

REPORT TO: Policy & Resources Committee - 25 October 2010

REPORT ON: Annual Health & Safety Report 2009-10

REPORT BY: Head of Personnel

REPORT NO: 552-2010

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 & Resources Committee approves the Annual Health & 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 & 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, and Risk Management. An Equality Impact Assessment has been carried out and 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 A Rapid Equality Impact Assessment has been conducted in relation to this report.

Iain Martin
Head of Personnel

14 October 2010

DUNDEE CITY COUNCIL

ANNUAL HEALTH & SAFETY REPORT 2009/10

Personnel Department

October 2010

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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 & 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.

I would like to thank all who have positively contributed towards the Council's health and safety performance during 2009/10.

Iain Martin

Head of Personnel

October 2010

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 & 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 & Safety Co-ordinators and Health & 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 & SAFETY

- 2.1 The Council's Health & 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 & 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 & 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 & 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 & 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 & 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 & 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 & Safety Co-ordinator to support and assist in the day-to-day management, development and implementation of Health & Safety Policy and practice. The role of the Health & 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 & Safety Section and Chief Officers.
- 2.9 The Health & 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.
- 2.10 The key focus of the Group this year has been to arrange for Departments to complete the risk assessment survey and to produce a detailed action plan to address all significant risks that either required improved risk controls and address significant risks that are currently not supported by a written risk assessment.

3. SIGNIFICANT ISSUES

- 3.1 The main focus over the past 12 months has been the requirement for Departments to conduct a comprehensive health and safety survey to identify where significant hazards that have not been risk assessed or adequately controlled. This part of the task has been completed, in the main and Departments are now to implement their own Action Plans in their own timeframe to undertake the necessary risk assessments and ensure that risks are controlled to a tolerable level.
- 3.2 The Council's reporting of injuries under the Reporting of Injuries Diseases and Dangerous Occurrence Regulations 1995 (R.I.D.D.O.R.) has improved over the last 12 months. The under-reporting of minor incidents is currently at 43% which although unsatisfactory is better than the national average of 65% 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.
- 3.3 There has been an improved response by management to ensure that employees nominated to attend risk assessor training actually submit a risk assessment for evaluation at the end of each course. Course feedback forms however indicate that the majority of delegates are still not adequately briefed by line managers prior to attending health and safety training. Subsequently it is

also likely that very few are de-briefed following training. Line managers have a key role to ensure that their employees who attend training courses complete their training by submitting risk assessments for evaluation.

- 3.4 The completion rate for all risk assessor-training courses across the Council in the past year also improved over the year from 52% last year to 62% this year. This is significant progress towards a target pass/completion rate of 70%.
- 3.5 The Council's Health & Safety Policy was revised in March 2010 and existing health and safety guidance has been revised and updated. During the year the Council also introduced an Occupational Road Risk Policy to improve our management and control of vehicles being used on Council business.
- 3.6 All approved corporate guidance has now been issued for inclusion in the Health & Safety Toolkit. The Toolkit was launched in June 2005 with the Toolkit being updated by the Corporate Health & 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 to 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.
- 3.7 Manual handling incidents account for 20% of all incidents this year, maintaining the same level as the previous year. This is 13% 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.
- 3.8 One section of the Corporate Health & 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.
- 3.9 Slips, trips and falls now account for 28% of all incidents this year. This, in real terms, is an increase in slip, trip and fall accidents. Most slip, trip and fall incidents tend to be minor, but 8 of the sixteen major injuries, were attributable to slips trips and falls. Seven 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 control. In this case the employee had direct control over their immediate working environment and should have removed the tripping hazard before commencing the work activity.
- 3.10 Following the Occupational Health and Safety Management Systems 18001 Audit in March 2006, an Improvement Plan was established. The Audit revealed 24 major health and safety issues that required to be addressed for the Council to attain 18001 accreditation. Steady progress has been made at implementing the Plan which was approved in December 2006. The timescale for addressing the

actions identified have been transferred across to the Council's Corporate Health and Safety Plan for 2008-11.

