

REPORT TO: Policy and Resources Committee - 28 September 2009

REPORT ON: Annual Health and Safety Report 2008-09

REPORT BY: Head of Personnel

REPORT NO: 473-2009

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 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 & Safety Policy and the Corporate Health and Safety Plan.

5 POLICY IMPLICATIONS

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

6 CONSULTATIONS

- 6.1 The 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.

Iain M M Martin
Head of Personnel

16 September 2009

DUNDEE CITY COUNCIL

ANNUAL HEALTH & SAFETY REPORT 2008/09

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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. There is much work, however, still to be done with regard to risk assessment surveys, the undertaking of assessments 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 2008/09.

Iain Martin
Head of Personnel

August 2009

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 AND 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 undertake a risk assessment survey and to target resources towards identifying gaps in risk control.

3. SIGNIFICANT ISSUES

- 3.1 During 2008/09 all Chief Officers and second tier officers in the Council completed the health and safety training on corporate homicide and on the Institute of Directors and Health & Safety Commission's document titled "Leading Health & Safety at Work - Leadership Actions for Directors and Board Members". The aim of the training was to ensure that health and safety management became a key area of senior management's focus.
- 3.2 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, and Departments now have until November 2009 to produce their own Action Plans to undertake the necessary risk assessments and ensure that risks are controlled to a tolerable level.
- 3.3 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 incidents has fallen by 25% over this period to 24%, following a considerable improvement in the reporting of minor incidents, when the national average for under reporting of incidents is 65% 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.
- 3.4 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.
- 3.5 The completion rate for all risk assessor-training courses across the Council in the past year is also improved over the year from 46% last year to 52% this year. Unfortunately 41% 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 The Council's Health & Safety Policy was revised in February 2009 and existing health and safety guidance has been revised and updated. One of the main improvements has been the introduction of revised risk assessment forms which has reduced the document down to a one page form. This has lead to a reduction in time for recording the findings of a risk assessment in an effective and efficient manner.

- 3.7 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 2009 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.
- 3.8 Manual handling incidents account for 19% of all incidents this year, a reduction of 1% over the previous year. This sustained reduction in manual handling injuries over the past 3 years is a result of minimising the need for manual handling, reducing loads where possible and updating and revising risk controls. 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. One of the key issues is ensuring that employees have received specific manual handling training in the specific manual handling tasks being undertaken. In the majority of cases this seems to be working well but supervisors need to actively address incorrect handling techniques where possible to prevent employees inadvertently injuring themselves.
- 3.9 Slips, trips and falls now account for 25% 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 6 still resulted in major injuries, the same number as the previous year. All 6 were preventable. Five of the injuries were attributable to human error on behalf of the individuals concerned. Only one of the major injuries occurred in a building over which the Council had control. The lack of procedures to clean of a liquid spillage, had contributed directly to the incident occurring. All Council buildings are to provide suitable arrangements for the clearing and removal of spillages. A template for establishing procedures to remove spillages has been developed, being issued along with the Toolkit updates and management in each workplace are to finalise these local arrangements.
- 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 is being 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 Most Departments have completed the stress risk assessments, with three Departments yet to finalise this process. Two different electronic stress risk assessment survey tools are currently being piloted in separate Departments to help reduce the time spent undertaking stress risk assessment process.

4. CORPORATE HEALTH AND 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 in February 2009. 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. This task has progressed well with all departments to have their risk assessment action plans in place by November 2009.
- 4.5 The Corporate Health & Safety Plan is on track to meet its objectives and this is reflected in an overall reduction in the number of health and safety incidents and a reduction in the number of incidents that require to be notified to the HSE under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1996.

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 A program of occupational health surveillance has been in place for the past 12 months. During this year 642 occupational health screening have taken place. The results of occupational health surveillance has indicated to date that 13% of the results obtained have required adjustments to be made to risk controls to improve our management of occupational health.
- 5.3 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.
- 5.4 Health surveillance has identified that the provision of hearing protection and the examination of noise risk controls has required specific attention in 31% of all audiometry referrals made to OHSAS.
- 5.5 During a survey it was identified that in 55% of cases, a risk assessment was in place and that, where necessary, the risk assessment had been revised in 66% of the required cases.

