

DUNDEE CITY COUNCIL

REPORT TO: Policy & Resources Committee - 10 November 2008

REPORT ON: Annual Health & Safety Report 2007- 08

REPORT BY: Head of Personnel

REPORT NO: 539/2008

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, Equality Impact Assessment and Risk Management.

There are no major issues.

7 CONSULTATIONS

- 7.1 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.

8 BACKGROUND PAPERS

- 8.1 None.

Neil Doherty
Council Health and Safety Co-ordinator

24 October 2008

DUNDEE CITY COUNCIL

**ANNUAL
HEALTH & SAFETY
REPORT
2007/08**

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FOREWORD BY HEAD OF PERSONNEL

The past year has seen significant progress has been made with the development of a Corporate Health & Safety Plan for the next 3 years, and the first year of working with the Council's new occupational health provider. There is much work, however, still to be done with regard to risk assessment surveys, the undertaking of assessments and the implementation 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 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 2007/08.

Iain Martin
Head of Personnel

June 2008

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, 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 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 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 2007/08 all Chief Officers and most second tier officers in the Council received 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 Council's Corporate Health and Safety Plan for 2008/11 were approved by the Council in March 2008. This is a significant document and is linked directly to the Council's Service Plan. Progress at implementing the plan will be monitored over the next 3 years by the Corporate Health and Safety Section.
- 3.3 The main focus of the plan is for Departments to conduct a comprehensive health and safety survey to identify hazards that have not been risk assessed or adequately controlled and to then produce and implement an action plan to record, identify and implement all the necessary risk controls, to reduce all health and safety risks to a tolerable level.
- 3.4 The Council's reporting of injuries under the Reporting of Injuries Diseases and Dangerous Occurrence Regulations 1995 (R.I.D.D.O.R.) has deteriorated over the last 12 months. The under-reporting of incidents has risen by 9% over this period to 49%, following a considerable improvement in 2006/07. The importance of reporting minor incidents needs to be understood by all employees and this matter needs to be discussed at departmental health and safety committees to encourage employees to report such incidents. Management require to investigate minor in a positive manner, avoiding blame 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.
- 3.6 The completion rate for all risk assessor-training courses across the Council in the past year is a slight decline from 47% last year to 46% compared to 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.
- 3.7 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 only been communicated to 52% of employees undertaking the relevant task. It is only by training employees in the appropriate risk controls to be adopted that full use will be made of the risk assessments undertaken. 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 was introduced in 2006 to ensure that all new and revised risk assessments are discussed at each Departmental Health & Safety Committee.
- 3.8 The same survey revealed that 60% of employees investigating health and safety incidents had been trained in incident investigation. Furthermore it was also identified that only those trained in incident investigation were able to identify appropriate remedial action to prevent recurrence of incidents. Such data indicates that there is every possibility that an incident investigated by a non-trained person is liable to lead to a repeat of the same incident occurring in the future.
- 3.9 A considerable amount of new Corporate Health & 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 & 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 2008 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 to improving risk control and the management of health and safety.

- 3.10 Manual handling incidents account for 20% of all incidents this year, a reduction of 2% over the previous year. Manual handling activities now account for 27% of all incidents in Dundee Contract Services compared to 33% in 2006/07. Manual handling accounts for 35% of all incidents in Waste Management compared to 32% on 2006/07. Manual handling accounts for 21% of all incidents in Social Work compared to 15% on 2006/07. 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.
- 3.11 Slips, trips and falls account for 18% of all incidents this year, a reduction of 2% over the previous year. In real terms this is the lowest number of slip, trip and fall incidents that the Council has ever had and credit must go to all departments who have actively tried to manage and control this risk. Most slip, trip and fall incidents tend to be minor, but 6 still resulted in major injuries compared to 9 the previous year. Of the 6 major injuries 3 were preventable and were attributed to poor lighting levels, lack of procedures to deal with a water spillage and the lack of absorbent matting in the entrance foyer in a Council building. The Corporate Health & Safety Section can measure the slip risk of existing floor surfaces, and this year 59 measurements were undertaken this year compared to only 6 requests for measurements being received in 2006/07. Further improvements are still required with requests for measurements and assistance very much welcomed throughout 2008/09.
- 3.12 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.
- 3.13 Most Departments have completed the first pass stress assessment tool and have either complied with the stress management standard or are in the process of implementing their action plan. Five departments are yet to finalise action plans to enable compliance with the stress management standard

