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<b>Health and Safety Executive</b>		<b>Sector Information Minute</b>	
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Target audience:

FOD Inspectors Responsible for Inspecting the Police Service

**HEALTH AND SAFETY IN THE POLICE SERVICE**

This SIM updates the information given in [SIM 7/2002/35](#) about the changes introduced in the Police Reform Act 2002 and the Home Office initiative on occupational health provision in police forces, known as the Strategy for a Healthy Police Service.

**POLICE REFORM ACT 2002**

1 SIM 7/2002/35 gave details of the measures introduced by the Home Office in section 95 of the Police Reform Act 2002 to change the duty holder for the health and safety of police officers from the chief constable to the police authority. Inspectors may access the text of the Act on the HMSO website at [www.legislation.hmso.gov.uk/acts/acts2002.htm](http://www.legislation.hmso.gov.uk/acts/acts2002.htm).

2 No date was given for these changes, but the Home Office indicated that section 95 would not be implemented until a statutory code of practice under the Police Act 1996 had been introduced, setting out arrangements for ensuring that police authorities could fulfil the role of employer for health and safety purposes. The code of practice will not apply to forces in Scotland: section 95 can be commenced at a different time in Scotland than in England and Wales.

3 As a consequence of the changes brought about by section 95 there was also a need for a limited amendment to the Police (Health and Safety) Regulations 1998 in order to reflect the shift of health and safety duties. There is a statutory requirement for the Health and Safety Commission to consult publicly before proposing the amendments to Ministers and so the Commission has decided that three-month period is needed to give all police service interests a full opportunity to make any views known. The Commission's consultation letter is attached at [Appendix 1](#): the consultation period will end on 22 April 2003. In the light of this, the Home Office has decided to delay the commencement of section 95 until the amendment of the Police (Health and Safety) Regulations has been completed.

**STRATEGY FOR A HEALTHY POLICE SERVICE**

4 SIM 7/2002/35 gave preliminary details of the Home Office occupational health strategy for police forces in England and Wales. The Home Secretary announced in 2002 that he would be making available £4 million to police forces for occupational health schemes and that each force would receive a minimum of £50K to be spent in the financial year 2002/03.

5 The final strategy document with the implementation timetable has since been published and is attached as [Appendix 2](#). It is also available in the police health and safety section of the Home Office website at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk).

6 A further £15 million will be provided to the police service spread over the next three years, ring-fenced for occupational health issues and divided among the forces using the same formula used for distribution of the earlier “pump-primer” funding.

7 The related Home Office national targets for the reduction of sickness absence are given in the National Policing Plan for 2003-06 on <http://www.policereform.gov.uk/>. The target for the police service is to reduce sickness absence in all forces to the 2001-02 average of 11.5 days per year per police officer and 12.0 days per year per support staff member by 2006. The Home Office has calculated that forces that need to reduce their officer sickness absence in order to meet the target will require an average reduction of 10.2% (with a range of 27% to 1%). The equivalent reduction for support staff is 11.3%.

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APPENDIX 1  
(para 3)

**HEALTH AND SAFETY COMMISSION CONSULTATION ON AMENDING THE POLICE  
(HEALTH AND SAFETY) REGULATIONS FOLLOWING THE POLICE REFORM ACT  
2002**

I am writing on behalf of the Health and Safety Commission to seek any comments you may wish to make on a proposed amendment (attached) to the Police (Health and Safety) Regulations 1999, or on the underlying proposal to transfer the health and safety duty to police authorities.

The Police Reform Act 2002, section 95 provides for the amendment of section 51 A of the Health and Safety at Work etc Act 1974. Section 95 enables police authorities in Great Britain to be made the employers of police officers for the purpose of protecting their health and safety, instead of chief police officers as at present. An Order has yet to be made bringing this provision into force. The Health and Safety Commission understands that this is dependent on the development of a statutory code of practice made under the Police Act 1996, which will ensure that police forces are in effect accountable to police authorities for compliance with health and safety legislation.

Bringing health and safety legislation fully into line with section 95 would in turn require an amendment to the Police (Health and Safety) Regulations 1999 so that health and safety regulations also apply to police authorities as the employer of police officers. There is a statutory requirement for the Health and Safety Commission to consult publicly before it proposes any new or amended health and safety regulation to Ministers.

