Agenda Item No 8

Bolsover District Council

Safety Committee

8th February 2016

Health and Safety Executive (HSE) Investigation Report

Report of the Health and Safety Advisor

This report is public

Purpose of the Report

- To provide details of incidents which prompted recent visits from the HSE.
- To outline the issues identified by the HSE during their initial investigation.
- To provide an update on the current position in respect to the on-going investigation.
- To outline the actions taken in respect of the initial findings.
- To provide details of the further actions proposed.

1 HSE Investigation Details

1.1 Incident Details

The Health and Safety Executive are investigating two incidents in the Housing Repairs Service of Bolsover District Council, one a reportable accident and the other a reportable disease.

The reportable accident was classified as a major accident under the Reporting of Accidents, Diseases and Dangerous Occurrences Regulations and involved a Housing Repairs Operative falling from a 3 in 1 combination ladder whilst attempting to gain access to a loft spaces. The operative fell from a height of approximately 3 feet and sustained fractured ribs. The accident occurred on the 29th May 2015.

The reportable disease was notified to the Council when a Housing Repairs Operative attended an occupational health appointment as part of the hand arm vibration health surveillance programme and was diagnosed as suffering from Carpal Tunnel Syndrome. On notification of this diagnosis, the Health and Safety section reported this through to the HSE, as this is a reportable disease.

1.2 Issues Identified by the HSE

In respect to the reportable accident the issues identified by the HSE were as follows:

- The risk assessment used to cover the activity was not suitable and sufficient for the purpose of identifying the control measures that need to be taken to comply with the Work at Height Regulations 2005.

- The Work at Height training delivered in 2010 by the Council was not suitable and sufficient as it focussed on the use of extended ladders and contained no reference to use of ladders in A frame configuration for accessing loft spaces.

- No recorded evidence was available to show that the injured party was informed and instructed in the use of ladders in the A frame configuration for access to loft spaces.

- It was not clear whether the on-site supervisory inspection regime was suitable and sufficient to ensure employees adhered to safe working practices that they had been informed, instructed and trained to use.

In respect to the Reportable disease the issues identified by the HSE were as follows:

- The vibration testing undertaken on the machinery was carried out in 2010 and had not been re-tested since that date.

- The risk assessment developed for using vibrating machinery in 2010 though suitable and sufficient in its content had not been reviewed since that date.

1.3 <u>Update of Current Position</u>

The current position in respect to the reportable accident is that the HSE visited the Council on the 17th December 2015 and carried out an investigation into the incident and following this visit wrote to the Council on 31st December 2016.

In this letter the HSE informed the Council that they believed that the contraventions which had been identified were material breaches of legislation which would mean that fees were payable to the HSE under the fees for intervention legislation.

The letter in addition outlined a number of actions that the Council needed to undertake immediately. This was to ensure the on-going compliance with legislation and other recommendations to improve the overall management of health and safety. The Council were given until 29/01/15 to provide the HSE with evidence to demonstrate that they had addressed the immediate actions.

The immediate actions identified were as follows:

- To review the Council's risk assessments for work at height.

- In respect of access to loft spaces, the Council needs to ensure risk assessments specifically list as a control measure, the use of ladder in the A frame format to ensure stability and arrangements for maintaining 3 points of contact, when two hands are needed to be free for a brief period for light work.

- To review arrangements for informing, instructing and training employees in safe working practices ensuring emphasis is given to record keeping associated with this process.

- To review on site arrangements for supervisory visits to ensure there is adequate supervision of safe working practices along with a remedial action necessary.

The recommendations suggested were as follows:

- The critical review currently being undertaken by the Housing Repairs section to focus on areas of greater risk so that a systematic approach is adopted in order that the most significant risk is addressed as a priority.

- Employees of the organisation to be consulted and involved in the review process.

- Safe Reporting Scheme to be amended to allow the reporting of good practice.

In respect to the reportable disease the current position is that the HSE visited the organisation on the 19th January 2016 and undertook an investigation and will be returning in the next couple of weeks to interview the individual affected. They will then write to the Council to inform them what action if any they propose to take.

1.4 <u>Actions Undertaken</u>

The actions undertaken in respect to the reportable accident are as follows:

- A new risk assessment and safe system of work for working in loft spaces including access to them has been developed which ensure that all practises are compliant with Work at Height regulations.

- These have been reviewed by means of an on-site assessment with representation from the Repairs Service Managers, Supervisors, Union Safety Representatives, Trade Operatives and the Health and Safety Advisor.

