

## **HSE inspection of Police Forces 2007/8**

### **Summary report of findings and key recommendations**

## Summary

1. During the financial year 2006 to 2007, HSE inspected seven police forces in England and Wales. A summary report was produced drawing together the common themes identified in these inspections. This was circulated to all chief officers and other major stakeholders in September 2007, so that forces could learn from one another and then draw up plans to improve their management of health and safety.
2. During 2007 to 2008, HSE inspected a further seven police forces in England and Wales and one force in Scotland. The inspection of the Scottish Force allowed consideration of whether the QSA process undertaken by Scottish forces gave a realistic indication of compliance with health and safety duties.
3. HSE inspectors noted some examples of good health and safety practice in frontline policing activities in most of the police forces visited. However, we concluded that these were generally not being achieved through a managed and systematic approach but rather by diligent individuals who were including health and safety issues within their overall work or managerial responsibilities.
4. Alongside examples of good practice, we also observed some examples of poor health and safety performance and significant compliance failures in other areas (e.g. management of the risk of violence to non-policing staff, the management of estates and contractors, and in the management of musculoskeletal disorders and display screen equipment risks to all staff). Improvement Notices were served where appropriate in accordance with the HSE Enforcement Policy Statement [www.hse.gov.uk/pubns/hse41.pdf](http://www.hse.gov.uk/pubns/hse41.pdf)
5. The matters which required the service of Improvement Notices are symptomatic of a more general failure by many forces to have in place a fully developed health and safety management system.
6. Real and sustained good health and safety performance and improvement will only be realised by those forces and their authorities who have a corporate commitment to an agreed health and safety strategy/plan which ensures that:
  - policies and procedures are informed by effective risk assessment processes;
  - practice is effectively monitored, and performance is measured against agreed standards and this information is effectively recorded, shared and used to inform improvements in policies and practice or changes in strategy and standards; and
  - individuals are adequately trained and resourced to fulfil their health and safety responsibilities.
7. In most forces we visited there is still some way to go before the above is fully realised. The findings and recommendations made following the two years of inspections therefore provide a clear benchmark against which all forces can compare their current health and safety performance.
8. This report should be used in conjunction with the other relevant guidance promulgated by ACPO, HMIC, and NPIA to assist every police force in setting their overall

health and safety strategy and drawing up detailed annual health and safety improvement plans.

9. A summary of the RIDDOR reported incidents to police officers from all police forces during 2007/08 is provided in this report (similar data cannot easily be produced on a national basis for police staff). This information and local records of accidents, incidents and cases of work-related ill health, for both officers and staff, can be used as good indicators of the areas where improvements need to be made and generally confirms the findings of the inspections.

#### **ACTION - FOR ALL POLICE FORCES**

**Each force should, in consultation with their staff, produce and deliver an annual health and safety improvement plan based, where appropriate, on the recommendations contained in this report and the findings of their own monitoring and review.**

## Introduction

13. The inspections assessed compliance with the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999 in a similar way to the 2006/07 inspection programme.

14. The methodology adopted for these inspections was to assess compliance with health and safety law by targeting specific issues through a series of interviews with senior managers, safety representatives and others, a review of relevant documentation and site inspections. The aim of the inspection process was to assess the overall robustness of health and safety management systems. The focus was not on specific operational activities but on the supporting systems and procedures to ensure the safe delivery of those activities.

15. Matters of concern were addressed in accordance with HSE's Enforcement Policy Statement and Improvement Notices were issued where appropriate.

16. The selected forces were informed at the start of the year of their inclusion in the programme, the timing of their inspection and the specific issues that would be addressed.

17. The inspections involved four or five HSE inspectors on site over two to three days with some variation depending on the size of the force. Each force was given the name of the lead inspector and a named contact to coordinate the necessary arrangements.

18. The issues covered had been previously agreed with ACPO and included:

- performance monitoring - including awareness of the new ACPO *Strategy for Healthy Police* and the ACPO/HO *Benchmarking Standard for Health and Safety Management*
- management of violence and aggression – following up the HMIC report on officer safety training, *Safety Matters*
- management of MSD/DSE risks
- management of sickness absence including work related stress

19. Inspections were structured to concentrate on the key elements of a health and safety management system: policy, organisation, planning and implementation, performance measurement, audit and review. (HSE Guidance HS (G) 65 – *Successful Health and Safety Management*).

20. This summary report of the inspections is structured along the lines of HS(G)65 and refers to the previous summary report where comparisons can be made or where recent findings reinforce recommendations already made.

