

<b>Health and Safety Executive</b>		<b>Sector Information Minute</b>	
<b>Policy Group</b>		<b>SIM 7/2005/16</b>	
<b>Cancellation Date</b>	04/11/2007	<b>Open Government Status</b>	Fully Open
<b>Version No &amp; Date</b>	1: 04/11/2005	<b>Author Unit/Section</b>	Public Services Programme and Defence, Fire & Police Services

Target Audience:  
FOD Inspectors,  
HID Inspectors,  
RI Inspectors,

## **FOD INTERVENTIONS INTO DEFENCE, FIRE AND RESCUE SERVICE AND POLICE SERVICE DURING 2005-2006**

This SIM consolidates and amplifies the previous advice and requests for feedback concerning DFP inspections being carried out in 2005/6 and addresses points raised during the Public Services Programme (PSP) road shows.

1 The Public Services Programme's Defence, Fire and Police (DFP) Unit is seeking feedback and information from Inspectors from their inspections carried out in 2005/6, particularly on the specific issues detailed in the attached annexes.

2 DFP will use this information to prepare for further work with national stakeholders on promoting the uptake of Ministerial Task Force agenda and for planning interventions in Year 2 and 3 of the PSP. **It would be helpful if you refer to this as one of the reasons for your presence when you are carrying out the DFP inspections you have planned – particularly on police visits.**

3 The issues detailed below are not mandatory. DFP recognises that Inspectors may be pursuing other topics arising from previous inspections or discovered during preparations for the current round of inspections. DFP welcomes information on these and other matters (e.g. examples of problems, effective solutions, good or bad practice) which Inspectors come across and which they think could usefully inform discussions with national stakeholders.

4 For this initial year of the PSP programme, DFP is working centrally with the key stakeholders to agree the work plans to deliver the MTF agenda. The issues identified are already recognised as areas of concern on which further work is needed with the national stakeholders to agree standards and best practice. However, if the services and establishments inspected have justifiably identified other priority areas, DFP would not wish to divert from these, but would welcome appropriate feedback.

5 This SIM does not change any other aspect of the policies on enforcement against the Police or Fire & Rescue Services or MoD and Notices should continue to be served, if appropriate. See:

- SIM 07/2003/30 Enforcement Action against the Police, Fire Brigade or MoD requests that proposed enforcement action in the Defence, Fire and Police Sector or any incidents likely to lead to significant publicity are notified to DFP; and
- OC 168/08 for the requirement for independent legal oversight by HSE's Solicitors Office for HSE's most serious, complex or sensitive criminal casework including the Police and Fire Services.

6 The specific issues listed below and further discussed in the annexes are all currently under discussion at national level:

<p><b>Fire and Rescue Services</b></p> <p><b>Annex A</b></p>	<p>MSD</p> <p>Stress</p> <p>Violence to staff</p> <p>Workplace transport - particularly safety of emergency services working on or near fast roads in response to RTAs</p> <p>Water Safety - issues arising from work on or near water</p> <p>BA failures - Continuing to investigate BA failures in accordance with existing instructions</p>
<p><b>MOD</b></p> <p><b>Annex B</b></p>	<p>MSD</p> <p>Stress</p> <p>Slip, trip, fall</p> <p>Performance Monitoring - data analysis, inspections and audits conducted by stakeholders, application of central policies and intervention/monitoring by MoD central H&amp;S organisations, management of accidents, ill health and sickness absence in military organisation (as oppose to civilians)</p> <p>Work place transport</p>
<p><b>Police Services</b></p> <p><b>Annex C</b></p>	<p>Violence, MSD and Officer Safety Training</p> <p>Community Support Officers</p> <p>Stress - where forces have participated in stress audits,</p> <p>Working Time</p> <p>Performance Monitoring - data analysis (sickness absence and causation - particularly amongst police staff) inspections and audits conducted by stakeholders</p>

7 Through the Regional plans for Inspection 2005/6, DFP has already contacted most of the lead inspectors for the planned interventions. DFP is seeking to make/maintain contact with the relevant inspectors to:

- (1) exchange up to date background information that may help inspection e.g. national performance data

- (2) discuss how Inspectors may feedback the information they gain from their interventions
- (3) help ensure that national stakeholders are informed of the interventions planned as appropriate, e.g. HMIC, HMFSI

8 If contact has not been made, Inspectors are invited to contact the relevant member of the DFP Unit to discuss issues/intervention plans.

