

REPORT TO: Policy and Resources Committee - 31 October 2011

REPORT ON: Annual Health and Safety Report 2010-11

REPORT BY: Head of Personnel, Corporate Services

REPORT NO: 419-2011

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.

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 Council 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 Equality Impact Assessment.

Iain Martin
Head of Personnel

1 September 2011

DUNDEE CITY COUNCIL

**DRAFT ANNUAL
HEALTH & SAFETY
REPORT
2010/11**

Corporate Services

August 2011

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FOREWORD BY HEAD OF PERSONNEL

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. Priority continues to be given to risk assessment action plans, and the communication of risk control procedures and the implementation of risk controls. 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, which has recommend that Departmental Health and Safety Officers, continue to be line managed in their Department, but that they transfer to Corporate Services for professional support and Development.

I would like to thank all who have positively contributed towards the Council's health and safety performance during 2010/11.

Iain Martin
Head of Personnel

August 2011

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 8,000 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 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, 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 Personnel.
- 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 the Personnel Department, as the management of employee health and welfare are key components of personnel management. The role of the section is therefore a fundamental part of personnel 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;
- Participate in the European Health and Safety Week to promote health and safety compliance within the Council;
- 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/Chief Officer is required to provide and revise as often as necessary their own departmental health and safety policy. These policies are to detail arrangements for implementing the Council Health and Safety Policy within each department.
- 2.6 In particular each departmental policy must detail the specific arrangements for:-
- Undertaking risk assessments and implementing controls
 - Producing and implementing safe systems of work
 - Ensuring that sufficient resources are available to implement the policy
 - Maintenance and repair of work equipment
 - Storage and use of hazardous substances
 - Management of change (including changes in management systems and organisation, systems of work, new plant and equipment, introduction of new substances or work practices)
 - First aid
 - Accident investigation, recording and reporting
 - Information, instruction, training and supervision
 - The control of contractors/visitors
 - Undertaking Health Safety Inspections
 - Monitoring performance
- 2.7 Some larger Departments have appointed their own Health and Safety Officer to assist senior management in the implementation of the health and safety policy and risk controls.
- 2.8 All Directors/Chief Officers have appointed a Departmental Health and Safety Co-ordinator to support and assist in the day-to-day management, development 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 Corporate Health and Safety Section and Chief Officers.
- 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 approach to compliance with Council policies.

3 SIGNIFICANT ISSUES

- 3.1 The Council's reporting of injuries under the Reporting of Injuries Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR) has improved over the last 12 months. The under-reporting of minor incidents is currently at 11% which is a marked improvement in the past year, and compares very favorably to the national average of 60% for under reporting of incidents, according to the HSE. The importance of reporting minor incidents is now being understood by employees with

the help of management. Management appear to be investigating minor incidents in a positive manner, avoiding blame and increasingly identifying the underlying causes to the incidents to ensure that appropriate corrective action can be taken.

- 3.2 During the past year there has been a 22% reduction in the number of notifiable incidents to the HSE under the Reporting of Diseases and Dangerous Occurrence Regulations. This reduction is greatly welcomed however slips trips and falls continues to be the main cause of major injuries.
- 3.3 The completion rate for all risk assessor-training courses across the Council in the past year also improved over the year is currently at 53% which is a reduction from 62% the previous year. 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 was revised in April 2011 and existing health and safety guidance has been revised and updated. During the year the Council also introduced guidance on Lifting Operations and Lifting Equipment.
- 3.5 All approved corporate guidance has now been issued for inclusion in the Health and Safety Toolkit. The Toolkit was launched in June 2005 with the Toolkit being updated by the Corporate Health and Safety Section in June on an annual basis. The review for 2010 has been completed, and will be distributed during the month of June. The Toolkit is currently being reviewed for 2011 and 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 account for 16% of all incidents this year, maintaining the same level as the previous year. This is 2% below the national average for manual handling injuries and has only been achieved as a result of minimising the need for manual handling, reducing loads where possible and updating and revising risk controls. Manual handling work activities need to be kept under constant review with controls being examined following any manual handling injury.
- 3.7 One section of the Corporate Health and Safety Plan for 2008/11 is aimed at improving the management of musculo-skeletal injuries across the whole Council. During the past year the number of musculo-skeletal injuries has fallen by 12% from the previous year. One of the key issues to improve performance and legal compliance is to ensure that employees receive specific manual handling training in relation to the manual handling tasks actually being undertaken.