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 in December 2006 and was again reviewed in December 2007. All departments are currently reviewing their own Health & Safety Policies. The key aspect of the revised policies is to ensure that detailed arrangements are in place for undertaking risk assessments and implementing risk control 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 Most departments are finding it difficult to fulfill their obligations to undertake and keep risk assessments under review. A recent study undertaken in February 2008 revealed that 68% of the activities causing injury had been risk assessed. Of those risk assessments only 32% were found to have suitable and sufficient risk assessments.
- 4.5 It was found that 52% of the injured employees had received specific training for the task being performed. This is a significant improvement and is a good indicator that risk assessments are become "live" documents that controls are being acted upon by Departments, however considerable progress is required to enable effective risk controls to become a reality.
- 4.6 The Corporate Health & Safety Plan's main focus of attention is on Departments conducting a comprehensive health and safety survey to identify hazards that have not been risk assessed or adequately controlled and to then produce and implement an action plan to undertake all the necessary risk assessments and then implement the approved risk controls

5. OCCUPATIONAL HEALTH AND SAFETY

- 5.1 A new, 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 and 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 time 359 occupational health screening have taken place. The results of occupational health surveillance has indicated to date that 16.7% 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 monitored rporately. 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 noise risk controls has required specific attention in 27% of all audiometry referrals made to OHSAS.
- 5.5 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 41 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.
- 5.6 During the year we have reported 4 cases of occupational ill health that would not have been identified without occupational health surveillance. All four cases relate to employees who operate powered hand held tools and have 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 need to flow in both directions and health and safety committees are seen as an effective vehicle to ensure that dialog 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.

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 2007/08, there were 445 health and safety incidents involving employees compared to 495 in 2006/07. There were also 55 members of the public taken to hospital as the direct result of a work activity in 2007/08 compared to 33 in 2006/07. These were all school pupils with Education and one service user from Social Work. The health and safety incident data for 2007/08 can be found in Appendix 2.
- 7.4 Over the past year there has been an increase in the under reporting of incidents. For the year 2006/07 the under-reporting of minor incidents was found to be at 40%. The under-reporting of minor incidents has now risen to 49%. This is still better than the national average which is estimated by the HSE to be operating currently at around 65% under reporting. The under-reporting is liable to increase the likelihood of more serious incidents occurring in the future, as the opportunity to investigate 51% of the minor incidents is being denied.
- 7.5 The total number of RIDDOR incidents to employees during the year was 98 comprising of 83 +3day injuries, 4 occupational ill-health and 11 major injuries. This represents an increase in 11 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 £234,736. This is a slight increase of £3639 in comparison with the previous year which is attributed to an increase of 10 over -3-day absences from work.
- 7.7 During the year the Council had several visits from the HSE. These visits were made to Dundee Contracts and Education. As a result of the HSE's enforcement visits 2 Improvement Notices and 1 Prohibition Notice were served. All of these notices have been subsequently addressed by the Council to the satisfaction of the HSE Inspector.

8. HEALTH AND SAFETY TRAINING

- 8.1 The Corporate Health & Safety Section has produced training calendars for the past five 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 12 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.
- 8.3 During the year the Section delivered 56 training courses compared to 66 training courses the previous year. This equates to 590 employees receiving some form of health and safety training during the year, a decrease of 177 employees from the previous year when 66 courses were delivered. This however does not take account of 7 health and safety awareness courses being delivered in conjunction with other departments for 99 Council employees.
- 8.4 The average number of delegates per course has been calculated as being 10.6, a decrease of 1.1 employees per course over the previous year.
- 8.5 During the year 18 risk assessor type training courses were delivered, but only 46% of delegates attending this training actually completed this training by submitting suitable and sufficient risk assessments. This is however a slight decline as the completion rate was 47% in 2006 /07. 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.
- 8.6 During the past 2007/08 the Health & Safety Section also delivered 13 Fire Safety Awareness Courses in the use of fire fighting appliances for 137 employees.

