

MOPACMAYOR OF LONDON
OFFICE FOR POLICING AND CRIME

MPS-MOPAC JOINT AUDIT PANEL

5 July 2021

MPS Health, Safety and Wellbeing Performance Update

Report by: Head of Safety, Health and Wellbeing

Report Summary

Overall Summary of the Purpose of the Report

The purpose of this report is to provide assurance that the MPS has suitable governance arrangements in place to manage health, safety and wellbeing.

This report includes an update on health, safety and wellbeing governance and provides an overview of performance.

The paper updates on:

- a. Summary injury analysis;
- b. Assurance updates;
- c. Health and safety culture maturity project update;
- d. Notifications and liaison with the Health and Safety Executive (HSE);
- e. New health and wellbeing services;
- f. General health and safety updates.

Key Considerations for the Panel

At the time of reporting there are no immediate significant health and safety implications arising from this update report.

The MPS Safety Management System (SMS) is enshrined in the Corporate Health and Safety Policy; this policy is under scheduled review by the Health, Safety and Wellbeing Board.

The MPS Health and Wellbeing Strategy 2019-2021 informs the priorities and activities to improve the physiological and psychological health of those who work in the MPS.

The corporate forum for health, safety and wellbeing is the MPS Health, Safety and Wellbeing Board. The Board maintains a robust safety governance framework,

monitors corporate and business group related risks, safety maturity assurance and wellbeing. This Board reports to the MPS Risk and Assurance Board.

Based on the maturity self-assessment reports and Safety & Health Risk Management Team (SHRMT) audits, the MPS is in the region of a level 3 maturity (compliant culture); with evidence that this compliant culture is now self-sustaining.

This past year there has been significant demand to support operational and COVID related activity. This has included advisory support at all command levels and deployment of safety and occupational health assets.

Members are invited to review this report and assure themselves that this provides assurance that the MPS continues to have effective controls in place for the management of health and safety risks.

Recommendations

In accordance with the Corporate H&S Policy, this Panel is asked to note the contents of this report.

1. Injury analysis

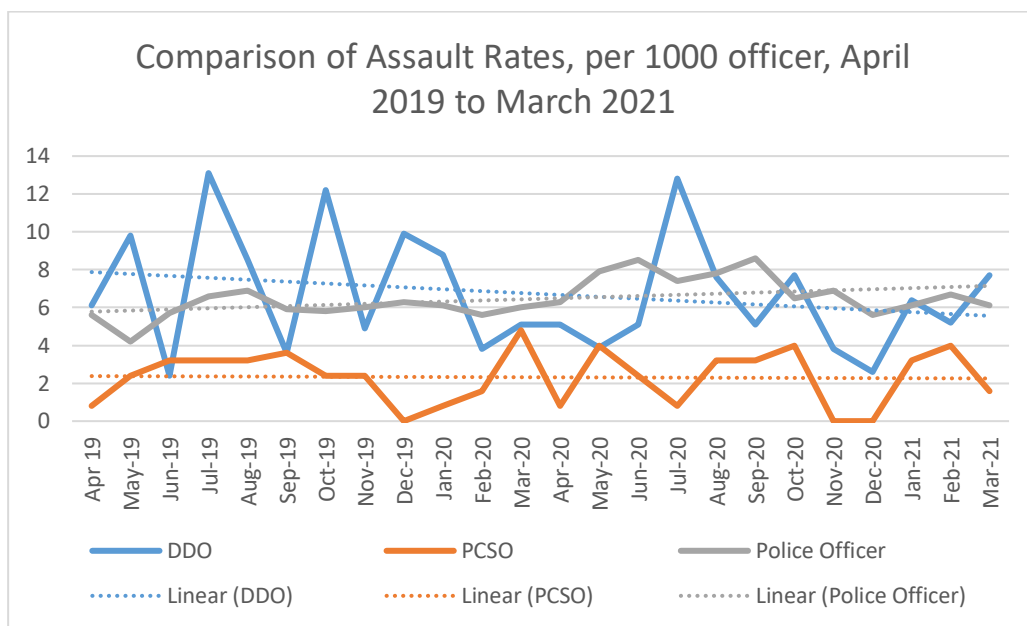
1.1. A comparison of injuries reported on eSafety between April 2020 and March 2021, and between April 2019 and March 2020 indicates that the:

- Total accident injury rate increased by 17%.
 - This increase is partly attributable to the increase in assaults;
 - The average number of injuries reported per month over the 12 month period is 451.
- Major accident injury rate remained the same. The average number of injuries reported per month over the 12 month period (Apr 20 – Mar 21) is 10;
- Reportable lost time injury rate reduced by 33%. The average number of injuries reported per month over the 12 month period (Apr 20 – Mar 21) is 11;
- Injuries to police officers following assault rate increased by 22%:
 - The average injuries reported per month in this injury category over the 12 month period (Apr 20 – Mar 21) are 229;
 - The change between period Apr 20 and Mar 21 is an actual increase of 595;
 - Changes in reporting categories to include an eSafety reference number on the Operation Hampshire assault reporting tool (Operation Hampshire was launched in March 2016 to improve the MPS response to incidents where officers and staff are assaulted on duty) is thought to be driving this increase by capturing previously unreported physical injuries. This position is reinforced by the actual increase reflecting minor injuries following physical assaults as opposed to major or over 7 day reportable injuries.
- Injuries to Police Community Support Officers (PCSOs) following assault rate remained the same. The average number of injuries reported per month over the 12 month period (Apr 20 – Mar 21) is fewer than 3 per month;
- Injuries to Designated Detention Officers (DDOs) following assault rate decreased by 7%. The average number of injuries reported per month over the 12 month period (Apr 20 – Mar 21) is fewer than 5 per month;
- Slip, trip and fall injury rate remained the same. The average number of injuries reported per month over the 12 month period (Apr 20 – Mar 21) is 46 per month;
- Moving vehicle injury rate remained the same. The average number of injuries reported per month over the 12 month period (Apr 20 – Mar 21) is 25 per month. These incidents can be sub-categorised into 5 (five) types of incident:
 - Officers injured in police collisions;
 - Officers injured when their police vehicle is rammed by a suspect vehicle;
 - Officers being deliberately driven at;
 - Officers injured whilst interacting with the driver or passenger in a vehicle, and
 - Officers injured when a police vehicle has made tactical contact with a suspect vehicle?

- Handling related injury rate increased by 10%. The average number of injuries reported per month over the 24 month period (Apr 20 – Mar 21) is 45 per month. There is no obvious causation for this trend increase.

Physical Injury following Assault

1.2. Overall physical injury following assault for the 24 month period April 19 to March 2021, as per graph 1, indicates an upward trend for police officers, a downward trend for DDOs and a fairly straight line for PCSOs. Assault with physical injury data is shared with Operation Hampshire to support organisational learning.



Graph 1 Comparison of Assault Rates

SHRMT Near Miss Investigations

1.3. All near misses are managed and investigated as appropriate at BCU/OCU and Department level. The Safety and Health Risk Management Team (SHRMT) have been providing a weekly summary of COVID-19 related near miss reports to the COVID-19 Silver group. These have been investigated and the recommendations implemented and monitored.

2. Assurance Updates

2.1. The last two MPS Health, Safety and Wellbeing (HSW) Boards were held on 02 February 2021, 06 May 2021. Key items discussed at these boards included:

- COVID-19;
- Workshop review of Corporate Health, Safety and Wellbeing Risk Register. This has culminated in the inclusion of a new risk 35 detailed below;
- Corporate HSW Board Risk Register. Current Risks are as follows:

- **Risk 2 – Non-Police Firearms.** Following SHRMT audits in the 1st quarter FY 2019/20 the corporate risk relating to the management of non-police firearms was not closed. Further proactive work via the Firearm and Explosive Sub Group includes a communications strategy to support compliance with the non-police firearms handling procedure, ensuring a consistent approach across the MPS. This includes:
 - Raising awareness of guidance/policy across the MPS with regards to the correct handling of non-police firearms and unintentional discharge;
 - Creation of a resource area for Firearms SPOCs to support give them a consistent approach to managing these weapons;
 - Raising awareness of potential risks.
- To support this work initiatives include:
 - Intranet articles, including features;
 - Operational notices;
 - Metflix Videos;
 - Communication notices to BCU Senior Leadership Teams (SLT);
 - Firearms SPOC toolkit;
 - Posters display in all police station front counters;
 - A series of intranet blogs;
 - FAQs.
- It is planned for the SHRMT to re-audit the management of non-police firearms in the summer 2021.
- **Risk 3 – Water Intervention.** A working group under Met Operations Health and Safety (H&S) Coordinator has been established to review and address recommendations from the external independent audit report. The core training recommendations for new recruit training have already been implemented;
- **Risk 17 – Compliance with Working Time Regulations.** Compliance with Working Time Regulations is subject to quarterly reports at the MPS Health, Safety and Wellbeing Board by relevant Chief Officer Leads. Data indicates the MPS was 97 to 99 per cent compliant over 2020/21 (non-compliance is based on the numbers of officers working more than 48 hours, averaged over a 17 week reference period, that have not opted out of the Working Time Regulations);
- **Risk 28 – Health & Wellbeing (H&W) Services.** The mitigation to address this original service delivery risk is now considered closed. Elements of this risk and action taken has been verified by a DARA related audit. However, the Board will await the outcome of the Operation Sedgebrook Human Resources (HR) Silver Group reviewing H&W services for any further learning before this risk is formally closed (paragraph 3.20). This work is expected to conclude in July 2021;
- **Risk 32 Officer Safety Compliance.** Since April 2020 compliance with attendance at mandatory training has improved significantly. The MPS now has an overall compliance level of 97% of eligible