- 3.11 The Corporate Health & Safety Plan requires all Departments to produce a risk assessment action plan to address all significant hazards that are currently either inadequately controlled or are controlled but require the risk controls to be formally recorded. This task has been completed by all Departments, with the exception of one department that has yet to finalise their action plan.
- 3.12 Three Departments have completed their second organisational stress risk assessment, but a corporate stress survey is to be conducted in June 2010, using the HSE's Stress Indicator Tool. This will result in Focus Groups being established to identify any underlying causes of organisational stress, with action plans being produced, shared and implemented. This stress survey is to be repeated on a 3 yearly basis.

4. CORPORATE HEALTH & SAFETY PLAN

- 4.1 The Council's Corporate Health & Safety Plan for 2008/11 embraces the challenges of the Government's Revitalising Health & Safety Strategy and builds upon the success of previous Corporate Plans.
- 4.2 All Departments are accountable for implementing the action plan that is contained in Appendix 1 to this report. The Council's Health & Safety Policy was substantially reviewed and approved in April 2010. All departments are currently revising their own Health & Safety Policies on an annual basis. The key aspect of the revised policies is to ensure that detailed arrangements are in place for undertaking risk assessments and implementing risk controls and monitoring performance.
- 4.3 The Corporate Health & Safety Section will 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. Nearly all Departments have now produced a detailed action plan that details when and who is responsible for undertaking the outstanding risk assessments.
- 4.5 The Corporate Health & 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.

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 agreed an extension to the current contract, as the Council has entered into a joint procurement process to tender for a new 3 year contract along with Perth & Kinross Council in an effort to reduce costs. At the end of the process each Council will have its own separate 3 year contract, with the option to extend for a further 2 year period, upon mutual consent.
- 5.3 A program of occupational health surveillance has been in place for the past 12 months. During this year 621 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 37% of all audiometry referrals made to OHSAS. This is an increase of 6% which is attributable to an increasing number of employees at risk being included in this type of health surveillance.
- 5.6 During a survey it was identified that in 62% of cases, a risk assessment was in place and that, where necessary, the risk assessment had been revised in 57% of the required cases. This represents a 7% increase in occupational health risks being assessed, however there is still much work to be done in the area of risk assessment.
- 5.7 The survey also identified that control measures, such as minimising exposure or the provision of personal protective equipment, had been adopted in 55% of the cases examined. This serves as a reminder that undertaking the necessary risk assessments is not an end in itself, but needs to be transposed into actual risk controls to protect the health of our employees.
- 5.8 It was also found that in 92% of cases examined that the named employees had received instruction and training in the correct use of personal protective equipment. Managers and supervisors have responded positively to this issue

over the past year with a 42% improvement in the training and information in relation to personal protective equipment being provided to employees. Any employees provided with personal protective equipment must be shown how and when to wear the equipment and how to care for it.

- 5.9 OHSAS has also provided skin monitoring training for appointed persons to assist with skin care supporting the Council's Guidance on Skin Care. At present, 73 persons have been trained to act as responsible persons to undertake skin monitoring for certain groups of employees. Further training will take place during the next 12 months.
- 5.10 During the year we have reported 2 case of occupational ill-health that would not have been identified without occupational health surveillance. One case related to an employee who operated powered hand-held tools and had symptoms of the early stages of hand-arm vibration syndrome, the other employee was joiner whom had developed bursitis of the knee.

6. HEALTH & SAFETY CONSULTATIONS WITH EMPLOYEES

- 6.1 The Council has established a Council Health & 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 & Safety Section always attend the Council Health & 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 All Departments are to establish a health and safety committee or similar forum for consulting with employees. The Health & 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.
- 6.4 The Council's Health & 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.

- 6.5 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 & 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 & SAFETY PERFORMANCE DATA

