

M O P A CMAYOR OF LONDON
OFFICE FOR POLICING AND CRIME**METROPOLITAN
POLICE**

MPS-MOPAC JOINT AUDIT PANEL

26 October 2020

Health, Safety and Wellbeing Performance Paper

Report by: Head of Safety, Health and Wellbeing

EXECUTIVE SUMMARY - KEY ISSUES

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 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;
- f. DARA Wellbeing Strategy Development and Implementation Audit
- g. 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 Panel is invited to:

- Note this report and how this provides assurance that the MPS continues to have effective controls in place for the management of health and safety risks.

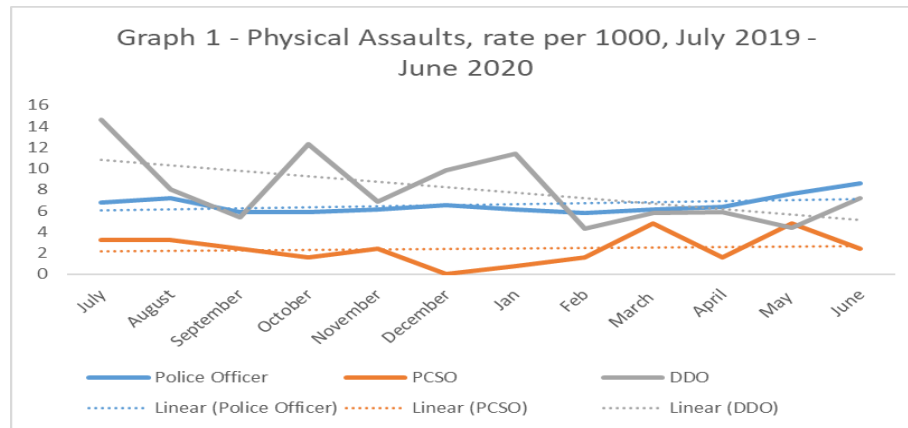
RECOMMENDATIONS

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

SUPPORTING INFORMATION

INJURY ANALYSIS

- 3.1 A comparison of injuries reported on eSafety between July 2018 and June 2019, and between July 2019 and June 2020 indicates that the:
- The total accident injury rate has increased by 9%. The 3 month and 12 month averages are of higher than those for 2019;
 - Major accident injury rate remained the same. The 3 month and 12 month averages are of similar magnitude of those in 2019;
 - Reportable lost time injury rate increased by 50%. The significant increase in reportable lost time injuries is a reflection of the incident reporting system, which now requires mandatory completion of the relevant data fields for absence;
 - Injuries following assault:
 - Injuries to Police Officers following assault rate increased by 18%. Both the 3 month average injuries per month and injury rate are higher than the corresponding 12 month averages. There have been a number of public order incidents in the 3 month period which resulted in multiple injury reports whilst policing a number of protests. This has had an impact on this injury data;
 - Injuries to Police Community Support Officers (PCSOs) following assault rate increased by 60%. The actual numerical numbers of injuries in this cohort are small (change between period ending June 2020 and period ending June 2019 is an actual increase of 13 injuries);
 - Injuries to Designated Detention Officers (DDOs) following assault rate remained the same;
 - Overall physical injury following assault for the 12 month period July 2019 to June 2020, as per graph 1, indicates an upward trend for Police and PCSOs, and a downward trend line for DDOs. Assault with physical injury data is shared with Operation Hampshire to support organisational learning (Operation Hampshire was launched in 2016 to improve the response to incidents and support to officers and staff that are assaulted on duty).



- Slip, trip and fall injury rate decreased by 16%;
- Moving vehicle injury rate increased by 20%. Analysis of this data indicates the following main injury causation:
 - Police vehicle accident collisions;
 - When a police vehicle is rammed by a suspect vehicle;
 - Being deliberately driven at;
 - Injured whilst interacting with the driver or passenger in a vehicle.
- Handling related injury rate decreased by 7%.