21. The second round of inspections clearly confirms the findings and recommendations made following the 2006/07 inspections. Insufficient time had elapsed

22. HSE has therefore decided not to continue with the inspection programme for the 2008/09 work year, as further inspections so soon would be unlikely to reveal a significantly different picture.

23. As indicated above, forces are asked to produce annual health and safety improvement plans based, where appropriate, on the recommendations contained in this report and the findings of their own monitoring and review. HSE inspectors will ask to see these reports during future visits.

24. The forces inspected in 2007/08 are not referred to by name in the report but are listed below:

- Essex
- Cheshire
- Gloucestershire
- Staffordshire
- Bedfordshire
- South Yorkshire
- Gwent
- Tayside

## Findings and Recommendations

### Policy

#### Is there an effective health and safety policy to set a clear direction for the organisation to follow?

25. An effective health and safety policy forms the basis for managing health and safety and is a requirement under Section 2 of the Health and Safety at Work etc. Act 1974, (HSWA).

26. As previously found in 2006/07, all forces had written health and safety policies that outlined a commitment to health and safety which most officers and staff were aware of. However, this year's inspections confirmed the same shortcomings identified in the earlier inspections:

- Many policies omitted to make clear or even refer to the legal responsibilities of the Police Authority as the employer of police staff.
- Policies were often duplicated at local level increasing the bureaucratic burden with little obvious added value.
- Whilst health and safety policies were often supplemented by separate policies on specific risks many obvious and serious risks were, in some cases, overlooked. These included the risks of violence to officers and staff; the risks posed by and to contractors; risks from asbestos containing materials and musculoskeletal risks.
- There often appeared to be little direct link between the risk assessment process and the generation of policies.
- Many policies were not being reviewed regularly to keep them up to date with changing roles or as a response to findings from properly planned and targeted monitoring or auditing.

### Recommendations

32. The findings of the 2007/08 programme of inspections reinforced the findings and recommendations made in the report of the earlier inspections. It continues to be a matter of concern that forces are failing to manage basic health and safety issues.

**R1.** The role of Police Authorities should be fully reflected in health and safety policies.

**R2.** Policies on specific issues must be informed by risk assessments and their implementation needs to be monitored by managers at all levels.

**R3.** Policies should be subject to a regular review process to ensure they reflect current roles and responsibilities and developing risk profiles. (for example, annually in response to reactive monitoring of incident data and proactive performance monitoring.)

## Organising

33. Organising for health and safety is the process of creating a structure of responsibilities and relationships to enable work to take place in a safe manner. HSG 65 identifies four components of a successful organisational structure.

- Control – allocating responsibilities for health and safety and how people will be held to account.
- Co-operation – arrangements to ensure everyone's participation in health and safety e.g. through safety committees.
- Communication – arrangements for receiving and transmitting information on health and safety issues.
- Competence – establishing the level of competence necessary for specific tasks and ensuring that individuals are capable of carrying out those tasks.

### Organising: Control

#### **Is there an effective management structure and are arrangements in place for delivering the policies?**

34. In only one force was it apparent that employees at all levels understood their health and safety roles. In all other forces knowledge and understanding of health and safety responsibilities was extremely variable.

35. Most Chief Constables understood and accepted the responsibility placed on them by the legislation but other senior ranks were often vague and in some cases dismissive of their duties.

36. Critically, those of inspector and sergeant rank with key frontline health and safety management responsibilities were confused about their role and poorly equipped in terms of time resource and skills. This resulted in health and safety issues not being considered during the planning of operations and day-to-day routines.

37. Many Police Authorities had little idea about the health and safety duties placed on them as employers of police staff and frequently had no involvement in their forces' health and safety management arrangements.

38. As during the earlier inspections, there were few health and safety performance indicators in place at any level for either individuals or teams.

39. It is still the prevailing view in many forces that responsibility for health and safety rests with the professional advisers rather than line managers. These advisers are often not in a position to influence senior managers or the strategic aims of their organisations. Good management of health and safety can only be achieved if it is made an integral part of the overall management of an organisation.

## **Organising: Co-operation**

### **Are there adequate and appropriate arrangements to secure the trust, participation and involvement of all employees?**

40. There appeared to be an improving commitment to the proper functioning of a health and safety committee structure. Most were intended to be chaired by a very senior manager and included comprehensive representation of officers and civilian staff.

41. However, Police Authorities were not represented on many health and safety committees.

42. In some forces, senior managers did not actually attend the meetings and there was a lack of targeted agenda setting, focusing on strategic arrangements and effective monitoring of performance.