- 3.8 Slips, trips and falls now account for 27% of all incidents this year. This, in real terms, is a reduction of 14 in slip, trip and fall accidents, in comparison with the previous year. Most slip, trip and fall incidents tend to be minor, but 5 of the six major injuries, were attributable to slips trips and falls. Three of the incidents occurred in external environments over which the Council either no control or limited control. Only one of the major injuries occurred in a building over which the Council had direct control. In this case the employee had direct control over their immediate working environment, knew that the floor was wet, with warning signs displayed, but decided work in the area before the floor had been dried.
- 3.9 The Council undertook an organisational stress survey in 2010 using the HSE's Stress Indicator Tool. The survey identified the need for four Focus Groups to be held. Two of these Focus Groups have been held and Action Plans been produced to address issues that if left unattended could cause stress for some employees. The Survey Tool is very much seen as a positive measure to counter possible causes of stress before problems arise within the Council. This stress survey is to be repeated on a 3 yearly basis.

4 CORPORATE HEALTH AND SAFETY PLAN

- 4.1 The Council's Corporate Health and Safety Plan for 2008/11 embraces the challenges of the Government's Revitalising Health and Safety Strategy and builds upon the success of previous Corporate Plans. A new Corporate Health and Safety Plan is currently being formulated through consultations with departments to further improve Health and Safety performance.
- 4.2 All departments are accountable for implementing the action plan that is contained in Appendix 1 to this report. The Council's Health and Safety Policy was reviewed and approved in April 2011. All departments are responsible for keeping their own policies under review by ensuring that the necessary arrangements are in place 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. A new styled Council Health and Safety Policy is also being considered where there is only one policy to which all Departments are committed.
- 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 All departments were to undertake a comprehensive survey to identify health and safety risks that were either inadequately controlled or where significant hazards were not adequately supported by suitable and sufficient risk assessments. Departments are aiming to finalise their action plans by the end of 2011 but it is recognised that undertaking risk assessments and reviewing them is a continual process.
- 4.5 The Corporate Health and Safety Plan is largely on track but the implementation of the action plans to undertake risk assessments and improve the controls of inadequately controlled risks is the key to improving our overall health and safety performance.

- 4.6 A new Corporate Health and Safety Plan is currently being developed in consultation with the trade unions and departments.

5 OCCUPATIONAL HEALTH AND SAFETY

- 5.1 A 3-year Occupational Health Contract was established with OHSAS, in April 2007. 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 employee's return to work.
- 5.2 The Council has requested an extension to the current Occupational Health contract up until December 2011, and is currently engaged in the procurement process to tender for a new 5 year contract, with the focus being the quality of the service provided.
- 5.3 A program of occupational health surveillance has been in place for the past 12 months. During this year 506 occupational health screening 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 screening 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 will become a vital asset in future years for identifying trends and patterns of occupational health management.
- 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 OHSAS. This is a reduction 5% in the remedial measures required in comparison with the previous year.
- 5.6 During a survey it was identified that in 38% of cases, that neither a risk assessment nor measurements were in place to show the current level of exposure. Occupational health surveillance is designed to support risk controls and to provide an early indication that risk controls may need to be revised. This situation was found not to be acceptable and the corporate health and safety section have been assisting departments meet their statutory obligations in risk assessment and control.
- 5.7 The survey also identified that information had been given to all employees regarding the results of occupational health surveillance, including the provision and use of personal protective equipment. The results of occupational health surveillance were recorded in the occupational health database in 85% of the cases involved in the survey. The problem was limited to two departments and has since been remedied.