- officers/staff being compliant with mandatory Officers Safety Training (OST) and Emergency Life Support (ELS) training;
- **Risk 34 Assault with Injury.** Poor training performance is now being more effectively managed as per risk 32. Through the Officer Safety Board (OSB) there is now an effective control framework in place to monitor and escalate OST related risks including reviewing injury/near-miss reports. Operation Hampshire assault data is now reviewed at the OSB and organisational learning formally recorded and progressed to assist reduce assaults, including to inform the design of new training, tactics and Personal Protective Equipment (PPE) where appropriate;
- **New Risk (35) - Analysis and Cross Correlate Multiple Data Sources at Business Group Level.** This new risk relating to the capability and capacity of collating, review and analyzing H&S data and correlation with related operational data is under review.

The risk register heat map is attached at Appendix 1.

- **Review of Training Requirement for Agonal Breathing.** Following a number of separate inquests, HM Coroners' have recommended the MPS improve their training provision on the recognition of agonal breathing. The inability to recognize agonal breathing symptoms and to commence CPR has been considered as a contributory factor in a number of inquests. Coroner and counsel for the MPS reached an agreement to address this in MPS training in one of the inquests. ELS training material has been developed to close this knowledge gap;
- Review of business group operational safety risks including assurance on the management of controlled risks;
- Review of business group safety maturity;
- **Review of MPS H&S Policy.** The MPS H&S policy is currently under a scheduled review. The first consultation will be concluded for the August HSW Board with policy ratification at the November Board;
- Review and updated framework for effective risk escalation and consultation on HSW matters including COVID-19 and other thematic Boards;
- Inclusion of health and wellbeing in the H&S maturity model. At the time the maturity model was launched it was agreed that a separate thematic area of H&W would be launched separately once the other thematic areas of the model were maturing. The Board have now agreed to include an H&W thematic in the MPS maturity matrix; the new thematic is attached at Appendix 2. It is anticipated performance will be reported against this new criteria in quarter 3 Financial Year (FY) 21/22;
- **Building First Aid Provision During COVID-19 Lockdown.** Following a review of building first aid arrangements the COVID-19 Silver reinforced existing guidance and its application during COVID-19 lockdown;
- FLP COG H&S update on business group governance arrangements for safety;
- HSW performance updates including police weapon unintentional discharges, non-police firearm management, injury analysis, near

misses, airwave radio near misses, custody successful interventions, Health and Safety Executive reporting, safety maturity, COVID-19 support, Occupational Health and Wellbeing, Working Time Regulation compliance;

- Property Services (Estates and Fire Safety Compliance) Performance updates;
- **Appointed Persons (Estate Safety and Fire).** Review of the governance and management of estates safety and security;
- HSW Board annual plan.

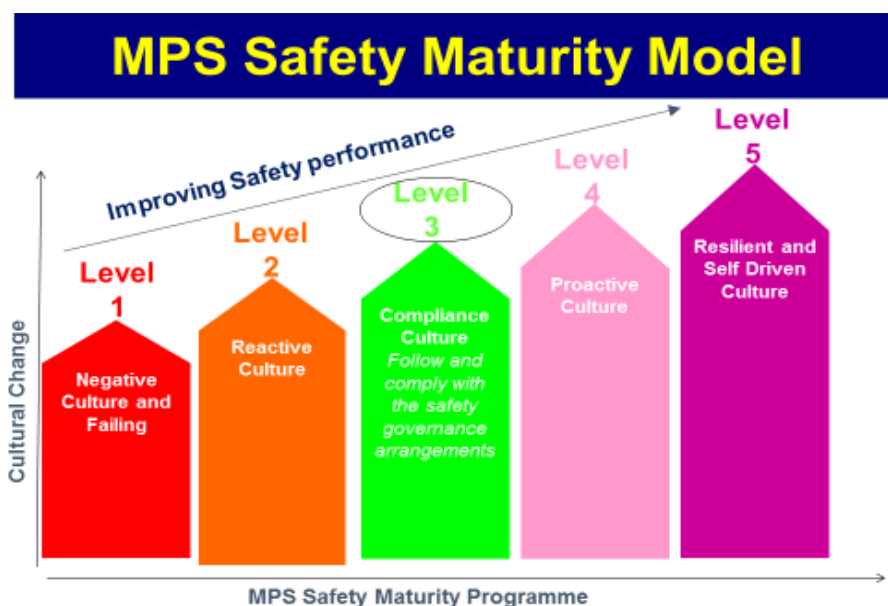
2.2. The Chair of the Board has now transferred from Chief Corporate Services to Deputy Assistant Commissioner (DAC) Corporate Services.