- 7.1 Completed health and safety incident reports are copied and sent to the Corporate Health & 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 & Safety Committee.
- 7.3 During 2009/10, there were 399 health and safety incidents involving employees compared to 397 in 2008/09. There were also 23 members of the public taken to hospital as the direct result of a work activity in 2009/10 compared to 61 in 2008/09. There were 16 school pupils with Education, 5 from Leisure & Communities, and one each from City Development and Personnel. The health and safety incident data for 2009/10 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 2009/10 the under-reporting of minor incidents was found to be at 43%. There are fluctuations across in the Council Departments, in the efficiency in reporting incidents, with some departments having no under-reporting and others with significant levels of under-reporting of minor incidents. For the last quarter of the year the under-reporting of incidents was however found to be only 5%. Training sessions were delivered for groups of employees in Leisure & Communities, to explain the importance accident reporting procedures as the Department had recognised that under-reporting of incidents was an issue.
- 7.5 The total number of RIDDOR incidents to employees during the year was 82; comprising of 63 +3 day injuries, 2 occupational ill-health, 16 major injuries, and 1 dangerous occurrence. 50% of the major injuries were due to slips, trips and falls, 87% of which were in open spaces, out with the direct control of the Council.

- 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 £196,660. This is an increase in losses of £23,414 in comparison with the previous year which is attributed to the increase in the number of RIDDOR reportable incidents to the HSE, from 61 in 2008/9 to 82 during 2009/10.
- 7.7 During the 12 month period there was a total of 653 aggression and violence incidents reported; comprising 514 from Education and 139 from all other Departments. This represents an increase of 41 incidents for Education, and a decrease of 51 incidents for all other Departments, when compared to the previous year. Physical assaults in Education, however, account for 80% of all incidents which represents a 16% increase in physical assaults over the past year. Education are setting up a Working Group to address this issue. When analysing the rest of the Council data, physical assaults account for 19% of all incidents, this in real terms represents an increase of 8 physical assaults during the past year
- 7.8 During the year the Council had 5 visits from the HSE. These visits were made to Dundee Contracts, Leisure & Communities and Personnel. The visit to Personnel was due to the late- reporting of reportable incidents to the HSE and the over-reporting of public to hospital incidents. This visit resulted in several communication initiatives to raise the importance of reporting incidents with employees being required to report the incident to their supervisor within 1½ working days of an incident occurring. This visit from the HSE resulted in a change being made to the Council's Health & Safety Policy.
- 7.9 Dundee Contacts Services received 3 visits from the HSE during the year. One visit involved a construction project relating to roof repairs being undertaken on the Caird Hall. The HSE were satisfied with all the risk controls in place. A further construction visit was made to another project where asbestos was being removed. A sub-contractor appointed by the Council, was found to be removing asbestos, prior to the installation of windows into a building. A Prohibition Notice was served by the Inspector on the Council, as the contractor was not licensed to be undertaking this type of work. The Council had appointed a licensed contractor to remove the asbestos, but this contractor decided to proceed and ignored the agreed work method statement. The HSE were satisfied with the measures subsequently taken to address the situation, and no further action was taken.
- 7.10 The third visit made by the HSE to Dundee Contracts was a site visit to Caird Park to undertake a routine health and safety inspection at the depot. A number of matters were raised by the HSE inspector and an informal letter was sent, requesting that certain matters be addressed. A written response was made by the Council, detailing the measures that would be taken to address their concerns.
- 7.11 The HSE also conducted a through investigation into an accident that occurred during an outdoor licensed activity, involving mountain biking in Perthshire. Their

investigation identified that the management of the group on the day and the decisions made by the group leader, were appropriate for the situation and the needs of the group. The HSE also identified that the dynamic assessment of foreseeable risks, posed on the day were accurate and entirely appropriate and concluded that the accident had been unforeseeable.

- 7.12 During the year audits were taken to monitor the effectiveness of accident investigations and the implementation of remedial measures to prevent recurrence. This revealed that in the audited sample only 50% of those employees had received specific training for the task being performed. The audit also revealed that adequate preventative measures were identified and implemented following an accident in 59% of the cases investigated.

8. HEALTH AND SAFETY TRAINING

- 8.1 The Corporate Health & Safety Section has produced training calendars for the past six 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 & Safety Section was scheduled to deliver 46 corporate courses, all of which were delivered, but then delivered an additional 33 courses upon request. The 79 training courses compares to 77 training courses the previous year. This equates to 713 employees receiving some form of health and safety training during the year, an increase of 68 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 9.0, an increase of 0.7 employees per course over the previous year. However we have restricted the maximum number of delegates able to attend practical training courses to 10 persons to ensure that all delegates are afforded sufficient opportunity to practice skills.
- 8.4 During the year 20 risk assessor type training courses were delivered, and 62% of delegates attending this training actually completed this training by submitting suitable and sufficient risk assessments. This remains below our target return rate of 70% but this is a 10% improvement in performance over the previous year.
- 8.5 During the past year the Health & Safety Section been increasingly asked to deliver training in the use of fire fighting equipment at the request of the Departments and Tayside Fire & Rescue Service. During the year the Section responded to this demand and delivered upon request, 19 Fire Safety Awareness Courses in the use of fire fighting appliances for 152 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 16 training sessions being organised and 56 people being trained.

