

**REPORT TO: Policy and Resources Committee - 10 September 2012**

**REPORT ON: Annual Health and Safety Report 2011-12**

**REPORT BY: Head of Human Resources, Corporate Services**

**REPORT NO: 322-2012**

## **1 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to seek approval of the Council's Annual Health and Safety Report (Appendix 1).

## **2 RECOMMENDATION**

- 2.1 It is recommended that the Policy and Resources Committee approves the Annual Health and Safety Report, which helps to promote the management of health and safety across the Council and provides information regarding the further development of health and safety management throughout the Council.

## **3 FINANCIAL IMPLICATIONS**

- 3.1 The costs associated with further development of health and safety management will be funded from existing departmental budgets.

## **4 MAIN TEXT**

- 4.1 The Government's "Revitalising Health and Safety" strategy recommends that all public bodies summarise their health and safety performance in an Annual Report.
- 4.2 The Annual Report highlights that the management of health and safety is a senior management issue, and that the Council is committed to improving its health and safety performance through the implementation of the Council Health and Safety Policy and the Corporate Health and Safety Plan.

## **5 POLICY IMPLICATIONS**

- 5.1 This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti Poverty, Equality Impact Assessment and Risk Management.

The Equality Impact Assessment will be made available on the Council website - <http://www.dundee.gov.uk/equanddiv/equimpact/>. There are no major issues.

**6 CONSULTATIONS**

- 6.1 The Chief Executive, Director of Corporate Services and Head of Democratic and Legal Services, the Strategic Management Team, the Health and Safety Coordinators Group and the trade unions have been consulted in the preparation of the Annual Health and Safety Report.

**7 BACKGROUND PAPERS**

- 7.1 Equality Impact Assessment.

Iain Martin  
Head of Human Resources

14 August 2012

# **DUNDEE CITY COUNCIL**

# **ANNUAL HEALTH AND SAFETY REPORT 2011/12**

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Corporate Services

August 2012

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## **FOREWORD BY HEAD OF HUMAN RESOURCES**

During the last year significant progress has been made with the implementation of the Corporate Health and Safety Plan. Further progress has also been made with the occupational health surveillance programme and the appointment of a new occupational health provider. Priority continues to be given to risk control and the implementation of those controls through the communication of instructions, training of those at risk; and those responsible for managing the risk. This report evaluates the progress to date and highlights health and safety priorities requiring attention to further improve the Council's health and safety performance.

I commend this report to you, and I trust that it will encourage all of us to take further practical steps to reduce the risks of accidents and occupational ill-health in our own workplace. Management need to consciously consider the health and safety implications of their decisions and actions on a daily basis to further advance the health and safety culture within the Council. Senior Management need to consider the content of this report and the measures that require to be addressed over the next 12 months.

A Review of Health and Safety was conducted by Corporate Planning in June 2011 where Health and Safety Officers were transferred to Corporate Services for professional support and development but remained based in and line managed by, the operational Department. This was to ensure that the Health and Safety Officers remained visible to provide practical and professional assistance to the Departments in the managing and controlling health and safety risks.

I would like to thank all who have positively contributed towards the Council's health and safety performance during 2011/12.

Iain Martin  
Head of Human Resources

June 2012

## 1 INTRODUCTION

- 1.1 The management of health and safety is a senior management issue that is reflected by the Council's commitment to the continuous improvement and implementation of the Corporate Health and Safety Plan to improve health and safety performance.
- 1.2 This annual report has two main purposes; firstly to promote health and safety management, and secondly to give general information on the progress being made to improve health and safety throughout the Council.
- 1.3 Dundee City Council is a major employer in the area, employing over 7,000 people who manage and deliver services to all those residing within the Council boundaries. As such a large employer, the Council influences and affects the quality of life of many people; therefore it is important that services are delivered in a manner which takes cognisance of the health and safety for all. Health and safety should therefore be managed in the same planned, considered and informed manner as all other elements of the organisation.
- 1.4 The Council, like many other similar organisations involved in a wide range of work activities, has developed an approach relying upon line management, Health and Safety Co-ordinators and Health and Safety Advisers. In order to effectively manage health and safety in this manner, a blend of both standardised procedures and systems, coupled with the reliance upon a competent workforce, is required. Where health and safety rules, standards and procedures are prescribed, then those systems must be transparent, up-to-date, valid, and easy to comprehend and be readily accepted and implemented by staff.

## 2 MANAGEMENT OF HEALTH AND SAFETY

- 2.1 The Council's Health and Safety Policy and Management Framework, states that a Chief Officer be appointed to champion and lead Health and Safety and allocate roles and responsibilities for health and safety performance within the Council. This Chief Officer has been appointed, and is the Head of Human Resources.
- 2.2 The principal aim of the policy is to provide and maintain a health and safety culture in which the opportunities for accidents and occupational ill-health are eliminated by the effective management of health, safety and welfare.
- 2.3 This has been developed into five key objectives:-
- To lead the Council forward by providing health and safety policies and guidance that provides clear support and direction to achieve best practice, recognising legal compliance as a minimum standard.
  - To ensure that all levels of management, and employees, are sufficiently competent to discharge their duties with due regard for health and safety.
  - To facilitate the integration of health and safety considerations into the Council's decision making process, so as to ensure that resources are appropriately and effectively allocated by all levels of management.

- To promote and co-ordinate the development and implementation of health and safety plans to improve standards, and their implementation, for the benefit of all who may be affected by the Council's work activities.
- To monitor and evaluate the health and safety performance to motivate management to take effective measures to reduce health and safety losses and improve performance.