2.3. Both Boards, with the support of the MPS COVID-19 Gold Commander, reviewed the Health and Safety implications and mitigation to the COVID-19 pandemic. This included a review of business group level risk and response.

3. Health and Safety Culture Maturity Project Update

H&S Culture Maturity Assurance

- 3.1. The MPS has agreed and implemented a health and safety culture maturity model. This model ‘scores’ the safety culture in a Basic Command Unit (BCU) and Operational; Command Unit (OCU) on a 1 – 5 scale.
- 1- Negative or failing culture;
 - 2- Reactive culture;
 - 3- Compliant culture;
 - 4- Proactive culture;
 - 5- Resilient and self-driven culture.



- 3.2. The aim of the project is to now bring the MPS to a 'Level 4' H&S maturity by the end of FY 2022/23.
- 3.3. This process is also designed to support business groups, BCUs and OCUs with a framework to drive a maturity focused approach/compliance at safety meetings. This includes the completion of a health and safety culture maturity assurance self-assessment which is reviewed and updated at every quarterly safety meeting.
- 3.4. The MPS H&S maturity programme and self-assessment reporting process is now embedded. BCUs and OCUs now provide quarterly maturity self-assessment assurance to their Chief Officer Group and six monthly at business group level to the MPS HSW Board. These statements give a self-assessment of H&S maturity status and plans to embed/improve maturity. The HSW Board have approved the inclusion of health and wellbeing in this process and it is anticipated performance will be reported against this new criteria in quarter 3 FY 21/22.
- 3.5. SHRMT are undertaking a programme of audits to verify performance in accordance with Health & Safety Maturity matrix. The question set assesses compliance with the requirements of Level 3 (compliant culture). The health and safety maturity audits to date and detailed performance against each thematic area are attached at Appendix 3.
- 3.6. Based on the maturity self-assessment reports and SHRMT audits, the MPS is in the region of a level 3 maturity (compliant culture); with evidence that this compliant culture is now self-sustaining. Support continues to assess performance by auditing. Work continues to consolidate this self-sustaining compliant level 3 culture and develop initiatives/behaviours towards a level 4 proactive maturity.
- 3.7. Some BCUs and OCUs are reporting some thematic areas as level 4 compliant. However, SHRMT focused audits at this stage confirm level 3 maturity with positive action to towards level 4. Once SHRMT have completed audit validation of level 3 compliance they will commence level 4 auditing (anticipated 2022).
- 3.8. The MPS may see some command units achieving and consolidating level 4 proactive culture in 2022.
- 3.9. SHRMT are supporting OCUs and BCUs to implement the recommendations.
- 3.10. A programme of 10 further audits are being undertaken between April-June 2021.

4. Notification and liaison with external enforcing agencies (HSE)

SHRMT Accident Investigations

- 4.1. SHRMT currently investigates all accidents that fall within the HSE investigation criteria. This position is agreed with the HSE who will periodically review selected factual investigation reports. COVID-19 work related cases are reviewed in accordance with NPCC guidance, any work related implications assessed by SHRMT/Chief Medical Officer (CMO) and where appropriate HSE notified.
- 4.2. The following investigations have been commissioned by SHRMT against the Health and Safety Executive selection criteria:
- January 2021 – COVID-19 related death of a PCSO and two police officers. A report is being prepared by the SHRMT for consideration by the CMO to determine any statutory reporting requirement.
 - March 2021 – MPS were contacted by the HSE regarding National Police Federation concerns about the requirement for officers to wear a facemask during the Job Related Fitness Test. This matter has now been resolved.

Operation Sedgebrook

- 4.3. The HSE were notified of the fatal shooting of an officer at Croydon Custody suite on Friday 25 September. The following action has been taken and support ongoing:
- SHRMT are finalising a report of their findings following a safety review;
 - Occupational Health (OH) continue to provide support to officers/staff and relevant investigative groups as appropriate;
 - A review, overseen by an HR Silver Group to examine the OH and wellbeing interventions that were put in place in relation to Operation Sedgebrook (and other recent major incidents);
 - A task and finish group reviewing the need for, and options to report/record traumatic exposure;
 - The Head of Safety, Health and Wellbeing is a member of the Gold Group for Operation Sedgebrook;
 - Senior Safety Advisor conducting the H&S Review is a member of the Operation Sedgebrook Silver Group;
- 4.4. The HSE have also commenced a work related death investigation.