- 5.6 The survey also identified that control measures, such as minimising exposure or the provision of personal protective equipment, had been adopted in 72% of the cases examined.
- 5.7 Unfortunately, it was also found that in only 50% of cases examined had the named employee received instruction and training in the correct use of personal protective equipment. Managers and supervisors need to recognise that the provision of appropriate personal protective equipment on its own is inadequate. It must be supported by employees being shown how and when to wear the personal protective equipment and how to care for it.
- 5.8 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, 69 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.
- 5.9 During the year we have reported 1 case of occupational ill-health that would not have been identified without occupational health surveillance. The case related to an employee who operated powered hand-held tools and had symptoms of the early stages of hand-arm vibration syndrome.

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 offers 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.

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 2008/09, there were 397 health and safety incidents involving employees compared to 445 in 2007/08. There were also 61 members of the public taken to hospital as the direct result of a work activity in 2008/09 compared to 55 in 2007/08. There were 59 school pupils with Education and one service user from Housing and another from Leisure & Communities. The health and safety incident data for 2008/09 can be found in Appendix 2.
- 7.4 Over the past year there has been a significant improvement in the under reporting of incidents. For the year 2007/08 the under-reporting of minor incidents was found to be at 49%. The under-reporting of minor incidents has now fallen to 24%. This improvement in the reporting of minor incidents is welcomed, as it provides managers with more opportunities to investigate minor incidents and take remedial steps to prevent more serious incidents from occurring.
- 7.5 The total number of RIDDOR incidents to employees during the year was 61 comprising of 50 +3day injuries, 1 occupational ill-health and 10 major injuries. This a reduction of 37 reportable injuries over the previous year.

- 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 £172,796. This is a reduction in losses of £61,940 in comparison with the previous year which is attributed to the reduction in the number of RIDDOR reportable incidents to the HSE.
- 7.7 During the past year the level of physical aggression and violence against Education staff had fallen by 4%. The level of physical aggression and violence against staff in all other Departments had fallen by 11% during the past year. The amount of aggression and violence against staff in Social work has fallen by 50% over the past year. These improvements are attributable to training being provided to frontline staff and through to improved risk controls.
- 7.8 During the year the Council had 2 visits from the HSE. These visits were made to Dundee Contracts and Housing. One visit from the HSE was under the Gas Safety (Installation & Use) Regulations 1998 regarding the Council's approach to undertaking the annual gas safety checks of gas appliances within the housing stock. The HSE were pleased with the Council approach to compliance with this legislation.
- 7.9 Dundee Contacts Services also received a visit from the HSE in relation to the management of construction projects. The Council, in particular, explained the process for managing and controlling working at height and for controlling the use of scaffolding on construction projects. The HSE were satisfied with the measures being taken by the Department.
- 7.10 Auditing has identified that very few Departments have undertaken their own inspection of the workplace as is required under the Council's health & Safety Policy. The inspection format to be followed is contained in Section 4 of the Health & Safety Toolkit.

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 44 corporate courses, all of which were delivered, but then delivered an additional 33 courses upon request. The 77 training courses compares to 56 training courses the previous year. This equates to 645 employees receiving some form of health and safety training during the year, an increase of 55 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 8.3, a decrease of 2.3 employees per course over the previous year. However we have restricted the maximum number of delegates able to attend practical training courses to 9 persons to ensure that all delegates are afforded sufficient opportunity to practice skills.

- 8.4 During the year 19 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. This is an improvement of 13% in the completion from 2007 /08. From those delegates who have submitted risk assessments for evaluation, 87% of those delegates received certification and are approved risk assessors.
- 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 care Commission and Tayside fire & Rescue Service. During the year the Section delivered 4 Fire Safety Awareness Courses in the use of fire fighting appliances for 35 employees.