9. CONCLUSION AND RECOMMENDATIONS

This report highlights that good progress has been made over the past year with regard to the management of health and safety. Departments require to actively monitor and undertake inspections of their own workplaces to actively 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 new shortened risk assessment form has certainly speeded up the risk assessment progress, and has help accounted for the higher completion rate of trained risk assessors.

Departments should monitor their own contribution towards fulfilling the objectives of these plans. The key area of focus should be the development of improved risk controls and the communication of new risk controls with relevant employees. Clear systems and procedures are therefore required for training employees in the improved risk controls with arrangements also being established to actively monitor that the new controls are being implemented. Departmental management should also be monitoring health and safety within their own workplace by undertaking their own inspection of the workplace. This task can be shared and undertaken over a period of time.

It is recommended that all Departments respond to this Annual Report by producing and publicising their own action plans for undertaking risk assessments over the next 12 months. By December 2010 all workplaces with 20 or more employees based at a site require to have a sufficient number of trained risk assessors based at that workplace. Furthermore, progress needs to be made to ensuring that trained incident investigators exist in all establishments employing more than 10 employees by April 2011 to further improve the measures taken to prevent the recurrence of health and safety accidents. As these standards being reached Departmental health and safety policies will require to be revised to reflect the arrangements at a local level for ensuring that approved risk controls are being implemented.

REFERENCES

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

Health & Safety Commission, 2000
Revitalising Health & Safety, London: HMSO

Health & Safety Executive, 1997
Successful Health & Safety Management, London: HMSO

Health & Safety Executive, 2009
The Health & Safety of Great Britain - Be Part of the Solution, London: HSE

APPENDIX 1**DUNDEE CITY COUNCIL'S HEALTH & SAFETY ACTION PLAN 2008 – 2011**

Issue 1		Reducing work-related accidents relating to slips, trips & falls in the workplace				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Slips, trips & falls	Implementation of Policy on Prevention of Slips, Trips & Falls	Chief Officers	Review Annually	A minimum 30 % reduction in number of slip, trip & fall incidents by 2011. Baseline of 106 incidents in 2006/07	An 8% increase in slips, trips and falls during 2009/10.
2	Slips, trips & falls	Design out slip, trip & fall hazards in the workplace, in new builds and during refurbishment.	Council H & S Co-ordinator and Chief Officers	Training to delivered by May 2008	Designers to receive specific training in the Workplace HS& W Regulations 1992	29 Persons trained by March 10
3	Slips, trips & 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 & falls	a. All main access routes into Council buildings to be risk-assessed for slips trips & 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. 20 Sites tested this year with slip-test meter.
Issue 2		Reduce the number of days lost through musculo-skeletal disorders in line with revitalising health & 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 2009/10 there were 77 reported incidents. This represents a 33% 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 did not exist in 60% 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.	Head of Personnel & Council H& S Co-ordinator	Review Annually in April	Reduction in number of musculo-skeletal injuries. Baseline 115 incidents.	In 2009/10 there were 77 incidents. The number of days lost to musculo-skeletal injuries was 913. The average number of days lost is 11.8 per absence.

