

**HUMAN RESOURCES COMMITTEE – 18 FEBRUARY 2010**

**HEALTH AND SAFETY EXECUTIVE (HSE) ‘STRIKING THE BALANCE’ REPORT  
AND UPDATE ON THE DORSET POLICE WORK PLAN**

**REPORT BY THE CHIEF CONSTABLE**

**PURPOSE OF THE REPORT**

*To give a brief overview on the implications of the recently released protocol between the HSE and the Police Service, ‘Striking the Balance between Operational and Health and Safety duties in the Police Service and to update members on the Force Health and Safety Work Plan.*

**1. INTRODUCTION**

- 1.1 The purpose of this report is to bring to the attention of the Committee an outline brief of the “Striking the Balance” protocol and its implications for Dorset Police.
- 1.2 The report also provides members with an update on progress against the actions contained within the Force Health and Safety Work Plan which was developed by pulling together the recommendations from three key reports.

**2. ‘STRIKING THE BALANCE’ PROTOCOL**

- 2.1 Events over the last three years or so (principally the Stockwell shooting) have highlighted the growing concern within the Association of Chief Police Officers (ACPO) generally that the application of health and safety was having an adverse effect on operational policing
- 2.2 The ‘Striking the Balance’ protocol was therefore produced as a result of collaborative work between the Police Service and the HSE and was launched on 7 October 2009. This document sets out how the balance will be struck between police work and health and safety. A copy of the protocol is attached at Appendix A.
- 2.3 This protocol sought to clarify how health and safety law will be applied to the operational circumstances of the Police Service. The document also explains how senior police officers can comply with health and safety requirements to safeguard the health and safety of the public and their own staff while still providing an effective emergency service to the public.
- 2.4 Both the HSE and senior police officers want to stamp out the myth that health and safety responsibilities prevent the police from doing their duty. Police work is

unique in that it involves decision making and risk taking in fast moving situations. Officers are not expected to take an unreasonable risk where there is little chance of saving a life or property.

- 2.5 The document is intended to assist senior police officers in balancing risks, particularly in their wider duties to fight crime and protect the public whilst seeking to ensure the health and safety of police officers and staff.
- 2.6 The HSE recognise that policing is a specialised profession and that good health and safety practices are vital in protecting police officers and staff.

### **3. IMPLICATIONS FOR DORSET POLICE**

- 3.1 The Force should seek to ensure that frontline staff receive the best information, equipment and training to ensure that they can make the best decisions (principally dynamic risk assessments) when placed into fast moving high risk situations generally created by others.
- 3.2 To this end, there is a suitable structured arrangement already in place regarding the selection and procurement of clothing and equipment. Consultation takes place with the Officer, Staff Safety Group regarding the selection of suitable clothing through the risk assessment process.
- 3.3 Officers have received training in the process of undertaking dynamic risk assessments. Guidance has and continues to be issued to all Police Officers on the method and the important points which must be considered when undertaking dynamic assessments. It is also intended to review the present training to ensure that officers continue to be fully prepared.

### **4. HEALTH AND SAFETY WORKPLAN UPDATE**

- 4.1 The Health and Safety Work Plan was developed by pulling together the recommendations from three reports namely:
  - Police Health and Safety – A Management Benchmarking Standard (ACPO).
  - Managing Health, Safety and Wellbeing in the Police Service (HSE).
  - Corporate Manslaughter and Corporate Homicide Act 2007 (APA).
- 4.2 The Work Plan summarises the best practice set out in these documents, identifies the current Force position and details any action still to be carried out. A copy of the Work Plan, last updated on 1 February 2010, is attached at Appendix B.
- 4.3 The Work Plan now includes eleven points which have been recommended by the APA to Police Authorities on the basis that they may wish to satisfy themselves that satisfactory corporate arrangements are in place for managing health and safety. The Head of Human Resources will be discussing these points with the Chief Executive to identify any actions that may be realised.
- 4.4 In addition key points contained within the Force's Work Plan include:
  - R14 The completion of the Body Armour review
  - R15 The ongoing proactive management of risks for non operational activities and external contractors

- R26 Display Screen Equipment Furniture Audits carried out across the organisation by the HR Business Support teams