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. There has been a significant reduction in the number of RIDDOR reportable incidents to the HSE with a 38% reduction over the past year. This is a significant improvement and credit has to go to all those who have contributed to improving health and safety risk controls, whether as an employee, a safety representative, or as a manager. Continued attention requires to be given to ensuring that risk controls are developed and implemented using the Council's approved risk assessment process.

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 training 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. In many cases the departmental health and safety policies will require to be re-examined to ensure approved risk controls are being implemented.

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

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 | A 12% reduction in slips trips and falls was achieved during 2008/09 |
| 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 May 09 |
| 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 is being issued for dealing with spillages in workplaces when the Toolkit update for 2009 is issued |
| 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. |

| 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 2008/09 there were 83 reported incidents. This represents a 27% 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 20% of cases examined, training records did not exist 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 2008/09 there were 83 incidents. The number of days lost to musculo-skeletal injuries was 503. The average number of days lost is 9.7 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 | Establish the number of days lost through confirmed cases of work-related stress | Chief Officers, and Head of Personnel | Review Annually in April | Production of data to establish a baseline to measure improvement | 22,202 days lost due to stress. Unable at present to determine how many are due to |

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|---|---|--|----------------|--|--|---|
| | related stress-related absences | absences, once Resource Link established | | | | occupational stress - |
| 2 | Management of Occupational Stress | <p>Stress Management Policy & 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 | <p>June 2008</p> <p>December 2008</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>Most Departments have completed the first pass assessment tool. 3 Departments still to complete the process.</p> <p>3 departments yet to complete process</p> <p>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. This represents a 19% reduction in counseling for stress over the past year.</p> |
| 3 | Effectively address causes of occupational stress | Repeat stress risk assessment process | Chief Officers | Oct 2010 | Produce status reports on progress. | |