2.4 The Corporate Health and Safety Section of the Council is an integral part of Human Resources within Corporate Services, as the management of employee health and welfare are key components of human resource management. The role of the section is therefore a fundamental part of HR management, providing professional advice and guidance that can "add value" to the activities of line management and staff. In order to achieve these objectives, the Corporate Health and Safety Section is required to:-

- Provide corporate health and safety guidance, standards and procedures and to keep those standards under review as required by changes in legislation and other requirements;
- Ensure that Directors and Chief Officers are kept briefed and informed of health and safety developments within the Council;
- Provide competent health and safety advice, guidance, information and support to all Departments;
- Effectively communicate, consult and liaise with trade union appointed safety representatives and representatives of employee safety, to further improve health and safety standards;
- Liaise with the Health and Safety Executive and other enforcement agencies on behalf of the Council;
- Promote pre-employment health screening, where appropriate, as part of the recruitment and selection process;
- Develop a base-line health and safety education standard for all levels of staff within the Council;
- Respond to health and safety enquiries within 48 hours;
- Develop and deliver corporate health and safety training to improve risk control;
- Use promotional opportunities to encourage activities and events that will improve the health and safety culture of the organisation;
- Develop, and produce, a Health and Safety Toolkit for all work locations;
- Audit work activities using a priority planned approach;
- Produce an analysis of accident data on a regular basis to assist in evaluating the Council's health and safety performance;

- Assist departments in their investigation of accidents and incidents;
  - Undertake surveys on request, to determine the Council's performance in a particular health and safety field;
  - Retain strong links with other health and safety professionals through the ABC Benchmarking Group and be regularly audited against the Good Practice Guide;
- 2.5 Each Director is required to develop and record their own arrangements for delivering the Council's Health and Safety Policy and Management Framework. The Management Framework will record the detailed arrangements for implementing the Council Health and Safety Policy within each Department.
- 2.6 The Management Framework has been established with the Departments detailing how each element of the policy will be fulfilled. These health and safety arrangements provide a structure to implement the health and safety policy at a local level providing sufficient detail and local arrangements within the structured framework to manage health and safety.
- 2.7 Some larger Departments have been allocated a Health and Safety Officer to assist senior management in the implementation of the health and safety policy and risk controls. The role of the health and safety officers within the management framework is to provide professional practical assistance and support to deliver the policy within the Department in which they are based.
- 2.8 All Directors have appointed a Departmental Health and Safety Co-ordinator to support and promote the management, and implementation of Health and Safety Policy and practice. The role of the Health and Safety Co-ordinator is to promote and monitor the management of health and safety within their Department and to provide a direct communications link between the Health and Safety Section in Corporate Services and the Department's Senior Management Team, ensuring that health and safety remains a senior management issue.
- 2.9 The Health and Safety Co-ordinators meet on a quarterly basis to focus on the development and promotion of effective health and safety management within Council departments. The purpose of the group is to develop a consistent strategic approach to compliance with Council policies.

### 3 SIGNIFICANT ISSUES

- 3.1 A new Corporate Health and Safety Plan 2011/15 was approved, requiring each Department to produce their own corporate plan to implement the necessary actions to fulfill the objectives of the Corporate Plan. The development of the Corporate Health and Safety within each Departments is currently being progressed.
- 3.2 During the year 258 persons were trained to undertake risk assessments and 145 persons successfully completed the training to provide a pass rate of 56%. This is a 3% improvement from the previous year, but represents an under-utilisation of potential resources, in terms of trained risk assessors. Line managers need to monitor more closely those employees who attend risk assessor training to ensure that the end of course assessment is completed. There is a target pass/completion rate of 70%.



- 3.3 The Council's Health and Safety Policy and Management Framework was revised in April 2012. The new Health and Safety Management Framework provides a structure for each Department to develop and record their own local arrangements to implement the policy. When existing Departmental Health and Safety Policies are revised this new management framework is to be adopted.
- 3.4 All approved corporate guidance is issued for inclusion in the Health and Safety Toolkit. The Toolkit was launched in June 2005 and is updated by the Corporate Health and Safety Section on an annual basis. The review for 2011 was been completed, was issued last year. The Toolkit is currently being reviewed for 2012 and updates will be made readily available to all employees and managers alike, as it contains valuable information in relation improving risk control and the management of health and safety.
- 3.5 Manual handling incidents accounted for 18% of all incidents this year, which is line with the national average for manual handling injuries. In real terms there was a reduction of 9 incidents over the past year. This has been achieved as a result of minimising the need for manual handling, reducing loads where possible and updating and revising risk controls. Training the employees in the correct lifting techniques is a key aspect of effective risk control. Manual handling work activities need to be kept under constant review with controls being re-examined and implemented following any manual handling injury.
- 3.6 During year there has been a 32% reduction in musculoskeletal injuries in the workplace. There was also a 19% reduction in the number of days lost. The average number of days lost when an absence occurred was 18.2 days. A reduction in the time lost per absence is the next area where improvement should be sought through working closely with our occupational health provider.
- 3.7 Slips, trips and falls now account for 31% of all incidents this year. This, in real terms, is a reduction of 9 slip, trip and fall accidents, in comparison with the previous year. Most slip, trip and fall incidents tend to be minor, but 4 of the eight major injuries, were attributable to slips trips and falls. Two of the incidents occurred in external environments and were slips on ice and the other two occurred within buildings where employees tripped and fell over objects.
- 3.8 The Council appointed a new occupational health provider in 2012 to work more closely with the Council to improve our occupational health performance. Occupational health surveillance will be more closely targeted and focused towards those employees at risk, to support current risk controls.

#### **4 CORPORATE HEALTH AND SAFETY PLAN**

- 4.1 The Council's Corporate Health and Safety Plan for 2011/15 embraces the challenges of the Government's Revitalising Health and Safety Strategy and builds upon the success of previous Corporate Plans. The new Corporate Health and Safety Plan was approved in November 2011 with each Department required to produce their own plan to implement the objectives of the Corporate Plan.