9 Contact details for DFP are as follows:

Fire & Rescue	Paul Wusteman	VPN 522 6370
MOD	Malcolm McDowall	VPN 502 4091
Police	Toni Drury	VPN 507 6252

Date first issued: 04/11/2005

ANNEX A  
FIRE AND RESCUE SERVICES

MSD

Manual handling remains as the most significant causal factor in RIDDOR reports to HSE. It should therefore be targeted at all inspections of Fire & Rescue Services.

Since 1996 three INs have been served dealing with Manual Handling requiring assessments:

- Surrey F&RS in August 1998
- London Fire & Emergency Planning Authority in March 2001
- Northamptonshire F&RS in October 2001

All have been complied with.

Lifting remains a significant part of a Firefighters job. Despite changes over the past few years, Firefighters have to move and use a wide range of equipment that can be both awkward and heavy. Particularly at operational incidents it will not be possible to make much use of mechanical lifting aids. In addition Firefighters are likely to carry out a variety of activities that present significant risks while not necessarily involving heavy lifts. Examples include casualty/body/object recovery from water into boats or removing trapped casualties from vehicles at RTAs.

DFP Unit do not expect that a detailed assessment will have been done of every individual circumstance that may possibly occur. However, F&RSs should have identified generic manual handling tasks and considered what training etc. should be provided. Clearly, the nature of F&RS work means that Firefighters are likely to be fitter than average. However, too much reliance should not be placed on the fitness of F&RS staff. Inspectors should not ask for any changes to F&RS equipment without the national implications being fully considered by the DFP Unit and, if appropriate, the Fire Service Inspectorate. Increasingly, purchasing decisions are being made at a regional or even national level. The Chief Fire Officers Association (CFOA) has working groups on both vehicles and equipment and manual handling. F&RSs should be referred to CFOA for current advice on these topics.

If F&RSs have not carried out suitable manual handling assessments then enforcement action (IN) is appropriate. Please contact DFP Unit for discussion and advice on wording any IN and so that any national implications can be considered.

### **Information sought**

- To what extent have manual handling assessments been conducted?
- As a result of conducting manual handling assessments, what action to control the identified risks has the Service implemented?

### **STRESS**

Stress has not, in the past, been regarded as a major issue for the F&RS, at least to the extent that it evidently is for the Police. DFP Unit does not have figures for the level of sickness absence due to stress. However, recently the service has been considering issues related to stress. It has been recognised that Control Room staff do have higher levels of sickness absence than Firefighters. It would appear that stress is a significant factor in the difference.

DFP Unit expect F&RSs to be considering the issue of stress for all staff. They should have policies and procedures in place for identifying, recording and dealing with stress. F&RSs should be referred to HSE's Management Standards on stress and encouraged to follow them. However, F&RSs are not among those organisations that have been targeted to have "Stress Buddies".

### **Information sought:**

- Has the F&RS considered the issue of stress and what action has been taken?
- Is the F&RS proposing any further action to manage stress?

### **VIOLENCE TO STAFF**

RIDDOR figures do not show that violence to staff is a significant cause of over 3-day injuries. However, this is far from the whole picture and the F&RS is finding that the incidence of attacks, both verbal and physical is increasing. It is becoming more common for either false calls to be made, or fires to be started, in order that Firefighters can be ambushed. The issue has been recognised at national level and there is a lot of pressure from the FBU for action to be taken. The Practitioners' Forum and the national health and safety group are both considering the issue.

In Scotland legislation has been introduced which makes attacks on emergency service workers a separate offence. Although the first conviction has been obtained under this legislation, it is still too early to judge its impact. Currently, the Home Office/ODPM have no plans to introduce similar legislation in England and Wales.

A number of F&RSs have already taken action to protect Firefighters and make detection of offenders easier. Some have also taken part in joint community initiatives to address some of the underlying causes and so reduce the incidence of attacks.

DFP Unit would like to build up a database of initiatives and how successful they have been. Inspectors should ensure that F&RSs have policies and procedures in place that address the issue of violence to staff.

#### **Information sought**

- What initiatives have the F&RS implemented to address the issue of violence and how successful have they been?
- How comprehensive are the policies and procedures implemented?
- How have the arrangements and initiatives been received by staff?

#### **WORK ON FAST ROADS**

Motorways and other fast roads tend to have a lower accident rate than other roads. However, when emergency service workers have to attend operational incidents, e.g. road traffic accidents, these roads present a very high-risk environment. Over the past year or so, it emerged that the Police procedures were in advance of those adopted in, at least some, F&RSs. This issue is being addressed at national level and new national guidance is being prepared. At local level F&RSs need to have robust policies and procedures with good liaison and joint working with the Police, Ambulance Service and Highways Agency. The latter are increasingly going to be involved as the new Highways Agency Traffic Officers (HATOs), who have some Police powers, come on line.

