

## **DUNDEE CITY COUNCIL**

**REPORT TO:** Policy and Resources Committee - 12 November 2007

**REPORT ON:** Annual Health and Safety Report 2006-07

**REPORT BY:** Assistant Chief Executive (Management) and Council Health and Safety Co-ordinator

**REPORT NO:** 579-2007

### **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 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 its health and safety plans.

### **5 POLICY IMPLICATIONS**

- 5.1 This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti Poverty, Equality Impact Assessment and Risk Management. There are no major issues.

**6 CONSULTATIONS**

- 6.1 The 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 None.

J C Petrie  
Assistant Chief Executive (Management)

24 October 2007

Neil Doherty  
Council Health and Safety Co-ordinator

24 October 2007

DUNDEE CITY COUNCIL

**ANNUAL  
HEALTH & SAFETY  
REPORT  
2006/07**

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## **FOREWORD BY ASSISTANT CHIEF EXECUTIVE (MANAGEMENT)**

The past year has seen significant progress towards the development of health and safety guidance, and the development of management systems through the establishment of an Occupational Health Policy and a substantial review of the Council's Health and Safety Policy. There is much work, however, still to be done with regard to risk assessment and the control of health and safety risks. 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 our 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 2006/07.

Jim Petrie  
Assistant Chief Executive (Management)

July 2007

## 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 of all. Health and safety should therefore be managed in the same planned, considered and informed manner as all elements of the organisation.

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, 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 Assistant Chief Executive (Management).
- 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 located within the Personnel Department, as employee welfare remains an integral component of personnel management. The role of the Section should therefore be seen as a specialist function, offering 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 issue since the group was formed, has been to develop suitable departmental health and safety policies with adequate arrangements and resources being targeted to assist in the undertaking health & safety risk assessments and improving risk control.

### 3. SIGNIFICANT ISSUES

- 3.1 The Council produced an Occupational Health Policy in June 2006 to improve occupational health provision and reduce the health risks of employees engaged in potentially hazardous work activities. The Policy provided a framework to ensure that occupational health risks are effectively managed and established a programme of occupational health surveillance to monitor the health of employees engaged in specific work activities associated with a risk of occupational ill-health.
- 3.2 An Occupational Health Database was established, with the support of IT, for recording employees' health records. Departments have been authorised and administrators trained to enter relevant data, which can be monitored corporately. This will become a vital asset in future years for identifying trends and patterns of occupational health management.
- 3.3 A new, 3-year Occupational Health Contract has been established with OHSAS, who will be able to assist Departments identify jobs with health risks and to provide advice on known risks. Departments are however responsible for implementing appropriate risk controls based upon occupational health advice. OHSAS will assist the Council to reduce its sickness absence levels by undertaking health assessment appointments and providing relevant information to the Council to prevent an absence, or promote an employee's return to work.
- 3.4 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 incidents has reduced by 13% over this period, with only Departments with mainly manual workers continuing to experience the under-reporting of accidents to a significant degree. Management and employees must be thanked for the improvement in reporting of incidents. Further progress can be achieved by ensuring that incidents are investigated in a positive manner to identify the underlying causes to the incidents and to ensure that appropriate corrective action is taken.
- 3.5 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 complete their training by submitting risk assessments for evaluation. The completion rate for all risk assessor-training courses across the Council in the past year has improved from 44% last year to 47% this year. Unfortunately, 37% of all delegates fail to submit any risk assessment for evaluation. A target pass/completion rate of 70% should be realistically achievable for all Departments.
- 3.6 Consultation with employees in a number of departments has revealed that employees are very often unaware of the risk controls that apply to their area of work. Where Departments have completed risk assessments, a recent study revealed that the approved controls have often not been communicated to the employees undertaking the relevant task, which contributes to employees undertaking work in an unsafe manner. This is a significant issue to which all Departments must devote resources. Communication strategies must be developed, and training must take place within departments to ensure that supervisors, management and employees all understand the approved risk control procedures to be followed. A risk assessment tracking document

has been introduced to ensure that all new and revised risk assessments are discussed at each Departmental Health and Safety Committee.

