DUNDEE CITY COUNCIL

REPORT TO: Personnel Committee - 13 September 2004

REPORT ON: Annual Health and Safety Report 2003/04

REPORT BY: Assistant Chief Executive (Management) and Council Health and

Safety Co-ordinator

REPORT NO: 609-2004

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 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 the further development of health and safety management will be funded from existing departmental budgets.

4 LOCAL AGENDA 21 IMPLICATIONS

4.1 The report will help to focus management towards creating safe, clean, pleasant environments which emphasise the prevention of illness wherever possible.

5 **EQUAL OPPORTUNITIES IMPLICATIONS**

5.1 None.

6 BACKGROUND

- 6.1 The Government's "Revitalising Health and Safety" strategy recommends that all public bodies summarise their health and safety performance in an Annual Report.
- 6.2 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 plan.

7 **CONSULTATION**

7.1 The Council Management Team and the relevant Trade Unions have been consulted in the preparation of this report.

8 BACKGROUND PAPERS

8.1 None.

J.C. Petrie Assistant Chief Executive (Management)

3 September 2004

N. Doherty Council Health and Safety Co-ordinator

3 September 2004

DUNDEE CITY COUNCIL

ANNUAL HEALTH & SAFETY REPORT 2003/04

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FOREWARD BY ASSISTANT CHIEF EXECUTIVE (MANAGEMENT)

The past year has seen a renewed commitment to health and safety with the Council's Health & Safety Policy being reviewed in October 2003. There is much work however to be done to ensure that the health and safety policy is implemented in all departments throughout the Council. Departmental policies are currently being reviewed to establish suitable arrangements for the management of health and safety risks. This report very much concentrates on the commitment and focus for attention over the next 12 months 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.

I would like to thank all who have positively contributed towards the Council's health and safety performance during 2003/04.

Jim Petrie

Assistant Chief Executive (Management)

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 The Council's annual report has two main purposes: firstly to promote the Health & Safety Management, and secondly to give general information on the development in health and safety management throughout the Council.
- 1.3 Dundee City Council is a major employer in the area, employing approximately 8300 people who manage and deliver services to all those residing within the Council boundaries. As such a large employer offering and delivering a diverse range of services, the Council influences and affects the quality of life of many people, therefore it is important that services are delivered in such a manner, having due regard to 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 reviewed its Health & Safety Policy in October 2003, appointing a Chief Officer to champion and lead Health and Safety and allocating roles and responsibilities for health and safety performance within the Council.
- 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 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 standards for all levels of staff within the Council;
 - Development 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 a 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 Heath and Safety Policy within each Department.
- 2.6 In particular each departmental policy is to 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
 - The 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
 - 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 Coordinator 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 will be to develop a consistent approach to compliance with Council policies.
- 2.10 The key issue since the group formed in December has been to develop suitable departmental health and safety policies with adequate arrangements and resources being targeted to undertaking health & safety risk assessments and improving risk control.

3. SIGNIFICANT ISSUES

- 3.1 The Council is experiencing a significant level of under reporting of injuries under the Reporting of Diseases and Dangerous Occurrence Regulations 1995.
- 3.2 A new health and safety incident reporting form was introduced in January 2004. The new form was accompanied with guidance and a training course to enable management to appoint employees within all departments who can effectively investigate each incident. The aim being to correctly identify the immediate and underlying causes of incidents to enable effective remedial actions to be identified and then implemented to prevent recurrence. There is still a significant demand for the training, which is being addressed through the provision of additional courses.
- 3.3 Manual handling accounts for 20% of all accidents to employees. The Social Work Department has invested heavily in Moving & Handling Training and is developing their own Moving & Handling Policy. The Education Department is currently also developing their own Manual Handling Policy to address their own situation.
- 3.4 Aggression and violence is a growing concern for most departments that have direct interaction with the public now accounting for 15% of all incidents. The Council has its own policy for handling aggression and violence with new guidance being issued to all Departments at the end of March 2004.
- 3.5 The new guidance produced on Lone Working and Violence includes new recording, reporting and investigation procedures for managing incidents of aggression and violence from the public. A Potentially Violent Persons Database has also been launched that is accessible to all departments, to help to identify

- difficult situations prior to any contact. It is hoped that the effective use of this additional resource will lead to improved risk control.
- 3.6 The Social Work Department has piloted a lone working monitoring system that is liable to be extended to include other departments in the near future where a need is identified.
- 3.7 Slips, trips and falls continues to accounts for 25% of incidents each year, most of which tend to be minor. Greater attention requires to be given to the condition, maintenance and design of floor coverings for work place environments. The slipping coefficients 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. Additional work requires to undertaken in this area particularly when considering the purchase or design of floor coverings.

