

**REPORT TO:** Policy and Resources Committee - 9 September 2013  
**REPORT ON:** Annual Health and Safety Report 2012-13  
**REPORT BY:** Head of Human Resources, Corporate Services Department  
**REPORT NO:** 410-2013

**1 PURPOSE OF REPORT**

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

**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. There are no major issues.

**6 CONSULTATIONS**

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

7      **BACKGROUND PAPERS**

7.1    None.

Iain Martin  
Head of Human Resources

20 August 2013

# **DUNDEE CITY COUNCIL**

## **ANNUAL HEALTH AND SAFETY REPORT 2012/13**

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Corporate Services

August 2013

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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.

I would like to thank all who have positively contributed towards the Council's health and safety performance during 2012/13.

Iain Martin  
Head of Human Resources

June 2013

## 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 The current 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 Department is currently being progressed.
- 3.2 All members of the Strategic Management Team received Health & Safety Leadership training and identified health and safety actions that would be taken forward to improve performance and raise the profile of health and safety within their own Department.
- 3.3 During the year 213 persons were trained to undertake risk assessments and 137 persons successfully completed the training to provide a pass rate of 64%. This is an 8% improvement from the previous year, and is welcomed. 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%.
- 3.4 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 being adopted.
- 3.5 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 2012 was been completed, and issued last year. The Toolkit is currently being reviewed for 2013 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.
- 3.6 Manual handling incidents accounted for 19% of all incidents this year, which is line with the national average for manual handling injuries. In real terms there was a reduction of 4 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. The Council has been participating in the development of Manual Handling Passport Scheme which will be launched for Local Authorities in Scotland 2014, producing a more robust and consistent level of training, harmonizing and improving the standard of training. Manual handling work activities need to be kept under constant review with controls being re-examined and implemented following any manual handling injury.

- 3.7 During year there has been a 14% reduction in musculoskeletal injuries in the workplace. There was however a 13% increase in the total number of days lost. The average number of days lost when an absence occurred was 18.6 days. This is a slight increase in the time lost per absence. It has since been recommended by the SMT that referrals for musculoskeletal injuries will be referred to the Council's occupational health provider within 4 weeks of an absence or sooner, where appropriate to help achieve a reduction in the number of working days lost.
- 3.8 Slips, trips and falls now account for 26% of all incidents this year, a reduction of 5%. This, in real terms, is a reduction of 27 slip, trip and fall accidents, in comparison with the previous year. Most slip, trip and fall incidents tend to be minor, but 1 of the six major injuries, were attributable to slips trips and falls. The major injury occurred whilst an employee was litter picking in long grass and went over on their ankle on un-even ground.
- 3.9 The Council appointed a new occupational health provider in April 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.
- 3.10 Occupational health surveillance has revealed that adjustments have been required to improve risk controls for 5.7% of the employees who have received occupational health surveillance during this year. In previous years 14% of health surveillance has required adjustments to be made, indicating an improvement in the management of occupational health risks.

#### 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 current Corporate Health and Safety Plan was updated in October 2012 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 monitors 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. A new electronic Health & Safety Inspection was introduced in 2013, which can be undertaken by any manager, to check and monitor their current level of health and safety standards. A scoring mechanism is incorporated into the system, which will allow improvements to be measured numerically.
- 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. The implementation of the contract is monitored on a quarterly basis.
- 5.3 A programme of occupational health surveillance has been in place for the past 12 months. During this year 437 occupational health screenings have taken place. The results of occupational health surveillance has indicated to date that 5.7% of the results obtained have required adjustments to be made to risk controls to improve our management of occupational health. In previous years 14% of results required adjustments to be made, indicating that improvements in risk controls are being made.
- 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 there has been no further deterioration in employees hearing over this year which indicates that noise risks are being controlled to prevent hearing loss, however this is not all achieved by reducing noise exposure, as hearing protection is required for a significant number of employees. Where possible exposure to noise should be reduced at source, but this is not always possible.
- 5.6 During the year it was also identified that on 70 occasions employees failed to attend appointments, which is a reduction of 41%, which resulted from the appointment system changing, whereby management had to confirm and arrange for employees to attend appointments. This will continue to be monitored by Departments.
- 5.7 A number of employees have been trained to undertake skin screening to provide an early warning of a possible dermatitis. Over 795 such screenings have taken place, and 53 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 1 cases of occupational ill-health were reported to the HSE regarding exposure to hand-arm vibration. This related to an employee who in the past had been exposed to hand-arm vibration, and had been removed from using vibrating equipment the previous year.
- 5.9 Management are required to ensure that all the correct employees are receiving the appropriate types of occupational health surveillance. This is an annual task to ensure that employees are not exposed to hazardous agents without appropriate health surveillance being in place.

