

GWYNEDD COUNCIL CABINET



Report to the Cabinet

Meeting Date: 28/09/21
Cabinet Member: Councillor Nia Jeffreys
Contact Officer: Geraint Owen
Contact Number: 01286 679335
Item Title: Health Safety and Wellbeing Annual Report

1 DECISION SOUGHT

This report is presented to the Cabinet so that members have an essential overview on the main health and safety issues that arose during 2020/21 and the Cabinet are asked to accept the report.

2 REASON WHY DECISION IS NEEDED

The annual submission of this report to Cabinet is part of health and safety management arrangements within the Council. It is essential that Cabinet members have a full overview of the Council's standing in this important area.

3 INTRODUCTION

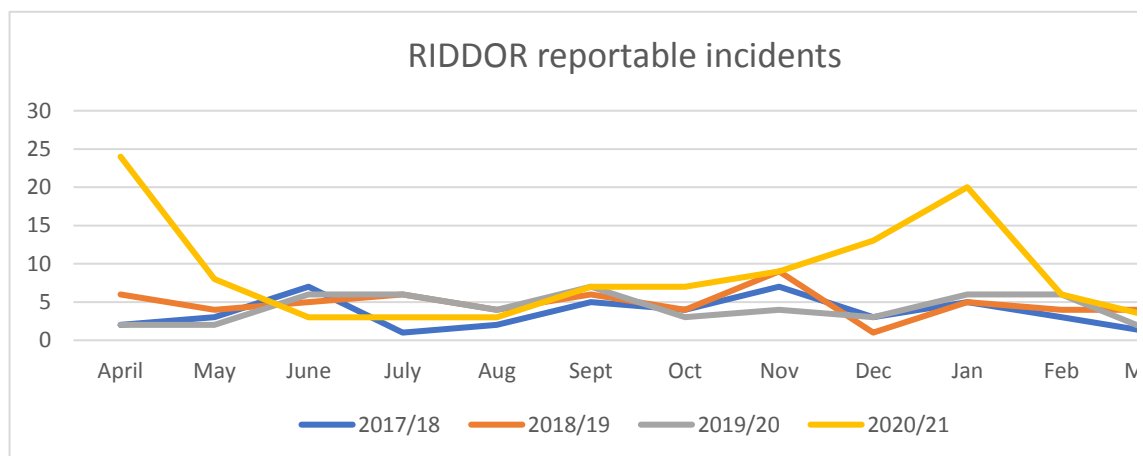
2020/21 was a year of which it's like had never been seen before within the Council, and certainly not from the perspective of health and safety. It was an extremely challenging year where every decision made during the pandemic crisis had the potential to impact the health, safety and well-being of staff and the residents of Gwynedd in some way. Work programmes and priority issues prior to March 2020 were transformed overnight more or less, and the whole focus was on keeping people safe. Therefore, it was no surprise that the demand for the Health, Safety and Well-being Service was very high, and the work of the Service was taken up fully to deal with the crisis either directly, or indirectly with only very little time available for other matters.

Accident Figures

The following table gives an overview of the RIDDOR incident and accident figures for the last 4 years. These are the most serious incidents that have occurred internally within the Council to staff, and where members of the public have been injured at a Council site, where it was a requirement to report to the Health and Safety Executive (HSE). This year a requirement was added to these regulations to report on cases of staff contracting COVID where there were reasonable grounds to believe that they had acquired it at work, and this is the reason for the significant increase in figures.