- The operatives and supervisors are currently also receiving a tool box talk on the safe system of work which includes the installation of anchorage points, use of combination ladders and procedures for maintaining 3 points of contact whilst completing short duration activities.

- All equipment necessary to undertake this activity has been purchased and provided to the Operatives via impress van stock.

- A full review of all work at height risk assessments has commenced including consideration of a new system for high level and roof work.

- All training/ tool box talks/ and acceptance of risk assessment/ safe systems of work are now signed for by each individual operative and these records stored on a central training matrix spreadsheet.

- The Training matrix includes functionality which informs managers when training is due and allows course content details and attendance sheets to be maintained.

- A work at height training provider has been identified and course content agreed to ensure all aspects of work at height undertaken are covered as part of the training.

- Delivery dates for this training have been agreed in March 2016.

- Evidence of supervisory visit to the injured party prior to the incident have been identified and provided to the HSE.

- As part of the critical review undertaken by a external consultant, an action plan is in the process of being developed which aims to systematically address the issues on a risk priority basis.

- A working task group including departmental managers, supervisors operatives, union representatives and the health and safety team is being created to drive this action plan.

- The Safe Reporting form has been immediately amended to encompass good practice identified and risk perception training currently being delivered has been updated to reflect this change.

The actions undertaken in respect to the Reportable disease incident are as follows:

- An electronic HAV's monitoring system has been investigated and a pilot trial has been arranged to test the suitable of the monitoring equipment.

- A new equipment vibration testing device has been identified and assessed and steps are being made to purchase, this so the magic gloves previously used can be replaced with a simpler system.

- Full exposure records were available and the HSE confirmed that random testing currently being utilised was a suitable and sufficient approach for the majority of staff.

- The HSE have commended the decision by the Council to continue full time monitoring of certain potential higher risk groups, such as apprentices and employees with existing medical conditions.

- A new HAV's risk assessment is currently being developed and will be reviewed using the new process involving consultation.

1.5 Proposed Further Actions

Further actions identified in respect to the reportable accident are as follows:

- Risk assessment training/ re-training to be given to all operatives, supervisors and managers.

- Consideration to be given to the training of all managers, supervisors and union safety reps to IOSH Managing Safely standards as part of next year's corporate training budget.

- Supervisory inspection forms to be reviewed and amended to improve the quality of the monitoring data provided.

Further Actions identified in respect to reportable disease incidents are as follows:

- New occupational health questionnaire form to be developed to provide the Council with increased occupational health information on individuals.

- A member of the safety team to attend training to enable them to have a recognised competence to be able to undertake vibration monitoring.

- Procedures to be put in place to ensure the annual testing of all vibration producing tools and equipment are undertaken.

2 Conclusions and Reasons for Recommendation

All Items – It is recommended that the committee consider and note the information provided.

3 Consultation and Equality Impact

The report is formally reviewed at the health and safety pre-meeting held prior to the main safety committee when any issues requiring further consultation or that may have an impact on equality related issues will be identified and appropriate measures put in place to address them.

4 Alternative Options and Reasons for Rejection

Not applicable for this report.

5 Implications

5.1 Finance and Risk Implications

The potential financial implications connected with this report are the cost associated with fees for intervention which are charged at a rate of £125 per hour for the HSE investigation time and then if a decision is taken by the HSE to prosecute the costs associated with the subsequent court case and any levied fine.

5.2 Legal Implications including Data Protection

The potential legal implications on the authority are the if the HSE believe that the material breaches can be proved beyond reasonable doubt then the authority could be liable to prosecution for that breach.

5.3 Human Resources Implications

It is not envisaged that there will be any human resources implications as a result of this report other than the potential up skilling of staff as a result of them attending relevant training and improved systems for monitoring.

6 Recommendations

It is recommended that the committee consider and note the information provided.

7 Decision Information

Is the decision a Key Decision? (A Key Decision is one which results in income or expenditure to the Council of £50,000 or more or which has a significant impact on two or more District wards)	No
District Wards Affected	
Links to Corporate Plan priorities or Policy Framework	

8 Document Information

Appendix No	**Title**
Background Papers (These are unpublished works which have been relied on to a material extent when preparing the report. They must be listed in the section below. If the report is going to Cabinet (NEDDC) or Executive (BDC) you must provide copies of the background papers)	
Not applicable for this report	
Report Author	**Contact Number**
Health and Safety Advisor	242403

Report Reference –