- 4.2 Departments are accountable for implementing the Corporate Health and Safety Plan that is contained in Appendix 1 to this report. The departmental aspects of the Corporate Health and Safety Plan are in the process of being finalised to ensure that departments identify and detail how the corporate health and safety objectives are to be fulfilled.
- 4.3 The Corporate Health and Safety Section monitor the implementation of the action plan. A review of current progress can be found in Appendix 1 of this report.
- 4.4 The Corporate Health and Safety Plan has been developed from the success of previous plans but the improvement in risk control remains central to improving our overall health and safety performance.
- 4.5 The Council's Health and Safety Policy and Management Framework was approved in April 2012. All departments are responsible for keeping and reviewing their own arrangements to implement the Council's Health and Safety Policy. The key aspects being to ensure that detailed arrangements are in place for undertaking risk assessments and implementing risk controls and monitoring performance. The new styled Health and Safety Policy and Management Framework provides one policy for the whole Council with each department providing the detailed arrangements for implementing the policy at a local level.
- 4.6 Departments are to develop and record their own local arrangements within the Management Framework to implement the Council Health and Safety Policy. When existing Departmental Health and Safety Policies are next revised then the new Health and Safety Management Framework is to be adopted.
- 4.7 One of the key elements of the Health and Safety Policy and Management Framework is the requirements for management to undertake regular health and safety inspections, which can be retained to monitor progress when subsequent inspections are undertaken.
- 4.8 All departments are required, in their arrangements, to produce and update a list on risk assessments that require to be undertaken, allocating a named risk assessor to undertake this task by an agreed target date. It is, however, recognised that the undertaking risk assessments is a continual process. Each establishment or service within departments is responsible for ensuring that resources are provided for undertaking these assessments. Once new risk assessments have been completed or existing assessments updated then the tracking document within the Health and Safety Policy is to be used to ensure that safety representatives are given the opportunity to make comment.

## 5 OCCUPATIONAL HEALTH

- 5.1 A 3-year Occupational Health Contract was established with Serco, in April 2012. There is the option to extend this contract for a further 2 years subject to mutual agreement of both the Council and the occupational health provider.
- 5.2 The contract covers occupational health advice, a management occupational health referral service and occupational health surveillance as well as health promotion. Occupational health advice is provided to assist the Council to reduce its sickness absence levels and to promote an employees' return to work.

- 5.2 The implementation of the contract will be monitored on a monthly basis for the first 3 months and thereafter on a quarterly basis. Key performance indicators are embedded within the contract and compliance with these key performance indicators is of primary importance.
- 5.3 A programme of occupational health surveillance has been in place for the past 12 months. During this year 608 occupational health screenings have taken place. The results of occupational health surveillance has indicated to date that 14% of the results obtained have required adjustments to be made to risk controls to improve our management of occupational health.
- 5.4 The results of all screenings are entered into the Council's Occupational Health Database by relevant departments to record employees' health records. Departments had administrators trained to enter relevant information into the database which is monitored corporately. This is an important asset to identify trends and patterns to improve our management of occupational health.
- 5.5 Health surveillance has identified that the provision of hearing protection and the examination of noise risk controls has required specific attention in 32% of all audiometry referrals made to Occupational Health. This is the same level as the previous year, which indicates that there has been no increase in risk. As hearing damage is irreversible it is anticipated that hearing loss will remain at this level for some years.
- 5.6 During the year it was also identified that on 118 occasions employees failed to attend appointments. The system for making appointments under the new contract has changed to address this issue with the line managers being made accountable for ensuring that employees attend appointments for occupational health surveillance.
- 5.7 A number of employees have been trained to undertake skin screening to provide an early warning of a possible dermatitis. Over 850 such screenings have taken place, and 64 screenings identified potential concerns. These cases were investigated further but no cases of occupational dermatitis developed due to the early interventions. The skin screenings have proved valuable to provide an early warning and to helped prevent occupational ill health arising.
- 5.8 During the year 2 cases of occupational ill-health were reported to the HSE that would not have been identified without occupational health surveillance. Both of these cases related to employees who were operating powered hand-held tools and had symptoms of the early stages of hand-arm vibration syndrome. Both employees have had their workloads risk assessed and were able to keep working, with vibrating hand-held equipment, but their use of such equipment has now been limited. Their workloads will continue to be closely monitored.
- 5.9 During the year the Council received a visit from the HSE to examine our management of hand-arm vibration. As a result of their visit, our programme of hand-arm vibration measurements was extended and a series of training sessions were arranged for both employees and managers in the management and control hand-arm vibration. The importance of ensuring that employees attend occupational health screening was also highlighted. The HSE, on a return visit, were satisfied with the progress that had been made.

## **6 HEALTH AND SAFETY CONSULTATIONS WITH EMPLOYEES**

- 6.1 The Council has established a Council Health and Safety Committee that meets on a quarterly basis. The chair of the committee is shared between Management and Trade Unions, with the agenda being agreed in advance by both parties. The Council's advisers from the Corporate Health and Safety Section always attend the Council Health and Safety Committee.
- 6.2 The Trade Unions are consulted with regard to the development of corporate health and safety policies and guidance. The functions of the committee are to study accident and occupational ill-health incidents/statistics, audit reports and assist in identifying the need for safe systems of work. The committee can also assist in the monitoring of health and safety standards and performance.
- 6.3 During the past year the topics that have been of particular interest to the Council Health and Safety Committee were the management of occupational health, Dundee House, fire safety, the Council's Health and Safety Policy, committee representation and accident data.
- 6.4 All departments are to establish a health and safety committee or similar forum for consulting with employees. The Health and Safety Commission's Revitalising Health and Safety Strategy states that "workplaces with trade union representatives and joint health and safety committees have significantly better accident records- over 50% fewer injuries – than those with no consultation mechanism". To be effective these committees, however, need to be recognised as forums for stimulating change and achieving improvements in risk control at a departmental level.
- 6.5 The Council's new Health and Safety Policy places significant emphasis on the importance of effective departmental health and safety committees, and makes this a clear requirement for all departments. Health and Safety communication needs to flow in both directions and health and safety committees are seen as an effective vehicle to ensure that dialogue and communications take place with a structured manner to achieve improvements in health and safety management.
- 6.6 The Council continues to offer training for safety representatives and representatives of employee safety to improve the effectiveness of all health and safety consultations.
- 6.7 The Council's Health and Safety Committee produces and endorses a bi-annual bulletin for employees called "Safety Matters". This is published and made available to Trade Unions and is placed on the Council's Intranet. Departments are also encouraged to display the latest copy of Safety Matters on their own Health and Safety Board.