- 5.8 During the year we have reported 2 case of occupational ill-health that would not have been identified without occupational health surveillance. Both of these case 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.

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 stress, the occupational health tendering process, occupational road risk and the investigation of accidents
- 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 Health and Safety Policy places significant emphasis on the importance of effective departmental health and safety committees, and the need to consult with employees during the risk assessment process. 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. The tracking document for all new and revised risk assessments is to be discussed at departmental health and safety committees, to track the implementation of new risk controls.
- 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 Council 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 2010/11, there were 360 health and safety incidents involving employees compared to 399 in 2010/11. There were also 16 members of the public taken to hospital as the direct result of a work activity in 2010/11 compared to 23 in 2009/10. There were 12 school pupils with Education, 3 from Leisure and Communities, and 1 in Social Work. The health and safety incident data for 2010/11 can be found in Appendix 2.
- 7.4 Over the past year there has been a significant improvement in the under-reporting of incidents. During 2010/11 the under-reporting of minor incidents was found to be only 11%. This is a significant improvement across the Council as the under-reporting of minor accidents was found to be at 43% the previous year. Training sessions were delivered for groups of employees in March 2010 and this appears to have had a positive impact.
- 7.5 The total number of RIDDOR incidents to employees during the year was 64; comprising of 40 +3 day injuries, 2 occupational ill-health, and 6 major injuries. This represents a 22% reduction in RIDDOR reportable incidents in comparison with the previous year. Five of the major injuries were due to slips, trips and falls, 3 of which were in locations, out with the Council's direct control.
- 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 £129,095. This is a reduction in losses of £67,565 in comparison with the previous year which is attributed to the significant reduction in the number of RIDDOR reportable incidents to the HSE during this period.
- 7.7 During the year the Council had 1 visit from the HSE. The visit was in response to an accident at Riverside involving a sub-contractor who was discharging a load and toppled the vehicle. The sub-contractor was delivering top-soil for a landscaping project. The HSE investigation found that the control measures and the road traffic management procedures adopted by the Council to be adequate, and no action was taken against the Council.
- 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 86% of those people investigating accidents, had been training in incident investigation. The survey also revealed that 68% of those employees injured had received training in the safe system of work to be adopted. This is improvement of 18% since the previous audit. At the time of the survey it was found that management had implemented preventative measures in 73% of the cases examined in the survey. This is a 14% improvement in the past year, but concern was expressed at the length of time taken to implement remedial measures.

- 7.9 In 2008 a target was set to ensure that each workplace with 20 or more employees would have suitable trained risk assessors on site, to undertake and keep current risk assessments under review. The survey revealed that 85% of establishments had an employee trained to undertake general risk assessments, 24% had an employee trained to undertake display screen equipment risk assessments, 30% had an employee trained to undertake a manual handling risk assessment and 45% had an employee trained to undertake risk assessments for hazardous substances. These gaps have now been identified and training can be targeted to address the shortfall.
- 7.10 During the year an organisational stress survey was undertaken for the whole Council using the HSE's Stress Indicator Tool. The results revealed that generally the Council was managing organisational stress better than average, but that there were areas for improvement. Focus Groups are still in the process of being undertaken to identify issues that could be stressors in some Departments.