5. New Health and Wellbeing Services

Background – Wellbeing Strategy in the MPS

- 5.1. The MPS Health and Wellbeing Strategy 2019-2021 identified the need to improve wellbeing health support. To address this, the MPS adopted a proactive model with a focus on enhanced integration of all elements of Occupational Health support and workplace wellbeing. To achieve this, a range of new support services were planned and implemented.

- 5.2. The current provision is now substantially advanced, comprising of an array of different services to provide this holistic support model with a range of intervention and support options. These include:
- Employee Assistance Programme (EAP);
 - The Optimise H&W Platform;
 - Enhanced counselling Services;
 - Enhanced intervention options specifically Eye Movement Desensitization and Reprocessing (EMDR) and Trauma Focused Cognitive Behaviour Therapy (TF-CBT);
 - Psychological Monitoring Programme;
 - Managers Advice Line;
 - Met Mobile Wellbeing Service;
 - Mental Health Training;
 - High Touch Service Following Assault.
- 5.3. Future planned wellbeing services offers will also include:
- Trauma Peer Support Programme;
 - Self-referral Musculoskeletal (MSK) Service.

Trauma Support Response to a Major Incident – Update

- 5.4. Following a major incident¹, the current MPS model mobilises Occupational Health (OH) practitioners to support structured demobilisation/defusing and debriefing for officers/staff. Where required, further support and intervention therapies are offered to those officers/staff.
- 5.5. Some forces, and similar sectors, also make use of a trauma peer support² model to use at ‘grass roots level’ within the early stages of an incident and for ‘routine’ exposure to local trauma related events. Such programmes are often stand alone or designed to complement those services provided by force OH departments. At an advanced level trauma peer support can also be integrated within the clinical OH led approach for routine incidents and major incident support. In this approach trained peers (supportive work colleagues) can be utilised during the early phases of an incident. TRiM (Trauma Risk Management) is an example of one of a number of commercially available trauma peer support programmes.

NPWS Emergency Services Trauma Intervention Programme (ESTIP)

- 5.6. The National Police Wellbeing Service (NPWS) model, referred to as ESTIP, was developed in collaboration with Public Health England to identify the best support elements of existing early trauma interventions (Critical Incident Stress Debriefing, Psychological Debriefing, TRiM, etc.) and produced a bespoke model of trauma peer support that addresses the needs of emergency services.

¹ Major incidents are usually declared by Met CC. Major incidents do not capture day to day / routine traumatic incidents’ experienced through routine operational police activities which OH would not usually attend.

² Trauma Peer Support (TPS) is defined as a process implemented to address stress and psychological trauma and is distinguished, within the confines of this report, from more generic peer support in its focus on supporting trauma-related mental health issues, as opposed to a peer support model that seeks to support mental health issues more generally (among other conditions i.e. social, physical, etc.).

In essence, the ESTIP provides a model of trauma peer support that is similar to other models in the market but also provides for a police bespoke product and aligned clinical governance framework.

- 5.7. ESTIP is comprised of a tiered programme of escalating support (Demobilising, Defusing, and if required an ESTIM (Emergency Services Trauma Intervention Meeting) and referral to OH (see Figure 1), where the level of intervention provided will depend on the severity of impact of the traumatic incident.