## **7 HEALTH AND SAFETY PERFORMANCE DATA**

- 7.1 Completed health and safety incident reports are copied and sent to the Corporate Health and Safety Section. Each report is to correctly identify not only the immediate cause, but also the underlying causes, and the proposed remedial action. The information is used to produce reports for the Strategic Management Team on a quarterly basis.

- 7.2 The data is analysed and trends identified to help senior management focus on areas of concern. The level of reporting is monitored along with progress being made to improve performance. The information is also shared with the safety representatives through the Council Health and Safety Committee.
- 7.3 During 2011/12, there were 288 health and safety incidents recorded which represents a reduction compared to 360 in 2010/11. There were also 27 members of the public taken to hospital as the direct result of a work activity in 2011/12 compared to 16 in 2010/11. There were 19 within Education, 4 in Environment, and 2 in Social Work, and 1 each in Chief Executives and Corporate Services. The health and safety incident data for 2011/12 can be found in Appendix 2.
- 7.4 Over the past year there has been an increase in the under-reporting of incidents. During 2011/12 the under-reporting of minor incidents was found to be 47%, however, this is below the current national under reporting average of 55%. Changes have been made to the reporting procedures minimising the need for paper records being retained and moving to an electronic system for reporting and recording of incidents.
- 7.5 The total number of RIDDOR incidents to employees during the year was 63; comprising of 53 +3 day injuries, 2 occupational ill-health, and 8 major injuries. This is an increase in RIDDOR reportable incidents in comparison with the previous year. All such incidents are investigated and remedial actions identified.
- 7.6 The total cost of health and safety incidents, using the HSE costing profile where a fixed calculated cost is given for each type of incident, was calculated to be £159,085. This is an increase in losses of £29,990 in comparison with the previous year which is attributed to the increase in the number of RIDDOR reportable incidents to the HSE during this period. This figure only reflects the disturbance time for managers/first-aid, etc, investigating the incidents and does not reflect the true cost of the incident.
- 7.7 During the year the Council had 8 visits from the HSE. The visits covered a range of topics, including the management of hand-arm vibration; the recycling of waste, civic amenity sites; the collection of refuse and the investigation of accidents. The visits resulted in no notices or correspondence being issued by the HSE. The HSE investigations did identify gaps in our management of hand-arm vibration, but they were satisfied with the measures the Council were taking to address this issue. An action plan was issued by the Council which was accepted by the HSE who revisited 6 months later and where pleased with the progress made. Minor points were raised by the HSE in relation to other visits which were readily addressed. It should be noted that the HSE did indicate that their time in relation to their visits and investigations would have been charged as a cost to the Council had these visits taken place after September 2012.
- 7.8 During the year a survey was taken to monitor the effectiveness of accident investigations and the implementation of remedial measures to prevent recurrence. This revealed that 92% of those people investigating accidents had been training in incident investigation. The survey also revealed that risk assessments existed in relation to 77% of the incidents that took place. These risk assessments were further examined and 71% of those risk assessments were found to be suitable and sufficient. When comparisons are made to our previous survey it shows that the undertaking of risk assessments has increased by 5% in the past 12 months.

- 7.9 The survey identified, however, that only 33% of employees injured had been trained in the safe system of work to be followed. Following investigation of the incidents it was found that in 73% of cases, appropriate remedial actions had been identified. The most common control that was found to be lacking was the requirement to train employees in the safe system of work. At the time of the survey it was found that management had implemented preventative measures in 83% of the cases examined in the survey. This is a 10% improvement in the past year, but concern was expressed at the length of time taken to implement remedial measures.

## 8 HEALTH AND SAFETY TRAINING

- 8.1 The Corporate Health and Safety Section has produced training calendars for the past eight years to meet the needs of departments, providing corporate training and tailoring particular courses to suit departmental needs upon request. This year the Section also organised and delivered training for departments at venues and dates of their choice to try and maximise attendance from departments.
- 8.2 During the year the Corporate Health and Safety Section was scheduled to deliver 40 corporate courses, 38 of were delivered, with two being cancelled due to the lack of demand. The Section also delivered an additional 40 courses upon request. This equates to 591 employees receiving some form of health and safety training during the year. This is a slight reduction from the previous year, however, this was foreseeable as additional effort was dedicated towards producing e-learning health and safety training courses.
- 8.3 The average number of delegates per course has been calculated as being 7.5 employees per course, which represents, a reduction of 0.7 employees per course over the previous year. We anticipate the number of employees still requiring training to steadily decline over the next few years as considerable emphasis is placed upon e-learning in future years. A wide range of health and safety training will continue to be provided but the number of courses delivered is likely to reduce in line with demand.
- 8.4 During the year 27 risk assessor type training courses were delivered, and 56% of delegates attending this training completed this by submitting suitable and sufficient risk assessments. This is still blow above our target return rate of 70% but this represents a 3% improvement during the year.
- 8.5 Following the completion of fire risk assessments by City Development the Health and Safety Section was asked by departments to deliver training in the use of fire fighting equipment at the request of the d epartments and Tayside Fire and Rescue Service. During the year the Section responded to this demand and delivered, upon request, 13 Fire Safety Awareness Courses in the use of fire fighting appliances for 101 employees.
- 8.6 During the year a demand has also arisen for training in the use of Evacuation Chairs, to assist in the evacuation of disabled persons from our buildings in an emergency. This has resulted in 11 training sessions being organised with 43 people successfully completing the training.
- 8.7 The Council now has a number of e-learning health and safety courses in place including: Watch your Step; Fire Safety Awareness; Dangerous Substances; Electrical Safety; and First-Aid Update. It/...

It is anticipated that the Corporate Health and Safety Section will make increasing use of this new approach to provide a range of new courses to enable training to be provided electronically where possible. This new approach should result in a reduction in demand for the more traditional type of training.

- 8.8 The Council also produced its own fire safety e-learning training course which made mandatory for all staff to complete by the end of 2012. Currently at the end of April 889 employees have successfully completed the course with a further 167 progressing with the course.