3.2 The injury data is captured and assessed for organisational learning, this includes:

- Review for local learning at Basic Command Unit (BCU)/Operational Command Unit (OCU) level at quarterly health and safety meetings. Local accident investigations are used to inform any learning outcomes;
- Business Group review of BCU/OCU learning and action taken at Business Group H&S meetings;
- Reporting and review at various thematic board level (e.g. Officer Safety Board, COVID-19 Silver etc) where the data is utilized to inform tactical/operational decision making, mitigation. Personal, Protective Equipment (PPE), training (e.g. officer safety) and policing tactics;
- Assurance at the MPS Health, Safety and Wellbeing Board that appropriate learning and mitigation is being taken at all levels.

SHRMT Near Miss Investigations

3.3 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 monitored and implemented.

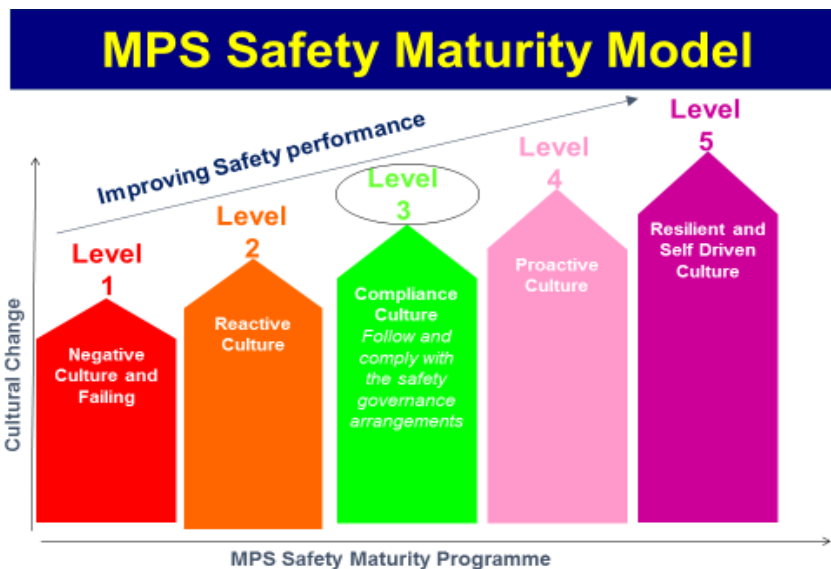
ASSURANCE UPDATES

- 3.4 The last three MPS Health, Safety and Wellbeing (HSW) Boards were held on 26 February, 19 May 2020 and 07 October 2020. Key items discussed at these boards included:
- COVID-19;
 - Workshop review of Corporate Health, Safety and Wellbeing Risk Register;
 - Review of business group operational safety risk;
 - Review of business group Safety Maturity;
 - Assaults with Physical Injury;
 - Technical Equipment Room Safety;
 - Health, Safety & Wellbeing performance 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) Update;
 - Appointed Persons (Estate Safety and Fire) Review.
- 3.5 At the Health, Safety and Wellbeing Board on 18 February 2020, a risk refresh exercise was completed to determine if there are new non-operational risks that should be considered by the Board for inclusion on the corporate Health, Safety and Wellbeing risk register. Analysis from the workshop output identified a number of new risks that were discussed by the Board. These primarily non-operational risks are subject to review by the Head of Safety, Health and Wellbeing and will be further assessed at the next Board in November for inclusion on the corporate Health, Safety and Wellbeing risk register.
- 3.6 The May and October 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 business group level risk and response.

HEALTH AND SAFETY CULTURE MATURITY PROJECT UPDATE

H&S Culture Maturity Assurance

- 3.7 The MPS has agreed and implemented a health and safety culture maturity model. This model 'scores' the safety culture in a BCU, 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.



- 3.8 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. 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 by all BCU, OCU, and Departments.
- 3.9 This process is also designed to support business groups, BCU, OCU, and departments 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.
- 3.10 The MPS Health, Safety and Wellbeing Board Chief Officer Group (COG) leads co-ordinate this process in their respective Business Groups and ensure health and safety culture maturity assessments are:
- Appropriately completed;
 - Accurately reflect performance;
 - Identify proposed improvements, and:
 - Reported on every six months at the Business Group H&S meeting.

