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FOD Inspectors

HEALTH AND SAFETY IN THE POLICE SERVICE

This SIM gives advice on the changes introduced in the Police Reform Act 2002; and the Home Office initiative on occupational health provision in police forces.

POLICE REFORM ACT 2002

1 Through the Police Reform Act 2002, the Home Office has introduced measures to change the dutyholder for the health and safety of police officers from the chief officer of police to the police authority (the police board in Scotland). Section 95 of the new Act amends the Health and Safety at Work etc. Act 1974, s.51A so that the 'relevant authority' is substituted for the 'relevant officer'. Similar changes are introduced for the National Crime Squad and National Criminal Intelligence Service, which have Service Authorities rather than police authorities.

2 HSE is currently considering whether consequential changes are required to the Police (Health and Safety) Regulations 1999, reg.2.

3 Under the Police Act 1996 s.3, police authorities are bodies corporate and are the employers of civilian support staff (s.15); whereas chief police officers have direction and control of the police force (s.10). In its prior discussions with HSE about the changes brought about by the Police Reform Act, the Home Office undertook to 'enshrine in a statutory code of conduct arrangements for ensuring that police authorities could fulfil the role of employer for health and safety purposes'.

4 This code of conduct (not an ACoP under the HSW Act) will be drawn up by a working group which includes HSE representatives. The working group will also review the HSE/police service inspection agreement (see [SIM 5/2001/52](#)) and consider the impact of health and safety legislation on operational policing.

5 No implementation date has been given for the changes in the Police Reform Act s.95 but they are not expected to be introduced until the statutory code of conduct comes into force.

6 Inspectors may access the text of the new Act on the [HMSO website](#).

OCCUPATIONAL HEALTH STRATEGY

7 The Home Secretary announced earlier this year that he would be making £4million available to police forces in England and Wales for occupational health schemes to reduce staff sickness absence and ill health retirements, and that each force would receive a minimum of £50K for that purpose. The money would be ring fenced and would have to be spent in the current financial year. However, the Home Office would bid for additional funding for future years.

8 The Home Office Police Health Implementation Group (HOPHIG) was set up to steer this initiative, and HSE has two representatives on the group. It is the Home Office's intention to set a national target for reducing sickness absence so as to achieve significant reductions by 2005. The final draft Strategy document (OHWG20 - see the [Appendix](#)) states that "Police authorities will determine targets for each force within a national target to be developed by the Home Office in consultation with ACPO and APA and will take into account the challenge set by the Cabinet Office in 1999 for all public sector bodies to reduce sickness absence by 30% by 2003; and the targets in Revitalising Health and Safety...and in Securing Health Together...".

9 The Strategy document was accompanied by an implementation timetable. This included an action on all forces to revise or develop, in consultation with force health and safety advisers and the Health and Safety Executive, action plans which include target dates for meeting obligations under health and safety legislation. However, HSE has not given any undertakings to the Home Office about the extent of any involvement or assistance by FOD inspectors. Since the timetable has not yet been agreed by all the parties concerned, and the dates may have to be revised, it has not been included in the Appendix.

ACTION BY INSPECTORS

10 In the light of the forthcoming changes set out in the Police Reform Act 2002, inspectors may wish to discuss any relevant proposed prosecutions with the Defence, Fire and Police Unit. For its part, the DFP Unit will keep inspectors informed of progress with the Home Office statutory code of conduct and the police occupational health strategy.

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→APPENDIX
(para 8)

OHWG20

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STRATEGY FOR A HEALTHY POLICE SERVICE

Introduction

1 This sets out the strategy developed by the Home Office in consultation with the police service and agreed by the Home Secretary, for achieving and maintaining a healthier police service. This covers health and safety, occupational health, welfare and attendance management; and applies to all staff, including support staff. The principles of the strategy should so far as is appropriate be applied to special constables. It takes into account *In Sickness and in Health: Reducing sickness absence in the police service*, published by the Home Office in 2001.

2 Staff are the police service's most valuable resource. Their health, safety and well-being are critical to forces' ability to deliver the services which society needs and expects. Sickness has a major impact on efficiency in terms of absence, additional overtime costs and stress for staff (and their families) who are left to cover for absent colleagues. In 2000-01, 5% of total available police officer working days were lost to sickness. Reducing sickness must be a priority for the police service.

3 The main responsibility for implementing this strategy rests with Chief Constables.

Aims of this strategy

4 The strategy aims to deliver the following outcomes on the basis of common standards and procedures:

- maintenance of good health in police staff;
- a reduction in injuries and ill health in police staff;
- to help people who have become ill, whether caused by work or not, to return to work and full performance;
- to help reduce the number of ill health retirements. ¹

Responsibilities

5 Police authorities and Chief Constables must ensure that so far as possible working conditions enable all police staff to maintain good health, and ensure that the aims of this strategy are embedded in strategic decision-making. Chief Constables must meet their legal obligations under health and safety legislation, and ensure that forces are ready to comply with the employment provisions of the Disability Discrimination Act 1995 when the exception for the police service is removed. ²

6 Police authorities should hold Chief Constables to account for delivery against the strategy and put in place effective procedures for monitoring implementation of the strategy and monitoring its impact locally.

7 BCU commanders and Heads of Departments will regularly monitor the attendance of their staff and deal effectively with poor attendance.

8 Line managers must promote the health and safety of their staff. This should be reflected in day-to-day work practices. Line managers are responsible for managing attendance, with advice from human resource managers, occupational health, and health & safety specialists.

9 Human resource managers will define the force structures, policies and processes for managing attendance and will provide support and advice to line managers.

10 All staff should maintain their own health, developing awareness of the factors that contribute to ill-health and participating fully in initiatives to raise health standards.