## 9 CONCLUSION AND RECOMMENDATIONS

- 9.1 This report highlights that some good progress has been made over the past year with regard to the management of health and safety. The introduction of the new Health and Safety Policy and Management Framework should provide a clear structure to ensure that appropriate local arrangements and procedures are developed and are understood at a Departmental level. The real benefit of the new management framework should be realised in future years through a more structured approach to the management of health and safety at a local level.
- 9.2 Departments will be required to actively monitor and undertake inspections of their own workplaces to address matters that could give rise to accidents or occupational ill-health. Clearer systems and procedures are required for training employees at the local level within departments to improved risk controls, when new arrangements are established. This is a key aspect of risk control that requires to be improved as undertaking the risk assessment is only the very first step in helping to improve risk control. Those who are to manage and control the risks require to be trained and understand how and why the improved risk controls are to be followed. Management thereafter has a role to actively monitor the implementation of risk controls.
- 9.3 The new Corporate Health and Safety Plan was approved for 2011/15, to which all departments are to contribute by recording and detailing their own actions that will contribute to fulfil the objectives of the plan. Departments are currently developing their own arrangements to implement the Corporate Health and Safety Plan. Ownership of these arrangements requires to be recognised as being departmental responsibility, with Directors being accountable for their department's own health and safety performance.

## REFERENCES

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*The Health and Safety of Great Britain - Be Part of the Solution*, London: HSE

**APPENDIX 1****DUNDEE CITY COUNCIL'S HEALTH and SAFETY ACTION PLAN 2011 - 2015**

Issue 1		Reducing work-related accidents relating to slips, trips and falls in the workplace				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Slips, trips and falls	Implementation of Policy on Prevention of Slips, Trips and Falls.	Chief Officers	Review Annually	A 10 % reduction in number of slip trip and fall incidents by 2015. Baseline of 99 incidents in 2010/11	There were 90 slips, trips and falls during the year representing a 9% reduction in incidents.
2	Slips, trips and falls	Design out slip, trip and fall hazards in the workplace, in new buildings and during refurbishment.	Council H and S Co-ordinator/ Directors	Review Annually	Where new floor surfaces within buildings are likely to become wet, they are to have non-slip surfaces for wet conditions	City Development are committed to this approach.
3	Slips trips and falls	All Procedures to be in place for the removal of spillages in all workplace establishments.	Building Managers	December 2011	Written spillages procedures to be available and known by employees at all indoor work places	Template to record procedures exists. This is being progressed by Departments.
4	Slips, trips and falls	<p>a. All main entrance foyers/reception areas in Council buildings to be risk-assessed.</p> <p>b. All kitchen and food preparation areas to be risk assessed.</p> <p>c. Secondary access routes in buildings to be risk assessed.</p>	<p>Directors</p> <p>Directors</p> <p>Directors</p>	<p>April 2012</p> <p>May 2013</p> <p>April 2015</p>	<p>Programme of slip resistance measurements to be in place for buildings. 90% of results being satisfactory.</p> <p>See above</p> <p>See above</p>	There is a number of premises where slip measurements are still required, but the slip resistance is satisfactory in 95% of those measured



Issue 2		Reduce the number of days lost through musculoskeletal disorders in line with revitalising health and safety targets				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Reduce the number of musculoskeletal injuries	Risk assess D.S.E. work activities	Managers and employees responsible for the allocated work activities.	Review Annually in April	a) A progression towards 80% of employees to have an up to date DSE risk assessment by 2015	There are currently 67% (1897) DSE Risk assessment records in place.
2	Reduce the number of musculoskeletal injuries	Investigate all manual handling injuries	Directors	Review Annually in April	a) Manual handling incidents to be accompanied by the summary front sheet of the manual handling risk assessment b) Following an incident 80% of recommendations implemented within 6 months of incident	52% of Manual Handling incidents are accompanied by a manual handling risk assessment.  A survey found that 81% of remedial action had been implemented within time scale.
3	Reduce the number of musculoskeletal injuries	Employees engaged in manual handling to receive manual handling training.	Directors	Review Annually in April	A progression towards 80% of employees with relevant manual handling training, prior to any incident.	Records indicate that 21% of employees had received relevant manual handling training prior to the incident
4	Reduce the number of musculoskeletal injuries	Monitor the no. of days lost through back, neck, arm and musculo-skeletal injuries on an annual basis.	Head of Human Resources and Council H and S Co-ordinator	Review Annually in April	A 20% reduction in number of musculo-skeletal injuries by April 2015. Baseline established in 2010/11 of 80 incidents and 560 days lost	During 2011/12 there were 55 incidents reported resulting in 420 days lost. This is a 32% reduction in the number of incidents and 19% reduction in the number of days lost

Issue 3		Actively manage organisational stress in the Council				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Management of Occupational Stress	Undertake an Organisation Stress Survey every 3 years	Directors / Council H and S Co-ordinator	December 2013	Production of survey results for all Departments	Planned for 2013
2	Management of Occupational Stress	a) Hold Focus Groups within Departments for current survey results where warranted	Directors	September 2011	a No. of Focus Groups held. 90% Number of Focus Groups Held within timescale	Completed
		b) Hold Focus Groups within Departments for 2013 survey results where warranted	Directors	June 2014	b 90% Number of Focus Groups Held within timescale	Completed for 2010
		Production of an Action Plan for each focus group	Directors	Within 2 months of focus group	c Action Plans produced and issued	Completed for 2010
		Monitor implementation of Action Plans	Council H and S Co-ordinator	Within 4 months from issue of Action Plan	d New controls in place	Being progressed by 3 Departments
3	Management of Occupational Stress	Review Council's Occupational Stress Management Policy	Head of Human Resources	January 2012	Approval of Revised Policy.	Seeking Approval June 2012