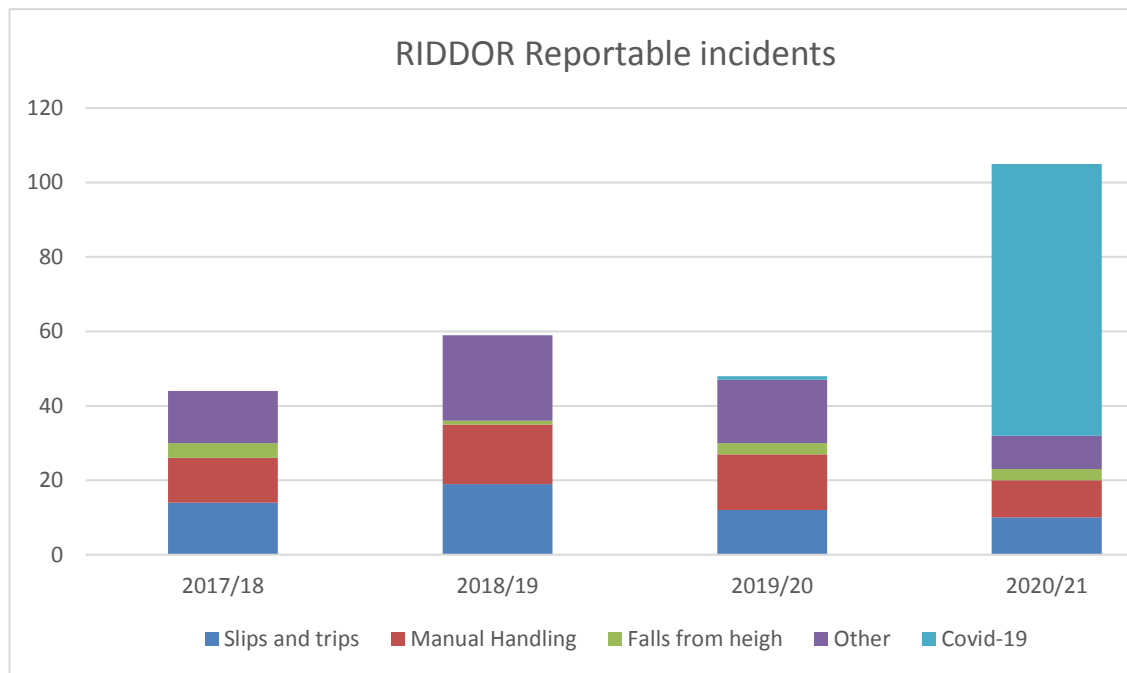
During 20/21, 73 cases of members of staff contracting COVID at work were reported. Of course, it is not possible to confirm this for certain, however, there is a requirement to report when there is a reasonable basis to conclude that they could have acquired it at work e.g. either via a positive member of staff caring for a positive patient or working with positive staff, or a positive child in a class where a teacher then developed the virus. The two cohorts who were affected were care staff and school staff. The first two COVID waves clearly stand out in the table.

Two members of the Care staff were seriously ill in hospital during the year, however, they are now recovering although long Covid is a condition that causes more long-term difficulties to several members of staff.



If the COVID figures are set aside, there was a reduction in the number of other incidents reported under RIDDOR last year, however, bearing in mind the long periods when several elements of the Council's services were not operational (including schools), no conclusions can be made from this.

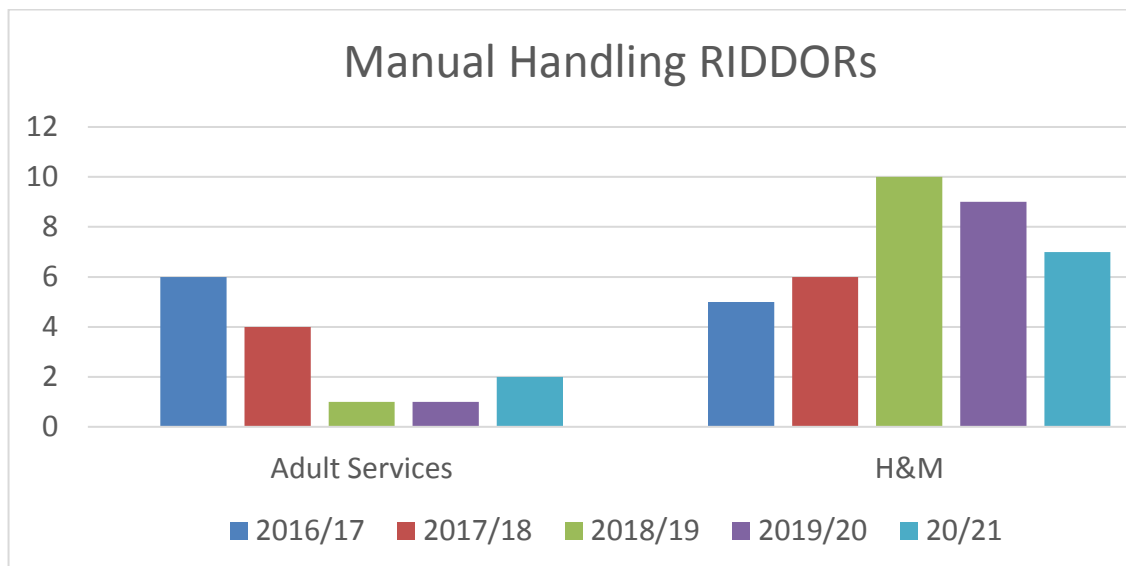
The following chart outlines the number of RIDDOR cases over the last 4 years.