An Improvement Notice was served on Essex F&RS on its procedures at RTAs and the conspicuity of Fire Appliances. Inspectors should note that, although there may increasingly be a common approach, there are no national requirements on the marking of Fire Appliances.

Inspectors should be checking that F&RSs have good local liaison arrangements and are aware of the work going on nationally to revise national guidance.

#### **Information sought**

- Has the F&RS reviewed their policies and procedures for work on fast roads?
- If they have implemented new arrangements, what are they?
- How do they liaise with other emergency services including Highways Agency?

## WATER SAFETY

Following the drowning of a Firefighter in Manchester in 1999, the F&RS nationally set up a Water Working Group. This produced guidance and a generic risk assessment, which went wider than the circumstances of the particular case. Although the F&RS has always responded to flooding, the incidence of such call outs is becoming more common, illustrated by the floods in Carlisle and Boscastle last year. The F&RS is likely to have to respond to offshore incidents as well as continuing to deal with rivers, canals, lakes etc.

The DFP Unit would like information on the implementation of the national guidance on water safety. In particular, we would like to know of any areas where F&RSs have difficulty in implementing the guidance and/or consider there are situations that are not covered. One example may be underwater rescue, which the national guidance does not cover as it sees it as being the preserve of properly equipped diving teams. These are, in most cases, not going to be available in the limited time available for rescue. Information on what, in practice, is expected to be done by Firefighters in these circumstances would be helpful.

### Information sought

- Has the F&RS implemented the national guidelines on water safety, and if so did they have any difficulty or identify situations not covered?
- Does the F&RS have a procedure for underwater rescue, if so what is it?

## BA FAILURES

Breathing Apparatus is the normal front-line protection for Firefighters and is used with a high frequency. As a result it can generally be assumed that they will be very familiar with the equipment and experienced in its use. Inspectors should note that the quantitative face-fit test procedure set out in OC 282/28: Fit testing of Respiratory Protective Equipment Face pieces does not apply to the F&RS. They have demonstrated that their procedures, which include a qualitative test by each Firefighter at the beginning of a shift, provide at least as good a standard as the quantitative procedure set out in OC282/28. Any queries on this procedure should be forwarded to the DFP Unit.

Any failures of BA equipment are serious and F&RSs should have procedures in place for bagging and sealing any failed BA equipment so that it can be examined to determine causes of failure. Failures that could endanger wearers are reportable DOs under RIDDOR and F&RSs should be reporting these. In addition, Inspectors are encouraged to have informal arrangements with each F&RS so that they are alerted immediately by telephone and/or e-mail to any failures. Decisions need to be made, on a case-by-case basis, on the extent to which HSE will get involved in the subsequent investigation. The

F&RS, or a competent contractor, should investigate all failures to determine the causes. DFP Unit suggests that, in the majority of cases, it will be sufficient for the F&RS to be asked to send the report to HSE as many failures operate in a “fail to safety” mode. However, if the failure has led to a real risk of injury/ill-health, Inspectors should consider whether they wish to attend the equipment examination or even seize the equipment for it to be examined by HSL.

#### **Information sought**

- Are there any problems reported in meeting the equivalent standard as that set out in OC282/28?
- Are there any problems reported in implementing the procedures for investigating BA failure as detailed in SIM 07/2001/16 Investigation of Selected Dangerous Occurrences

## ANNEX B

### MOD

#### CENTRAL POLICIES & ROLE OF DS&C

Central H&S policies in MOD are set by the central H&S policy unit - Defence Safety & Claims (DS&C) and are set out in JSP 375. Volume 1 contains core policies and statements. Volume 2 contains specific policies and detailed arrangements on topics such as stress, MSD, DSE, LOLER. These policies are in general quite detailed and complex and we are interested in how they are received and applied by the end-users.

#### **Information sought**

- What level is the level of awareness and uptake of these policies?
- Are they are applied to the military as well as civilians?
- What monitoring and control of H&S management systems is there by the centre to determine levels of compliance with these arrangements; their suitability; and if other alternative arrangements are having to be developed locally?