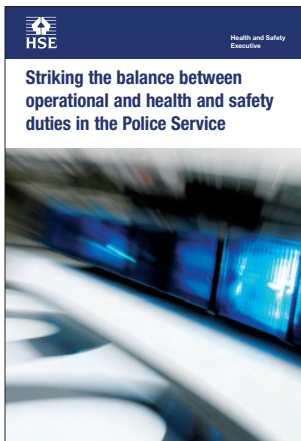
## **5. RECOMMENDATION**

5.1 Members are asked to note the report.

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Chief Constable

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# Striking the balance between operational and health and safety duties in the Police Service



## Foreword

This guidance is intended to clarify how health and safety law will be applied to the operational circumstances of the Police Service, as this has been a matter of understandable concern to them and to HSE. It is intended to assist senior police officers in balancing risks, particularly in their wider duties to fight crime and protect the public, while meeting their health and safety at work obligations to the public as well as their staff. HSE recognises that in doing so officers need to consider complex and competing legal and moral demands and to make tough decisions in what are often extremely dangerous, emotionally-charged and fast-moving situations.

HSE initiated joint work with senior police officers and other leaders to clarify how police services can strike the balance between their operational and health and safety duties. The result of this collaboration is set out in the set of principles, which are by their nature high-level and will be underpinned by practical guidance.

**Geoffrey Podger**  
Chief Executive  
HSE

**Judith Hackitt**  
Chair  
HSE

## Introduction

1 There has been concern and misunderstanding about how police services can comply with health and safety legislation in their operational work given the often testing and difficult circumstances in which they are called to act. HSE is publishing this statement of principles to help police services, HSE inspectors and the public understand how the Police can comply with health and safety requirements to safeguard the health and safety of the public and their own staff while providing an effective emergency service.

2 Senior police officers, other stakeholders, including representative bodies, and HSE have worked together in developing these high-level principles. This statement will be supported by practical guidance. Through this collaborative work, the aim is to:

- help police officers, staff and the public understand the practical application of health and safety law to the operational activities of the Police Service;
- ensure consistency in approach and decision making by HSE inspectors;
- promote a culture within the Police Service where risks are dealt with in a sensible, proportionate and thought-through manner;
- set out the expectations on the Police Service in relation to the management of those of their operations that are dangerous, fast moving and emotionally charged; and
- provide mechanisms for ensuring early and wide learning from incidents, new developments and research.

## Principles

### Particular challenges for the Police

3 The application of health and safety law is challenging for the Police Service in relation to many of their operational activities because:

- they have to send officers and staff into dangerous situations in circumstances when anyone else would be seeking to get away from the danger;
- there is often an unrealistic public expectation that officers and staff will put themselves at risk to protect the public;
- they have to take into account the wider purpose of the Police Service, including public safety and the legal framework within which they operate and not act solely to protect their own officers and staff;
- in fighting crime, the Police Service is, in effect, reducing the overall risk to the public – however, in doing so, police activities may create other risks;
- many incidents they face occur without warning and individual officers may, from time to time, be confronted with situations outside their experience and training;
- police officers may need to take actions which put the public and themselves at risk. This is appropriate when the benefits from taking these risks outweigh the sum of all other risks;
- some of the incidents they deal with develop and change at speed;
- they have to prepare individual officers and staff to be able to make tough and complex decisions in foreseeable situations that may be dangerous, fast moving, emotionally charged and pressurised, even if there is incomplete or inaccurate information about the incident;
- they have to respond to dangerous situations which are not of their own making – this is different to most other sectors where it is the employer's own business that creates the risks; and

- they may not be able to control or mitigate all aspects of their working environment.

## **Health and safety duties**

4 In Great Britain, the Health and Safety at Work etc Act 1974 (HSWA) applies to all activities of the Police Service. The primary duties under HSWA are on employers. Since 1998, chief constables are deemed the employers of police officers. The Police Authority or Joint Police Board is the employer of all other staff.

5 HSWA requires employers to ensure the health, safety and welfare at work of their employees and to ensure that their activities do not adversely affect the health and safety of other people. These health and safety duties are not absolute and each is qualified by the test of what is reasonably practicable. HSWA therefore, does not require all risks to be eliminated, and HSE recognises that, even when all reasonably practicable precautions have been taken to deal with foreseeable risks, injuries and deaths could still occur; and it may be necessary to take some risks to secure a wider benefit to public safety.

