





MPS-MOPAC JOINT AUDIT PANEL 8 January 2020

Health and Safety Performance

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 health and safety governance arrangements in place to manage health and safety.

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

Key Considerations for the Panel

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

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.

Recommendation

In accordance with the Corporate Health and Safety Policy, the Audit Panel is asked to note the contents of this report.

1. Supporting Information

INJURY ANALYSIS

- 1.1 A comparison of the key injury categories reported on eSafety showing an increase between October 2017 and September 2018, and between October 2018 and September 2019 indicates that:
 - Total accident injury rate increased by 2%. The injury rate trend for the 24 month period ending September 2019 is exhibiting a fairly steady state;
 - Major accident injury rate increased by 15%. The reportable major injury rate trend for the 24 month period ending September 2019 is indicating a slight increase;
 - Reportable lost time injury rate increased by 5%. The significant increase in reportable lost time injuries is very likely a reflection of the new incident reporting system, which now requires mandatory completion of the relevant data fields for absence.
 - Injuries following assault:
 - Police officers increased by 8%. The injury rate trend for the 24 month period ending September 2019 is exhibiting a slight upward trend;
 - Police Community Support Officers (PCSOs) increased by 60%. The injury rate trend for the 24-month period ending September 2019 is exhibiting an upward trend;
 - Designated Detention Officers (DDOs) increased by 58%. The injury rate trend for the 24-month period ending September 2019 is exhibiting an upward trend;

Assault injuries are subject to a separate report that is received by the Health, Safety and Welfare Board and Operational Hampshire (Operation Hampshire was launched in March 2016 to improve the MPS response to incidents where officers and staff are assaulted on duty).

- Hit by moving vehicle increased by 8%. The injury rate trend for the 24 month period ending September 2019 is exhibiting a fairly steady state;
- Other injury categories such as slip, trips, falls and handling etc show a decline in the injury rate;
- The above injury categories are all subject to monitoring and additional analysis to identify trends.

ASSURANCE UPDATES

- 1.2 The last MPS Health, Safety and Wellbeing (HSW) Board was held on 05 August and 02 December 2019. Key items discussed at these boards included:
 - Review of business group operational safety risk;
 - Review of Board risk register;
 - New Emerging Risks;
 - > MPS participation in the Virgin Global Challenge;
 - Working Time Performance;
 - H&S maturity assurance process;
 - Assaults with Physical Injury;
 - Health, Safety & Wellbeing Performance, including injury and near miss analysis (general safety near misses, airwave near misses, custody successful interventions);
 - Property Services Update;
 - Update of Occupational Health and Wellbeing;
 - Board Objectives.
- 1.3 The current health, safety and wellbeing risk status is shown on the Board risk heat map at Appendix 1. A summary update of risk status is as follows:
 - Risk 2 Non Police Firearms (NPF). Follow up SHRMT audits of NPF governance arrangements have concluded that this risk remains insufficiently controlled within the Front Line Policing (FLP) arena, so this corporate risk remains open. A sub group has been set up with Directorate of Media and Communication (DMC) and are implementing options to support a range of educational campaigns to support publicise the safety controls measures;
 - Risk 3 Water intervention. The report by the Royal Life Saving Society (RLSS) has now been completed. The report is positive of the MPS approach but recognises that opportunities do exist to reinforce, refresh and improve what is already being done to make it more effective, and to bring it into line with contemporary approaches to open-water and occupational water safety. The report was circulated to the HSW Board and recommendations endorsed;
 - Risk 17 Compliance with the Working Time Regulations (WTR). Police officers, as at June, are 96.2% compliant with the Working Time Regulations; this means 3.8% of police officers worked over 48hrs (averaged over 17 weeks) that had not opted out of the Working Time Regulations. The MPS are striving to improve this compliance rate faced against the pressure of continued operational challenges e.g. Protection Duties, Protests etc;
 - Risk 27 Ineffective H&S governance of contractors. The control of contractors guidance is currently being incorporated into

the MPS contract management framework and standard terms/conditions;