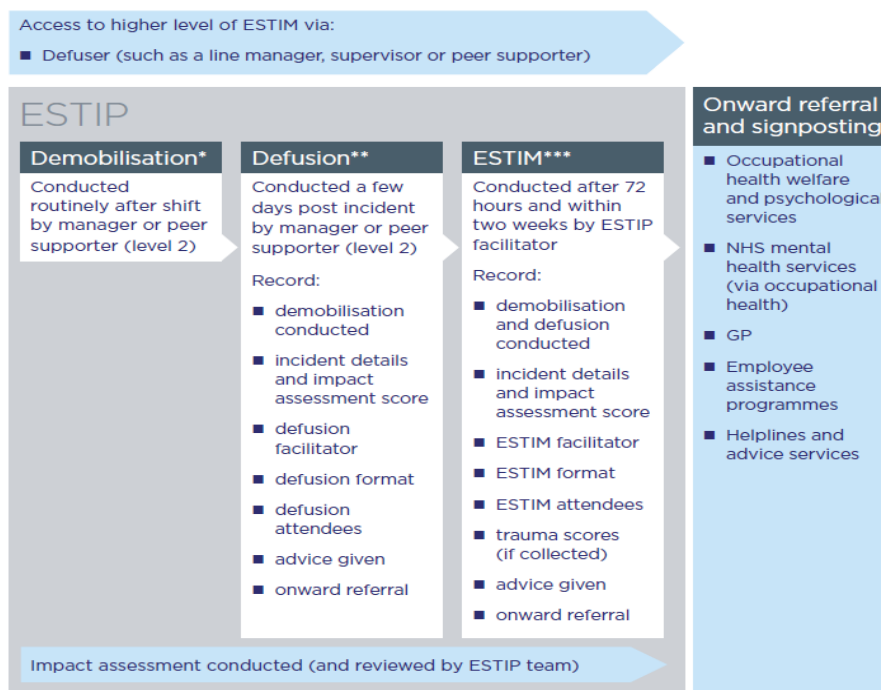


Figure 1 ESTIP Model

MPS Position ESTIP Pilot

- 5.8. NPWS ran a two day bespoke pilot ESTIP briefing course in December 2020 for the MPS which was attended by 12 retained OH, Optima Health and operational police colleagues.
- 5.9. Following a paper to People and Learning Board on 26 January 2021 it has been agreed to commence a pilot to explore the application of ESTIP within the MPS. The pilot is being delivered on 3 BCUs, MO19 and SO15. Which will mean a potential audience of circa 7000 officers/staff. It will include some BCUs that have existing peer support in place.
- 5.10. The pilot also includes the development of the central support infrastructure within OH to ensure the embedding of an appropriate clinical governance structure. It will also include upskilling of individuals to deliver defusing and demobilisation (a requirement for also attending ESTIM training). The NPWS and Public Health England will evaluate the pilot.
- 5.11. Training for the pilot has commenced. It is anticipated that the MPS pilot BCUs/OCUs will have sufficient trained officers and staff (Demobilisation and Defusing, and ESTIM) to commence and pilot the ESTIP model in July 2021.

- 5.12. Subject to the pilot evaluation, the recommended future model will be subject to a business case. To oversee the pilot, and launch of any subsequent scheme adopted, the MPS have now appointed a Trauma Peer Support Lead.

Musculoskeletal (MSK) Service

- 5.13. This new service allows individuals to self-refer (bypassing the current requirement for a management referral) for physiotherapy services when the injury/condition is impacting on the ability to work or affecting work performance. The pilot also removes the current MSK restriction criteria (i.e. only new symptoms within the last 6 months); this will therefore now include all MSK injuries affecting work performance irrespective of injury date and causation.
- 5.14. Using a digital MSK routing tool, self-referral will provide early intervention, and rapid access to services, including, where appropriate, remote management for low level MSK injuries, as well as traditional face to face physiotherapy. App based technology has been introduced to support self-management, advice and treatment; and face to face physiotherapy will also be supported by Optima Health (contracted Occupational Health provider) partner physiotherapy network, offering an additional 30+ locations across Greater London, bringing services closer to work.
- 5.15. This service will now be rolled out across all business areas across the MPS by no later than the end of June 2021.

Future Health and Wellbeing Strategy

- 5.16. Against the H&W strategy 2019-2021, the MPS H&W offer to officers and staff has improved considerably; nevertheless, it is recognised that the H&W landscape continues to evolve. In addition there is an increasing recognition of the impact of policing on mental health and new emerging health threats such as COVID-19 - including the potential legacy left by "long COVID". Work has now commenced to assess future health risks and the needs of our officers/staff to inform develop the next H&W strategy. This new strategy will set out the MPS ongoing commitment to improve the H&W for officers and staff, building on the 2019-2021 successes. Both quantitative and qualitative data analysis, coupled with analysis of current and future best practice, is ongoing to inform this work. This new strategy will provide a flexible road map to recognise the changing operational environment, the changing age demographic of officers/staff and emerging technologies to monitor, diagnose and support health related conditions. The strategy will focus on physical, mental, social and organisational elements of wellbeing to address the broader set of factors which need to be in balance - importantly recognising each employee as a "whole person" whose wellbeing varies over time.

6. General Health and Safety Updates

6.1. The following summarizes the continued COVID-19 activity by SHRMT, OH & Wellbeing and Property Services Compliance Team:

- Health, safety and wellbeing support and advice at NPCC level as required;
- Health, safety and wellbeing support and advice at Gold;
- Embedded health, safety and wellbeing support and advice at Silver including MPS Chief Medical Officer (CMO), Senior SHRMT Advisor and Property Services;
- Head of Safety, Health and Wellbeing support to COVID-19 tier one consultation;
- Support and advice on safety assessment of specialist safe systems of work, equipment and PPE;
- Flexible delivery of core Optima Health services against revised COVID-19 operating model including the provision of individual vulnerability health assessments for the clinically vulnerable, extremely clinically vulnerable, pregnant and those that believe they may be vulnerable including Black, Asian and Multiple Ethnic Heritage;
- Increased capability of the Employee Assistance Programme (EAP) and OH Managers Advice Line (MAL);
- Reconfiguration of the Met Mobile Wellbeing Service activities by webinar and e-leaflets;
- Provision of continual updates re 'health news' on H&W intranet tile on COVID-19;
- Clinical and safety support/advice on Government, medical advice (Public Health England etc.)/research including provision of briefing papers;
- Reporting and near miss arrangements for COVID-19;
- Development and quality assurance of relevant COVID-19 FAQs;
- Development and advice on COVID-19 building risk assessments and arrangements including COVID-19 secure buildings;
- Validation/assessment of PPE procurement process;
- RIDDOR/COVID-19 related statutory reporting arrangements, dangerous occurrence, workplace disease reporting and investigation arrangements;
- Review of early COVID-19 vaccination planning arrangements.

7. Equality and Diversity Impact

The report is an information report and there are no immediate implications on equality and diversity. Equality and diversity impacts will be assessed on individual incidents.

8. Financial Implications

The report is an information report and there are no immediate financial implications arising.

9. Legal Implications

This report is an information report, and there are no direct legal issues that arise. Legal advice on individual incidents will be obtained as appropriate and necessary from MPS Directorate of Legal Services.

10. Risk Implications

At the time of reporting there are no immediate significant health and safety implications arising from this update report. The content of this paper will support the MPS strategic position on health and safety.

11. Contact Details

Report author: Nick Kettle and Catherine Daghish

12. Appendices and Background Papers

Appendix 1 – MPS Health and Safety Risk Heat Map, May 2021

Appendix 2 – Safety Risk Management Maturity

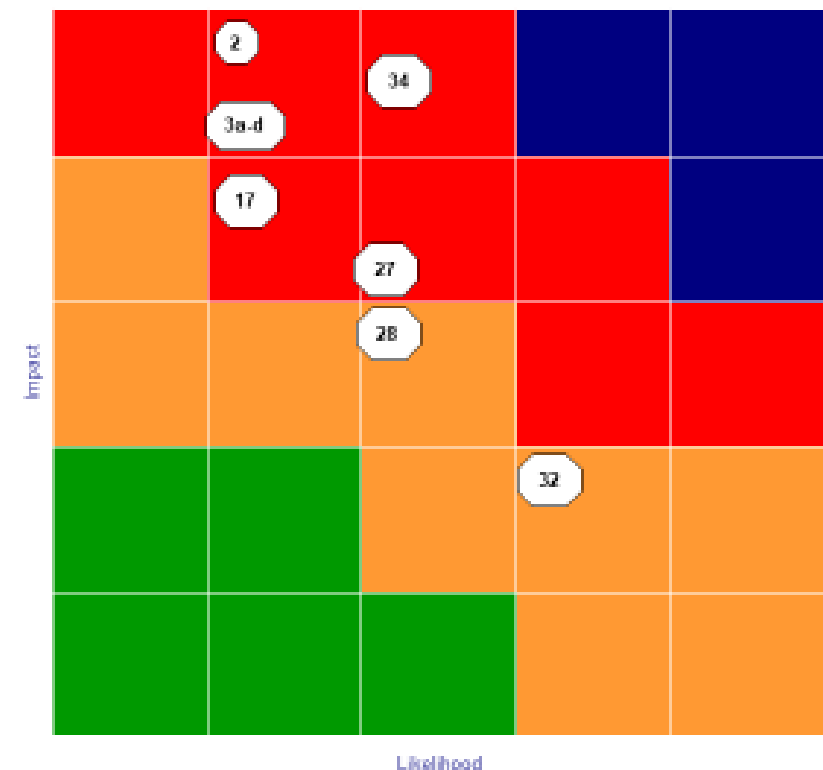
Appendix 3 – Health and Safety maturity audits and performance against each thematic area

Appendix 1 – MPS Health and Safety Risk Heat Map, May 2021

APPENDIX 1



MPS Health and Safety Board May 2021 – Risk Heat Map

Ref	Risk Trend	Risk Description	Risk Lead
2	↔	Unsafe handling of non-police firearms.	Commander Armed Policing
3a-d	↓	Inappropriate response to water related incidents.	Commander Armed Policing
17	↔	Compliance with the Working Time Regulations (WTR) and excessive working hours.	All business COGs.
28	↓	Inadequate Occupational Health and Wellbeing arrangements	Head of Safety Health and Wellbeing
32	↓	Poor DST/ELS Compliance	All Business COGs
34	↔	Assault with Injury to Police Officers and Staff	All Business COGs
TBC	TBC	New Risk - Analysis and cross correlation of multiple data sources to assess H&S risks/compliance at Business Group Level	All Business COGs



Risk Trend key - Improved (↓), Worsened (↑) or is Unchanged (↔)