- 3.7 All Departments should be in the process of developing new Departmental Health and Safety Policies following the approval of the Council's new Health and Safety Policy in 2006. One of the key elements at the heart of each policy must be the departmental strategy to undertake risk assessment and develop safe working procedures. Departments must ensure that adequate time is dedicated to ensure that risk assessments are undertaken and controls implemented to manage health and safety risks.
- 3.8 A considerable amount of new Corporate Health and Safety Guidance has been produced over the past 12 months, all of which has been aimed at assisting Departments develop and introduce effective risk controls. 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 in June 2006. Workplaces with more than 5 employees based at that site received a hard copy of the document in June 2005. The Corporate Health and Safety Section, on an annual basis, keeps the Toolkit under review and updated electronically. The review for 2007 has been completed, and will be distributed during the month of June. Departments, however, will be responsible for downloading updates from the Personnel Department Intranet and maintaining their Toolkit as a current document, in future years.
- 3.9 Manual handling incidents account for 22% of all incidents this year, a reduction of 4% over the previous year. Manual handling activities now account for 33% of all incidents in Dundee Contract Services and 32% of all incidents in Waste Management. This is an improvement of 5% and 6% respectively. Both departments are currently revising their own action plans to address the root causes of manual handling injuries to improve risk control and performance. One Section of the Corporate Health and Safety Plan for 2006/07 is aimed at improving the management of musculo-skeletal injuries across the whole Council. One of the key issues is ensuring that employees have received specific manual handling training in the specific manual handling tasks being undertaken.
- 3.10 Slips, trips and falls increased by 2% to 20% of all incidents this year, an increase in real terms of 13 incidents. Most slip, trip and fall incidents tend to be minor, but this year 9 resulted in major injuries. Two of those incidents were due to the spillages of liquids. Procedures should be in place in all establishments to remove spillages as soon as they occur. Greater attention requires to be given to the condition, maintenance and design of floor coverings for work place environments. The slipping co-efficients of existing floor surfaces have been measured on a number of occasions to determine objectively the level of risk. On some occasions the cleaning regime has been altered with positive results. On other occasions significant treatment of the floor surfaces has been required. Following each slip, trip or fall in the workplace, a trained risk assessor in the relevant department is required to complete a risk assessment of the floor conditions. Management are then to ensure that any remedial steps being required are taken immediately. The Corporate Health and Safety Section can measure the slip risk of existing floor surfaces, but little use of the service has been made over this past year, with only 6 requests being received for measurements.
- 3.11 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 is being made at implementing the Plan which was

approved in December 2006. The timescale for addressing the actions identified in the Improvement Plan range from 'immediate effect' to 'September 2009'.

- 3.12 Most of the Departments are making steady progress at undertaking stress risk assessments. Some have, however, made little progress. The Stress Management Policy was approved in March 2006, and all Departments agreed to complete stress surveys and identify actions by October 2007. Education and Social Work, who were both subject to an audit by the HSE in 2005, are both unlikely to achieve the Council's own timescales for completing the risk assessments by October 2007. This is a matter of some concern as any planned re-visit from the HSE will concentrate on the measures taken by both Education and Social work to effectively manage stress.

#### **4. HEALTH AND SAFETY PLAN**

- 4.1 The Council's Corporate Health and Safety Plan for 2006/07 embraces the challenges of the Government's Revitalising Health and Safety Strategy.
- 4.2 All Departments are accountable for progressing the action plan that is contained in Appendix 1 to this report. The Council's Health and Safety Policy was reviewed in December 2006 and all departments are currently reviewing their own Health and Safety Policies. The key aspect of the revised policies is to ensure that detailed arrangements are in place for undertaking risk assessments and improving risk control.
- 4.3 The Corporate Health and 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 Most departments are finding it difficult to fulfill their obligations to undertake and keep risk assessments under review. Employees in a number of cases are also unaware of the current risk controls to be adopted for work activities they are undertaking. Senior management in all departments, need to ensure that sufficient resources are allocated to not only undertake risk assessments but to implement the approved risk controls.