9. 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 & Safety Plan and the Health & 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 completing their risk assessment surveys and produce action plans for undertaking risk assessments to reduce all health and safety risks to a tolerable level. 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. 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 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

ISIS Personnel Record System, Dundee City Council

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 25% reduction in slips trips and falls was achieved during 2007/08
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 08
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	Being Progressed
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.	95% of all 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	a Risk assess manual handling and D.S.E. work activities and use of hand tools as required, where there is a risk of injury Review risk assessments following any manual handling, use of hand tools or D.S.E. incident.	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 2007/08 there were 84 reported incidents. This is a 26% reduction of the previous year
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 training records did not exist following an incident
3	Reduce the number of musculo-skeletal injuries	a Monitor the no. of days lost through back, neck, arm and musculo-skeletal injuries on an annual basis.	Personnel Manager & Council H& S Co-ordinator	Review Annually in April	Reduction in number of musculo-skeletal injuries. (Using Resource Link when operational)	Baseline established of 815 days lost due to musculo-skeletal injuries. The average no. of days lost is 20.9 per absence
		b Monitor use of Physiotherapy Service	Personnel Manager	Review Annually in April	Number of Referrals to Physiotherapy Service	

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 Personnel Manager	Review Annually in April	Production of data to establish a baseline to measure improvement	Resource link not yet fully operational	
2	Management of Occupational Stress	<div>Stress Management Policy & Action Plan to be implemented.</div> <div>Examine the implementation of Stress Management Action Plans.</div> <div>Monitor the use of the Counselling Service for stress</div>	Chief Officers	<div>June 2008</div> <div>December 2008</div> <div>Annually in April</div>	<div>a Departments to have their first stress surveys / assessments completed.</div> <div>b Identified risk controls implemented</div> <div>c Identify the number of appointments for stress related cases</div>	<div>80% of Departments have completed the first pass assessment tool</div> <div>66% of Departments have produced stress action plans</div> <div>In the past year 94 employees had received counseling for stress. 22 were claimed work related stress and 54 claimed both personal and work related stress.</div>	
3	Effectively address causes of occupational stress	Repeat stress risk assessment process	Chief Officers	June 2010	Produce status reports on progress.		