4. HEALTH & SAFETY PLAN

- 4.1 The Council has produced a Corporate Health & Safety Plan to improve current performance and to embrace the challenges of the Government's Revitalising Health & Safety Strategy.
- 4.2 The plan examined the level of health and safety performance in autumn 2003 and identified areas where performance could be improved. The Council approved the plan in March 2004 following consultation with management and the Trade Unions.
- 4.3 The plan has established clear strategic health and safety targets to which all Departments are committed until the end of 2005. The plan will be reviewed at that stage to evaluate progress and to establish the health and safety priorities for 2006 and beyond.
- 4.4 All Departments are accountable for progressing the action plan that is contained in appendix 1 to this report. At present departmental policies are being reviewed, with particular emphasis being placed upon developing their own resource strategy for undertaking risk assessments and improving risk control.
- 4.5 The Corporate Health & Safety Section will monitor the implementation of the action plan with progress reports being furnished to the Chief Officer for Health and Safety.
- 4.6 The Health & Safety Action Plan is contained detailed in appendix 1.

5. HEALTH & SAFETY CONSULTATIONS WITH EMPLOYEES

- 5.1 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 between both parties. The Council's advisers from the Corporate Health & Safety Section always attend the Council Health & 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.

6. HEALTH & SAFETY PERFORMANCE DATA

- 6.1 Completed health and safety incidents 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.
- 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 & Safety Committee.
- 6.3 The health and safety incident data for 2003/04 are available from Group Secretaries and in the Members Lounge. (Copies will be available on the night.)
- 6.4 At present there are concerns with regard to the level of under reporting of incidents, however every encouragement is being given to reporting incidents as this creates an opportunity to investigate minor incidents and take corrective action to prevent more serious incidents from arising.
- 6.5 The Incident charts are available from Group Secretaries and in the Members Lounge. (Copies will be available on the night.)
- 6.6 The total number of RIDDOR incidents to employees during the year was 142 comprising of 139 +3day injuries and 3 major injuries. During the year there were also 79 incidents resulting in members of the public being taken to hospital as a direct result of an injury resulting from a work activity.
- 6.7 The total cost of health and safety incidents using the HSE costing profile, was calculated to be £379,697 where a fixed calculated cost is given for each type of incident.

- Ouring the year 209 employees were absent from work due to an accident or occupational ill health. The number of days lost due to physical injuries and ill health sustained as a result of work activities was 4854, the average number of days absence being 20 days. (Excludes teachers)
- 6.9 There were 2 Improvement Notices served on the Council during the year both for the lack of suitable risk assessments.

7. HEALTH AND SAFETY TRAINING

- 7.1 The Corporate Health & Safety Section, up until December, had been delivering health and safety training upon request to departments. The Section produced a health and safety training calendar from the beginning of 2004 and now concentrate upon delivering corporate training.
- 7.2 Additional training courses are still being provided upon request to meet the needs of departments, but priority is given to delivering the corporate training courses.
- 7.3 During the year the Section delivered 54 training courses the majority of which were half-day courses. This accounts for 588 employees receiving some form of health and safety training. The average number of delegates per course has been calculated to be 10.8 per course.

CONCLUSION

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 Corporate Health & Safety Plan and monitor their own contribution towards fulfilling the objects of the plan.

8

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

Dundee City Council, 2004 ISIS Personnel Record System, Dundee City Council

Appendix 1

DUNDEE CITY COUNCIL'S HEALTH & SAFETY ACTION PLAN 2004/2005

No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments
1	Communicating Roles & Responsibilities	a Council's Health & Safety Policy	Chief Executive/ Council H & S Co-ordinator	Immediate	Accessible to all employees	Last reviewed in Oct 2003.
		b Departmental Health & Safety Policy	Directors/Chief Officers	June 2004	Accessible to Departmental employees	
		c Appointment of Director for Health & Safety	Chief Executive	Immediate	Appointment recorded in Council's Health & Safety Policy	Post currently held by Assistant Chief Ex. (Management)
2	Provision and review of Corporate Policies/ Guidance	Health & Safety Toolkit	Council H & S Co-ordinator	February 2005	Accessible to all employees	Many key documents are currently lacking
3	Management of Safe Systems of Work	a Completion of health & safety risk assessments and implementation of risk controls	Directors / Chief Officers	May 2005 June 2004 December 2004	Employees operating in accordance with Departmental approved working practices. (Review progress) (Review progress)	Risk assessor training has been delivered for many years, but all such training is currently under review.
		b Safe Working Procedures Manuals	Directors / Chief Officers	November 2005	Provision of a safe working procedures manual for high-risk activities.	