#### **5. HEALTH AND SAFETY CONSULTATIONS WITH EMPLOYEES**

- 5.1 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.
- 5.2 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.
- 5.3 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.

- 5.4 The Council's Health and Safety Policy was reviewed in December 2006 with greater emphasis being placed upon the importance of effective departmental health and safety committees, and the need to consult with employees during the risk assessment process. 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.
- 5.5 The Council offers training for safety representatives and representatives of employee safety to improve the effectiveness of all health and safety consultations.

## **6. HEALTH AND SAFETY PERFORMANCE DATA**

- 6.1 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.
- 6.2 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.
- 6.3 During 2006/07, there were 495 health and safety incidents involving employees compared to 465 in 2005/06. There were 33 members of the public taken to hospital as the direct result of a work activity in 2006/07 compared to 77 in 2005/06. The health and safety incident data for 2006/07 can be found in Appendix 2.
- 6.4 Over the past year there has been a significant improvement with regard to the level of under reporting of incidents. For the year 2005/06 the under-reporting of minor incidents was found to be at 53%. The under-reporting of minor incidents has now fallen to 40%. Every encouragement continues to be given to reporting all incidents as this creates an opportunity to investigate minor incidents and take corrective action to prevent more serious incidents from arising.
- 6.5 The total number of RIDDOR incidents to employees during the year was 87 comprising of 73 +3day injuries, 1 occupational ill-health and 13 major injuries. This reduction of 23 reportable injuries over the previous year is greatly appreciated, but there has been a worrying increase of 6 major injuries during this period.
- 6.6 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 £229,163. This is an increase of £22,759 in comparison with the previous year, which can be mainly attributed to the increase of 6 major injuries over the previous year and the improved reporting of minor incidents.
- 6.7 During the year the Council had several visits from the HSE as part of the Fit for Work, Fit for Tomorrow and Fit for Life partnership (Fit 3). Visits were made to Social Work, Dundee Contract Services, and Personnel. These visits included a number of visits to

Social Work to investigate possible cases of occupational dermatitis associated with the use of latex gloves. A number of visits were also made to Dundee Contract Services to investigate the partial collapse of scaffolding. The HSE's investigation concluded with a report being submitted to the Procurator Fiscal at the end of March 2007. A number of meetings were also held with the Personnel Department in relation to the Council's approach to the Management of Occupational Health. In January 2007, the HSE wrote to confirm that the Council had taken sufficient measures to comply with the Improvement Notice served in March 2006. The final visit, also in January, was to evaluate the progress being made to address the management of stress in the Council, with particular interest being expressed towards the measures being taken by the Education Department and the Social Work Department. During the year the Council received one Prohibition Notice from the HSE prohibiting the overloading of scaffolding during their investigation into the partial collapse of the scaffolding.

## **7. HEALTH AND SAFETY TRAINING**

- 7.1 The Corporate Health and Safety Section has produced training calendars for the past four years, to meet the needs of Departments, providing corporate training and also tailoring particular courses to suit departmental needs upon request.
- 7.2 During the year the Corporate Health and Safety Section was scheduled to deliver 43 corporate courses, all of which were delivered, but then delivered an additional 23 courses upon request. The Section was however only able to meet these demands by reducing the amount of time spent auditing and monitoring health and safety performance.
- 7.3 During the year the Section delivered 66 training courses compared to 101 training courses the previous year. The previous year had been exceptional due to the additional resource of a Health and Safety Trainer being employed for a period of 4 months. This equates to 767 employees receiving some form of health and safety training during the year, a decrease of 343 employees from the previous year. The volume of training delivered this year however comparable to the training workload in 2004/05 when 64 courses were delivered.
- 7.4 The average number of delegates per course has been calculated as being 11.6, an increase of 0.7 employees per course over the previous year.
- 7.5 During the year 25 risk assessor type training courses were delivered, but only 47% of delegates attending this training actually completed this training by submitting suitable and sufficient risk assessments. This is however an improvement as the completion rate was 44% in 2005 /06. Departmental line management need to ensure that delegates returning from risk assessor training submit an assessment for evaluation following completion of the course, and also to ensure that resources to undertake risk assessments are effectively utilised. Departments need to make better use of their existing resource of trained risk assessors.