Issue 3		Reduce the number of days lost due to stress-related absences in line with revitalising health & 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 Head of Personnel	Review Annually in April	Production of data to establish a baseline to measure improvement	Baseline is 22,202 days lost due to stress. Unable at present to determine how many are due to occupational stress Av absence 34.5 days This year 25,748 days lost to stress. Av absence 35.0 days.
2	Management of Occupational Stress	Stress Management Policy & Action Plan to be implemented. Examine the implementation of Stress Management Action Plans. Monitor the use of the Counselling Service for stress	Chief Officers	Oct 2010 December 2010 Annually in April	a Departments to have their first stress surveys / assessments completed. b Identified risk controls implemented c Identify the number of appointments for stress related cases	3 Departments have conducted their 2nd stress assessments in 2010. Policy being reviewed. 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. There has been a 19% reduction in the number of employees presenting for stress counseling.
3	Effectively address causes of occupational stress	Repeat stress risk assessment process	Chief Officers	Oct 2010	Produce status reports on progress.	A Corporate organisational stress risk assessment is to be conducted throughout the Council in June 2010.

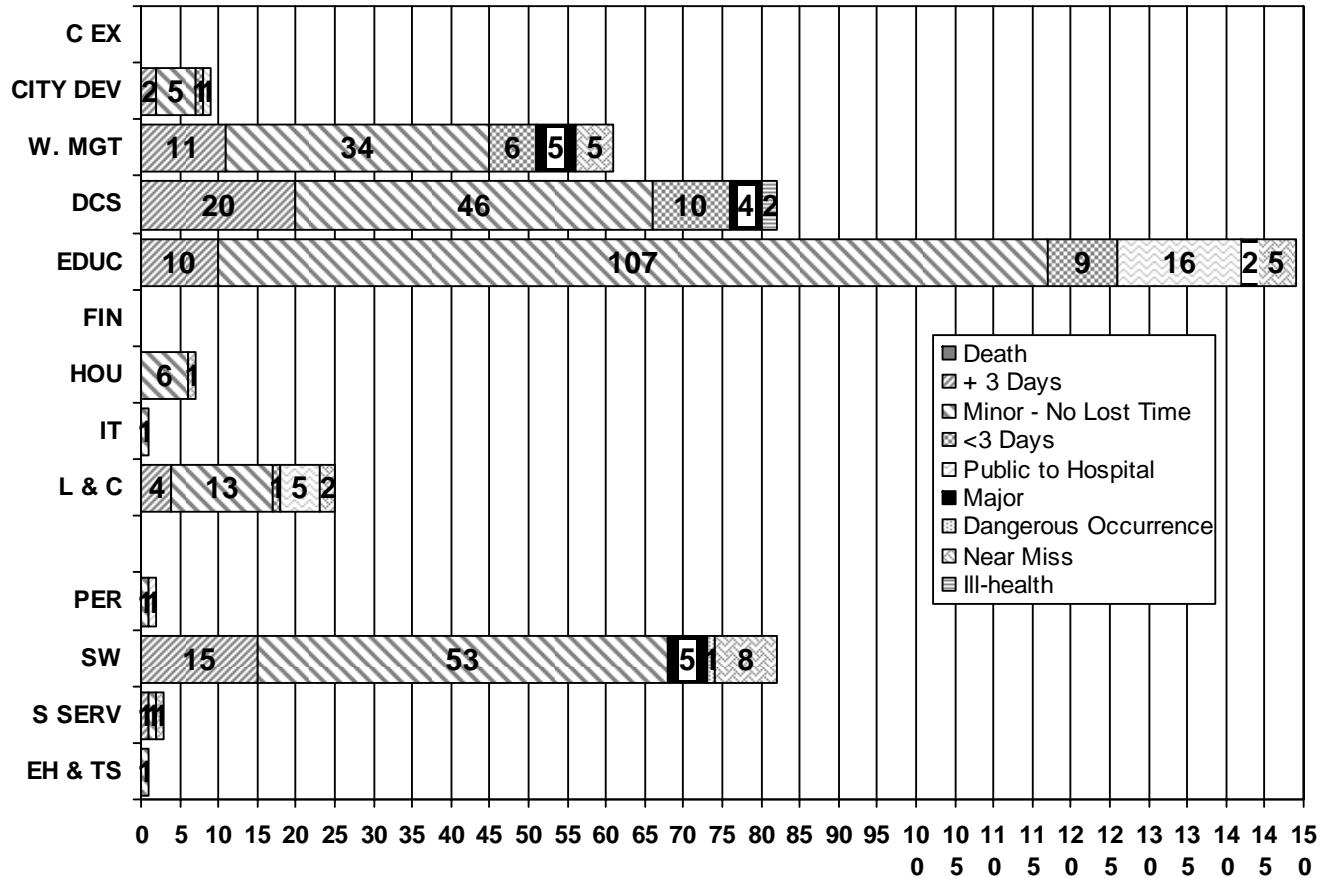
Issue 4		Improve interventions by occupational health providers to increase awareness and reduce occupational health risks.				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Managing Sickness Absence	Implementation of Sickness Absence Policy	Chief Officers	Review Annually in April	Reduction in Sickness Absence on Annual basis	Absence Rate for the Council is 13.65 days per employee for 2009/10
2	Occupational Health Service	Review provision of Occupational Health Service	Head of Personnel & Council H & S Co-ordinator	Review Annually in April	Include data in Council Annual Health & Safety Report	Contract and the SLA was reviewed in April 2010. KPI's being are being achieved. Contract going out to tender in 2010
3	Occupational Health	Implementation of Occupational Health Policy	Chief Officers	Review Annually in April	No. of health surveillance results requiring further controls / actions	86 during 2009/10. This is 14% of all health surveillance undertaken
4	Occupational Health	Implementation of Occupational Health Policy	Council H & S Co-ordinator	Review Annually in June	Monitor Occupational Health Surveillance	626 occupational health surveillance measurements undertaken in 2009/10. 86% of surveillance identified no adverse health effects