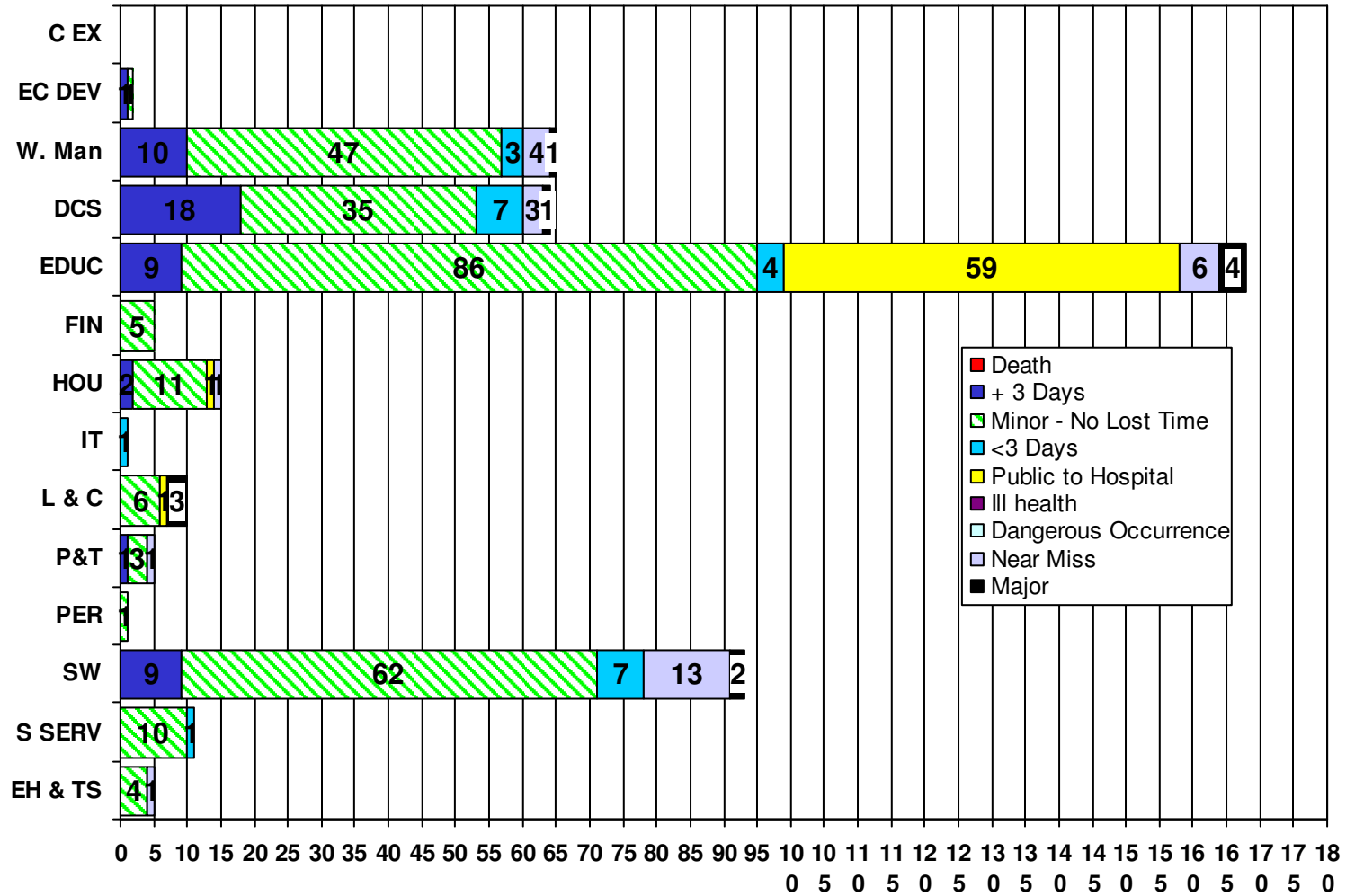
| Issue 4 | | Improve interventions by occupational health providers to increase awareness and reduce occupational health risks. | | | | |
|----------------|-----------------------------|---|--|---------------------------------|---|---|
| No | Key Issue | Key Action | Responsible Person | Timescale/ Frequency | Performance Indicators | Comments Progress |
| 1 | Absence Management | Sickness Absence Management Policy | Chief Officers | Review Annually in December | Monitor and report on Sickness Absence Data | Absence Rate for the Council is 9.9 days per APTC employee and 13.8 days per manual/craft employee 2007/08 - baseline |
| 2 | 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 12.14 days per employee for 2008/09 |
| 3 | 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 2009. KPI's being are being achieved. |
| 4 | Occupational Health | Implementation of Occupational Health Policy | Chief Officers | Review Annually in April | No. of health surveillance results requiring further controls / actions | 84 during 2008/9. This is 13% of all health surveillance undertaken |
| 5 | Occupational Health | Implementation of Occupational Health Policy | Council H & S Co-ordinator | Review Annually in June | Monitor Occupational Health Surveillance | 638 occupational health surveillance measurements undertaken in 2008/09. 87% 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 | 48 further employees were trained during 2008/09 in incident investigation |
| 2 | Health & Safety Management | Departmental Health & Safety Policies to be Reviewed by April 2008 and revised thereafter annually | Chief Officers | April 2008 and thereafter Review Annually | Provision of Departmental Health & Safety Policies | All Dept. Health & Safety Policies are up to date. |
| 3 | Health & 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 | 95 managers trained by March 2009 |
| 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 |