## **8. CONCLUSION AND RECOMMENDATIONS**

This report highlights that greater attention requires to be given to ensuring that safe systems of work are developed and followed by all departments. The management teams in all departments need to closely examine the detail contained in The Corporate

Health and Safety Plan and the Health and Safety Improvement Plan. 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 to ensure a better understanding for the need to improve occupational health and safety.

It is recommended that all Departments respond to this Annual Report by examining and reviewing their own arrangements for identifying and undertaking risk assessments. Clear systems and procedures are also required for training employees in the improved risk controls with arrangements also being established to actively monitor that the new controls are being implemented. In many cases the departmental health and safety policies will require to be reviewed.

## **REFERENCES**

Health & Safety Executive, 2001

*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

*ISIS Personnel Record System*, Dundee City Council

**DUNDEE CITY COUNCIL'S HEALTH & SAFETY ACTION PLAN 2006 – 2007**

**APPENDIX 1**

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 April 07
1	Slips, trips & falls	Implementation of Policy on Prevention of Slips, Trips & Falls	Chief Officers	Review Annually	Reduction in number of slip, trip & fall incidents.	Policy approved September 2005 5% reduction in slip trips and falls by required by April 06 85 during 2005/06 106 - during 2006/07 - this represents a 20% increase over the previous year.
2	Slips, trips & falls	Design out slip, trip & fall hazards in the workplace, in new builds and during refurbishment	Chief Officers	On-going	Number of measurements requested for assessing floor surfaces	12 measurement requests in 2005/06 but only 6 measurement requests in 2006/07
3	Slips, trips & falls	Floor surfaces to be assessed following all slip, trip or falls in premises where the Council has direct control	Chief Officers	On-going	Incident reports to be monitored to ensure Quick Risk Assessments are attached to incident reports	All slip, trip risk assessments in place following reported incidents. Arrangements for removing spillages locally were generally not present.

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 April 07
1	Establish the number of musculo-skeletal injuries reported for 1 April 2004 - 31 March 2005	a Undertake a full analysis of incident data across all Departments b Identify groups of workers at risk and tasks involved	Council H & S Co-ordinator	February 2006	Establish a base line for improvement	130 musculo-skeletal injuries reported in 2004-05.  39% of incidents were in DCS, 31 % of incidents were in WM and 15% were in SW.
2	Establish the number of days lost through back, neck, arm and musculo-skeletal injuries for 1 April 2004 – 31 March 2005	Interrogate the absence management system	Personnel Manager	March 2006	Establish a base line for improvement	116 musculo-skeletal injuries reported in 2006-07. 29% of incidents were in DCS, 26 % of incidents were in WM, 22% in Education and 14% e in SW in 2006-07
3	Relevant Departments to examine current performance and write and implement their own musculo-skeletal action plans to reduce injuries and ill health.	Examine current working practices and implementation of risk controls	Chief Officers	June 2006	Provision of action plans to reduce musculo-skeletal injuries	Plans for DCS, WM, SW , L & C & E are currently being revised for June 07