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 & 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	54 further employees were trained during 2009/10 in incident investigation
2	Health & Safety Management	Departmental Health & Safety Policies to be Reviewed by September 2010 and revised thereafter annually	Chief Officers	April 2008 and thereafter Review Annually	Provision of Departmental Health & Safety Policies	Departmental H & S Policies to be revised in light of new Council Policy dated April 2010
3	Health & Safety Management	High Risk sites or activities to have managers trained to IOSH Managing Safety Standard	Chief Officers	All sites to be covered by October 2011	At present 85 managers trained by December 2008	114 managers trained by March 2010
4	Health & 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	
5	Implementation of the Construction Design & Management Regulations (CDM)	Establish a Process Chart for all those engaged in the implementation of the CDM Regulations to follow	Council H & 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, 29 delegates attended

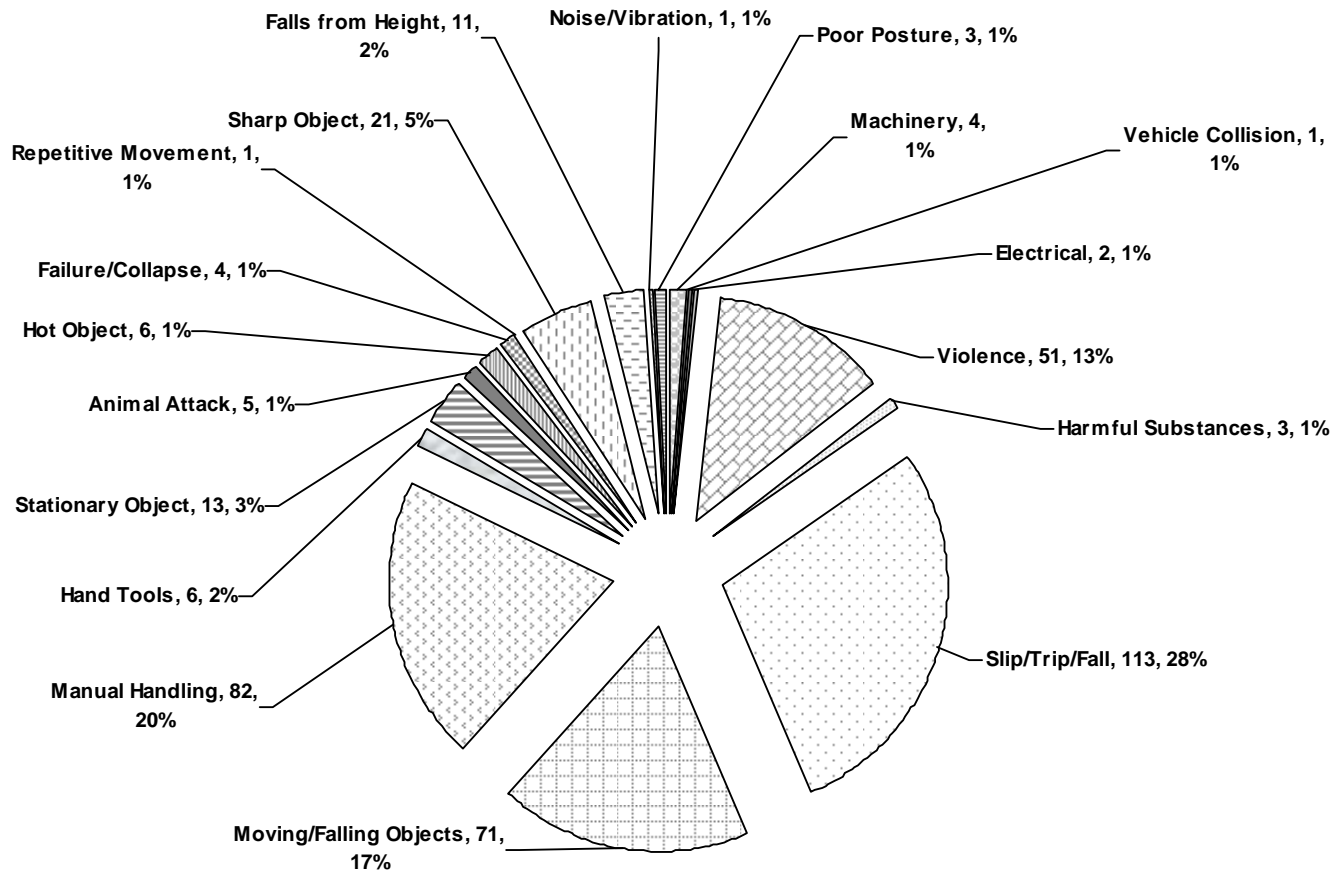
Issue 6		Improve the health & safety culture within the Council, through the effective development and implementation of health & safety management systems by all Departments.				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Promote a positive Health & Safety Culture	Health & Safety Charter displayed in prominent place	Chief Officers	March 2008	Charter to be displayed and signed by all Chief Officers	Completed
2	Health & Safety Training	Produce a Corporate Health & Safety Training Programme	Chief Officers Council Health & Safety Co-ordinator	In September each year In December each year	a Produce Dept. health & safety training plans b Produce and implement H & S training programme	Training calendar for 2010 produced and is being implemented