## **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, the management of asbestos, health & safety training, Trade Union representation on the Committee, and accident data.
- 6.4 All departments have now established 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". Some Departments have however had difficulties in encouraging trade unions to nominate safety representatives to attend. To be effective these committees, need to be recognised as forums for stimulating change and achieving improvements in risk control at a departmental level.
- 6.5 The Council continues to offer training for safety representatives and representatives of employee safety to improve the effectiveness of all health and safety consultations.
- 6.6 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 2012/13, there were 251 health and safety incidents recorded which represents a reduction compared to 288 in 2011/12. There were also 12 members of the public taken to hospital as the direct result of a work activity in 2012/13 compared to 27 in 2011/12. There were 11 within Education, and 1 in Social Work. The health and safety incident data for 2012/13 can be found in Appendix 2.
- 7.4 Over the past year there has been an improvement in the under-reporting of incidents. During 2012/13 the under-reporting of minor incidents was found to be 23%, which 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. During the year with the change in 4 - 7 day absences, no longer being reportable to the HSE, it has had an impact upon the level of under-reporting. Had the previous regulations still existed, under-reporting would be at 52% for the year, which would have been a 5% deterioration in the reporting of minor incidents.
- 7.5 The total number of RIDDOR incidents to employees during the year was 41, comprising 1 +3 day injury, 32 +7 day injuries, 1 dangerous occurrence, 1 occupational ill-health and 6 major injuries. Had the legislative changes in what is reported to the HSE, not occurred then there would have been 54 reportable incidents. This is a reduction in real terms of 9 reportable incidents over the year, as there were 63 incidents reported in the year 2011/12. . All such incidents are investigated and remedial actions identified.
- 7.6 During the year the Council had 3 visits from the HSE, all involving the Environment Department, two relating to construction activities and one involving the a visit to observe the collection of domestic and commercial waste. The first visit was an unannounced visit to a construction project in July 2012, where the HSE Inspector was very satisfied with everything as he found the construction site to be well managed, with all health and safety risks being controlled. A second visit was made to the same construction project in February 2013, and on this occasion the HSE inspector found that accumulations of wood dust existed at circular saw and a crosscut saw. He was of the view that the exposure to wood dust was not being adequately controlled, despite local exhaust ventilation (LEV) being in place. The inspector however, did recognise that it was lunch time, and accepted that a blockage had occurred that the accumulations of wood dust would be removed and the blockage cleared before re-commencing the wood working machinery. He also found an over-use of step ladders, by sub-contractors and considered that podium steps or a low level access platform, would have been more appropriate. A letter was received regarding this matter but no formal action was taken.
- 7.7 The other visit from the HSE was a planned visit to examine health and safety procedures regarding our collection of domestic and commercial waste, in areas where heavy levels of traffic were likely to be present. Overall the inspector was pleased with the progress being made, but had some concerns with double loading from both sides of the road taking place and some manual handling issues. We explained that the route risk assessments were still at the development stage, and agreed to modify and make the route risk assessments more specific, detailing the type and size of vehicles for each route, and where only single sided collection is permitted. Specific route risk assessments will be developed to further reduce the levels of risk.
- 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 79% of those people investigating accidents had been training in incident investigation. The survey also revealed that risk assessments existed in relation to 80% of the incidents that took place. These risk assessments were further examined and 77% of those risk assessments were found to be suitable and sufficient. When comparison is made to our previous survey it shows that the undertaking of risk assessments has increased by 3% in the past 12 months.

- 7.9 The survey identified, however, that 71% 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 77% of cases, appropriate remedial actions had been identified. Upon further examination it was revealed that in a third of cases additional controls were required. The most common control that was found to be lacking was the a further revision of the existing risk assessment. At the time of the survey it was found that management had implemented preventative measures in 77% of the cases examined in the survey. In reality all recommendations approved by management are to be implemented, as failure to do so, leaves the opportunity for another person to be injured.

## **8 HEALTH AND SAFETY TRAINING**

- 8.1 The Corporate Health and Safety Section has produced training calendars for the past nine 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, dates and times to suit their needs of Departments. This however did not always result in improved attendance.
- 8.2 During the year the Corporate Health and Safety Section was scheduled to deliver 40 corporate courses, with 38 being delivered, with one was cancelled due to an insufficient number of delegates, and another was a twilight training session, cancelled by Education, due to a local weather warning. The Section also delivered an additional 50 courses upon request. This equates to 567 employees receiving some form of health and safety training during the year. This is a 4% 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 6.3 employees per course, which represents, a reduction of 1.2 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 31 risk assessor type training courses were delivered, and 64% of delegates attending this training completed this by submitting suitable and sufficient risk assessments. This is still below above our target return rate of 70% but represents the same pass rate as last year.
- 8.5 The Health & Safety Section also organised an external company to deliver Fire Risk Assessor Training to ensure that all our Fire Risk Assessors are compliant with the new competency standard that was introduced in 2012. The course also resulted in more thorough fire risk assessments being undertaken, through the adoption of the new fire risk assessment forms in which assessors are now trained to and licensed use.
- 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 departments and Tayside Fire and Rescue Service. During the year the Section responded to this demand and delivered, upon request, 14 Fire Safety Awareness Courses in the use of fire fighting appliances for 118 employees.
- 8.6 During the year a demand also rose 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 6 training sessions being organised with 29 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; Health & Safety Awareness; Dangerous Substances; and First-Aid Update. The Council's Stress Management Course for managers and supervisors will be available later in 2013.