- 3.11 Every six months these COG leads now report and present a completed H&S culture maturity assurance self-assessment to the HSW Board on overall business group maturity performance. Business groups are assessing and monitoring performance at business group board meetings including benchmarking challenge panels in some business areas.
- 3.12 In the first quarter of FY20/21, SHRMT commenced a pilot of the health and safety culture maturity audits. The audit question set focused particularly on compliance with the requirements of level 3 maturity. Six units that had assessed themselves as operating at level 3 were selected for the pilot:
- East Area Basic Command Unit;
 - Learning and Development;
 - Covert Intelligence;
 - Met Prosecutions;
 - SO15 Counter Terrorism Command;
 - West Area Basic Command Unit.

These audits were completed by the end of August. Learning and Development was found not to be operating at level 3 across the health and safety system and SHRMT are providing additional support to assist implementation of the recommendations. All other units were found to comply with the requirements of level 3 safety maturity.

- 3.13 In considering the audit reports there are some general findings that can be observed:
- Units have universally and effectively adopted the maturity programme;
 - The units assessed as performing at level 3 demonstrated strong leadership and communication in terms of health and safety management.
- 3.14 The Pilot audit validated the maturity audit questions and SHRMT will now commence routine maturity audits.

NOTIFICATIONS & LIAISON WITH EXTERNAL ENFORCING AGENCIES (HSE)

3.15 The following investigations have been commissioned by SHRMT against the Health and Safety Executive selection criteria:

- April 2020 – An officer reported that he had contracted coronavirus following prolonged contact with a vulnerable person. The circumstances were investigated by SHRMT and presented to the Chief Medical Officer (CMO) for assessment. It was agreed this was a reportable incident to the HSE;
- July 2020 – An officer severed the tendons in his right hand when using the enforcer to access a domestic property following reports of suspects in the premises. The officer required surgery and a period of rehabilitation, the incident was reported to HSE as an over 7 day injury. Recommendations relating to training and PPE have been made;
- July 2020 – A Designated Detention Officer (DDO) suffered loss of taste and smell before these were recognised as symptoms of COVID-19 and so continued working. Once publicised as a symptom, the officer was booked for, and attended, a COVID-19 test and subsequently tested positive. A report is under review by the CMO for consideration to determine if this is notifiable to the HSE;
- September 2020 - two separate COVID-19 building related concerns were raised about the MPS Command and Communication centres at Lambeth, Hendon and Bow with the HSE. This was in relation to these areas having reported inadequate steps to protect against COVID-19. Following investigation and a review of MPS documentation the HSE are satisfied that the MPS are taking appropriate steps and that arrangements are in place to update and improve COVID-19 building controls;
- October 2020 - a complaint was made by the PCS Trade Union regarding a lack of COVID-19 secure buildings (Lambeth HQ and Cobalt Square). This remains under investigation.

3.16 **Operation Sedgebrook** – The HSE have been notified of the fatal shooting of an officer at Croydon Custody suite on 25 September 2020. The following action has been taken and support ongoing:

- SHRMT have commenced a safety review;
- SHRMT and Occupational Health (OH) support to Gold and relevant investigative groups;
- At the time of the incident the OH duty manager initiated the trauma incident support response from Optima Health and the retained Occupational Health (OH) teams. Resources (CMO, OH duty manager and a psychologist) were deployed to Croydon to assist with operational defusing. OH are triaging officers and staff following this trauma incident exposure. Follow up support over the coming weeks will include formal debriefs and psychological support where required.

NEW HEALTH AND WELLBEING SERVICES

Background -Wellbeing Strategy in the MPS

- 3.17 The MPS Health and Wellbeing Strategy 2019-2021 identified the need to improve wellbeing health support, specifically:
- The introduction of a 24-hour telephone Met Employee Assistance Programme (EAP) and web portal;
 - The enhancement of our psychological and trauma support offering, including access to clinical psychologists;
 - Better support for line managers;
 - Mental health training including Mental Health First Aiders (MHFA);
 - Generating awareness around suicide prevention.
- 3.18 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, aided by additional funding in Financial Year (FY) 19/20 and 20/21.
- 3.19 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 EAP, launched in August 2019, provides a key link between officers/staff and their access to occupational health for counselling and psychosocial support. The EAP is a 24/7 remote, telephonic service that is staffed year-round and acts as the primary self-referral pathway and provides a range of ancillary services, such as debt, legal advice and housing advice etc. The EAP also serves as the primary provider of telephone counselling;
 - **The Optimise Platform.** As part of the EAP package, the Optimise Platform, launched in August 2019, is an online resource and wellbeing platform designed to provide MPS officers and staff with an extensive electronic library and health monitoring facility. The platform combines a suite of health reporting and monitoring tools, linkage with personal fitness apps/trackers and a library of information/resources to help staff proactively manage their own health and wellbeing. A new mobile phone app to improve mobile device access to the Optimise Platform is currently under testing and is scheduled for launch in November 2020;
 - **Counselling.** The access and provision of counselling remains the mainstay of the MPS mental health service offer. Counselling services are provided face-to-face, by telephone and via video conferencing. A treatment course of six sessions (Solution