It can be seen (except for COVID) that there are two categories of accidents that are responsible for nearly two thirds of the number of accidents annually, and those categories are slips and trips, and manual handling. This reflects the national pattern and is also reflected in the types of claims for injuries that are received.

One specific service where there has been an increase is in musculoskeletal injuries due to manual handling over the last few years is the Waste Collection Service. There are several reasons for this including the fact that there is more recycling than ever and the Service's working pattern has generally changed over the years, however, these are injuries where the worker has missed at least 7 working days due to an injury. Often, the absence period is much longer which is not only a substantial cost to the Service, not to mention civil claims that may stem from these but is also a concern in terms of the injuries' seriousness.

This is of course a key Service that has continued during lockdown. The pattern in the number of RIDDOR cases in this Service over the last 4 years is outlined and compared to the Provider Service (Adults) where historically the figures have been highest, but where a great deal of intervention and resources have been put in to reduce injuries over the years when manually handling clients. The contrast is evident, with a general increase in one sector, and a reduction in the other. To this end, there is a project afoot by the Municipal Service jointly with the Health and Safety Team to look specifically at manual handling injuries in the Service and at all aspects of the work to include vehicles, work patterns, training, and the physical ability of the workers.



PPE

The early days of the pandemic were very challenging in terms of the availability of PPE for care staff. Guidance was published very early on in the pandemic regarding the type of PPE care staff should use and under what circumstances. It was very difficult to procure PPE and there were cross-departmental efforts to coordinate donations from the business community and locally and direct them to the care field. Gradually over the months a system was established to distribute PPE by the Government and this supply responded to the demand from the Care field and continues. By now, an effective system has been established to monitor the stock levels, with a warehouse to store and distribute and to report on levels to the Council's emergency dashboard. The Council has procured a stock of PPE for every other Department within the Council except for Care and 'donning and doffing' training has been conducted for Care staff to ensure that they put on and take off PPE in a safe manner. This training is now live as an e-learning package.

There are some types of work within the Care Sector that are defined under COVID as higher risk work. They are called aerosol generating procedures. These are treatments such as giving care to persons on respiratory machines such as ventilators etc. In these cases, carers are required to wear respiratory masks with a much higher specification where a face fit test is required to ensure a perfect seal between the mask and the carer's face. The Health and Safety Service has been conducting these tests with the relevant carers throughout the crisis.

Vulnerable Staff

Very early on in the pandemic it became evident that certain population groups were more vulnerable than others. Briefly, there were two groups - the vulnerable group that are offered the flu jab annually on the grounds of their health, and the extremely vulnerable group that were advised to isolate. A requirement was placed on employers to protect the two staff groups and to assess the risks to their health. Therefore, a system was established that each one would be referred to the Occupational Health Service for a 1 to 1

consultation with a nurse in order to be able to propose recommendations to a Manager on how to make adjustments to their specific job to protect them. In some cases, adjustments were impossible and they were advised to stay home, but in other cases it was possible to identify measures that would reduce the risk such as re-directing, limiting duties. This was a key system to be set up and to save lives - none of the Council's vulnerable workers became seriously ill having adopted this system. 579 staff were referred under this system.