- 8.8 The Council fire safety e-learning training course was made mandatory for all staff to complete by the end of 2012. Currently at the end of March 2013, 4381 employees have successfully completed the course.
- 8.9 Currently 78% of all Display Screen Equipment (DSE) users in the Council have completed DSE Training using the Cardinus e-learning package.

## 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 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. All Departments are required to finalise and keep their recorded arrangements under constant review, in order to ensure systems and procedures are in place.
- 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. The new Health & Safety Inspection checklist was introduced following trials, and Departments will be required to undertake in-house inspections at pre-determined intervals. A new checklist will enable management to more readily actively monitor their own health and safety performance, and identify where improvements are required.
- 9.3 Departmental Corporate Health & Safety Plans, in which departments record and detail their actions against key performance indicators, continue to contribute towards the fulfilment of the approved 2011/15 Corporate Health & Safety Plan. The key indicators are detailed in Appendix 1. Directors fully recognise that they are accountable for their department's own health and safety performance and this has been a key factor in the progress achieved over this year.

## REFERENCES

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- Health and Safety Commission, 2000  
*Revitalising Health and Safety*, London: HMSO
- Health and Safety Executive, 1997  
*Successful Health and Safety Management*, London: HMSO
- Health and Safety Executive, 2009  
*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 63 slips, trips and falls during the year representing a 30% 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>	<p>Completed</p> <p>Being progressed</p> <p>To be started shortly</p>

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 54% (1607) 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	23% of Manual Handling incidents are accompanied by a manual handling risk assessment.  A survey on musculoskeletal referrals identified that all remedial measures had been followed .
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 15% 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 2012/13 there were 51 incidents reported resulting in 528 days lost. This is a 37% reduction in the number of incidents and 9% 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	Survey commenced May 2013
2	Management of Occupational Stress	a) Hold Focus Groups within Departments for current survey results where warranted  b) Hold Focus Groups within Departments for 2013 survey results where warranted  Production of an Action Plan for each focus group  Monitor implementation of Action Plans	Directors  Directors  Directors  Council H and S Co-ordinator	September 2011  December 2013  February – April 2014  Within 4 months from focus Group issue of Action Plan	a No. of Focus Groups held. 90% Number of Focus Groups Held within timescale  b 90% Number of Focus Groups Held within timescale  c Action Plans produced and issued  d New controls in place	Completed
3	Management of Occupational Stress	Review Council's Occupational Stress Management Policy	Head of Human Resources	January 2012	Approval of Revised Policy.	New Policy Approved September 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
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 have revised their health surveillance requirements for 2013/14
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 for 3 year period
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	26 - 5.7 % 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	Annual Report for 2012/13 produced
6	Management of occupational health risks	Implementation of Occupational Health Policy	Directors	Review Annually in April	Reduce Did Not Attend (DNA's) Appointments from 155. A progressive improvement to reduce DNAs by 75% by 2015	70 - 55 % 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	Additional training being delivered where shortfalls have been identified
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	160 Trained by March 2013
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 in 2010

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.	All SMT received training in 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 2012  Training Programme in place for 2013
3	Management of Health and Safety Risks	All Departments to implement their own Corporate Health and Safety Action Plans	Directors	March 2013	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	All Departments have established committees  Not yet invited attended City Development's Committee
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 64%

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 July 2013
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 electronic Health and Safety Checklist issued February 13.
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 300 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	30 construction site Inspections undertaken during the year
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 January 13
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 for 2012/13

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, and is being used for all reviews of policies
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 2012 Update for 2013 is being progressed.

**APPENDIX 2****DUNDEE CITY COUNCIL****ACCIDENT SEVERITY APRIL 2012 - MARCH 2013****(Excluding non-reportable injuries to members of the public)**

<b>Department</b>	<b>Death</b>	<b>+3 days</b>	<b>Minor - No Lost Time</b>	<b>&lt;3 days</b>	<b>Public to Hospital</b>	<b>Major</b>	<b>Dangerous Occurrence</b>	<b>Near Miss</b>	<b>Ill Health</b>	<b>4-7 days</b>	<b>Over 7 days</b>
Chief Executive's			4								
City Development			9			1		2		1	
Corporate Services			3					2			1
Education			57	7	12	2	1	4		6	6
Environment		1	47	7		2		6	1	4	16
Housing			2	1		1				1	
Social Work			40	1	1			6		1	8

**Dundee City Council  
Accident Causes (Employees Only)  
April 2012 - March 2013**