Focussed Therapy offer) is provided with a focus on joint and collaborative working between the counsellor and patient designed to effect positive and lasting change. This model has proved highly effective in managing ongoing clients, ensuring that those with moderate ongoing problems can receive interventional supportive therapy in-house and those with longer-term and/or more complex presentations are referred promptly to treatment or the NHS;

- **Enhanced intervention options specifically Eye Movement Desensitization and Reprocessing (EMDR) and Trauma Focused Cognitive Behaviour Therapy (TF-CBT).** These support and interventions therapies are based around two high-quality, evidence-based treatments; EMDR and Trauma-Focussed CBT. These remain a well-utilised part of the mental health service offer;
- **Psychological Monitoring Programme.** This programme delivery is led by the Optima Health clinical lead for psychological monitoring. The programme makes use of psychological health assessments and clinical interviews to proactively engage with officers/staff who are about to (or have been) engaged with potentially traumatic or mentally harmful job roles to gauge their exposure to trauma, their mental resilience and to proactively identify protective characteristics and interventions/support. Based on clinical assessment, this programme is open to all officers/staff, not only those affected by trauma or high risk roles. The objective of this programme is not to prevent officers/staff from taking on new roles but to proactively identify those who would benefit from ongoing adjustments and support to ensure that they can properly cope with the anticipated and identified stress and strains of a given role. The psychological programme enables the OH clinical practitioners to also complete a holistic assessment as it includes physical, psychological and social wellbeing factors as well as work-related stress factors. Where appropriate, this enables practitioners to identify the appropriate intervention, i.e. counselling or trauma focused therapy, at the earliest opportunity, which assists the prevention of harm and the reduction of risk. The programme is an ongoing engagement process, with officers and staff (either referred or part of a monitoring programme with defined at risk roles) being screened annually or 6-monthly in higher risk roles, allowing the early identification of potential mental health issues and encouraging officers to engage with OH for other issues (personal, musculoskeletal, financial, etc) at an earlier opportunity;
- **Managers Advice Line.** The Managers Advice Line (MAL) was introduced in late 2019 and allows 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. This service has been expanded to support the increased number of calls during the COVID-19 Pandemic;

- **Met Mobile Wellbeing Service.** The Met Mobile Wellbeing Service (MMWS) was launched in March 2020 (originally named the Outreach Service). The core of the new MMWS is based on an educational bus service to run throughout much of the year across MPS sites with health coaches and on-site with mobile health screening capability. The recent COVID-19 pandemic has had a profound impact on the MMWS and has resulted in all of their activities being moved into the electronic space, with the production of a number of wellbeing webinars and seminars, the presentation of health and wellbeing advice to a number of different teams across the MPS and the provision of electronic support/resource guides for officers/staff to proactively manage their health and wellbeing during lockdown. These activities have been well received and will remain a future service of the MMWS;
- **Mental Health Training.** A range of mental health training services/courses are available to the MPS. These are currently based primarily around a suite of courses from MIND that continue to develop awareness and advice on symptoms, causes, recognition and interventions. This suite of courses is designed for all ranks/grades covering general awareness to leadership focused mental health training. Work has started to run currently in partnership with Leadership and Development, to review the future mental health training strategy and options to integrate key elements of mental health into other core training. These courses have been paused owing to the challenges of training delivery owing to COVID-19 but work is underway to understand how and when they can recommence;
- **Suicide Prevention and Awareness Training.** The MPS has partnered with the charity Public Initiative for the Prevention of Suicides and Self-Harm (PIPS) to deliver training to officers and staff to raise awareness in relation to those at risk of harming themselves or taking their own life. The programme is bespoke to policing and covers skills suitable for supervisors, or indeed anyone, who may be confronted by a colleague who is likely to or threatening to take their own life. This PIPS training has been suspended owing to COVID-19 but work is underway to understand how and when it can recommence. Suicide awareness - 'what to look out for' - has also been introduced within the content of the Health & Wellbeing presentations to the new police recruits at Hendon and as part of the core content addressing personal resilience and wellbeing within the new PEQF framework.