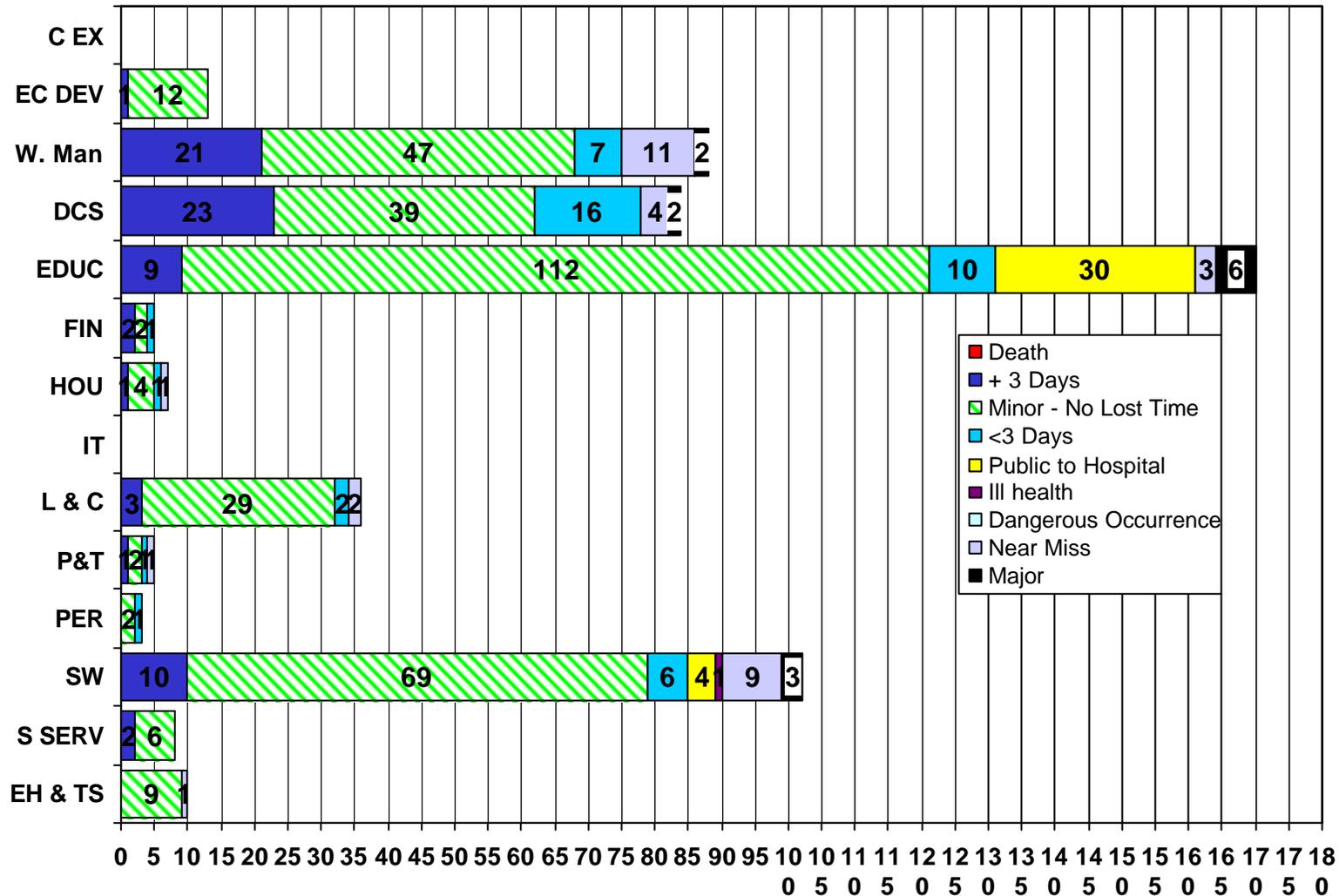
Issue 3		Reduce the number of days lost due to stress-related absences in line with revitalising health & safety targets				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments April 07
1	Establish the number of days lost through stress-related absences for period 1 April 2004 – March 2005	Analyse sickness absence data across all Departments to identify levels of stress-related absences	Personnel Manager	May 2006	Production of data to establish a baseline to measure improvement	The Resource Link is not yet fully operational - unable to determine baseline
2	Occupational Stress	New Stress Management Policy to be approved	Assistant Executive (Management) Chief	January 2006	Committee approval of Policy	Stress Management Policy approved March 2006
3	Occupational Stress	Stress Management Policy & Action Plan to be implemented	Chief Officers	October 2007	a Departments to have their stress surveys / assessments completed  b Risk controls being implemented	6 out of 16 Departments have completed all the stress risk assessments.  No evidence available at present
4	Stress Management Plan	Implement the Council's Stress Action Plan	Chief Officers	Review progress annually	Measure against indicators in the Stress Action Plan	Little or no progress made by 5 Departments. Meetings taking place to address lack of progress.