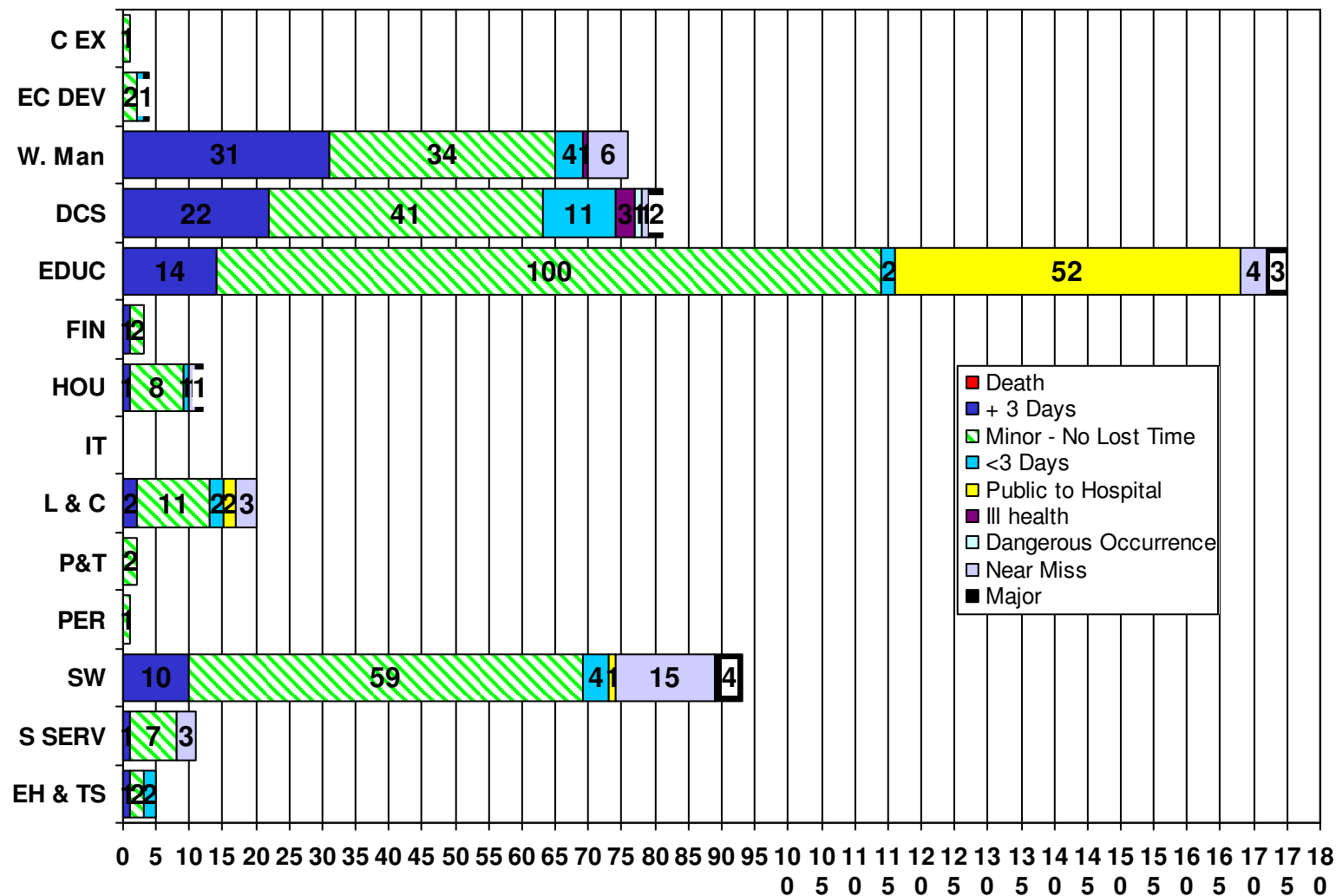
Issue 4		Improve interventions by occupational health providers to increase awareness and reduce occupational health risks.										
No	Key Issue		Key Action		Responsible Person		Timescale/ Frequency		Performance Indicators		Comments Progress	
1	Absence Management		Sickness Absence Management Policy		Chief Officers		Review Annually in December		Monitor and report on Sickness Absence Data		Absence Rate for the Council is 9.6 days per employee per for 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 9.6 days per employee	
3	Occupational Health Service		Review provision of Occupational Health Service		Personnel Manager & Council H & S Co-ordinator		Review Annually in April		Include data in Council Annual Health & Safety Report		Contract and Service to be reviewed in June 2008. KPI's 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		49 during 2007/8	
5	Occupational Health		Implementation of Occupational Health Policy		Council H & S Co-ordinator		Review Annually in June		Monitor Occupational Health Surveillance		Survey to be conducted in Sept 08	

Issue 5		Health & Safety 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	41 further employees were trained during 2007/08 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	11 out of 14 Dept. Health & Safety Policies are up to date. Others are being revised.
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 2007	95 managers trained By March 2008
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