6 HSWA also places duties on employees to take reasonable care of themselves and others and to co-operate with their employer. In essence, this means that police officers and staff should act sensibly and responsibly within the command and control of their employer; they should not act recklessly. However, HSE recognises that in protecting the public, individuals may, very occasionally in extreme cases, decide to put themselves at risk in acts of true heroism. In these rare circumstances, HSE takes the view that HSWA has not been breached by the Service and that it would not be in the public interest to take action against the individual. Equally, HSE, like the Police Service, recognises that in such extreme cases everyone has the right to make personal choices and that individuals may choose not to put themselves at unreasonable risk.

## **What officers and staff should expect of the Police Service**

7 Good health and safety management systems that:

- take account of the bigger picture including the wider legal and regulatory context in which they operate, so that the Police Service can:
  - fight crime and protect the public through delivery of an effective service; and
  - enable officers and staff to take appropriate care for their own, their colleagues' and the public's health and safety;
- include robust, proportionate, carefully considered and non-bureaucratic risk assessments which:
  - identify significant risks;
  - set out safe systems of work which specify appropriate control measures, equipment and competencies; and
  - are effectively implemented.

## **What the Police can expect from HSE**

8 HSE will continue to promote good health and safety management in the Police Service through a range of activities including:

- communicating and listening with/to key interested parties across the Police Service with a view to building and developing shared understanding of the issues that the Police face (eg through regular informal discussions and formal meetings);

- acting to ensure consistency of approach and in decision making by HSE inspectors in the light of these principles;
- working with key interested parties (eg employers, leaders, professional bodies, trades unions and staff representative associations) through joint initiatives (eg the development of these principles and the guidance to underpin them);
- supporting the work of and participating in key strategic fora;
- sharing information on the lessons to be learnt from incidents, technical developments, study or research;
- inspection and investigation where HSE inspectors will take appropriate action, as set out in HSE's Enforcement Policy Statement, these principles and underpinning guidance. Such actions range from giving verbal and written advice, through the service of enforcement notices to prosecution; and
- training our inspectors to have an understanding of the often complex environment in which policing is delivered.

9 The primary duties under health and safety law are on employers. HSE inspectors, when inspecting or investigating an individual Police Force using HSE's own procedures, including the Work Related Death Protocols, will consider:

- the adequacy of the Force's policies, risk assessments and procedures;
- if these policies are adequate, then the focus will be on how they are/were applied in practice – this may be illustrated by the preparedness of the Force when dealing with foreseeable incidents;
- the extent to which the Force had control over the operational environment and the consequent dangers;
- how the actions taken measure up to what would be considered reasonable in the circumstances;
- the robustness of the command and control systems in place and used in operations;
- the extent to which any lack of preparedness actually contributed to the risks in particular circumstances;
- the actual information about the incident that was available to officers and staff when they had to make operational decisions in what we recognise are sometimes dangerous, fast-moving and emotionally-charged environments, but not revisiting decisions made during operations with the benefit of information that could not reasonably have been known at the time;
- the quality of decision making at an incident as illustrating whether individuals have been adequately prepared for that incident by the Force;
- the wider public duties on the Police Service and the purpose of the operation and to what extent the risks that were taken were reasonable in the circumstances; and
- how the Force prepared individual officers and staff for operational incidents, eg by training, provision of equipment and information on hazards, risk and precautions.

## Further information

HSE priced and free publications can be viewed online or ordered from [www.hse.gov.uk](http://www.hse.gov.uk) or contact HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA  
Tel: 01787 881165 Fax: 01787 313995. HSE priced publications are also available from bookshops.

For information about health and safety ring HSE's Infoline Tel: 0845 345 0055  
Fax: 0845 408 9566 Textphone: 0845 408 9577 e-mail: [hse.infoline@natbrit.com](mailto:hse.infoline@natbrit.com) or write to HSE Information Services, Caerphilly Business Park, Caerphilly CF83 3GG.

This leaflet is available at: [www.hse.gov.uk/services/police/duties.pdf](http://www.hse.gov.uk/services/police/duties.pdf).