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 April 07
1	Absence Management	Absence Management Policy	Personnel Manager	Immediate	Revised Absence Management Policy	Revised Policy approved September 2005
2	Managing Sickness Absence	Implementation of revised Policy  Monitor the implementation of the Policy	Chief Officers  Personnel Manager	Immediate  Annually	a Reduction in Sickness Absence b Monitor progress on an annual basis	In 2005/06 the average absence rate was 5.4%. In 2006/07 the absence rate has been reduced to 4.8%.
3	Occupational Health Service	Review provision of Occupational Health Service	Personnel Manager	March 2007	Produce paper outlining options for the Council	New Policy Approved June 2006. Occupational Health Database established, administrators trained. Results of surveillance starting to be entered into the database
4	Occupational Health	Develop an Occupational Health Policy	Personnel Manager	December 2006	Approval of Occupational Health Policy	Contract with OHSAS signed April 07. Quarterly Reports to be produced.

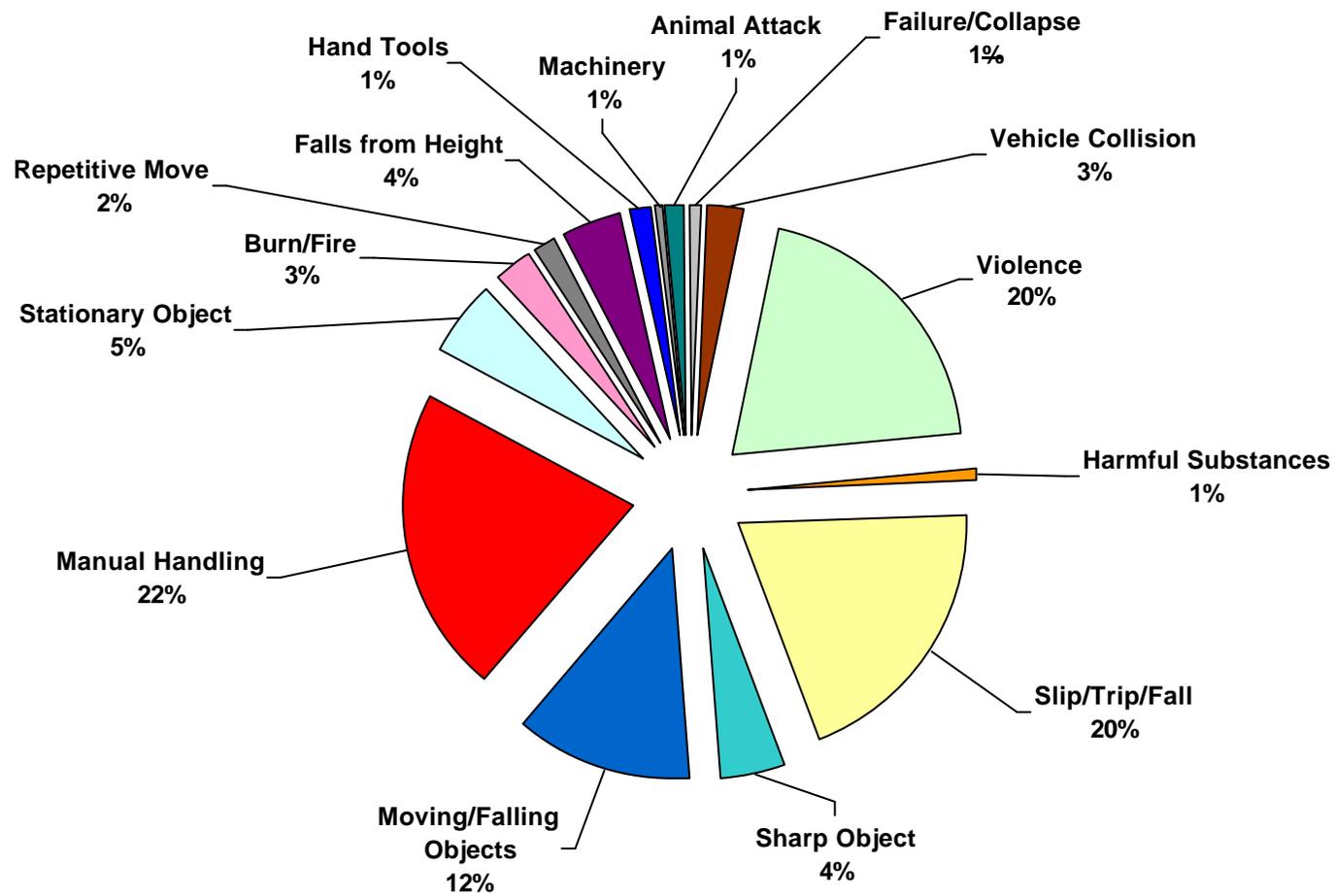
Issue 5		Improve the health & safety culture within the Council, through the effective development and implementation of health & safety management systems by all Departments.				
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments April 07
1	Promote a positive Health & Safety Culture	Develop a Health & Safety Charter	Assistant Chief Executive (Management) / Council H & S Co-ordinator	June 2006	Charter to be signed by all Chief Officers	Not progressed due to work on Occupational health matters
2	Health & Safety Training	Produce a Health & Safety Training Programme	Chief Officers  Council Health & Safety Co-ordinator	November each year  December each year	a Identify health & safety training needs  b Produce and implement training programme	Training programme developed for 2007.  Training Plan delivered in 2006 and delivery is on track for 2007.
3	Management of Safe Systems of Work including :	a Review of health & safety risk assessments for significant risks and implementation of risk controls  b Safe Working Procedures Manuals	Chief Officers  Chief Officers	December 2006  June each year  November 2007	Employees operating in accordance with Departmental approved working practices.  (Review progress)  Provision and review of a safe working procedures manual for high-risk activities.	Risk assessor training has been delivered for many years.  Departments to review their own progress following Chief Officer Course  Departments to evaluate progress by October 2007
4	Health & Safety Committees	Departmental Health & Safety committees	Chief Officers	Immediate	Departmental H & S Committees to meet biannually	10 Departments have established H & S Committees.