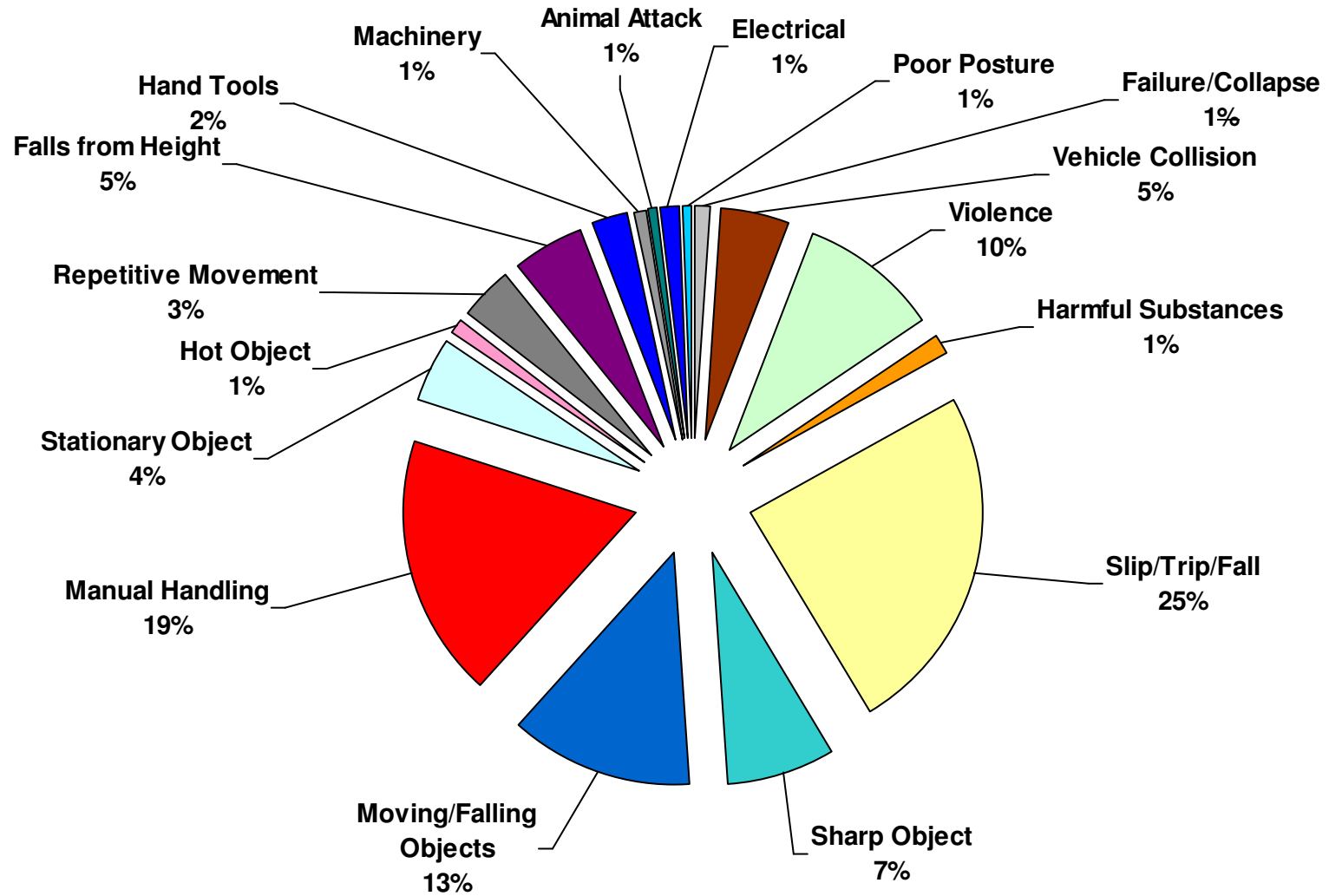
| Issue 6 | | Improve the health & safety culture within the Council, through the effective development and implementation of health & safety management systems by all Departments. | | | | |
|----------------|--|--|--|---|---|--|
| No | Key Issue | Key Action | Responsible Person | Timescale/ Frequency | 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 2009 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 |
| 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 2009 |
| 2. | Health & Safety Inspections | Departments to complete H & S Inspections of Workplace | Workplace Managers | Annually by December | Completed Inspection Report from Toolkit. | In progress |
| 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, Incidence rate is 14 per 1000 employees - March 09 |
| 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 April 08 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 |