#### STRESS

Whilst accident rates are declining, the incidence of occupational ill health and lost time/sickness absence are still increasing (in civilian staff). Stress is the major source of ill health and lost time within the MoD, particularly amongst industrial grade civilian staff. In analysing its accident and ill-health data, the MoD's RHS interim report described a 13.7% increase in stress-related illness (all civilian staff, incidence of work related ill-health 1999 2002, rate per hundred thousand employees). The greatest proportion of stress related illness, in both industrial and non-industrial staff, was attributed to "stress syndrome" and depression.

MoD's central health and safety policy unit, DS&C, has recently produced an updated policy supplement, or leaflet, on stress and its management. NB this deals with workplace stress and not operational stress as might be encountered by the Armed Forces when engaged in military operations. This workplace stress policy is to be applied both to civilian staff and to Armed Forces personnel as well, when the latter are working in a non -operational setting. This new policy takes account of HSE's stress management standards, includes a procedure for stress risk assessments and has been seen by the HSE's Stress Programme team. Once it is rolled out, this policy should be applied to all parts of MoD within GB.

### Information sought

- How well has the MoD's own policy been rolled out and implemented?
- What feedback is there on the use and effectiveness of Information on the actual usability of the policy and how easy it is to implement?
- Are any alternative approaches to managing stress being implemented?

**NOTE** -When dealing with stress, inspectors should not seek initially to audit against the stress management standards themselves, but should rather police the actual the actual use and effectiveness of the MoD's own policy.

### MSD

The other most significant source of ill health and lost time amongst MoD civilians is MSDs. As with stress-related illness, the incidence of MSDs and resultant lost time is increasing amongst MoD civilians. A slight decrease in non-industrial staff is masked by a very significant increase in industrial staff. In both sectors, the greatest proportion is attributed to work-related upper limb disorders, followed by back injuries in industrial staff (NB *accident* rates for "handling, lifting and carrying" are actually decreasing significantly). In non-industrial staff this is believed to be due to DSE use. However, initial analysis of the detailed causation of these MSDs has shown that the picture is in fact more complicated than that, particularly so in industrial staff.

The MoD's health and safety handbook, JSP 375, contains a number of safety policy supplements, or leaflets, that deal with MSDs and lifting operations. The MoD centrally is aware of the HSE MAC tool, but it is not clear how widely it is used. Fundamentally, unless there is some operational reason, the MoD should be complying with industry standards in relation to MSDs.

### Information sought

- How effective is the management of MSD risks?
- What is the perceived use and effectiveness of these policies?
- What are the main MSD challenges identified and how are these being resolved?

### WORKPLACE TRANSPORT

Over the last two years or so MoD Army has had a number of fatal and serious incidents involving the loading, unloading, transport and manoeuvring of armoured fighting vehicles (AFVs). These incidents have primarily been associated with vehicle transport, manoeuvring and maintenance, as opposed to operational training in the field. FOD inspectors have investigated a number of these. Because of similarities in causation and underlying factors, these incidents were referred to HSE's Legal Advisors' office, for independent legal oversight. NB whilst MoD Army feels that the incidents are not necessarily related, HSE's view is that they are all work related transport incidents. It is quite probable that one or more Crown censures will be taken against MoD Army as a result of these investigations. Accordingly, FOD inspectors should note the DFP Unit interest in this kind of incident, and investigate them wherever possible. Findings should be referred to the DFP Unit, so that they can be fed back to Leslie Latham of HSE's Legal Advisors.

Key factors to be aware of are; training and competence of drivers and vehicle marshallers; suitability of the vehicles used for transporting AFVs and tie-down schemes; vehicle maintenance and modifications, particularly braking and control systems; use of contractors and subcontractors in the transport and handling of vehicles; existence of MoD systems for these activities, awareness of them and their suitability. Investigations should not be limited to MoD Army personnel, but can also extend to work by contractors and MoD agencies such as the Army Base Repair Organisation (ABRO).

### **Information sought**

- Where incidents have been investigated, how effectively had MOD/Army systems for driver and marshal competency been complied with?
- What information is provided to contractors on vehicle loading, unloading and tie down is the information suitable and sufficient?

### **Good Practice**

The MOD puts considerable effort into developing H&S policies and procedures, often using HSE guidance as a basis for their own procedures. Some of these are effective and might be of use to a wider audience. DFP Unit would welcome examples of such good practice in stress & MSD management, novel handling solutions, etc. so that they can be shared with the relevant Priority Programmes and disseminated into the wider public sector.