Issue 6		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 April 07
1	Annual Health & Safety Report	Production of Annual Report with involvement of all Departments	Assistant Executive (Management) Chief	Annually in June	Approval at Personnel Committee	Reports for 2004, 2005 & 2006 Approved. Report for 2007 completed.
2	H & S Auditing	a needs to be adequately resourced and delivered by Corporate members of IOSH  b Undertake audits as per programme  c Respond to audit with action plan	Assistant Executive (Management) Chief  Council H & S Co-ordinator  Chief Officers	Auditing programme to commence January 2007  Frequency as per Audit Guidance  One month from receipt of audit	Review of current resources and allocation of resources to complete task.  % of completed audits as per programme.  Plans to improve compliance	Insufficient resources to presently complete a health & safety audit programme.  An audit of lost time accidents was completed and an audit on the management of legionella is being progressed.
3	Incident Reporting	Reporting Health & Safety to Council Management Team Accident statistics, and any significant legislative changes.	Assistant Executive (Management) Chief	3-monthly to CMT. Accident statistics to have a downward trend.	A general reduction in incidence rate.	Accident rate has reduced since 2002, but has now plateaued. RIDDOR incidents are however falling.
4	Monitoring Performance	Periodically undertake surveys, to monitor the implementation of corporate guidance.	Council H & S Co-ordinator	As and when required	Publication of survey results to Directors / Chief Officers	Survey on loss time incidents completed.