11 Occupational health specialists and health & safety advisers should meet the needs of the organisation, and support staff, through providing specialist services of the highest quality. Staff should have appropriate qualifications.

12 The Home Office will publish targets for reducing sickness absence, coordinate the implementation of this strategy and issue guidance as necessary. HMIC will review performance, involve the Police Standards Unit where appropriate, and will work with police forces and police authorities to support performance improvement, and identify and disseminate good practice.

Targets

13 The targets to be published by the Home Office for reducing sickness absence will challenge all forces to perform at the level of the best, and will result in significant reductions in sickness absence by 2005. Police authorities will determine targets for each force within a national target to be developed by the Home Office in consultation with ACPO and the APA and will take into account the challenge set by the Cabinet Office in 1999 for all public sector bodies to reduce sickness absence by 30% by 2003; and the targets in *Revitalising Health and Safety*³, published by the Government in June 2000, and in *Securing Health Together - a long-term occupational health strategy for England, Scotland and Wales*⁴ published by the HSC in July 2000.

14 The strategy will support the aim of encouraging effective occupational health policies and sound human resource management practices within police forces, so that potential cases of ill-health retirement are managed more effectively from the outset. This should help to ensure that ill health retirements in the police are reduced by 2005 so that levels of each police force are consistent with, or better than the performance currently achieved by the best quartile of forces. This should also help forces to achieve the target of 3.5 employees per 1000 total workforce for ill-health retirements by 2004/05.

Monitoring

15 Forces will record and monitor sickness absence according to criteria and definitions developed by the Home Office-led Police Numbers Task Force. Forces will take the results of the monitoring into account in their human resource planning, and report figures quarterly to the Home Office; and police authorities will use the results to inform their scrutiny of forces' performance against this strategy.

Force planning

16 The implementation of this strategy should be an integral part of every force's human resource plan which should be developed in consultation with the police authority.

17 Every force will assess what is causing sickness absence and will draw up an action plan to ensure that so far as possible staff do not become unwell as a result of work, and that where they do become unwell for any reason they are helped to full performance of their duties and, if absent from work, to return to work as quickly as possible. The action plan will make provision for effective attendance management, the use of rehabilitation, and the use of recuperative and restricted duties.

18 The action plan will include a service delivery plan for the force's occupational health unit which will ensure that:

- occupational health resources are sufficient to meet, and are focussed on, business need;
- line managers, human resource managers, occupational health specialists and health & safety advisers co-ordinate their efforts to minimise sickness absence and ill health retirement;
- staff are helped to remain at work, or to return to work from sickness absence, as quickly and as flexibly as possible.

19 In devising and implementing the action plan forces will take into account *Guidance on the management of staff attendance in the police service* issued by ACPO in October 2000, and guidance which will be issued by the Home Office following consultation with the ACPO Joint Working Group on Organisational Health, Safety and Welfare.

20 Forces and police authorities will regularly evaluate the effectiveness of initiatives on the basis of sickness absence data and other relevant information, and reflect the results in changes to policies and procedures as necessary. This action will take into account guidance on evaluation contained in *In Sickness and in Health: Reducing sickness absence in the police service*.

Other matters

21 The following five matters are not dependent upon the planning **process** described in paragraphs 16-19, but should be reflected in the action plan.

(1) **Health & safety** - Every force will, in consultation with the Health and Safety Executive, review its compliance with health and safety legislation and develop action plans to ensure compliance with the legal obligations under that legislation.

(2) **Support for staff in posts subject to intense or long-term stress** - Every force will assess which posts place staff under intense or long-term stress and ensure that proactive psychological support is available to staff in these posts.

(3) **Assisting earlier return to work** - Where it becomes apparent from a GP's diagnosis that someone is starting a period of long-term sick leave, or where a health problem is impairing someone's work performance, management and occupational health working together should determine as soon as possible the steps which the force will take to help the person to recover and return to full performance.

In cases where treatment is needed in advance of the current NHS maximum

wait standard ⁵, forces should consider the use of private healthcare where this is justified by a strict cost benefit analysis which takes into account the efficiency gain resulting from the likely earlier return to work. The use of private health care intervention should be considered on an individual case by case basis. Where intervention by a private health care provider is used, the scope to make maximum use of local NHS facilities should be fully taken into account first. Every force should agree with its police authority a policy governing the use of private health care intervention.

(4) **Training** - All forces will ensure that line managers are competent in relation to the management of attendance, and other factors significantly affecting attendance. The requirement will be reflected in the National Competency Framework and training delivered as identified.

(5) **Work/life balance** - Research indicates that a better work-life balance is likely to lead to improved morale and health. Forces should develop and publicise work-life balance policies.

(6) **Health Promotion** - Forces should develop measures to promote the health of their staff. These should cover such issues as healthy eating, exercise and health checks.

(7) **Implementation of the strategy** - The strategy will be implemented according to the annexed implementation timetable. ← ²

¹ Medical retirement should be used only where staff are genuinely unable to carry out sufficient duties to make their retention impracticable.

² This is currently projected for 2004.

³ Revitalising Health and Safety set the following targets: reduce the number of working days lost per 100,000 workers from work-related injury and ill health by 30% by 2010; reduce the incidence rate of cases of work-related ill health by 20% by 2010; reduce the incidence rate of fatalities and major injuries by 10% by 2010; achieve half the improvement under each target by 2004.

⁴ Securing Health Together included the following targets to be achieved by 2010: a 20% reduction in the incidence of work-related ill health; a 30% reduction in the number of work days lost due to work-related ill health.

⁵ Current Government standards for inpatient treatment are as follows. The maximum wait from April 2002 will be 15 months; from April 2003, 12 months and successive reductions down to six months.