- Risk 28 Ineffective wellbeing arrangements. Significant work has commenced to address this risk, which includes a range of future new corporate services;
- Risk 32 Poor attendance at OST and ELS Training. Work remains ongoing between the HSW Board, Officer Safety Board, Met Training and contract partners SSCL to improve OST/ELS training compliance and reporting arrangements;
- Risk 34 Assault with injury to police officers and staff. This risk reflects ongoing concern at the assault with injury of MPS officers and staff. The Operation Hampshire Steering Group are coordinating proactive strands of work including improved data reporting, analysis and, in conjunction with the officer safety board, a review of officer safety training/techniques, officer safety equipment etc. A review of data integration between Operation Hampshire (total assault data), eSafety (H&S injury data) informing a new Occupational Health high touch services for assaulted officers/staff remains ongoing and is expected to 'go live' in a pilot in January 2020.

HEALTH AND SAFETY CULTURE MATURITY PROJECT UPDATE

- 1.4 The MPS has agreed and implemented a health and safety culture maturity model. This model 'scores' the safety culture in an OCU or department 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.
- 1.5 To support this cultural change and embed a self-sustaining level 3 culture, a new health and safety assurance process has been developed and launched that requires quarterly prospective assurance as opposed to an annual retrospective assurance letter.
- 1.6 Every six months Business Group H&S leads now report and present a completed H&S culture maturity assurance assessment to the HSW Board on overall business group maturity performance. The first H&S reports from Specialist Operations, Met Operations, Digital Policing, Frontline Policing and Professionalism have been received. These assurance assessments indicate that the business believe that they are in the region of a level 3 compliant culture. It is the opinion of the Head of Safety, Health and Wellbeing that the MPS is in the region of a level 3 maturity (compliant culture), albeit not yet a self-sustaining compliant culture.

- 1.7 BCUs/OCU/Departments are now required to focus on achieving a selfsustaining compliant culture; reinforced via business group health and safety governance.
- 1.8 SHRMT will commence pilot maturity audits in Q1 FY 20/21 to validate reported maturity at BCU/OCU/Department/Business Group level and will report findings to the Health, Safety and Wellbeing Board.

NOTIFICATIONS AND LIAISON WITH EXTERNAL ENFORCING AGENCIES (HSE)

Ongoing HSE Activity.

1.9 The Head of Safety, Health and Wellbeing and RASP OCU Commander met the HSE on 14 November 2019 to discuss RASP WTR compliance and proposed mitigation including revised shift patterns etc. General WTR compliance challenges were also discussed including pressures relating to operational response and aid.

SHRMT Accident Investigations

- 1.10 Safety and Health Risk Management Team (SHRMT) currently investigates all accidents that fall within the HSE investigation criteria. The following investigations have been commissioned:
 - An officer was involved in a vehicle hit and run incident. The incident resulted in a compound leg fracture and a broken bone in the hand.
 - A kennel hand was bitten on the lower left forearm causing puncture injuries whilst kennelling a dog.

NEW HEALTH AND WELLBEING SERVICES

1.11 In October 2018, People and Training Board agreed the MPS Health and Wellbeing Strategy 2019-2021. The strategy informs the priorities and activities to improve the physical and mental health of those who work in the MPS. The MPS in partnership with its Occupational Health provider Optima, has developed a range of new proactive psychological and physiological offerings.

Current Projects

- 1.12 **Employee Assistance Programmes (EAP)** As part of the first new services, the EAP was successfully launched on 21 August 2019. The EAP provides a host of workplace and personal health, wellbeing and welfare support tools via a web link and also over the telephone 24 hours a day. The new service will support all police officers and staff with access to:
 - Counselling Services. A new approach to counselling through the EAP will speed up access and enable individuals, particularly those

in crisis, to receive support much sooner. Via the support telephone line an assessment will be made as to the best form of counselling and scheduled accordingly within agreed timelines. Counselling services will include:

- Over the phone;
- Face to face at an existing MPS site;
- With a member of a network of counsellors.

As at November 2019 the average wait times for face to face counselling are generally in less than 3 weeks and telephone counselling in less than a week.