Issue 4		Actively manage occupational health risks				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Management of occupational health risks	Identify Occupational Health hazards that pose a risk to employees	Directors / Council H and S Co-ordinator	October 2011	Complete survey	Completed for Occupational Health Tender
2	Management of occupational health risks	Revise and risk assess identified occupational health risks and record where occupational health surveillance is required	Directors	January 2013	Risk assessments and controls in place	Database in place, Departments are revising health surveillance requirements for new contract
3	Management of occupational health risks	Provide occupational health surveillance where required	Directors	January 2012	New Occupational Health contract with Departments having a health surveillance programme in place	New Occupational Health provider appointed March 2012
4	Management of occupational health risks	Implementation of Occupational Health Policy	Directors	Review Annually in May	No. of health surveillance results requiring further controls / actions	84 - 14 % of all surveillance undertaken
5	Management of occupational health risks	Implementation of Occupational Health Policy	Council H and S Co-ordinator	Review Annually in June	Monitor Occupational Health Surveillance Service	New contract provider appointed March 2012 Monthly contract meetings in place
6	Management of occupational health risks	Implementation of Occupational Health Policy	Directors	Review every 6 months	Reduce Did Not Attend (DNA's) Appointments from 155. A progressive improvement to reduce DNAs by 75% by 2015	118 - 24 % reduction from baseline

Issue 5		To establish standards of competence in key areas to enable the Council to discharge their statutory health and safety duties as part of service delivery				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Incident Investigation	Recording, reporting and investigation of all health and safety incidents	Chief Officers	To establish and maintain the standard by December 2012	All work places with 10 + employees to have a person trained in Incident Investigation	Being progressed
2	Health and Safety Management	High Risk sites or activities to have managers trained to IOSH Managing Safely Standard	Chief Officers	All sites to be covered by December 2013	IOSH Managing Safely Course to be offered to managers working in High risk sites	144 Trained by March 2012
3	Health and Safety Risk Control	Ensure local access to competent risk assessors on site	Chief Officers	To establish and maintain the standard by December 2013	Work places with 20 + employees to have sufficient trained competent risk assessors	Being progressed
4	Managing Risks of Lone Workers	Risk controls and procedures in place to support lone workers in high risk situations	Chief Officers	To establish and maintain the standard by October 2012	Operating Procedures and risk controls and assessments in place for lone persons working in high risk situations.	Being progressed
5	Corporate H and S Section Performance	The Section is to receive a peer review once every 3 years by an ABC partner	Council Health and Safety Co-ordinator	Next Peer Review December 2013	Improve Peer Review Audit Score	Benchmark score set by ABC Partners. Score: 70/99

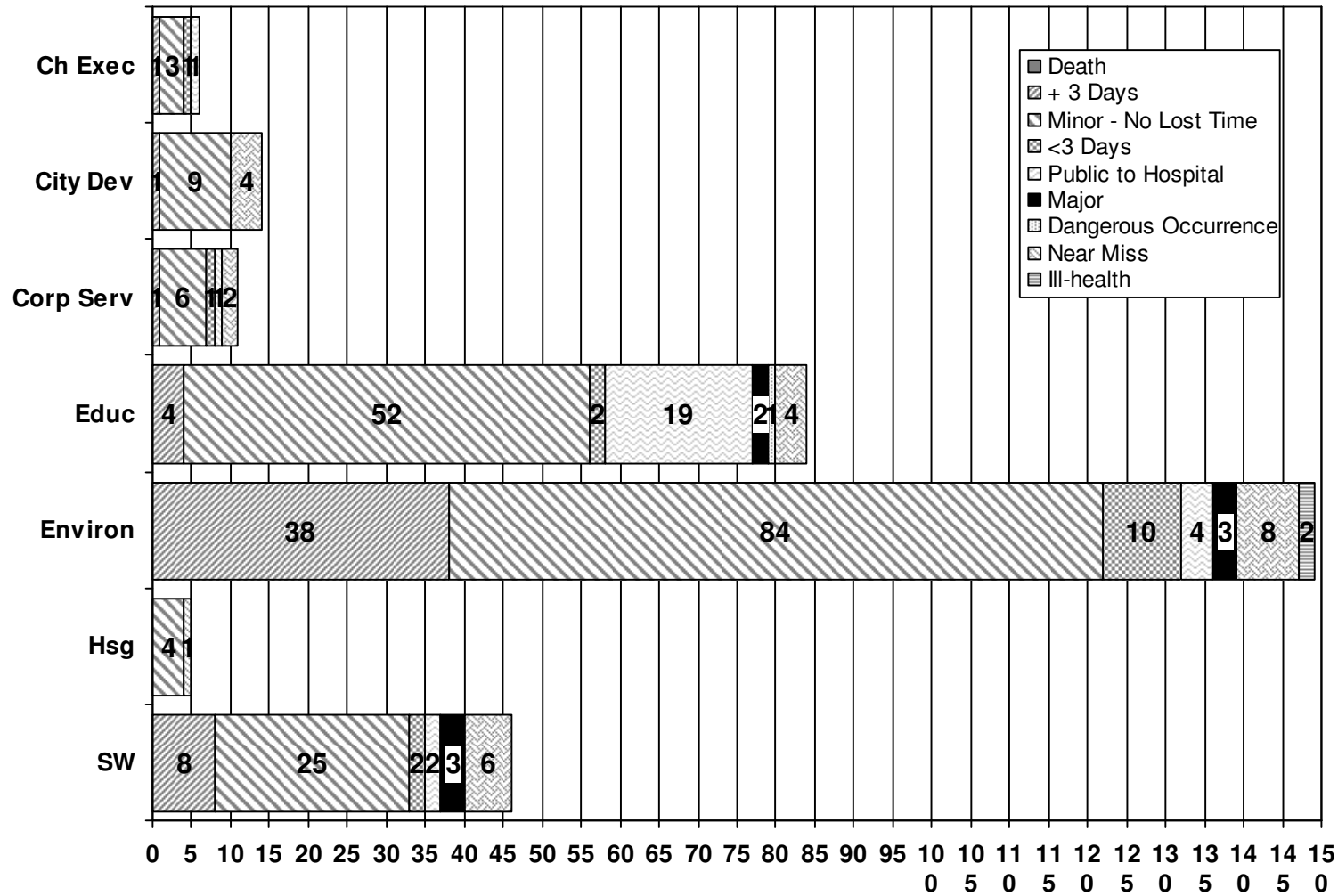
Issue 6		Improve the health and safety culture within the Council, through the effective development and implementation of health and safety management systems by all Departments.				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Visible leadership of Health and Safety	Provide H and S Leadership training for Chief Officers	Council Health and Safety Co-ordinator	June 2012	All Chief Officers to receive training.	Training scheduled for May and June 2012
2	Health and Safety Training	Produce a Corporate Health and Safety Training Programme	Directors  Council Health and Safety Co-ordinator	In November each year  In December each year	a. Identify departmental, health and safety training needs.  b. Produce and implement H and S training programme	Completed for 2011  Training Programme in place for 2012
3	Management of Health and Safety Risks	All Departments to implement their own Corporate Health and Safety Action Plans	Directors	October 2012	Departments to submit their completed Corporate Action Plans linked to the Corporate H and S Plan	Being progressed
4	Health and Safety Committees	Effective Departmental H and S committees	Directors	Every 6 months	a. Minutes of Departmental H and S Committees available.  b. Corporate H and S Adviser to attend each committee once per year	4 Departments on Track  Being progressed
5.	Health and Safety Training	Maintenance of H and S Training records	Training Co-ordinators / Council H and S Co-ordinator	In April each year from 2012	70% pass rates for risk assessor courses.	Pass rate 81%