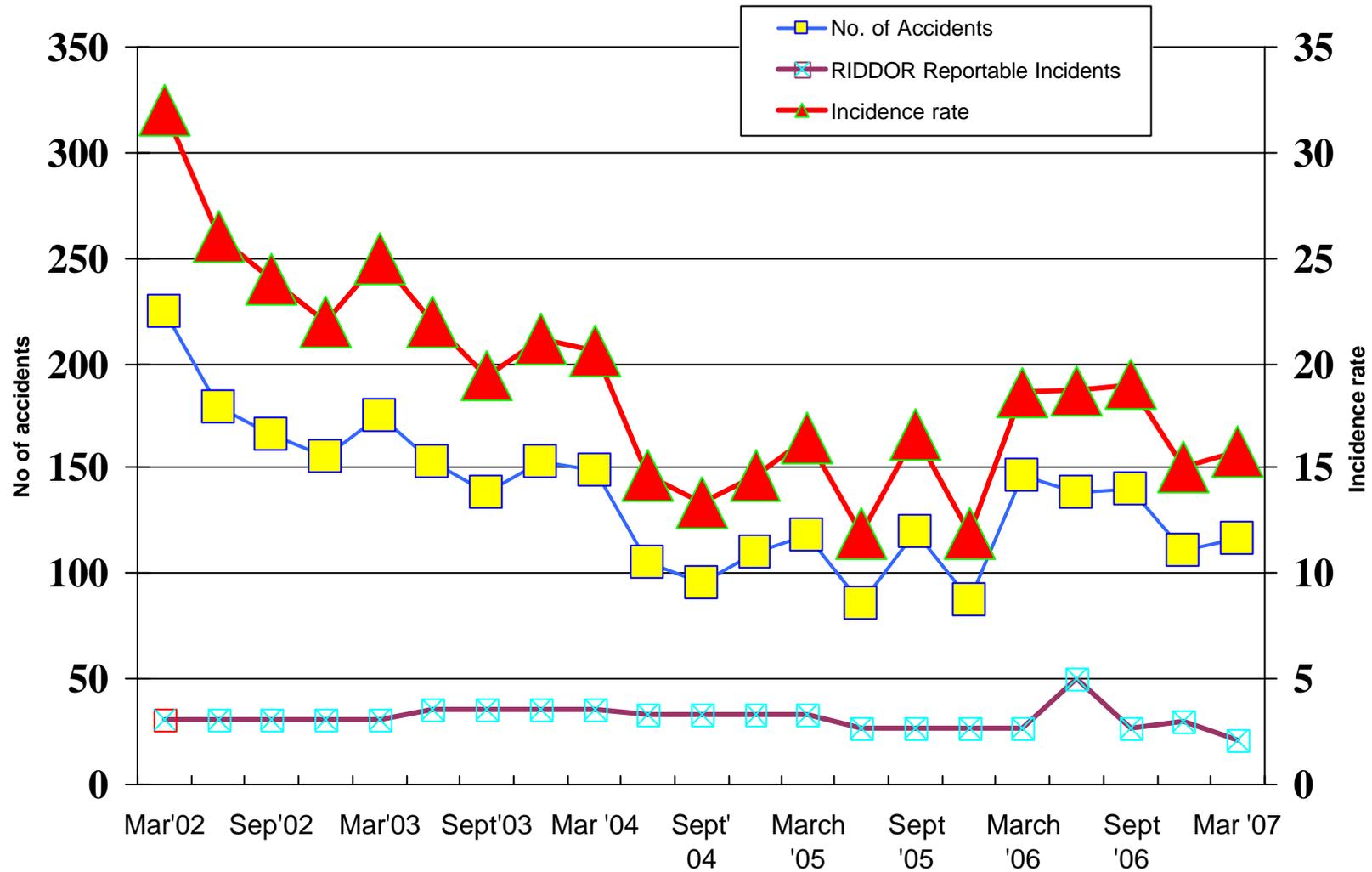
### Dundee City Council Accident Severity April 2006 - March 2007 (Excluding non-reportable injuries to members of the public)



## Dundee City Council Accident Causes (Employees Only) April 2006 - March 2007



### Dundee City Council Quarterly Employees Incidence Rate Jan 2002 - March 2007



### Costs of Accidents April 2003- March 07 Dundee City Council