8 HEALTH AND SAFETY TRAINING

- 8.1 The Corporate Health and Safety Section has produced training calendars for the past seven years to meet the needs of Departments, providing corporate training and also tailoring particular courses to suit departmental needs upon request.
- 8.2 During the year the Corporate Health and Safety Section was scheduled to deliver 38 corporate courses, all of which were to be delivered, but two were cancelled due to the lack of demand. The Section also delivered an additional 39 courses upon request. The 77 training courses compares favourably to 79 training courses the previous year. This equates to 637 employees receiving some form of health and safety training during the year, a reduction of 76 employees from the previous year. The Section was however only able to meet these demands by reducing the amount of time spent auditing health and safety performance.
- 8.3 The average number of delegates per course has been calculated as being 8.2, a reduction of 0.8 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 has been placed upon training in recent 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 12 risk assessor type training courses were delivered, and 59% of delegates attending this training actually completed this training by submitting suitable and sufficient risk assessments. Progress continues to be made towards reaching our target return rate of 70% of delegates successfully completing the training.
- 8.5 During the past year the Health and Safety Section been increasingly asked 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, 24 Fire Safety Awareness Courses in the use of fire fighting appliances for 182 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 4 training sessions being organised and 29 people being trained.
- 8.7 As the Council has now invested in corporate e-learning packages, 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.

9 CONCLUSION AND RECOMMENDATIONS

- 9.1 This report highlights that good progress has been made over the past year with regard to the management of health and safety. The reduction in the number of accidents is certainly welcomed. 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. Continued attention requires to be given to ensuring that risk controls are developed and implemented using the Council's approved risk assessment process. The shortened risk assessment form has reduced paperwork involved in the risk assessment process. Clear systems and procedures are required for training employees in the improved risk controls, with arrangements also being established to actively monitor that the new controls are being implemented.
- 9.2 A new Corporate Health and Safety Plan will be developed in consultation with Departments for 2011/15. It is envisaged that Departments will be required to develop their own health and safety plans to enable the objectives of the corporate plan to be achieved. A number of the objectives in the current plan will be transposed into the new plan. Consultation will take place before a new plan is finalised with the aim being continuous improvement.

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A Guide to Measuring Health and Safety Performance, London: HMSO

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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

DUNDEE CITY COUNCIL'S HEALTH AND SAFETY ACTION PLAN 2008 – 2011

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 30 % reduction in number of slip, trip and fall incidents by 2011. Baseline of 106 incidents in 2006/07	A 7% reduction in slips, trips and falls has been achieved in relation to the baseline established in 2006/07.
2	Slips, trips and falls	Design out slip, trip and fall hazards in the workplace, in new builds and during refurbishment.	Council H and S Co-ordinator and Chief Officers	Training to delivered by May 2008	Designers to receive specific training in the Workplace HSand W Regulations 1992	29 Persons trained. CDM Training course continues to be available.
3	Slips, trips and falls	Procedures to be in place for the removal of spillages in all workplace establishments	Local managers of workplaces	June 2008	Written spillages procedures to be available and known by employees on site	A template was produced to create a clear procedure for dealing with spillages in workplaces. This was issued to all work places in 2009.
4	Slips, trips and falls	a. All main access routes into Council buildings to be risk-assessed for slips trips and falls and controls implemented b. All access routes into buildings to be risk assessed	Chief Officers Chief Officers	December 2009 December 2010	Incident reports to be monitored to ensure Quick Risk Assessments attached to incident reports.	Slip, trip and fall incidents that occur in premises over which the Council has control, are submitted with the Quick Risk Assessment forms attached. 102 Slips test measurements undertaken this year with slip-test meter.

Issue 2		Reduce the number of days lost through musculo-skeletal 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 musculo-skeletal injuries	Risk assess manual handling and D.S.E. work activities and use of hand tools as required, where there is a risk of injury	Managers responsible for the allocated work activities.	Review Annually in April	15% reduction in number of musculo-skeletal incidents by 2011. Baseline of 115 incidents in 2006/07	For 2010/11 there were 79 reported incidents. This represents a 31% reduction in the number of musculoskeletal injuries since 2006/07
2	Reduce the number of musculo-skeletal injuries	Ensure that employees are appropriately trained in safe working procedures following risk assessments.	Managers responsible for the allocated work activities.	Review Annually in April	Provision of appropriate training by a competent trainer with training records being retained	A recent study showed that in the manual handling cases examined, training records only existed in 40% of cases following an incident.
3	Reduce the number of musculo-skeletal injuries	Monitor the number of days lost through back, neck, arm and musculo-skeletal injuries on an annual basis.	Personnel Manager and Council Hand S Co-ordinator	Review Annually in April	Reduction in number of musculo-skeletal injuries. Baseline 115 incidents.	In 2010/11 there were 79 incidents. The number of days lost to musculo-skeletal injuries was 455. The average number of days lost is 5.7 per absence.

