awareness within the same time frame. Annual refresher training will be introduced as of 2024.

In addition, the Management Committee have agreed to introduce the three day Institute of Occupational Safety and Health (IOSH) Managing Safely course for middle management and supervisors, approximately 25 staff, to reinforce any current safety knowledge and to standardise risk assessing.

Furthermore, senior management will complete the half day IOSH Leading Safely to standardise the responsibility for Health and Safety across the Authority.

10. Safeguarding

All staff are trained on Safeguarding, regardless of their role, at induction. There are no Safeguarding incidents recorded in the last rolling 12 months.

11. Staff Sickness Absence

All reported Staff Sickness Absence – PCNPA wide:

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Short term	44	89	57	35	35	32	47	13	7	71	29	19	478
Long Term	57	37	43	52	20	15	26	45	34	41	33	7	410
Total	101	126	100	87	55	47	73	58	41	112	62	26	888

A total of 888 days were lost due to sickness in the last rolling 12 months. 942 days were lost due to sickness absence in the preceding 12 months from Jun 2021-May 2022.

Care First, the Authority's retained Employee Assistance Program has lost the national framework contract and is therefore no longer providing their services. Vivup has now been appointed and Human Resources are working with them to transition smoothly.

12. Annual Health & Safety Report

Work on the Annual Health and Safety Report has started and will be completed in time for the next Audit Committee meeting.

13. Health and Safety Culture Survey

A paper has gone before the Management Committee to approve the funding of a safety culture survey. The survey will identify where the organisation perceives Health and Safety through anonymity and present opportunities for improving the culture over the next 12 months. The survey model is operated The Stationery Office on behalf of the Health and Safety Executive, with the benefit of questions in Welsh as well as English.

14. Visitor Safety Group

Membership for the Visitor Safety Group has been funded for another 12 months.

Recommendation: Members are asked to NOTE this report.

(Further information is available from the Arfon Fry, Health and Safety Project Manager, on 01646 624821 – email arfonf@pembrokeshirecoast.org.uk)

Minutes of Health and Safety Group (HSG) meeting 16th May 2023, Green Room, Llanion.

Attendees; Tegryn Jones (TJ), James Parking (JP), Sara Morris (SM), Claire Bates (CB), Jessica Morgan (JM), Michelle Webber (MW), Libby Taylor (LT), Kate Atrill (KA) for Martina Dunne, Liz Rooney (LR), Medi George (MG) and Arfon Fry (AF)

1. TJ introduced the meeting and as all attendees were present, no apologies were received.
2. The actions and minutes from the previous meeting in October 2022 were summarised by TJ.

Abuse of Staff – TJ outlined situations involving verbal abuse of staff and how the reporting of such events were governed by GDPR, which was never fully resolved. TJ wanted to ensure such incidents were reported to identify repeat offenders, with MW stating that Pembrokeshire County Council used a 'hazardous contacts' list. In addition to the reporting, it would provide evidence of any requirement for de-escalation training for various groups of staff.

Terms of Reference – TJ went through the TORs and stated that as a new group, a review was required. MG asked if the TORs could be issued to all staff as part of the communication to the wider staff to demonstrate that the new group was in attendance and who was on this. CB added that some staff who were previously part of the group had not been told that they were no longer on the new group.

No objections to the minutes were received.

ACTION – AF to send out TORs to all staff. Completed.

ACTION – AF to arrange dates for the next 12 months for the Group

3. TJ explained to the group that an annual Health and Safety Report was issued as both aspiration objectives and a performance management review. It was also an opportunity to demonstrate good practice. TJ wants to resurrect the annual report and present that to members.

ACTION – AF to send out any former annual reports to the group for suggestions on subject matter inclusion. Group to report back to AF.