No	Key Issue	Key Action	Responsible	Timescale/	Performance	Comments
4	Safety Incident Management	All incidents to be investigated to determine initial and root causes	Person Directors / Chief Officers	Frequency Within 1 month from date of incident commencing from January 2004	% of fully completed incident report forms received by H & S Section	All Departments to ensure that sufficient number of staff have received incident investigation training.
5	H & S Auditing	a Activity needs to adequately resourced and delivered by Corporate members of IOSH	Assistant Chief Executive (Management)	Auditing programe to commence January 2005	Review of current resources and allocation of resources to complete task.	Insufficient resources to presently commence a health and safety audit programme
		as per programme c Respond to audit with action plan	Council H & S Co-ordinator Directors / Chief Officers	Frequency as per Audit Guidance One month from receipt of audit	% of completed audits as per programme Plans to improve	
6	Annual Health & Safety Report	Production of Annual Report with involvement of all Departments	Assistant Chief Executive (Management)	Annually in June	compliance Approval at Personnel Committee	
7	Health & Safety Induction Training	Induction training for all new staff.	Directors / Chief Officers	Commence first week of employment	Training records	
8	Reporting Health & Safety to Council Management Team.	Accident statistics, Significant legislative changes.	Assistant Chief Executive (Management)	Quarterly reports to CMT	Accident statistics to have a downward trend	
No	Key Issue	Key Action	Responsible	Timescale/	Performance	Comments

			Person	Frequency	Indicators	
9	Managing Stress	Strategies to undertake stress risk assessments to be developed and implemented, following the training.	Directors/Chief Officers	February 2005	Strategies for each Department to be in place. Risk controls being implemented	
10	Hand Arm Vibration	a HAV Guidance	Council H & S Co-ordinator	June 2004	Corporate Guidance Health Surveillance	
		b Identify staff at risk and determine controls	Directors /Chief Officers	August 2004	and procurement procedures in place.	
		Commencing measurements where necessary	Directors /Chief Officers	December 2004	Effectively reduce exposure below guideline limits	
12	Health & Safety Consultations with employees	Effective Council and Departmental H & S Committees	Assistant Chief Executive (Management) & Directors /Chief Officers	December 2004	All Departments to have their own Health & Safety Committee. Minutes provided.	
13	Managing Contractors' health & safety performance.	a Guidance on managing contractors b Vet contractors for health and safety prior to appointment.	Council H & S Coordinator Directors /Chief Officers	June 2004 November 2004	Corporate Guidance Evidence that health and safety performance evaluated.	
No	Key Issue	Key Action	Responsible Person	Timescale/ Frequency	Performance Indicators	Comments
14	Management of Asbestos	a Identify the	City Architectural	May 2004	Production of an	Asbestos Policy is

	in Buildings	presence of all	Services Officer		asbestos register that	written awaiting
	in Buildings		Services Officer		is accessible on a	•
						approval.
					need to know basis.	
		assess risk.			NA/sitters Alphantas	
		b Communicate			Written Asbestos	
		information to		Immediate	Management Plan	Written Plan is
		occupiers,				currently being
<u> </u>		contractors etc				prepared.
15	All Property Related Health	a. All key issues to	City Architectural	Immediate	Document detailing	
	& Safety Legislative/Good	be identified	Services Officer &		all issues requiring	
	Practice Requirements		Director of Economic		attention.	
			Development		Written plans for	
		b Corporate		April 2005	each of the 44 issues	
		contracts to address			detailing how the	
		all issues to be			issues are to be	
		provided.			effectively managed.	
					Evidence of active	
		c Contracts to be		September 2005	monitoring by the	
		managed and			client for each	
		monitored.			contract.	
16	Fire Safety	a. Provide	Assistant Chief	November 2004	Person in post	A few fire risk
		competent person to	Executive			assessments have
		advise on fire safety	(Management)			been completed.
		management.			Document detailing	
		b. Provide a fire	Appointed		all issues requiring	
		safety strategy for the	Competent Person	February 2005	attention.	
		Council.				
					As per plan	
		c. Implement Fire	Directors/Chief	December 2005	developed from fire	
		Safety Strategy	Officers		safety strategy	