## ANNEX C

### POLICE SERVICES

#### MINISTERIAL TASKFORCE, SICKNESS ABSENCE AND THE STRATEGY FOR A HEALTHY POLICE SERVICE

Many in the Police Service feel that it has already met the challenges of MTF due to the implementation of the Strategy for a Healthy Police Service (HO Strategy) in 2002.

Since 2002, the Home Office has invested approximately £20m in England and Wales to assist forces and police authorities to achieve strategy's aims in delivering the following outcomes:

- 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.

The original HO strategy states that it takes into account the targets set by RHS and Securing Health Together.

However only sets targets for sickness absence and medical retirements were set. The majority of forces have already met the 2006 target of 10.2 days; the national average for 2003/4 is 9.34 days.

Over the same time, police RIDDOR accidents reported to HSE have remained relatively unchanging, averaging 3260. The service has a higher incident rate for all reportable accidents than construction, 1177<sup>1</sup> per 100,000 employees compared to 1019.

The focus of the strategy has been on sickness reduction rather than the wider remit of the strategy's key aims. The majority focused on fast track treatment, sickness management schemes, and increased professional occupational health support and accompanying equipment.

Few projects focused on the prevention of injuries and ill health.

The HO Strategy, states that every force should, 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.

This action is still outstanding and could be used as the prelude for the Public Services Programme lead into interventions for year 2/3.

Key aims are to continue addressing sickness absence but engage the Police Service in dealing effectively with the underlying causes of sickness absence, the prevention of accidents and ill health in conjunction with continuing management of days lost.

### **Information sought**

- Has the service drawn up an action plan to direct their activities in securing compliance and improving health and safety performance in line with HO Strategy?
- What are their main priorities and what have been their main achievements so far from the HO Strategy, i.e. what are they going to continue doing?

## **VIOLENCE, MSD AND OFFICER SAFETY TRAINING**

The number of RIDDOR reported assaults vary considerably from the number reported to HO and HMIC. This is partly due to the definitions of assault and this issue is being taken up with national stakeholders. However, PSP is interested in the information within forces on assaults and how it links to training on personal safety.

In 2003 CENTREX produced on behalf of ACPO a manual - Officer Personal Safety Training. (DFP can provide copies if requested). This manual exists for the guidance of chief officers in carrying out their duty to provide appropriate training and policies, for police officers and staff who may be required to deal with conflict as part of their operational duty.

The manual provides general guidance on the use of force and includes a directory of techniques all of which have been the subject of medical and legal review. It is not intended to be a prescriptive training package with all officers requiring training in all aspects but rather a recommended basic package with forces having the flexibility to conduct additional training to meet specific policing issues.

ACPO state that where this training has been given, the number of assaults on officers has decreased and if an assault has occurred it is often less severe. ACPO recommend that each officer receive a minimum of 12 hours training per year.

Modules contained within the package are: Use of Force; Conflict Management; Medical implications; Personal management; Communication; Searching; Force reporting; Handcuffing; Unarmed skills; Incapacitants; Straight baton; Side-handled baton; Edged weapons; Custody office; Vehicles; Limb restraints and Miscellaneous.

Previous analysis of RIDDOR accidents indicated that a high proportion of MSD injuries occurred during operational activities whilst restraining an

individual and during operational training. Therefore, DFP is interested to find out whether this is reflected in forces accident records and whether they have addressed this as part of their officer safety training or as a separate issue.

### **Information sought**

- How is training managed within the forces: which modules are covered; what is the duration of the training; and what is the frequency of refresher training?
- How are the necessary modules identified; is this part of a risk assessment process and does it extend to police staff, e.g. CSOs and Special Constables?
- Has the force noticed any reduction in assaults since this training package was first introduced?
- Can the activities that give rise to most MSD injuries be identified? What measures have been taken to address these, and why?

### **POLICE COMMUNITY SUPPORT OFFICERS (CSOS)**

CSOs were introduced in September 2002; the majority of forces now have CSOs to support the service in delivering its function. It is planned that there will soon be 24,000 CSOs operational.

CSOs are not police officers, but police staff, employed by the police authority under the day-to-day operational direction of the Chief Constable. There is a considerable range of powers, including the power of detention, available to CSOs. However, CSOs can only use those powers that are *specifically* conferred on them by the Chief Officer of their force. It is possible, and at least one force has, to designate CSOs without any powers.

There is concern that CSOs are taking on a more frontline role and are being deployed into situations, which are outside their intended remit – ‘operational creep’.

Sickness absence in CSOs is reported to be higher than for other police staff and officers. It is suggested that the adequacy of training, risk assessments and control measures implemented, including PPE, applied to the CSOs developing roles may contribute to the higher sickness rates. The arrangement for training and PPE is determined at force level, although CENTREX does provide some training guidelines.