- 1.13 The Optimise software platform also supports general physical and mental wellbeing by providing users with access to a host of employee benefits and services such as how to stop smoking, how to check dietary habits etc. An interactive tool will also provide online assessments for a range of health related risks including cancer, cardiovascular disease etc. quantifying personal risk with supportive life style change advice. The tool also interacts with a range of activity trackers and health apps.
- 1.14 Other current services include:
 - A suite of courses from MIND that continue to develop awareness and advise on symptoms, causes, recognition and interventions;
 - Suicide prevention awareness training. Pilot courses have already commenced;
 - Dedicated psychologists to support intervention therapies, advise on the future occupational health mental health provision as well as providing expert advice on MH issues.
- 1.15 Below is a summary of planned forthcoming services:
 - EAP phase 2 which will provide an improved user experience and journey which will be available by the end of January 2020. This will be supplemented by a mobile app version in the summer 2020;
 - A new manager's telephone help line will allow supervisors and managers to access occupational health advice on how, when and if to refer, how to gain consent or how to support an employee with a newly diagnosed medical condition. Managers can also call to seek advice (non-named cases) on how to manage a health condition at work. OH clinical staff will staff the helpline. The project is currently under pilot at 6 BCU/OCUs with an anticipated MPS wide launch in January 2020;
 - OH Specific Points of Contact/case management service qualified OH professionals will act as a specific point of contact (SPOC) for business groups to assist with complex case management. Two pilot trials of this service are under evaluation. It is anticipated that further pilot trials will continue with a phased delivery commencing in Q4 FY19/20;

- Mental Health Training. Improved suite of mental health related training in FY20/21;
- Peer Support. A formal MPS peer support programme will be developed in the latter part of 2019. A discussion paper is currently being developed for wider consultation in early January 2020;
- High touch Service Following Assault. Introduction of a 'high touch' service for those who are assaulted on duty. Those assaulted will be contacted by OH professionals to ensure wellbeing and to offer assistance. Work has commenced led by Operation Hampshire to develop supporting data collection and reporting that will inform this project strand. It is anticipated that this tool will be available for interactive pilot in January 2020;
- Muscular Skeletal (MSK). Improving the current provision for physiotherapy to allow individuals to self-refer for a course of treatments. Similarly the EAP will provide advice on exercise and injury prevention. Further support will be provided in 2020 by a future MSK rapid intervention tool to support and provide early intervention and telephone advice aligned to a fast track physiotherapy service;
- MPS Outreach Service including two health and wellbeing buses which will be deployed on a rolling schedule across the MPS. These will provide health/wellbeing educational popup events and health screening for officers and staff. The MPS has now received its first bus and recruitment is ongoing for technicians to provide this service. It is anticipated that a pilot programme will commence in February 2020;
- National Examination Board in Occupational Safety and Health (NEBOSH) in Health and Wellbeing. Work has commenced in partnership with NEBOSH to develop a bespoke MPS police health and wellbeing certificate course. It is planned it will be a two day NEBOSH accredited course for BCU/OCU departments wellbeing leads and leaders. It is planned that pilot courses will commence in the early 2020.

2. 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.

3. Financial Implications

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

4. 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.

5. 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 & safety.

6. Contact Details

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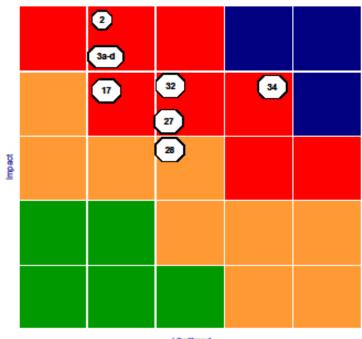
7. Appendices and Background Papers

Appendix 1: MPS H&S Board Risk Register Heat Map

APPENDIX 1

MP	S Health and Safe	ty Board Decemb	er 2019 – Risk Heat Map
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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.	Director of People and Change, and all business COGs.
27	Ļ	H&S governance of contractors	Director of Commercial Services
28	ļ	Wellbeing arrangements	Senior Lead Occupational Health and Wellbeing
32	Ļ	Poor OST/ELS Compliance	All Business COGs
34	\$	Assault with Injury to Police Officers and Staff	All Business COGs



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