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**Thanks to Merseyside Police for use of the front cover image.**

## **An Overview of Health and Safety in Dorset Police 2009 (revised 1/2/10)**

Paper prepared by: Mr Robert Aiston, Health and Safety Policy, Strategy and Audit Officer

### **Purpose:**

The purpose of this paper is to present a consolidated overview on health and safety in Dorset Police with reference to the following three documents which were promulgated in 2007.

They are;

- Police Health and Safety A Management Benchmarking Standard. Author: ACPO. Introduced: 1/5/2007 Revised 2009.
- Managing Health, Safety and Wellbeing in the Police Service (HSE Inspection summary reports of police Forces 2006/7 and 2007/8). Author: HSE.
- Corporate Manslaughter and Corporate Homicide Act 2007. Author: APA. Introduced: 9/2007

The purpose of this document is to consolidate all four documents into one to produce one concise document to be the sole point of focus for the Force. Both the Health and Safety Executive and HMI will refer to all four documents in their inspection programmes. The Corporate Manslaughter and Corporate Homicide Act 2007 which came into force on the 6<sup>th</sup> April 2008, makes provision for courts to take into consideration a defendant's compliance with regard to its health and Safety management systems.

The majority of the recommendation contained within the documents requires no further action. Where there is still work to do, this is detailed in the actions to be taken column and will be added into the service plan.

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
<p><b>R1. 2006/7</b> The role of Authorities should be fully reflected in the Health and Safety Policy (HSE)</p> <p>Health and Safety Policy in place (ACPO benchmarking)</p> <p><b>R1. 2007/8.</b> Legal responsibilities of Police Authorities etc</p>	<p>A robust recently reviewed health and safety policy is in place.</p>	<p>The policy requires updating to include a greater explanation of the Police Authorities role and local management. Document requires to be signed by the Chief Constable and the chairman of the Police Authority. 19/1/09 Awaiting comments back before proceeding to wide consultation</p>
<p><b>R2 2006/7.</b> Local area and divisional policies should avoid duplication of corporate policies (HSE)</p>	<p>BSTs health and safety advisers in place therefore local policies are not an issue for the Force.</p>	<p>None</p>
<p>Responsible owner of Force Health and safety policy (ACPO benchmarking)</p>	<p>The director of Human Resources has corporate responsibility for health and safety and is the policy owner.</p>	<p>None</p>
<p>Structure for health and safety management in place in all roles (ACPO benchmarking)</p>	<p>The Force Health and Safety Policy clearly identifies roles and responsibilities</p>	<p>None</p>
<p><b>R3 2006/7.</b> Policies on specific issues should be informed by risk assessments and their implementation monitored (HSE).</p> <p><b>R3 2007/8.</b> Policy Review</p>	<p>Introduction of policies has been prioritised according to the potential level of risk exposure to the Force.</p> <p>Review process in place</p>	<p>None</p>

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
<p>Risk assessment database available which is up to date, Audited and with identified owners and available to whole workforce. (ACPO benchmarking)</p> <p><b>R11 21007/8.</b> Risk Assessment process</p>	<p>Risk assessment database has been set up. Assessments are subject to an annual review process and are available to all members of staff via the force wide computer system.</p>	<p>None</p>
<p>H&amp;S responsibilities understood by all (ACPO benchmarking)</p>	<p>Staff are made aware of their individual responsibilities.</p>	<p>None</p>
<p><b>R4 2006/8.</b> Managers require training in key elements of health and safety management. Training should be tailored to specific roles and responsibilities and include legal responsibilities and force procedures for discharging responsibilities including performance indicators for managers where appropriate. (HSE).</p> <p><b>R4 2007/8.</b> KPIs</p>	<p>The majority of police officers and staff receive appropriate health and safety training.</p>	<p>The health and safety training of inspectors and above needs to be reviewed to ensure it is fully fit for purpose. The majority of force premises are managed by Section inspectors. Their place in the management structure is crucial as they are best placed to manage staff, ensure local risks are minimised and ensure policies etc are implemented. They are also important link in partnership working.</p>
<p>Policies comply with legislation and have been written in clear English. (ACPO benchmarking)</p>	<p>All policies are written with the clear intention of being brief, sufficient that they can be understood by all staff.</p>	<p>None</p>