Issue 7		To monitor and evaluate the health and safety performance, to motivating management to take effective measures to reduce health and safety losses and improve performance.				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Annual Health and Safety Report	Production of Annual H and S Report with involvement of all Departments	Council H and S Co-ordinator / H and S Champion	Annually by October	Approval at Policy and Resources Committee	Presented to SMT June 2012
2	Health and Safety Inspections	Departments to complete H and S inspection of the workplace	Benchmark score set by ABC Partners. Score: 70/99	High Risk -Annually Other sites - 2 -yearly from January 2012	Site management to complete new Health and Safety Inspection checklist	New Health and Safety Checklist prepared and has been piloted
3	Incident Reporting	Reporting H and S to Strategic Management Team Incident statistics, and any significant legislative changes.	Council H and S Co-ordinator	3-monthly reports to the SMT. Accident statistics to have a downward trend.	To have less than 400 health and safety incidents per year.	During the year there were less than 400 incidents
4	Monitor H and S standards during construction phase of projects	Corporate H and S Section, to undertake a spot checks on Council F10 sites during the construction phase of projects	Council H and S Co-ordinator and relevant Director	Client to advise Corporate H and S Section of F10 projects, monthly from April 2012	Number of reports issued to Departments to check compliance with Part 4 of CDM Regs 2007	Being progressed
5	Monitoring Performance	Periodically undertake surveys and specific audits, to monitor the implementation of corporate guidance.	Council H and S Co-ordinator	2 large audits or surveys per year	Publication of survey results to Directors / Chief Officers	Construction H and S Audit completed - May 12 and Audit in Waste Management in progress
6	Monitoring Performance	Monitor progress of implementation of this Corporate H and S Action Plan	Council H and S Co-ordinator	Review Progress Annually in December	Report to Council Management Team	Departments currently finalising their own plans

Issue 8		Keep Health and Safety Policies, Guidance and procedures under review.				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1.	Health and Safety Management	Council Health and Safety Policy to be kept under review	Council Health and Safety Co-ordinator	Annually in April	Provision of Council Health and Safety Policy	Current Policy dated April 2012
2.	Health and Safety Management	New Departmental Health and Safety Policies to be established and kept under review.	Directors	September 2012 and thereafter Review Annually	Provision of Departmental Health Arrangements to comply with Council Policy	New Template issued April 2012
3.	Risk Assessments	Keep operational risk assessments under review	Directors	December each Year	Publish a list of risk assessments to be reviewed during the following year and record progress	The tracking of risk assessments is undertaken by Departmental H and S Committees
4.	Health and Safety Toolkit	Keep Health and Safety Toolkit up to Date	Council H and S Co-ordinator	Annually in September	Publish an annual Update and document under review.	Completed for 2011 Update for 2012 is being progressed.

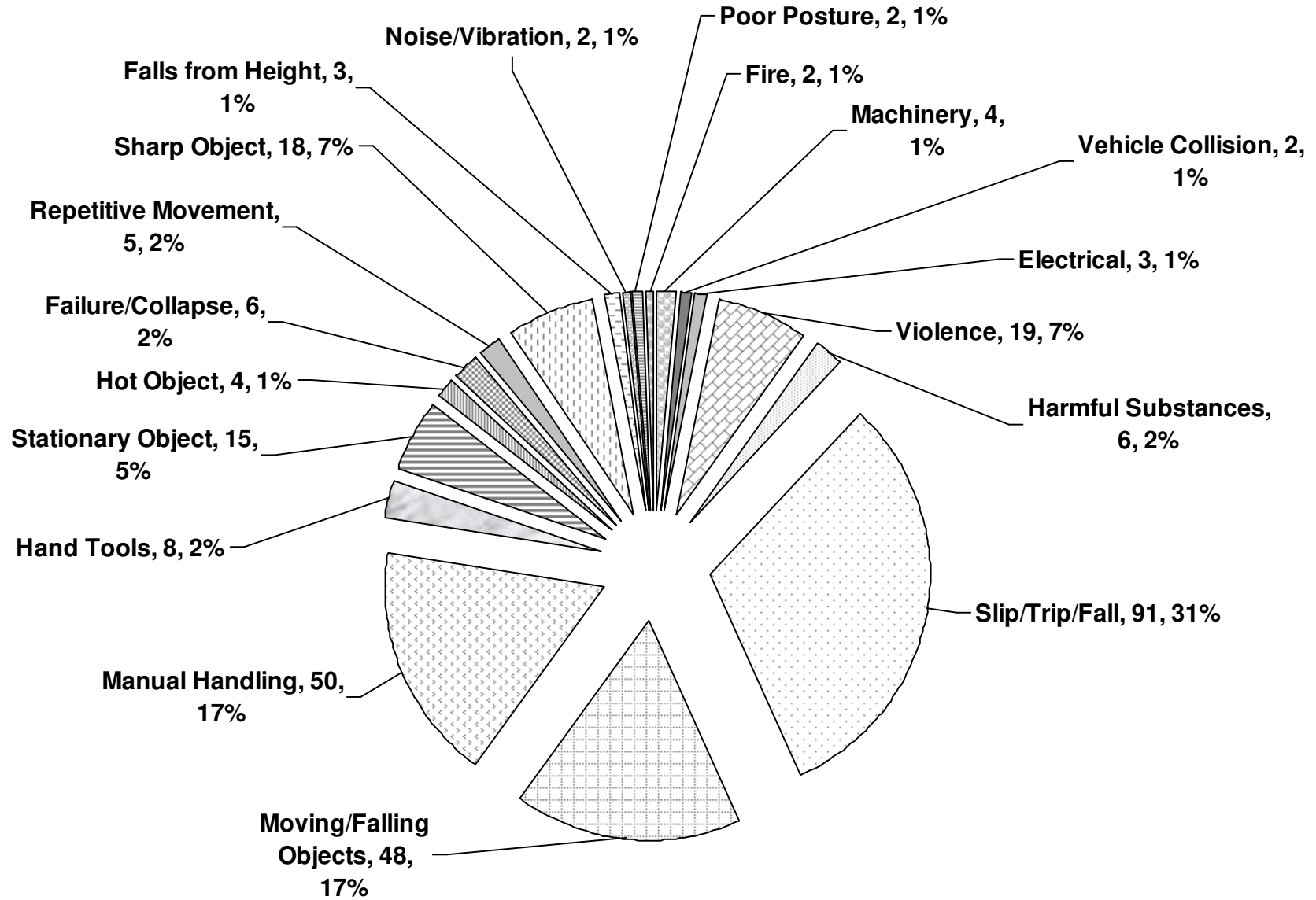
**Dundee City Council  
Accident Severity April 2011 - March 2012  
(Excluding non-reportable injuries to members of the public)**