By now, arrangements are in place to review the vulnerability assessments dependent on the status of employees' vaccinations, their field of work and the virus level within the community.

Risk Assessments

Thorough risk assessments were essential to safely maintain the key service over the period of the two first waves of the pandemic, and more recently, it was also an essential requirement to be able to safely recover Services that had been closed down. This meant significant work pressure on the central team advising on the contents of the assessments, providing corporate guidance to ensure consistency, and coordinating with public health authorities. For example, there was a need to check the arrangements for each individual school often on a very tight timetable. The Council has responded to this requirement and each service has operated and recovered in accordance with the Government's guidelines at the time and the Health and Safety Team has been out checking these arrangements throughout the pandemic across the Council's sites.

Arrangements are much more mature by now and all the workforce who are unable to work from home are offered a LFT test twice a week.

There has also been consistent and intense work to hold risk assessments and workplace assessments for staff who work from home and this has meant coordination for some staff to receive their office equipment that has been transported to their home. This was a project that had to be coordinated. By now, the work is focusing on the new normal and the preparation for returning to the office.

Enforcement

The Health and Safety Authority (HSE) has conducted several audits on Council buildings and sites over the crisis period to check standards and ensure that we as employers conform to all the requirements to provide COVID secure buildings. The checks were a combination of telephone questionnaires and site visits. Approximately 10 schools were targeted in the County, Highway and Municipal workshops together with the main offices and no enforcement measures were taken. Generally, the inspectors were satisfied with the arrangements that were in place.

There was one other audit during the year by HSE, at the Caerylchu site in Cibyn. Due to the nature of the site this is one of the highest risk sites the Council has in terms of safety, and two inspectors spent the day there inspecting

and questioning staff. Generally, the inspectors were satisfied with the arrangements that were in place. They also spent part of the day inspecting the Service's COVID arrangements.

Work Programme

A vast amount of the Health, Safety and Well-being team's work programme has been suspended since the beginning of the pandemic due to the work pressure it has created. Therefore, no proactive inspections have been undertaken during the year except for a small number in order to maintain the Highways and Municipal BSI accreditation. The vast majority of the Health and Safety courses last year have also been deferred except for two statutory courses namely, manual handling for the care sector and first aid for every sector. This means that there is work to catch-up to get to where we had arrived 18 months ago in terms of training.

One matter that has been maintained during this period are regular meetings between the Trade Unions and the employer to discuss all health and safety matters that arose as a result of the pandemic, and these have been very positive and productive.

Health and safety has been denoted as a corporate priority for the year to come and a specific project will be launched at the beginning of autumn.

Mental Health and Workforce Well-Being

The contribution of the Occupational Health team to the crisis has already been mentioned in the context of the 1 to 1 consultations with the vulnerable workforce. In addition to this of course, the whole situation over the last 18 months has placed workforce groups under significant pressure for various reasons, be that the stress of staff in residential homes trying to maintain care under great uncertainty and coping with deaths, the stress of other key workers on the front-line worrying about their safety, the stress of Headteachers trying to maintain the Education of children while isolation requirements hit bubbles within the school, or the loneliness that some have felt working from home.