Appendix 2 – Safety Risk Management Maturity

		Increasing Safety Risk Management Maturity			
	<p>Developing legal compliance, policies, processes and safe systems</p> <p style="text-align: center;"></p> <p>Poor, moving towards developing safety behaviours</p>		<p>Applies and meets corporate governance standards</p> <p>Behaviours - Basic Safety Conscience Safety has Developed</p>		<p style="text-align: center;"></p> <p>Positive Safety Behaviours Change at all Levels</p>
	Level 1 = 'Negative Culture and Failing'	Level 2 = 'Reactive Culture'	Level 3 = 'Compliant Culture'	Level 4 = 'Proactive Culture'	Level 5 = 'Resilient and Self Driven Culture'
Health and Wellbeing Management	<p>There is no consideration of staff health and wellbeing as a concept.</p> <p>SLT show little or no leadership on health and wellbeing matters and see it as a hindrance, and of little benefit to business/operational delivery.</p> <p>Officers and staff are largely unaware of the impact of their work and lifestyle on their health and wellbeing beyond obvious physical impacts.</p>	<p>Work activity related aspects of health and wellbeing are addressed by the organisation but only where they are part of existing health, safety, wellbeing or HR led management arrangements.</p> <p>SLT are aware of aspects of health and wellbeing that have a direct link to work activity but have limited understanding of preventative measures.</p> <p>Action is only taken by line management when an individual has a work-related problem or there is a direct and obvious issue with an individual's ability to carry out their work.</p>	<p>Core aspects of the MPS Health and Wellbeing Strategy are understood and locally implemented.</p> <p>Health and wellbeing is led by local leadership with processes in place to build their local health and wellbeing strategy implementation, knowledge and skills. Local initiatives align and complement to the corporate strategy and service offers.</p> <p>Line management at all levels have the competence to appropriately address health and wellbeing concerns when they arise.</p> <p>All officers and staff have an understanding of health and wellbeing issues including support services available.</p>	<p>All aspects of health and wellbeing are understood. There is a clear health and wellbeing strategy and governance arrangements, with a joined up and integrated approach across all departments to deliver to defined standards/objectives.</p> <p>Health and wellbeing activities, roles, responsibilities, proactive and preventative management arrangements are clearly defined, understood and implemented by all leaders. Local initiatives promote and complement the corporate strategy and service offers.</p> <p>Line management at all levels have the competence to 'spot' potential concerns before they become an issue and to provide appropriate and timely action and support to individuals.</p> <p>All officers and staff have a good understanding of wider health and wellbeing issues, both work and lifestyle related, and there is a positive approach by all to preventing issues arising.</p>	<p>Positive health and wellbeing is inherently embedded in the psyche of the organisation. It is understood and proactively supported by all employees - not only in implementing controls and initiatives but in 'looking out for' each other.</p> <p>MPS health and wellbeing strategy, initiatives and achievements are seen as police sector best practice and externally as standards of excellence.</p>

Appendix 3 – Health and Safety maturity audits and performance against each thematic area

	Theme	FLP						MO3					SO				Professionalism	
		AS	AW	CN	EA	SW	WA	MO3	MO4	MO5	MO8	MO10	NTPCHQ	PaDP	RaSP	SO15	L&D	
1	Leadership	C	PC	C	C	C	C	PC	PC	PC	PC	PC	PC	PC	PC	PC	NC	
2	Policy/Governance	C	PC	PC	C	PC	C	C	PC	PC	PC	C	PC	PC	PC	PC	NC	
3	Capability Management and Competence	NC	C	C	C	C	NC	C	C	C	C	C	C	PC	PC	C	PC	
4	Communication	C	PC	PC	C	PC	C	PC	PC	PC	C	C	C	C	C	PC	C	
5	Safety Risk Management	C	C	C	C	C	C	PC	C	C	C	C	C	C	C	C	C	
6	Wellbeing Management																	
7	Reactive / Proactive monitoring	C	C	C	C	C	C	C	C	C	C	C	C	C	C	PC	C	
8	Infra-structure and asset management (including equipment)	C	PC	C	C	C	C	PC	PC	C	C	C	C	C	C	PC	C	
9	Partnerships, Contracts & Shared Risks	C	PC	C	C	C	C	C	PC	C	C	C	C	C	C	PC	C	
10	Change Management	C	PC	PC	C	C	C	C	PC	C	C	C	PC	C	C	PC	NC	
11	Performance Benchmarking	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
12	Audit	C	PC	C	C	C	C	C	C	C	C	PC	C	C	C	PC	NC	
	Key																	
		NC	Non conformity to level 3			C	Conformity to level 3			PC	Positive conformity to level 3, moving towards level 4							