## **Organising: Communication**

### **Are there adequate arrangements to secure an information flow into, within and from the organisation?**

43. Most forces were found to be making valiant efforts to maintain and improve communications within their organisations on a number of issues, including health and safety, using the full range of media available.

44. Communications across Divisional boundaries remained difficult and often inhibited the sharing of good practice and risk information.

45. Tensions remained around the understanding of the role of PCSOs within most forces and in the wider public domain.

46. It was disappointing to note that the opportunity was not being more widely exploited to utilise a number of key external reports such as HSE's Summary Report of Inspections 2006/7 and the HMIC *Report into Officer Safety Training* and guidance such as ACPO's *Health and Safety Benchmarking Standard* to generate debate and raise the profile of health and safety as an essential component of strategic planning.

## **Organising: Competence**

### **Are there systems and arrangements to secure the competence of all staff?**

47. All forces were found to have appropriately qualified professional health and safety advisers.

48. Some forces were successfully integrating health and safety training into operational training as in the case of dynamic risk assessment skills integrated into officer safety training.

49. However, the provision of suitable and sufficient health and safety training appropriate for all ranks remains a significant issue for most forces.

50. Many forces were failing to ensure adequate training needs analysis and training plans for all ranks. Training records were not being maintained accurately resulting in inconsistent delivery of refresher training. Most forces were encountering difficulties in releasing staff for training when required indicating that insufficient attention was being given to this during planning.

51. Many forces were failing to ensure that staff and officers were appropriately equipped with sufficient knowledge and skills to deal with some major risks which they were exposed to during their work, this particularly applied to risks within Police premises including risks from violence, musculoskeletal risks and estates issues.

52. Most significantly, those at inspector and sergeant rank who have key frontline health and safety management responsibilities were not receiving suitable training to enable them to fulfil their roles effectively.

## **Recommendations**

**R4.** Key health and safety performance indicators should be agreed and set for managers with significant health and safety management responsibilities.

**R5.** Forces should continue to improve the effectiveness of safety committees by ensuring appropriate senior management attendance and Police Authority representation, effective agenda management and regular meetings.

**R6.** Forces should ensure that significant health and safety information and good practice is effectively communicated across the force.

**R7.** Forces should carry out a comprehensive review of training arrangements to ensure that training needs are appropriately identified and comprehensive training plans and records are in place to facilitate the effective delivery and monitoring of training.

**R8.** In particular, forces need to ensure that appropriate training is received by:

- Staff and officers who face particular risks such as those posed by violence and specific manual handling tasks including work at VDU workstations.
- Managers responsible for managing contractors and facilities
- Frontline managers

## **Planning and Implementing**

### **Is there a planned and systematic approach to implementing the health and safety policy?**

53. Most forces had health and safety action plans but in only a few cases were these linked in a coherent way to an overall strategy developed with senior management and Police Authority involvement from information gathered from the monitoring of health and safety performance and data analysis.

54. There was little evidence to suggest that most forces had used or were planning to use the previous HSE Summary Report and the ACPO H&S Benchmarking standard to assist them in prioritising and setting strategic objectives.

55. The concept of risk assessment for operational policing work including the use of dynamic risk assessment seemed to be increasingly embedded in the work culture of most forces. However, many forces were still failing to apply a risk assessment process competently to other activities, particularly those carried out on Police premises, leading to significant failures in managing risks such as those posed by, violence and manual handling, work at Visual Display Unit workstations and estates issues.

## **Recommendations**

**R9.** Forces should make use of the standards and guidance presented to them by HSE, ACPO and NPIA to assist them in identifying their strategic objectives

**R10.** Forces should develop health and safety plans based on the monitoring of performance and data analysis to ensure that priorities are identified and targeted.

**R11.** Risk assessment processes should be improved and recommendations implemented and used to inform policies.

## **Measuring/Auditing**

### **Is performance measured against agreed standards to reveal where and when improvement is needed?**

56. Most forces had some arrangements in place for regular workplace inspections but these were often limited to physical conditions and the findings were not fed into a review process determining a planned improvement process.

57. Very few forces had arrangements using agreed performance measures for monitoring the extent to which risk assessment procedures or policies were being effectively implemented but this information, where it was gathered was, again, not being used to inform improvements.

58. As previously, most forces collected sickness absence, ill health and accident data but often to little purpose.

59. The QSA arrangements in Scotland clearly provided valid recommendations for inclusion in improvement plans as well as the basis for comparative evaluation between forces leading to the setting of quantitative targets.