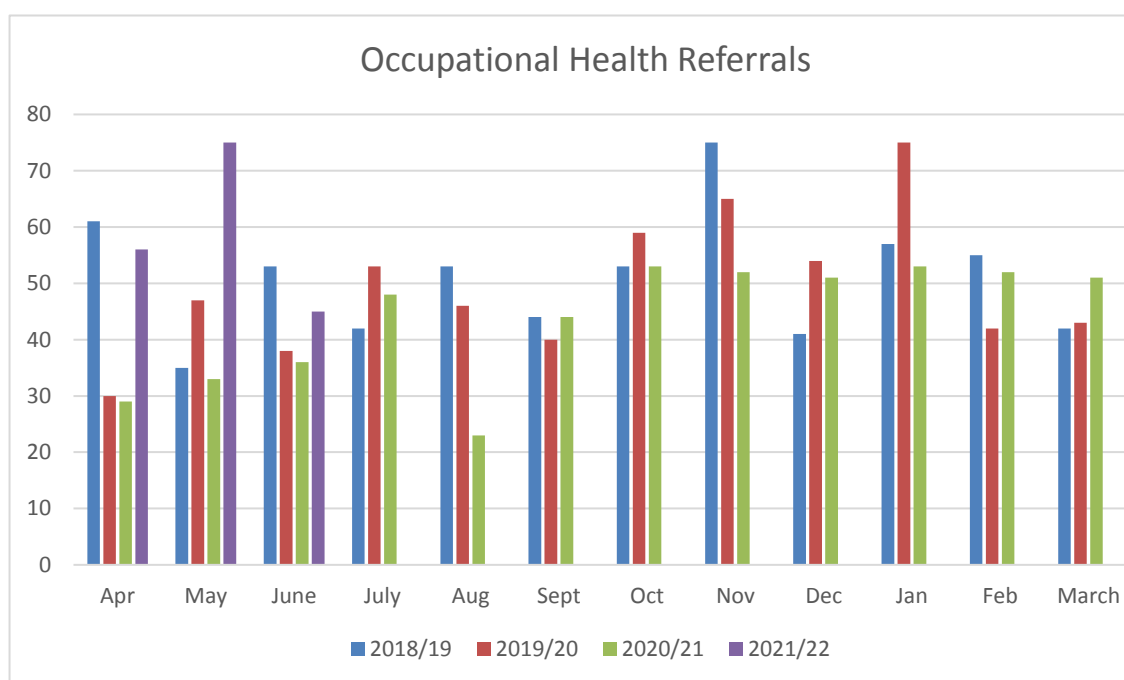
A number of interventions have taken place during the year to support the workforce, tailoring this intervention to different groups. The Medra service (Counselling) has been conducted throughout the period - virtually mostly at one point, however, it has also now been recovered to face to face sessions as well. An immense effort was made in some circumstances to maintain face to face sessions even during the first two waves where staff needed more intense de-brief sessions due to specific incidents at work. De-brief sessions were also undertaken with residential care staff who had seen cases of the virus within the home.

Virtual sessions have been conducted on mental health for staff who work from home and a wide network of resources and support has been established together with regular messages reminding staff of the support available via the Occupational Health Unit. The Unit has also worked closely with the Learning and Development team to produce a comprehensive support package for

Managers and staff and one example of their work is the 'Camu 'Mlaen' initiative where staff were encouraged to walk daily and take and share photos of their local square mile in an initiative to maintain mental wellness during lockdown.

As recognition of having to adapt to continue to offer support to staff in different ways to the norm in the pandemic, the Council was able to re-validate the Corporate Health Standard accreditation early in 2021 and we managed to maintain the Gold accreditation level with recognition of the work to maintain the health support for the workforce over the first two waves of the pandemic.

The following table shows the number of referrals to the Unit over the last three years. Stress continues to be the main reason for referrals together with musculoskeletal issues, and generally as outlined below the number of referrals are increasing. The Unit is seeing many referrals with the after effects of COVID, be they long COVID or mental health issues linked to the pandemic.



One specific area where referrals have increased very significantly are the number of referrals to the Physiotherapy Service. For example, there were 5 referrals from staff to the physiotherapy team in May 2019, 3 referrals in May 2020 and 32 in May 2021. This is a significant increase and it is likely that there are several factors responsible including more staff working from home and a longer waiting list as well as long NHS waiting lists.

Otherwise, the health checks programme was delayed over the initial period of the pandemic in accordance with the HSE guidelines. This programme has now been recovered mainly face to face, however, the spirometry element continues for now to be in paper assessment form due to COVID risks. This is in accordance with HSE guidelines. Other core work such as the co-ordination of the winter flu vaccine for care staff was maintained.

4 VIEWS OF THE STATUTORY OFFICERS

The Monitoring Officer

The report explains the role of the Cabinet within our health and safety arrangements and it's appropriate that it receive this information which gives assurance in relation to our arrangements in this important area.

The Head of Finance

The decision sought does not create a spending commitment. No comments from the perspective of financial propriety.