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
Policies are readily accessible to the whole workforce. (ACPO benchmarking)	Policies are accessible via share point	None
<p><b>R5 2007/8.</b> Forces should improve the effectiveness of safety committees by ensuring appropriate senior management representation, regular meetings, consultation on organisational changes affecting work and improved knowledge amongst all employees of relevant safety representatives. (HSE)</p> <p><b>R5 2007/8.</b> Safety Committees, inclusion of Police authority member</p>	The Head of Personnel Services chairs the Force Health, Safety and Wellbeing Board. This body reports into the HR Executive Board which is chaired by the Director of HR and has representation from the Police Authority and the staff associations. All health and safety strategy and policy is approved via the HR Executive Board. In addition the Director of HR holds a quarterly performance meeting with the Health and Safety Policy, Strategy and Audit Officer.	None
Appropriate channels for sharing information on incidents between key stakeholders and healthcare professionals. (ACPO benchmarking)	Arrangements in place. A contracted out occupational Health Service located separate from the main policy and decision process of the organisation can have an effect on the efficient sharing of information. Present consultation mechanisms do enable the efficient sharing of information to take place.	None

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
Consultation process for reviews/revision. (ACPO benchmarking)	Consultation process in place when reviewing all health and safety policies.	None
<b>R6 2006/7.</b> Individuals with specific health and safety roles, including health and safety representatives, should be given time to fulfil those roles. (HSE)	Force Health and Safety Policy specifies time off as one day a month to undertake health and safety representative's duties.	None
Training programmes regular reviewed and updated as necessary. (ACPO benchmarking) <b>R7 2007/8.</b> Review of training arrangements	Health and safety training packages are annually reviewed to ensure that the content is relevant and up to date.	None
<b>R7 2006/7.</b> Forces should ensure that good practice is effectively communicated across the force to all relevant employees using arrangements that include checks that messages have been received, understood and acted upon. (HSE)  <b>R6 2007/8.</b> Good health and safety communication	Good practice, new initiatives, measures to improve health and safety are promulgated generally by e mail. However, with the creation of the BSTs there will be a feedback mechanism in place to ascertain whether the measures have been put into place.	That the new HR arrangements are to be actively monitored over the next six months to ensure that this recommendation continues to be complied with.

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
Set targets and have monitoring in place. (Policies, sickness, recuperative/restricted, medical retirement, accident, injuries) (ACPO benchmarking.	The quarterly pack provides reactive data. Policies and targets provide for pro-active action. The HSE summary suggests that targets should be set. The Force position is that targets for health and safety are detailed in the costed HR plan and regularly updated through the service plan.	None
<b>R8 2006/7.</b> Forces should develop greater coordination between the various professional advisers and promote greater integration into the overall management planning and decision process (HSE)	The recent HR restructure has enabled the local availability of health and safety assistance and advice to take place. Frequent liaison takes place between health and safety and many business areas of the force.	A formal process for involving a health and safety input into the areas of contracts/procurement is to be developed.
<b>R9 2006/7.</b> The training plans for specific roles should include the health and safety needs and coordination between training and health and safety advisers advises should be improved to support this. (HSE)	The PPP process identifies the requirement for relative health and safety training.	None
Review policies and targets at least once a year (ACPO benchmarking)	The intention is to review policies annually unless a need arises requiring early revision. I .e. legislative change etc. This is monitored through the quarterly performance pack	None

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
<b>R10 2006/7.</b> Forces should develop more robust systems to identify the training needs but also to monitor to ensure delivery, (HSE)	In the main, national training packages contain the requirement for relevant health and safety training. Training is evaluated to ensure that a consistent delivery is achieved and the contents are relevant.	None
Audit to ensure training for new staff/officers, those who have moved roles, those who have new responsibilities (ACPO benchmarking)	It is suggested that it would be difficult to allocate resources to enable auditing (reactive) of posts to take place. A more effective use of resources would be to ensure that where health and safety competence is required in a role, JDQs should include such.	When a role becomes vacant a JDQ will be reviewed as a matter of course to ensure that it contains any up to date health and safety requirements.
<b>R11 2006/7.</b> Refresher training should be considered to ensure better understanding of legal responsibilities and current force procedures. (HSE)	Health and safety refresher training has not generally been undertaken	Refresher training for managers to be introduced. This will be delivered through a local rolling programme of training carried out by the health and safety Policy, strategy and Audit Officer.
Consider health and safety planning in light of the local policing plan, force objective and performance indicators (ACPO benchmarking)	This is achieved through the HR costed plan	None