- **Mental Health First Aiders.** A pilot has been approved by the Occupational Health New Services Board to test a suitable network of Blue Light Champions (BLC) advanced practitioners to be trained in Mental Health First Aid to support peers and signpost to appropriate clinical services. The pilot involves upskilling existing, in-house BLC practitioners in a number of selected BCUs and OCUs, and is to be tailored for the needs of the MPS, potentially representing value for money by upskilling an existing capability. This pilot was delayed owing to the cessation of accredited training due to the COVID-19 pandemic. It is planned that this work will recommence in October 2020;
- **Major Incident Support and Support Following Serious Critical Incident / Death in Service.** Following a major incident, the MPS mobilises occupational health clinical staff to provide structured demobilisation and defusing to officers/staff where requested. Where indicated, Optima Health offer further support or short term treatment interventions for those who need it. Early this year a revised template 'Major Incident Exposure List' was created for supervisors to log and risk assess their people involved in a major incident and forward to OH. This ensures Occupational Health is no longer reliant on people simply coming forward and they can maintain details of individuals involved in multiple events supporting monitoring where required.
- **Trauma Peer Support.** Some forces make use of a trauma peer support model within the early stages of an incident. Trauma peer support can also be integrated within the clinical occupational health led approach including major incident support. In this approach trained peers (supportive work colleagues) can be utilised during the early phases of an incident. The MPS is reviewing the current research and delivery programmes to identify a suitable trauma peer support programme within the MPS. A consultation paper has now been drafted and is undergoing internal professional peer review prior to release for further consideration. This evaluated a number of models and trauma peer support programmes. Work is also ongoing to evaluate a police specific designed trauma peer support model that was recently released by the National Police Wellbeing Service (NPWS);
- **Musculo-Skeletal (MSK) Pilot in Frontline Policing (FLP).** Work is ongoing to finalise an MSK pilot in FLP which allows individuals to self-refer (currently this requires a management referral) for MSK injuries which are impacting on the ability to work or are affecting work performance. The pilot will also remove 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. Using a

digital MSK rapid intervention tool to support/provide early intervention, telephone advice signposting to a fast track physiotherapy service, and where appropriate (low level MSK injuries) an app for self-support advice and treatment. Face to face physiotherapy would be supported by Optima partner physiotherapy networks to facilitate local physiotherapy to officers and staff closer to work or home locations.

- **High Touch Service Following Assault.** Work continues in partnership with Operation Hampshire to integrate the reporting of physical assault related injuries to Occupational Health via a new Operation Hampshire reporting tool. This will support a proactive reach out service by occupational health to those injured. Elements of this service were piloted during the summer months for Operation Minorca. The new Operational Hampshire software tool is scheduled for go live before the end of the calendar year;
- **Future Enabling Health Strategies.** Work is now ongoing to develop a future musculo-skeletal and psychological health enabling strategies setting out the MPS ongoing commitment to improve the health and wellbeing for MPS officers and staff and building on the 2019-2021 deliverables.

DARA WELLBEING STRATEGY DEVELOPMENT AND IMPLEMENTATION AUDIT

3.20 This audit was carried out as part of the 2018/19 audit plan agreed with Metropolitan Police Service (MPS) Risk Assurance Board and Audit Panel. The overall aim of the review was to provide assurance that an effective strategic framework for implementing health and wellbeing services across the MPS was in place.

3.21 DARA assessed the strategic framework for delivering health and wellbeing services across the Met as adequate and recognised that it continues to develop. The audit recognised that the key risks are generally being managed effectively, however, a number of controls needed to improve to help embed activity, increase maturity and to ensure business objectives were met.