3	Management of Health & Safety Risks:	1. All Departments to undertake surveys to identify all health & 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 & S Committee b Complete Form A and categorise and prioritise risks c To submit Risk Assessment Action Plan to Dept H & S Committee	Completed 1 Department to still complete this exercise Nearly all departments have produced a H & S Risk Assessment Action Plan
4	Health & Safety Committees	Effective Departmental H & S committees	Chief Officers	Every 6 months	Minutes of Departmental H & S Committees available.	The minutes of committees available from 9 Departments

Issue 7		To monitor and evaluate the health & safety performance, to motivating management to take effective measures to reduce health & safety losses and improve performance.				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress
1	Annual Health & Safety Report	Production of Annual Report with involvement of all Departments	Council Health & Safety Co-ordinator & Health & Safety Champion	Annually by October	Approval at Policy & Resources Committee	Annual H & S Report produced June 2010
2.	Health & Safety Inspections	Departments to complete H & 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 & Safety Accident statistics, and any significant legislative changes to Council Management Team.	Council Health & Safety Co-ordinator	3-monthly to CMT. Accident statistics to have a downward trend.	A general reduction in incidence rate.	Incidence rate is 14.9 per 1000 employees - March 08, - baseline. Incidence rate is 17.8 per 1000 employees - March 10
4	Monitoring Performance	Periodically undertake surveys and specific audits, to monitor the implementation of corporate guidance.	Council H & S Co-ordinator	As and when required	Publication of survey results to Directors / Chief Officers	Loss Time Survey Report was submitted in October 09 to CMT
5	Monitoring Performance	Monitor progress of implementation of this Corporate H & S Action Plan	Council H & S Co-ordinator	Review Progress Annually in December	Report to Council Management Team	Update contained in this Annual H & S Report