60. Exceptionally, a few other forces had arrangements for independent auditing, but as observed in the previous inspections this tended to focus on premises rather than health and safety performance and the qualitative evaluation of health and safety management systems.

## **Recommendations**

**R12.** Forces should put in place agreed performance measures to enable the introduction of effective monitoring of risk assessment procedures and policy implementation.

**R13.** Forces should make arrangements for the comprehensive auditing of their health and safety management systems once they have put them in place.

## Reviewing

### **Are lessons learnt from the performance measurement and auditing processes which are effectively put into practice?**

61. The data from reactive monitoring was not being used positively to review and develop improved policies and procedures in the majority of forces.

62. Few forces had auditing arrangements in place which reported back effectively to senior management teams or a high-level health and safety committee to inform strategic health and safety planning.

63. Police Authorities were only rarely taking an active part in reviewing the data and information collected through reactive monitoring and auditing to set strategic objectives for improvements

## Recommendations

**R14.** The use of auditing procedures should be developed to measure and compare actual performance against policies, procedures and standards to inform the setting of targets for improvement.

**R15.** Senior management, including Police Authorities, should review the data and reports available to them and use this information to inform policy, procedures and strategic plans.

### Injuries to police officers reported to all enforcing authorities 2007/08

Kind Group	Fatal	Major	Over 3 day	Total
Contact with moving machinery	-	1	1	2
Hit by moving, falling object	-	41	128	165
Hit by moving vehicle	-	6	60	66
Hit something fixed or stationary	-	36	125	161
Handling	-	160	847	1007
Slip or trip	-	172	547	719
High fall	-	3	11	14
Low fall	-	38	44	82
Fall - height not known	-	3	11	14
Collapse	-	-	1	1
Drowned/asphyxiated (near d/a)	-	3	-	3
Contact with harmful substance	-	14	30	44
Fire	-	1	16	17
Explosion	-	2	1	3
Electricity	-	2	-	2
Injured by an animal	-	13	62	75
Physical assault	2	185	497	684
Other kind of accident	-	66	270	336
Not known	-	11	23	34
	<b>2</b>	<b>753</b>	<b>2658</b>	<b>3413</b>

## SUMMARY OF RECOMMENDATIONS

<b>Policy</b>	
<b>R1</b>	The role of Police Authorities should be fully reflected in health and safety policies
<b>R2</b>	Policies on specific issues must be informed by risk assessments and their implementation monitored by managers at all levels.
<b>R3</b>	Policies should be subject to a regular review process to ensure they reflect current roles and responsibilities and developing risk profiles. (e.g. annually in response to reactive monitoring of incident data and proactive performance monitoring)
<b>Organising</b>	
<b>R4</b>	Key health and safety performance indicators should be agreed and set for managers with significant health and safety management responsibilities.
<b>R5</b>	Forces should continue to improve the effectiveness of safety committees by ensuring appropriate senior management and Police Authority representation, effective agenda management and regular meetings.
<b>R6</b>	Forces should ensure that significant health and safety information and good practice is effectively communicated across the force.
<b>R7</b>	Forces should carry out a comprehensive review of training arrangements to ensure that training needs are appropriately identified and comprehensive training plans and records are in place to facilitate the effective delivery and monitoring of training.
<b>R8</b>	In particular, forces need to ensure that appropriate training is received by: <ul style="list-style-type: none"> <li>• Staff and officers who face particular risks such as those posed by violence and specific manual handling tasks including work at VDU workstations.</li> <li>• Managers responsible for managing contractors and facilities</li> <li>• Frontline managers</li> </ul>
<b>Planning and Implementing</b>	
<b>R9</b>	Forces should make use of the standards and guidance presented to them by HSE, ACPO and NPIA to assist them in identifying their strategic objectives.
<b>R10</b>	Forces should develop health and safety plans based on the monitoring of performance and data analysis to ensure that priorities are identified and targeted.
<b>R11</b>	Risk assessment processes should be improved and recommendations implemented and used to inform policies.
<b>Measuring/Auditing</b>	
<b>R12</b>	Forces should put in place agreed performance measures to enable the introduction of effective monitoring of risk assessment procedures and policy implementation.
<b>R13</b>	Forces should make arrangements for the comprehensive auditing of their health and safety management systems once they have put them in place.
<b>Reviewing</b>	
<b>R14</b>	The use of auditing procedures should be developed to measure and compare actual performance against policies, procedures and standards to inform the setting of targets for improvement.
<b>R15</b>	Senior management, including Police Authorities, should review the data and reports available to them and use this information to inform policy, procedures and strategic plans.