### **Information sought**

- Have risk assessments been carried out for CSOs within the force.
- How have the risk assessments influenced the CSOs roles, their safety training and their PPE issue?

- Have there been any incidents within the force involving CSOs that have required a review of their role or training etc.?
- Has the force compared sickness data for CSOs to other police staff, is there a significant difference and what steps are they taking to address it?

## STRESS

It is suggested that 40% of sickness absence in the police service is stress related. Robertson Cooper Ltd, with HO support, has already worked with 13 police forces to carry out stress audits. A great deal of knowledge and learning has come out of this, in terms of common themes and intervention ideas. DFP will be working with the Stress Programme and key police stakeholders, to build on and address the common issues that have emerged from the work already undertaken.

### Information sought

- Are there specific areas of work and roles within forces that experience higher levels of stress and if so what measures are being applied address these?
- Which forces have already carried out stress audits other than the Robertson Cooper audit? (DFP can provide a list of those forces that have completed the later).

## WORKING TIME

In 2003 the Police Federation Inspector Central Committee (ICC) commissioned an independent census of its members, Police Officers of Inspector grade and above, to demonstrate nationally how working hours and work life balance was being managed across the country.

The census report indicated wide spread non compliance with the Working Time Regulations on many issues including: the number of hours worked on a weekly basis, inability to take rest entitlements, restrictions on annual leave, annual leave being used in lieu of sick leave. One of the key criticisms is that the recording and monitoring of hours worked is not managed.

HSE is the enforcing authority for the Working Time Regulations for maximum weekly working time limit; night work limits; and health assessments for night work. Issues relating to rest entitlement and annual leave are matters for resolution through Employment Tribunals.

ACPO wrote to all Chief Constables recommending action.

HSE is treating the report as substantial complaint against the Police Service in England and Wales and addressed the Chief Constables Council in April 2005. Their assurance that they are addressing the concerns raised regarding

the monitoring and recording of working hours was sought. They were informed that further complaints would be followed up following HSE's normal regulatory procedures. Electronic and hard copies of individual force results can be provided if requested.

HSE recognises that there are logistical difficulties, which may hinder progress. There are various HO initiatives, which touch on related issues e.g. sickness absence recording, rostering and shift patterns. HSE is keen that records kept to enable compliance with WTR do not cut across other systems and unnecessarily increase the bureaucratic burden.

#### **Information sought:**

- Confirmation from FOD that Police forces are addressing working time and seeking to ensure adequate monitoring and recording of hours
- Feedback if FOD is informed of significant logistical reasons preventing compliance.

#### **PERFORMANCE MONITORING**

In April 2005, police forces in England and Wales started operating a new system for recording sickness absence introduced by the Home Office. Currently this is the only measure that is monitored which is relevant to MTF targets. It does not provide an indication of health and safety management.

DFP Unit is reviewing the collection of data, and the adequacy of performance monitoring and planning within the police service with regards to the management of health and safety including sickness absence. DFP Unit is concerned that the monitoring systems currently being used are not sufficient to enable effective targeting and planning to bring an reduction in key issues, e.g., MSD, stress, violence, sickness absence.

Currently, there is no consistent approach to the recording and analysis of accident, ill health and assaults in the police service. The detail of data collected varies across the forces. The Association of Police Health and Safety Advisers (APHSA) have already started looking at this and HSE is also considering research with the Home Office.

DFP in conjunction with the HO are commissioning research to examine the correlation of the data on sickness absence, occupational accident/ill health experience, restricted duties and other related factors which effect frontline resource levels as a measure of effective sickness absence and health and safety management.

The use of auditing, (benchmarking) tools vary across the police service. In Scotland, the 7 forces have developed an audit system, which is being trialled in some forces in England, but not as a formal pilot. Other forces are using different tools, some bespoke other proprietary, and the HO is considering some research on developing a self-inspection regime for England and Wales.

### **Information sought**

- Any information concerning the collection of data, and the adequacy of performance monitoring and planning within police service
- Do the forces have effective systems for planning their priorities for health and safety management based on detailed data analysis?
- If there are failings in the approaches taken, where are they occurring, in the basic data collection or the analysis and subsequent planning?

<sup>1</sup>Based on RIDDOR 3257 accidents in 2003/4, and police numbers from HO press notice 09504 and Scottish Executive publications website, construction rate from Health and Safety Statistics Highlights 2003/4