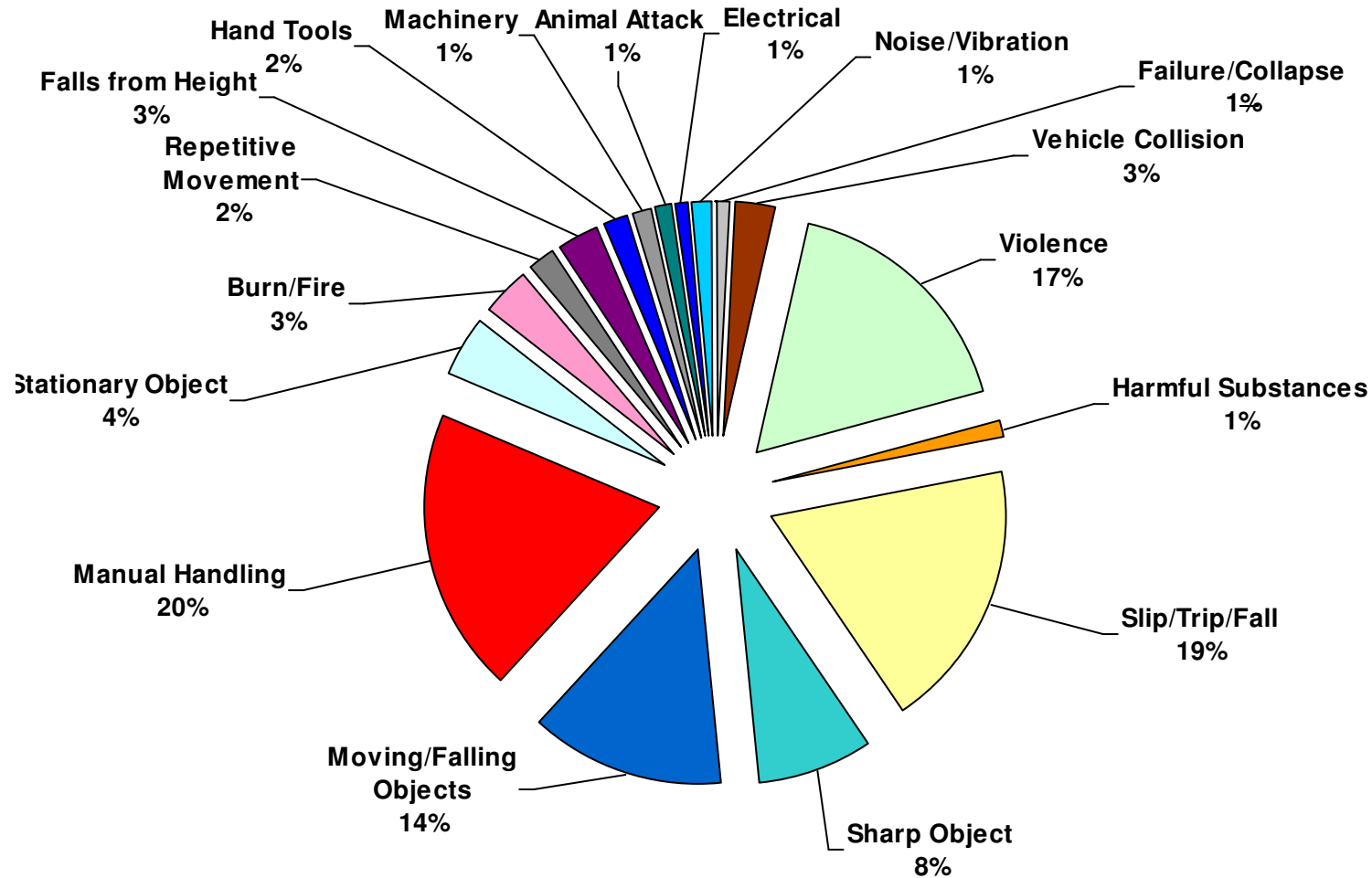
Issue 6		Improve the health & safety culture within the Council, through the effective development and implementation of health & safety management systems by all Departments.					
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments Progress	
1	Promote a positive Health & Safety Culture	Health & Safety Charter displayed in prominent place	Chief Officers	March 2008	Charter to be displayed and signed by all Chief Officers	All Chief Officers received training and copies of the Charter to display	
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 2008 produced and 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		
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 2008
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 to Council Management Team Accident statistics, and any significant legislative changes.	Council Health & Safety Co-ordinator	3-monthly to CMT. Accident statistics to have a downward trend.	A general reduction in incidence rate.	Latest Incidence rate is 14.9 per 1000 employees - April 08
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 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	Contained in Annual H & S Report