**APPENDIX 2**

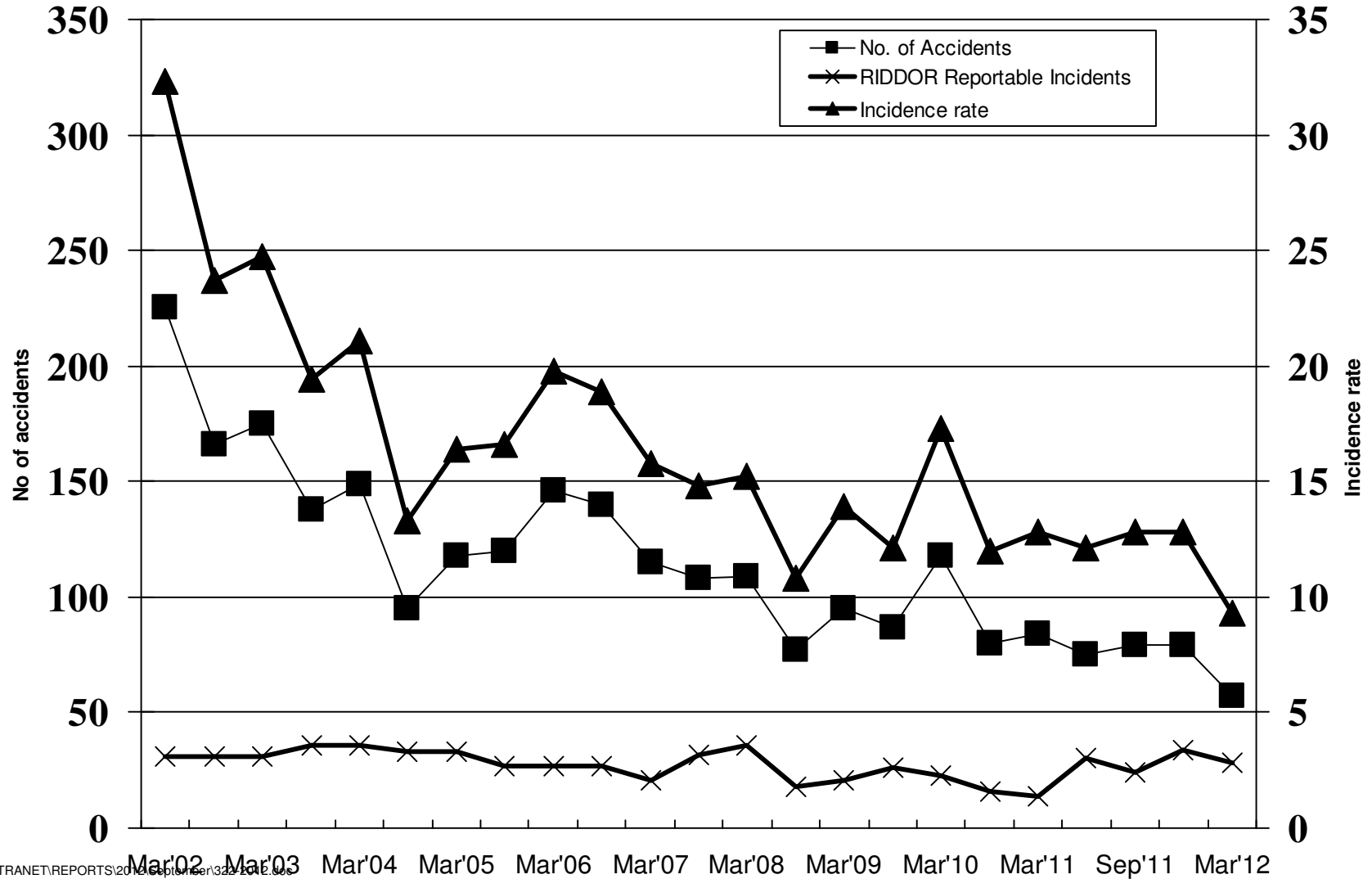




**Dundee City Council  
Accident Causes (Employees Only)  
April 2011 - March 2012**



## Dundee City Council Quarterly Employees Incidence Rate Jan 2002 - March 2012



### Costs of Accidents April 2003 - March 2012 Dundee City Council