Issue 3		Reduce the number of days lost due to stress-related absences in line with revitalising health and safety targets				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Analyse sickness absence data across all Departments to identify levels of work related stress-related absences	Establish the number of days lost through confirmed cases of work-related stress absences, once Resource Link established	Chief Officers, and Personnel Manager	Review Annually in April	Production of data to establish a baseline of 22,202 days off due to stress.	22,096 days lost due to stress. Unable at present to determine how many are due to occupational stress Average absence 36.7 days.
2	Management of Occupational Stress	<p>Stress Management Policy and Action Plan to be implemented.</p> <p>Examine the implementation of Stress Management Action Plans.</p> <p>Monitor the use of the Counselling Service for stress</p>	Chief Officers 84 employees have received counseling for stress this year. 14 people claimed they suffered work-related stress and 48 claimed they had both personal and work-related stress.	<p>Oct 2010</p> <p>December 2010</p> <p>Annually in April</p>	<p>a Departments to have their first stress surveys / assessments completed.</p> <p>b Identified risk controls implemented</p> <p>c Identify the number of appointments for stress related cases</p>	<p>A stress risk assessment survey was conducted through the whole Council in July 2010.</p> <p>Focus Groups have been held in 2 Departments and others are being progressed within Education and City Development. Action plans will be monitored. 110 Stress Counseling cases, 17 claimed they suffered from work related stress.</p>
3	Effectively address causes of occupational stress	Repeat stress risk assessment process	Chief Officers	Oct 2010	Produce status reports on progress.	A Council wide organisational stress survey was conducted in July 2010.

Issue 4		Improve interventions by occupational health providers to increase awareness and reduce occupational health risks.				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Managing Sickness Absence	Implementation of Sickness Absence Policy	Chief Officers	Review Annually in April	Reduction in Sickness Absence on Annual basis. Baseline 13.65 days 2009/11	Absence Rate for the Council is 10.7 days per employee for 2010/11
2	Occupational Health Service	Review provision of Occupational Health Service	Personnel Manager and Council H and S Co-ordinator	Review Annually in April	Include data in Council Annual Health and Safety Report	KPI's are being achieved. Contract going out to tender in 2011
3	Occupational Health	Implementation of Occupational Health Policy	Chief Officers	Review Annually in April	No. of health surveillance results requiring further controls / actions	89 during 2010/11. This is 17% of all health surveillance undertaken
4	Occupational Health	Implementation of Occupational Health Policy	Council H and S Co-ordinator	Review Annually in June	Monitor Occupational Health Surveillance	506 occupational health surveillance measurements undertaken in 2010/11. 86% of surveillance identified no adverse health concerns.

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 April 2011	All work places with 10 + employees to have a person trained in Incident Investigation	32 further employees were trained during 2010/11 in incident investigation
2	Health and Safety Management	Departmental Health and Safety Policies to be Reviewed by September 2010 and revised thereafter annually	Chief Officers	April 2008 and thereafter Review Annually	Provision of Departmental Health and Safety Policies	Departmental policies exist, but new policies will be required for the new Departments that are created due to re-structuring
3	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 October 2011	At present 85 managers trained by December 2008	134 managers trained by March 2011
4	Health and Safety Risk Control	Ensure local access to competent risk assessors on site	Chief Officers	To establish and maintain the standard by December 2010	Work places with 20 + employees to have sufficient trained competent risk assessors	85% of sites have a trained risk assessor
5	Implementation of the Construction Design and Management Regulations (CDM)	Establish a Process Chart for all those engaged in the implementation of the CDM Regulations to follow	Council H and S Co-ordinator Chief Officers	a. To establish Planning Process chart by March 2008. b. Produce evidence of compliance	Provision of Process Planning Chart Compliance with CDM Regulations	Guidance Approved February 2008. New CDM Awareness Course launched in April 09. Training continues to be available.