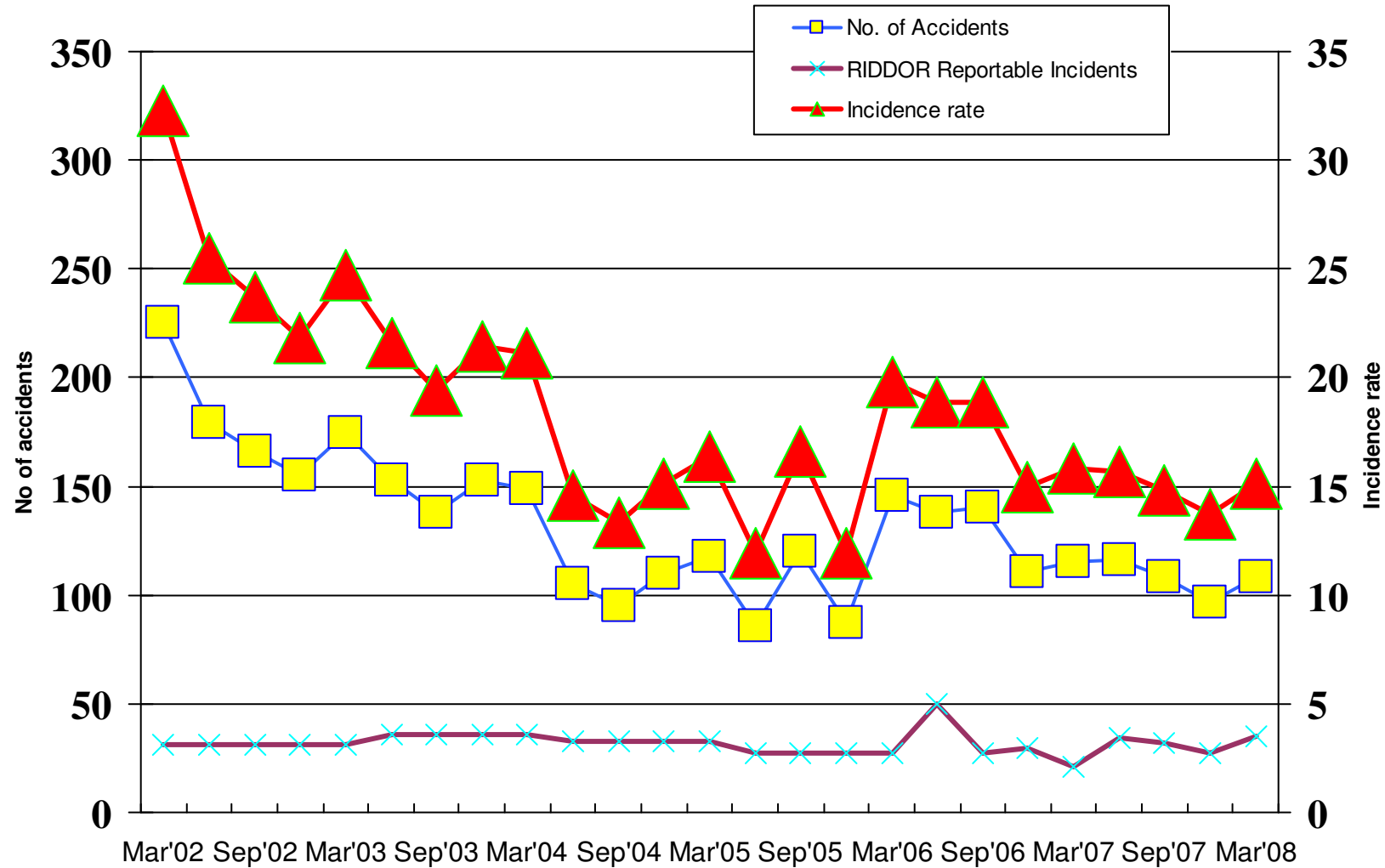
**Dundee City Council
Accident Severity April 2007 - March 2008
(Excluding non-reportable injuries to members of the public)**



Dundee City Council Accident Causes (Employees Only) April 2007 - March 2008



Dundee City Council Quarterly Employees Incidence Rate Jan 2002 - March 2008



Costs of Accidents April 2003- March 08 Dundee City Council