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
<p><b>R12 2007/8.</b> The training requirements of support and operational staff that come into contact with members of the public where conflict may arise should be reviewed. (HSE)</p> <p><b>R8 2008/9.</b> Appropriate training</p>	<p>There is a well established programme of training for police officers and certain police staff undertaking operational roles.</p>	<p>Consideration is given to providing further training in conflict management to other at risk staff. Work in conjunction with recommendations R20 and R23.</p>
<p><b>R13 2007/8.</b> Forces should develop health and safety plans based on organisational overview and data analysis to ensure that priorities are identified and targeted. (HSE)</p>	<p>The health and safety unit has a yearly plan of work, which is incorporated into the annual costed HR service plan. A five year health and safety strategy has recently been reviewed.</p>	<p>None</p>
<p><b>R 14 2007/8.</b> The outcomes or recommendations from risk assessments should be implemented and used to inform policies, particularly on the use of body armour. (HSE)</p> <p><b>R11 2007/8</b> Risk assessment driver for polices</p>	<p>Generally policies are introduced to reduce corporate exposure to identified risks. A quality risk assessment was undertaken prior to body armour being procured and introduced and has since been reviewed.</p>	<p>A further review of the risk assessment justifying the continued introduction and use of body armour requires undertaking.</p>
<p><b>R15 2007/8.</b> Risk assessments for non-operational activities should be improved, particularly regarding control of contractors. (HSE)</p>	<p>Current arrangements are in place that are appropriate to deal with this recommendation</p>	<p>19/1/2010 Monitoring of contractors to be carried out to ensure compliance with Force arrangements.</p>
<p><b>R16 2007/8.</b> Regular workplace inspections should consider procedural as well as physical conditions. (HSE)</p>	<p>Covered in the annual health and Safety monitoring/auditing programme.</p>	<p>None</p>

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
Incidents are reported, recorded, and monitored e.g. for trends and appropriate action is taken. (ACPO benchmarking)	A computerised accident report system is in place and has been subject to frequent reviews and amendments. Accident data is collated and presented at the Health, Safety and Wellbeing Board and the Officer, Staff Safety Group from which actions follow. The recent HR restructure has led to improvements in the reporting and recording of accidents.	None
<b>R17 2006/7.</b> Injury and ill health data should be used to measure performance and review the effectiveness of controls introduced to prevent injury and ill health. (HSE)	As above	None
Data from incident/accident reports is considered as part of the risk management strategy. (ACPO benchmarking)	Data is passed to the risk management group via minutes of meetings and the Human Resources quarterly pack.	None
<b>R18 2006/7.</b> The use of auditing to measure and compare actual performance against force policies, procedures and standard should be developed. (HSE)  <b>R12, 13 &amp; 14 2007/8.</b> Auditing and monitoring	Annual auditing/monitoring arrangements are in place and undertaken by Health and Safety Policy, Strategy and Audit Officer supported by the BSTs.	None

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
<b>R19 2006/7.</b> Senior management including Police Authorities should review the data and reports available to inform policy, procedures and strategic plans. (HSE)	A detailed quarterly pack is provided for senior management including the Police Authority	None
<b>R20 2006/7.</b> Forces should establish a more rounded, preventative approach to managing and reducing violence and aggression to police officers and staff which is informed by risk assessments, that does not over rely on officer safety training in the use of arrest, restraint and equipment. (HSE)	Matter presented to the Officer, Staff Safety Group in 2008. Agreed that a violence to staff policy incorporating both police staff and police officers be introduced. Policy to be written in due course when resources become available.	Violence to Staff policy to be adopted. Work in junction with R12 and R23
<b>R 21 2006/7.</b> Forces should review their policies to ensure that there are no inconsistencies with risk assessment outcomes, particularly in connection with the issue and use of body armour and staffing levels. (HSE)	This will be the first time that staffing levels have been mentioned in any HSE documentation. The view has been that operational policing requirements will dictate staffing levels through an informed risk assessment process.	None