**Consultation period**

The Commission understands that the Home Office has already had discussions with the police service stakeholders affected by the changes. The Commission is also aware of the involvement of stakeholders in developing the new statutory code of practice for police authorities and chief police officers. However, before the Commission can propose any change in health and safety regulation to Ministers, it needs to be satisfied itself that the change is compatible with protecting health and safety. The Commission has therefore decided that a **twelve week period** is needed to give all police service interests a full opportunity to make any views known.

**Scope of police health and safety legislation**

The Police (Health and Safety) Act 1997 and the subsequent Police (Health and Safety) Regulations 1999 apply to all police officers who were not already regarded as employees and thus already covered by health and safety legislation. The 1997 and 1999 police health and safety legislation is thus considered to apply to officers in the Home Office funded 'area police forces', the National Crime Squad, the National Criminal Intelligence Service, and the Royal Parks Police.

**'Employer' of police officers**

The Police (Health and Safety) Act 1997 allocated the health and safety duties to chief police officers individually; the chief police officer became the employer of the police officers in their force for health and safety purposes. Any prosecution for alleged health and

safety breaches must therefore be brought against chief police officers individually. This is unusual under health and safety legislation, as the health and safety duties in respect of an organisation normally fall on the body as 'the employer' rather than on any individual. The Commission understands that making chief police officers the employer was intended to reflect the fact that legislation on policing gives chief police officers direction and control over police officers.

The intended change in duty holder should not alter the requirements placed on the designated employers of police officers to safeguard health and safety, nor should it alter the standards of provision which the law requires. It is also vital that any changes continue to provide for effective enforcement of health and safety legislation in relation to the variety of police activities.

### **Proposed statutory code**

Steps therefore need to be taken to ensure that police authorities will find it reasonably practicable to secure police officer and police civilian health and safety. This will be an essential element in a satisfactory statutory code. The code will need to set out the respective roles of the authorities and chief officers in managing health and safety, and the way in which chief officers will account to police authorities for effective compliance with health and safety legislation. The code would also need to be able to ensure that HSE would be able to carry out enforcement action when appropriate in relation to the full range of police operations.

The Commission requires that health and safety enforcement is proportionate to the seriousness of risks created, as set out in its Enforcement Police Statement (available on the HSE website at <http://www.hse.gov.uk/pubns/hsc15.pdf>). In most cases inspectors secure compliance with health and safety law by means of giving advice and information. When appropriate, Improvement and Prohibition Notices are used in order to secure compliance. Prosecutions are reserved for the most serious alleged offences, and are very few in number.

It is important that any statutory code ensures that a prosecution can be brought in cases where it is alleged there have been serious failures to prevent or control risks to police officers or others. The code will be necessary to provide proof that it will be reasonably practicable for police authorities to carry out the health and safety duties as employer of police officers.

The Commission understands that the Home Office chaired Health and Safety Standing Committee which involves police stakeholders is currently working to develop a suitable code of practice. As indicated above, a vital element in a satisfactory code will be a clear statement about the accountability of senior police officers on health and safety matters.

In Scotland, the Commission understands there may be no provision for such a statutory code. The Scottish Executive is considering what arrangements could be put in place in Scotland to ensure that police authorities there would be able effectively to perform the role of employer of police officers for health and safety purposes.

### **Draft amending regulation**

The attached draft amending Regulation proposes to change regulations 2 and 3 of the Police (Health and Safety) Regulations so that:

(i) Regulation 2(a) will refer to the relevant police or service authority as the employer of police officers for health and safety purposes, as identified in the Police Reform Act 2002 section 95 (1) - (3).

(ii) Regulation 3, Schedule 1 will identify in column (3) the relevant service authority as recognising the police staff associations listed in column (2).

No other changes are proposed.

### **Impact of health and safety legislation on policing**

In addition to the intended transfer of duties, the Commission understands that the Home Office plan to lead a review of the impact of health and safety law on policing in the light of experience, in consultation with police stakeholders and HSE. The Commission welcomes this.

The Commission is aware that the special circumstances of some police work means that officers sometimes have to work in the face of significant risks. Where health and safety requirements must be complied with *so far as is reasonably practicable*, the legislation is considered to allow HSE and the courts to take full account of the public expectation for effective policing. The planned review should provide an opportunity to explore real examples so that it will be possible to illustrate how this necessary operational flexibility applies in practice.

If the review finds evidence of inevitable conflict between health and safety regulations and operational policing the Commission will consider whether amendments are needed. There is a statutory requirement for any such proposals to be the subject of proper public consultation before any proposals are made to Ministers, normally allowing a minimum of 12 weeks for comment.