3.22 The following action has been undertaken and consolidated:

- Current Occupational Health and Wellbeing governance arrangements have been reviewed. This includes:
 - Incorporation of wellbeing governance and reporting arrangements at the Health, Safety and Wellbeing Board;

- Business Group, BCU, OCU Health and Safety Boards/Committees incorporating wellbeing into governance and reporting arrangements;
 - Embedding Occupational Health and Wellbeing expertise into relevant thematic Boards e.g. active participation in Operation Hampshire and Operation Northleigh;
 - Development and monitoring wellbeing risk at corporate and business group level to recognise corporate, business group and thematic interdependencies;
 - Ongoing work for the inclusion of wellbeing in the H&S maturity strategy including monitoring local risks; this is ongoing.
- Operation Hampshire software reporting tool is currently scheduled to 'go live' before the end of the calendar year. This will incorporate assault notifications to Occupational Health to inform the future high touch service;
 - Development of a collaborative and proactive wellbeing communication strategy;
 - Occupational Health and Wellbeing Performance monitoring via COHORT software tool and a review of key performance indicators to incorporate the new health and wellbeing services. The latter review remains ongoing and have been delayed owing to COVID-19;
 - Review of Occupational Health and Wellbeing performance reporting to internal Occupational Health Boards. A further draft report reviewing internal Occupational Health Governance arrangements has been produced and is under consideration.
 - Mental health training courses designed for all ranks/grades covering general awareness to leadership focused mental health training have been temporarily paused owing to COVID-19.
- 3.23 In summary, this work will ensure that the nature, purpose, relationships and reporting lines are clearly defined to provide additional assurance over the management of wellbeing and interdependent activities. The governance will manage core wellbeing risks to the Health, Safety and Wellbeing Board.
- 3.24 DARA have recommenced a follow up audit.

GENERAL HEALTH AND SAFETY UPDATES

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

- Flexible delivery of core Optima Health services against a revised COVID-19 operating model. This included the continuation of the majority of routine Occupational Health services during the COVID-19 lockdown although a number of services were delivered by Microsoft Teams or telephone to reduce risk to patients and occupational health staff. A small number of services were suspended following national policing guidelines or health requirements, but these have recommenced as a normal service or the service assessment is delivered in an alternate way;
- The provision of individual vulnerability health assessments for the clinically vulnerable, extremely clinically vulnerable, pregnant and those that believe they may be vulnerable including BAME. All extremely clinically, clinically vulnerable or pregnant have been or are being assessed prior to returning to MPS work locations;
- 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, MPS Senior Occupation Health Clinical Lead and Property Services;
- Head of Safety, Health and Wellbeing support to COVID-19 tier one trade union consultation;
- Support and advice on safety assessment of specialist safe systems of work, equipment and PPE;
- Increased capability of the Employee Assistance Programme (EAP) and OH Managers Advice Line (MAL);
- Reconfiguration of the MMWS wellbeing activities by webinar, live webinars and e-leaflets;
- Provision of continual updates re 'health news' on H&W intranet tile on the MPS intranet on COVID-19;
- Supporting the development of an MPS COVID-19 testing plan;
- 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;
- Peer review of relevant Gold and Silver guidance/strategies;
- Development and advice on COVID-19 building risk assessments and arrangements including COVID-19 secure buildings;
- Advice and assessment of social distancing arrangements;

- Validation/assessment of PPE procurement process;
- Development of national RIDDOR/COVID-19 related statutory reporting arrangements, dangerous occurrence, workplace disease reporting and investigation arrangements;
- Advice on the required changes for administering CPR to reduce the risk of COVID-19 exposure;
- Supported develop plans/arrangements for the internal delivery antigen testing (Operational Daffodil) with risk assessments, infection control, consent and data protection management advice for potential future launch of the programme;
- Development and release of temporary home working Display Screen Equipment (DSE) arrangements in partnership with Digital Policing;
- Review of safe systems of work to high risk COVID-19 activity and provision of additional specialist OH support.

Equality and Diversity Impact

- 4.1 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.

Financial Implications

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

Legal Implications

- 6.1 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.

Risk Implications

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

Contact Details

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- 8.1 Nick Kettle, Nisa Carey, Eleck Dodson and Catherine Daghish