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
Short/long term management of problems arising from incidents i.e. revised risk assessments, return to work policies, working with occupational health specialists. (ACPO Benchmarking)	Return to work policies are in place. Risk assessments are reviewed in light of incidents/accidents. Sickness, ill health cases managed by the Health and Wellbeing unit in liaison. with Occupational health.	None
<b>R22 2006/7.</b> All assaults should be recorded and investigated to identify appropriate measures considering aspects other than the training of the individual. Investigations should consider the suitability of the workplace; working patterns and practices; staffing levels and competence; and the level of training provided. (HSE)	All assaults are recorded through the Oracle accident reporting system. Local management undertake local investigation and remedial action as necessary. The Officer, Staff Safety group analyse the data to identify any trends and subsequent corporate risks. This group links in with the clothing and equipment group and will make recommendations to that group based on assault data.	None
<b>R23 2006/7.</b> There should be clear, well-promulgated procedures dealing with the response to panic alarms, which include reception, front desk, gatehouse situations as well as custody. (HSE)	Generally, arrangements are in place. Alarms checked weekly.	Work in conjunction with R18 and R20.

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
<b>R24 2006/7.</b> Forces should develop and implement their plans to address the organisational arrangements that influence the level of work related to stress amongst the workforce. (HSE)	Stress management initiatives in place.	None
<b>R25 2006/7.</b> Occupational health units should be provided with the resources to advise and assist on the preventative management of stress within forces. (HSE)	Stress management initiatives in place.	None
<b>R26 2006/7.</b> All police officers and police staff that use DSE should be appropriately trained in the associated risks and how to adjust the workstation to meet their individual requirements. (HSE)	Presently all identified essential users are subjected to a VDU assessment. Multi user work stations (parade rooms etc) are not. The requirement is to ensure that staff receive appropriate information, instruction and training on the need and how to adjust a workstation. This can be achieved through displaying a poster, informative mouse mat etc. VDU workstation furniture must be appropriate and serviceable.	2009 circulated posters and mouse mats. Furniture audits undertaken by BSTs. Local Managers to action.
<b>R27 2006/7.</b> Forces should ensure that there are adequate numbers of suitable trained DSE assessors. (HSE)	Force VDU policy identifies duty holders who have responsibility for ensuring that the requirements of the policy are met. This includes ensuring that they have sufficient number of VDU assessors.	None

<b>SOURCE :- HSE, ACPO, APA</b> <b>Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
<b>R28 2006/7.</b> The outcome of individual DSE workstations should be implemented. (HSE)	Findings of completed assessments are implemented.	None
<b>The following eleven points have been recommended by the APA to Police Authorities who may wish to satisfy themselves that satisfactory corporate arrangements are in place for managing health and safety.</b>		
Review their systems and raise profile of health and safety issues within the authority. (APA 9/07)		
Ensure that the Authorities responsibility for HASW is within the terms of reference of a committee. (APA 9/07)		

<b>SOURCE :- HSE, ACPO, APA Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
Ensure that a robust health and safety policy is in place and that health and safety roles and responsibilities are articulate and followed with training) if necessary) which reflects roles of senior managers, line managers etc (APA 9/07		
Benchmark their arrangements against relevant standards. (APA 9/07)		
Comply with relevant health and safety Executive guidance or document the reasons for any deviation. (APA 9/07)		
Regularly audit their health and safety systems and risk assessments. (APA9/07)		
Consider whether an external audit by a specialist consultant would be beneficial. (APA 9/07)		

<b>SOURCE :- HSE, ACPO, APA</b> <b>Summary/Standards/ Briefing paper: -</b>	<b>Current Force position</b>	<b>Action to be Taken</b>
Review the health and safety competencies of senior managers and address any deficiencies as necessary (APA9/07)		
Ensure health and safety roles and responsibilities are included in job descriptions, particularly for senior staff. (APA 9/07)		
Incorporate health and safety considerations into decision making processes throughout the authority. (APA 9/07)		
Ensure that health and safety performance is regularly considered at authority meetings. (APA 9/07)		

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