4. The incident data and brief descriptions of incidents were shown to the group. AF explained that the old format was used for reporting to this meeting and that better information would be provided at the next meeting. LT asked for improved summary information and AF stated that this can be arranged. TJ clarified a query from JP that health included well-being incidents. Furthermore, a discussion around the current incident reporting form and if it was viable took place. TJ stated that incident forms could not include opinion and be fact based only. It was confirmed that accident reports go to line managers first for review before being sent to HR for recording.

ACTION – AF to send out the current Incident Reporting form for consultation by attendees. Group to feedback to AF on possible improvements.

5. No data was produced for this meeting, but TJ was aware of a spike in sickness from Jan and February, but that there were exceptional reasons and that COVID was accountable for 10 days illness. Future meetings will define a standard of the information required and remain constant to provide trend analysis.

6. AF stated that Fire Risk Assessments would be reviewed in the Autumn and that there would be an opportunity to streamline fire safety management with an overarching fire safety policy for the Authority and not one for each site. AF stated that while the fire risk for the Authority is Low, there are potentially some costs to reach compliance, particularly at Llanion.

AF asked about the situation with Fire Wardens and it appears that Kelland Dickens, who has now left the Authority, was reviewing the numbers based on those actually occupying Llanion since COVID.

ACTION – AF to complete review of Fire Wardens and establish numbers required along with any relevant training.

7. TJ updated the group with regard to HAVS and the positive work being done to reach compliance and beyond, with a weekly meeting each Friday to keep up with the Action Plan. LR asked about those who may be affected by HAVS but were not Wardens. TJ stated that Rangers and others were now involved in the HAVS improvement. There may be a review of the grass cutting at Llanion to remove the Caretakers from this duty and hand it over to the Wardens who cut the grass away from the buildings.
8. AF updated the group with respect to the Buildings Safety Act 2022, which becomes law in October 2023. While this is currently aimed at buildings over 18m high, if the Act follows the Fire Safety Act, this could drop to 11m and possibly lower in the future. The Act is designed to prevent the circular blame game following the Grenfell Tower fire and pin responsibility to an individual/organisation for safety.

In addition, Martyn's law is currently before Parliament which is anti-terrorism legislation following the Manchester Arena bombing. All sites with more than 100 visitors (at one time), which is expected to apply to the Authority Visitor Centres, will be required to put in place some anti-terrorism measures. No date is set for royal assent.

9. AF informed the group that several policies, including the principal Health and Safety Policy are under review, including Lone Working, COSHH and Contractor Management, among others. TJ stated that the H&S Policy will be updated to cover the immediate future and then reviewed for improvement at a later date. AM stated that the Asbestos Policy was nearly ready and AF suggested it could be called the Asbestos Management Plan, rather than policy to avoid the need of a full Committee review, which would delay the publication of such a document. JM informed the group that Mair Thomas has listed the safety policies on SharePoint and would send out a link.

ACTION – AF to send out a link for the safety policies on SharePoint. Completed.

10. TJ informed the group that the Management Committee, held earlier on in the morning, had approved the addition of two 35-minute training courses, one for Health and Safety awareness, the other for Fire awareness, to the induction training for new staff. In addition, all staff were to complete the two courses by October 2023, with refresher courses every two years. In addition, managers would undertake either the

IOSH Leading Safely or the IOSH Managing Safely courses, but further work was needed to establish who would qualify for each course. HAVS awareness training was ongoing.

There was a query around who is responsible for the training budget and how to manage it. TJ stated the new HR Manager (starts June) will be responsible for training. There was a discussion around appraisals being used for development plans.

11. There was no update from the Staff Representatives as they have not met recently.

ACTION – MG to arrange a meeting for the Staff Representatives

12. JP asked if a H&S Newsletter was a possible option for communication. TJ stated that he was concerned staff would be overloaded with newsletters but agreed that health and safety could be more effectively communicated, with the following key outcomes raised to staff from this meeting.

- TORs agreed
- Incident Reporting and form review
- Training
- Revised H&S Policy
- Good progress on HAVS

ACTION – AF to send out the key outcomes to all staff

The meeting concluded at 1.25pm.