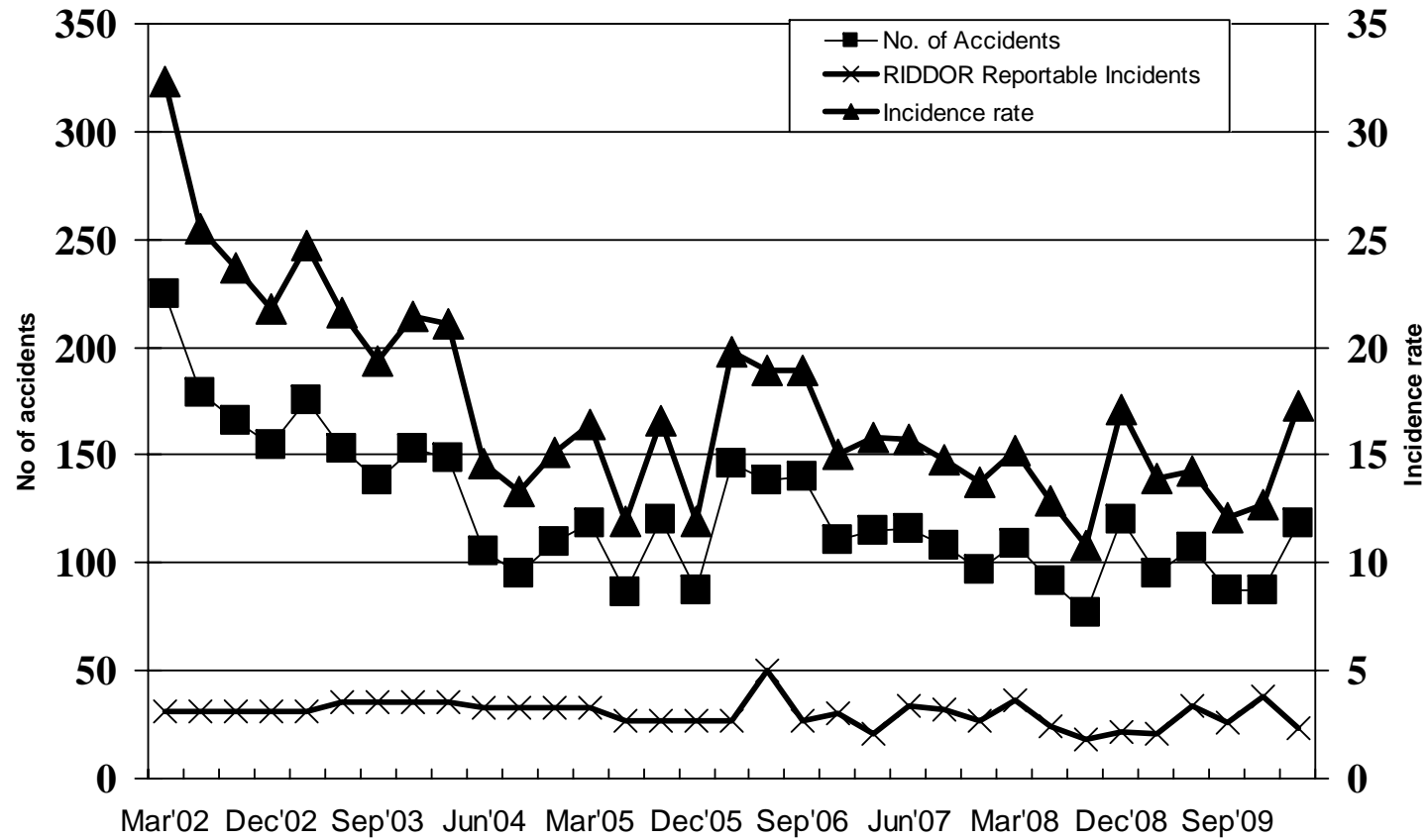
Dundee City Council Accident Severity April 2009 - March 2010 (Excluding non-reportable injuries to members of the public)



Dundee City Council Causes (Employees Only) April 2009 - March 2010



Dundee City Council Quarterly Employees Incidence Rate Jan 2002 - March 2010



Costs of Accidents April 2003 - March 2010 Dundee City Council