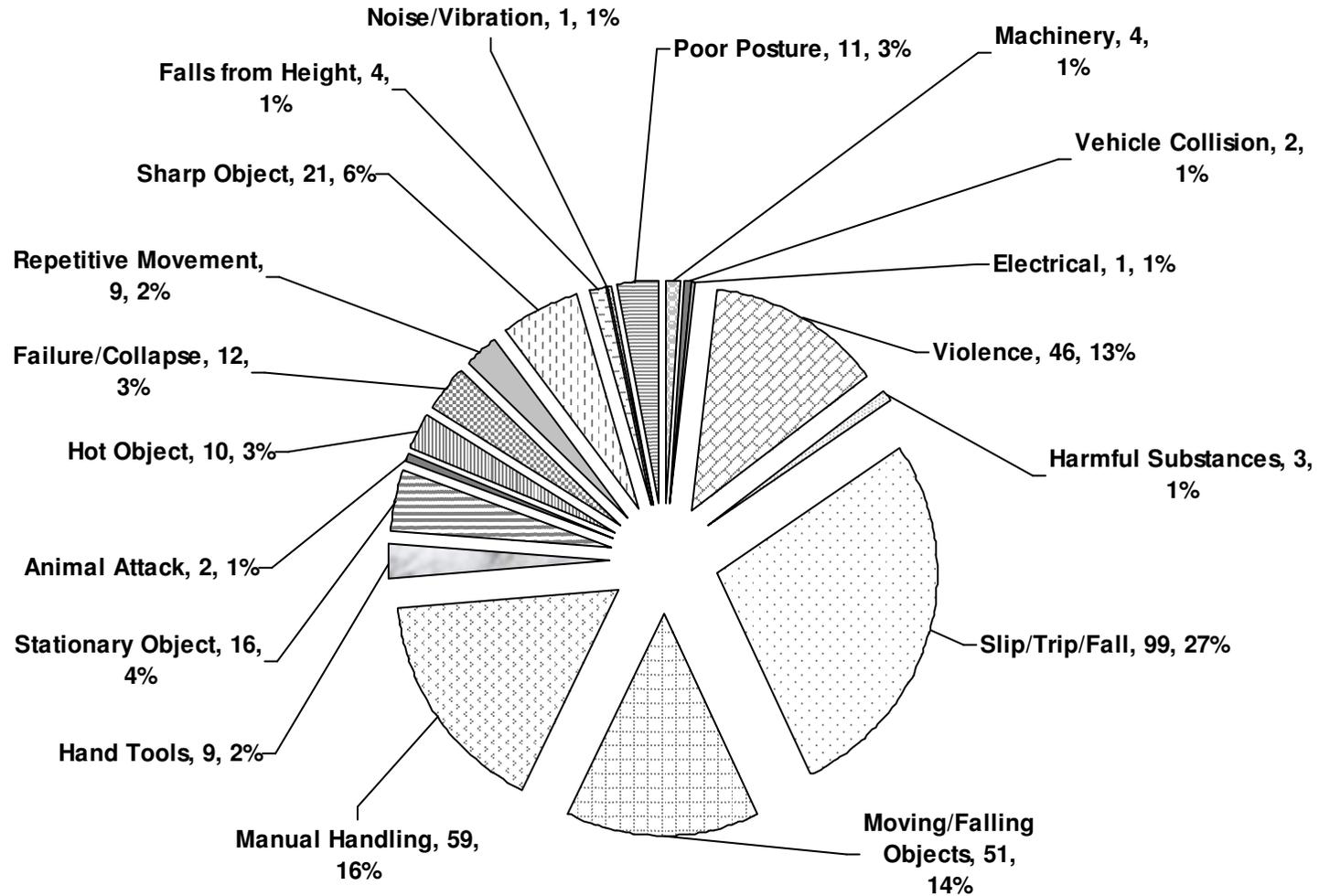
Issue 6		Improve the health and safety culture within the Council, through the effective development and implementation of health and safety management systems by all Departments.				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Promote a positive Health and Safety Culture	Health and Safety Charter displayed in prominent place	Chief Officers	March 2008	Charter to be displayed and signed by all Chief Officers	Completed
2	Health and Safety Training	Produce a Corporate Health and Safety Training Programme	Chief Officers Council Health and Safety Co-ordinator	In September each year In December each year	a Produce Dept. health and safety training plans b Produce and implement H and S training programme	Training calendar for 2011 produced and is being implemented
3	Management of Health and Safety Risks:	1. All Departments to undertake surveys to identify all health and safety hazards. 2. To categorise hazards as High, Medium or Low. 3. Each department to produce their own Action Plan with time scales for addressing hazards.	Chief Officers Chief Officers Chief officers	February 2009 May 2009 November 2009	a To submit results of survey to Dept H and S Committee b Complete Form A and categorise and prioritise risks c To submit Risk Assessment Action Plan to Dept H and S Committee	Completed This is still being progressed in one department. Nearly all departments have produced a H and S Risk Assessment Action Plan
4	Health and Safety Committees	Effective Departmental H and S committees	Chief Officers	Every 6 months	Minutes of Departmental H and S Committees available.	The minutes of committees available from 9 Departments