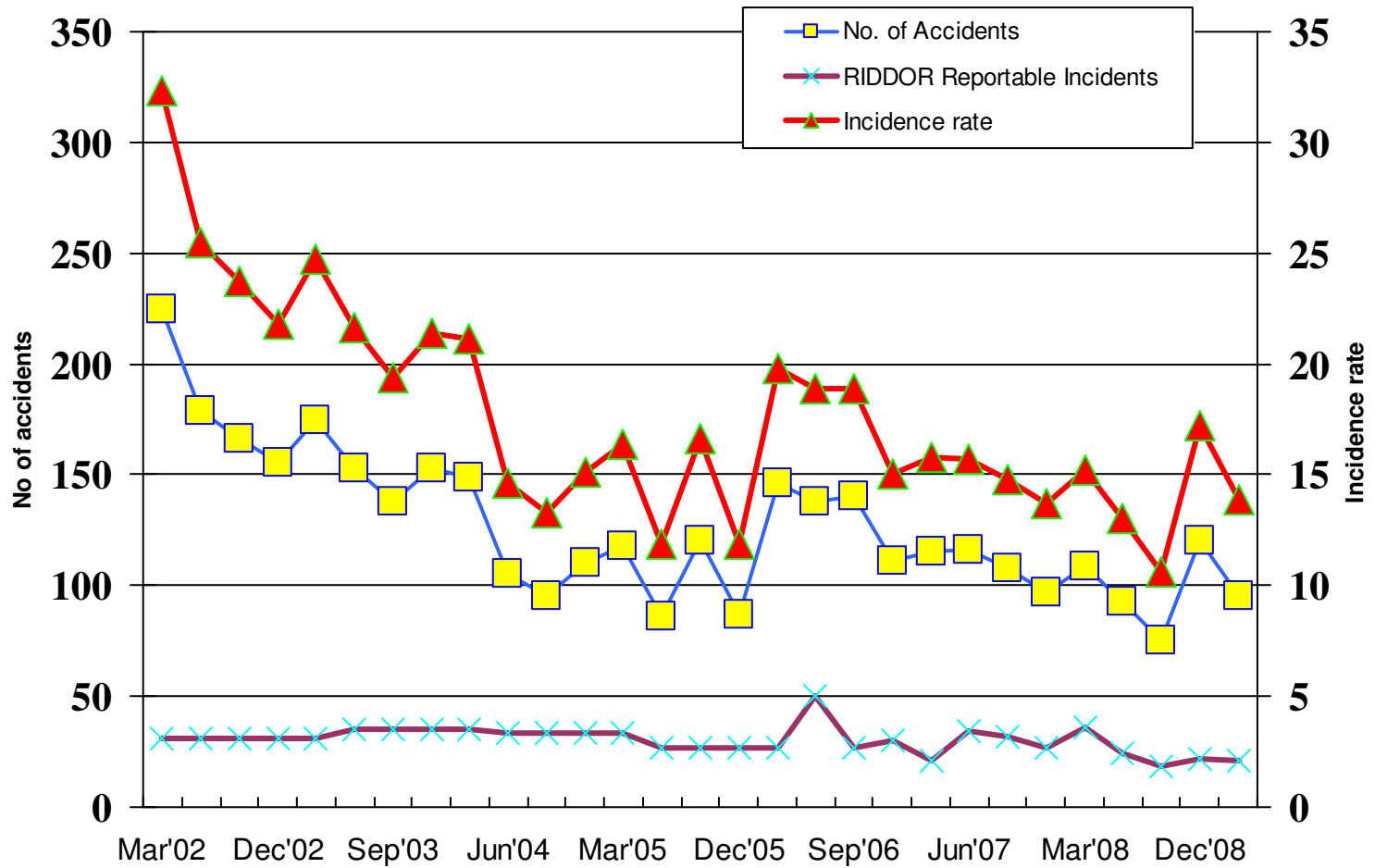
Dundee City Council Accident Severity April 2008 - March 2009 (Excluding non-reportable injuries to members of the public)



Dundee City Council Causes (Employees Only) April 2008 - March 2009



Dundee City Council Quarterly Employees Incidence Rate Jan 2002 - March 2009



Costs of Accidents April 2003 - March 2009 Dundee City Council