The Commission would be grateful to receive any comments you wish to make:

- on the proposed amending Regulation which is attached;
- on the proposed transfer of health and safety duties to police authorities; or,
- on the implications of the transfer for safeguarding the work-related health, safety and welfare of police officers, police civilians, and others who may be affected by police force work activities.

**Replies to this letter are requested by no later than 22 April 2003.**

Please reply to Simon Newman, Enforcement and Special Groups Branch, Health and Safety Executive, 8 South Wing, Rose Court, 2 Southwark Bridge, London SE1 9HS; e-mail [simon.newman@hse.gsi.gov.uk](mailto:simon.newman@hse.gsi.gov.uk); telephone 0207 717 6888.



**Commission Secretary**

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APPENDIX 2  
(para 6)  
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 medical retirements by assisting to manage cases of ill health more effectively at the outset. <sup>1</sup>

**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. <sup>2</sup>

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 and 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 organization, 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, co-ordinate 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*<sup>3</sup>, published by the Government in June 2000, and in *Securing Health Together - a long-term occupational health strategy for England, Scotland and Wales*<sup>4</sup> 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 2005/06 so that levels of each police force are consistent with, or better than the performance achieved by the best quartile of forces in 2000/01.

### **Monitoring**

15 Forces will record and monitor sickness absence according to criteria and definitions developed by the Home Office-led Police Numbers Task Force (a Home Office Circular regarding the new data set was issued in June 2002). 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. Guidance regarding absence management is currently being drafted within the Police Negotiating Board framework, and will be issued to forces shortly to inform and accompany their existent plans.

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 focused on, business need;
- line managers, human resource managers, occupational health specialists and health & safety advisers co-ordinate their efforts to minimize 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 to 19](#), but should be reflected in the action plan:

- (1) **Health & safety:** Every force will, in consultation with the Health and Safety Executive and Police Authorities, 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 a psychological support service 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 <sup>5</sup>, 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) **Health Promotion:** Forces should develop measures to promote the health of their staff. These should cover issues such as healthy eating, exercise and health checks.

### Implementation of the strategy

22 The strategy will be implemented according to the annexed implementation timetable.

### IMPLEMENTATION TIMETABLE

	Target Date	Action	Lead responsibility	Strategy Paragraph
1		Home Office Police Health Implementation Group (HOPHIG) established.		
2	June 2002	Forces to implement guidance on sickness absence data	Chief Officers	15
3	August 2002	Agreement on timetable for issuing to forces in relation to preventative occupational health measures, fast track interventions, the use of rehabilitation, recuperative and restricted duties, management of stress, the tax implications of providing fast-track treatment, and any other appropriate matters	ACPO Joint Working Group on Organisational Health, safety and Welfare, Home Office and others as identified	19
4	October 2002	Phase 1 start of guidance provision to forces	ACPO Joint Working Group on Organisational Health, safety and Welfare & Home Office	19

5	October 2002	Launch of Strategy	Home Office Minister	
6	Nov-Dec 2002	Forces to commence review of the reasons for sickness absence	Chief Constables	17
7	Nov-Dec 2002	Forces to commence assessment of Occupational Health Provision.		21b
8	November 2002	Forces to have agreed with their police authorities their "Healthy Police Service Action Plan"	Chief Constables	17,18,19,21 21(a), 21(b)
9	Oct/Nov 2002	Funding to be made available to forces to implement strategy and to evaluate impact of strategy on reduction of absence.	Home Office	
10	March/Apr 2003	Commencement of training for managers on absence management	Chief Constables	21d
11	November 2002	Home Office to publish overall target for the reduction of sickness absence for 2003/4 for inclusion in Local Policing Plans for 2003/4.	Home Office	13
12	Jan-March 2003	Phase 2 start of guidance to forces.		
13	April 2003	Strategy commenced	Chief Constables	
14	April 2003 – March 2004	Phase 3 start of guidance to forces		
15	April 2003 – March 2004	Chief Officers and Police Authorities to monitor the effectiveness of the first year's measures put in place under the strategy.	Chief Constables, Police Authority and Home Office	

## NOTES

<sup>1</sup> Medical retirement should be used only where staff are genuinely unable to carry out sufficient duties to make their retention practicable.

<sup>2</sup> This is currently projected for 2004.

<sup>3</sup> *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.

<sup>4</sup> *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.

<sup>5</sup> 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.