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 Report with involvement of all Departments	Council Health and Safety Co-ordinator and Health and Safety Champion	Annually by October	Approval at Policy and Resources Committee	Annual H and S Report produced June 2011
2.	Health and Safety Inspections	Departments to complete H and S Inspections of Workplace	Workplace Managers	Annually by December	Completed Inspection Report from Toolkit.	To be determined during site audits
3	Incident Reporting	Reporting Health and Safety Accident statistics, and any significant legislative changes to Council Management Team.	Council Health and Safety Co-ordinator	3-monthly to CMT. Accident statistics to have a downward trend.	A general reduction in incidence rate. Base line 14.9 per 1000 employees in March 2008.	Incidence rate is 12.9 per 1000 employees - March 11
4	Monitoring Performance	Periodically undertake surveys and specific audits, to monitor the implementation of corporate guidance.	Council H and S Co-ordinator	As and when required	Publication of survey results to Directors / Chief Officers	Loss Time Survey, Risk Assessor Survey and Occupational Health Survey reports to CMT
5	Monitoring Performance	Monitor progress of implementation of this Corporate H and S Action Plan	Council H and S Co-ordinator	Review Progress in Annually in December	Report to Council Management Team	Update contained in this Annual H and S Report

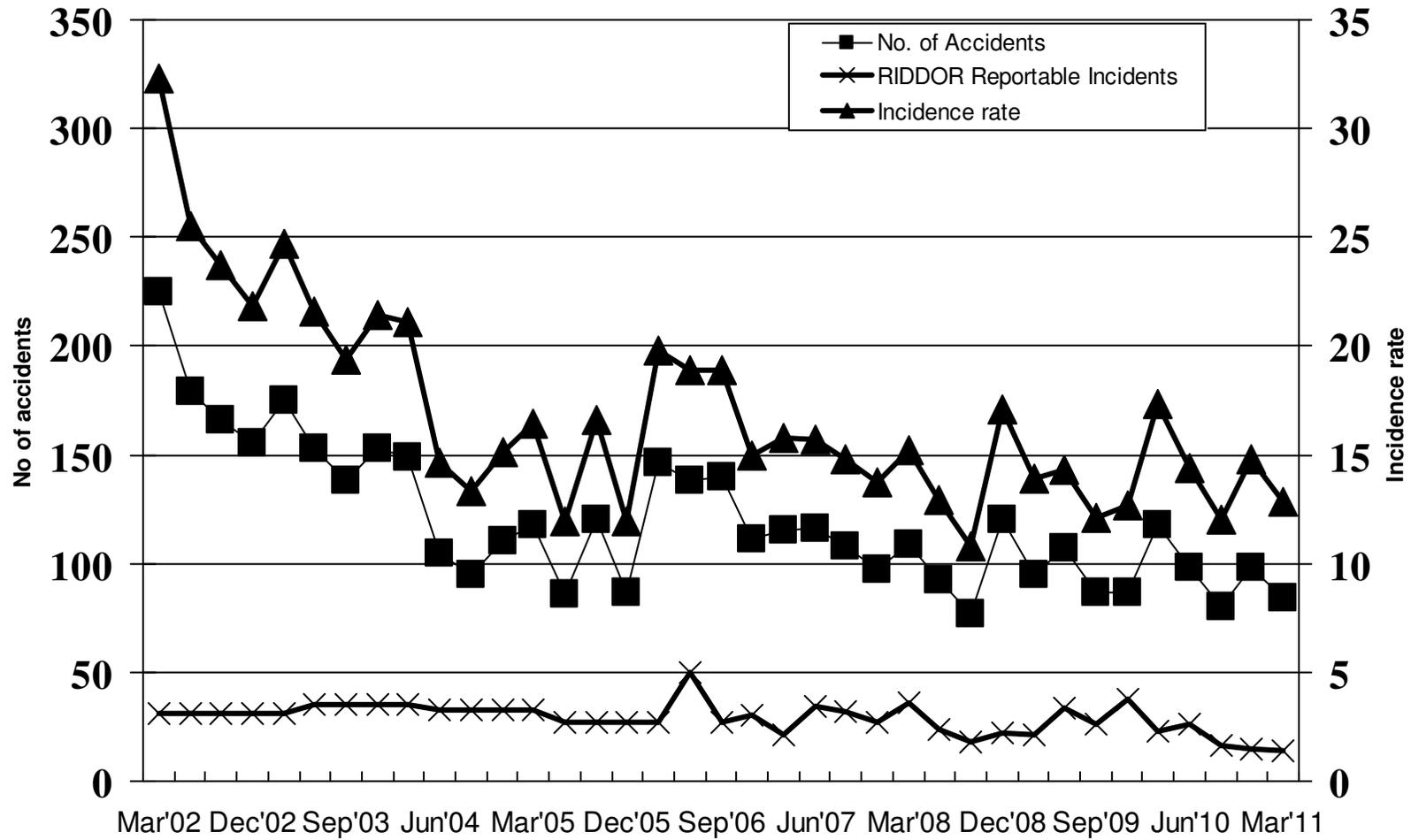
**Dundee City Council
Accident Severity April 2010 - March 2011
(Excluding non-reportable injuries to members of the public)**

	Deaths	+ 3 days	Minor - No Lost Time	< 3days	Public to Hospital	Major	Dangerous Occurrence	Near Miss	Ill Health
Chief Executive's									
City Development		1	4						
Waste Management		5	39	6				2	
DCS		18	49	7		1		2	2
Education		4	109	5	12	1		11	
Finance									
Housing		3	8			2			
IT									
L&C		4	11	1	3	1	1		
Architectural Services									
Personnel				1					
Social Work		5	45	4		1		4	
Support Services			2					1	
EHTS									

Dundee City Council Causes (Employees Only)
April 2010 - March 2011



Dundee City Council Quarterly Employees Incidence Rate Jan 2002 - March 2011



**Costs of Accidents April 2003 - March 2011
Dundee City Council**

