



SURREY POLICE - PAPER FOR PCC MANAGEMENT MEETING

Health and Safety Update

1. Introduction

1.1 Effective and efficient health and safety (H&S) management must not be seen as merely seeking legislative compliance. It must be regarded as a core business activity that is integrated into all operational policing activities and support functions.

1.2 The benefit of a proactive culture and positive corporate health and safety management contributes significantly to not only reducing workplace, injuries, incidents, ill-health and its associated costs, but to the morale and productivity of the organisation's workforce.

1.3 This report will be similar in context to the previous report, providing a brief overview of injury/incident data, current health and safety risks and the ongoing development of a collaborative health and safety service with Sussex Police.

1.4 Since January, the new H&S Advisor has improved the system capability and reliability of the data extracted from the injury/accident reporting system (12/2). Further development work is planned to improve data collection.

2. Deputy Chief Commissioner's (DCC's) Quarterly Health and Safety Board Meeting

2.1 The issue relating to injuries sustained at the lower car park was discussed and Facilities have been tasked with identifying costs and solutions to repair and maintain this area.

2.2 Injury data is supplied for the 1st quarter 2014/15; this is to allow data to be extracted and processed. This task currently has to be done manually.

2.3 Most injuries within Surrey Police can be attributed to policing activities. With the manual processing of the 12/2 system statistical data can now be delivered with confidence.

2.4 Collaboration between Surrey and Sussex Health and Safety Teams is making progress. Although the Teams are not yet formally working together, any development work is by joint agreement.

2.5 Following the planned reduction of Health and Safety Advisors, business leads now have geographic responsibility for buildings within their area of command. H&S contacts or SPOCs for each business lead have been nominated and will be trained to the Institute of Occupation Health and Safety (IOSH) standard. SPOCs will be responsible for co-ordinating local H&S inspections and collating advice. The advisor will remain as a professional advice and

monitoring service.

3. H&S responsibilities

3.1 Health and safety in relation to ‘employers responsibilities’ for police staff now legally rests with the Chief Constable as a Corporation Sole (with the exception of the Surrey Police & Crime Commissioner’s (PCC) own immediate staff).

3.2 The PCC is also a Corporation Sole and retains his own personal health and safety accountability. Whilst the PCC is a separate entity to Surrey Police in relation to Health and Safety, the Surrey Police Health and Safety Advisor is available to the PCC for advice and assistance. It is also understood that the PCC wishes to be included in the proposed changes to H&S (2.5 above) and has designated Rachel Lupanko as the SPOC.

4. Statistical information

Table 1 – this shows annual comparisons of incidents, and absences following these

Year	Total Incidents	Total Assaults	Near miss	Total injuries (Officers)	Total injuries (Staff)	Over 7 Day Absence or Restricted Duties
2012-13	1700	136	43	677	175	59
2013-14	2018	158	54	732	156	40

Figure 1 – this shows the causes of injuries over the first quarter of 2014/15

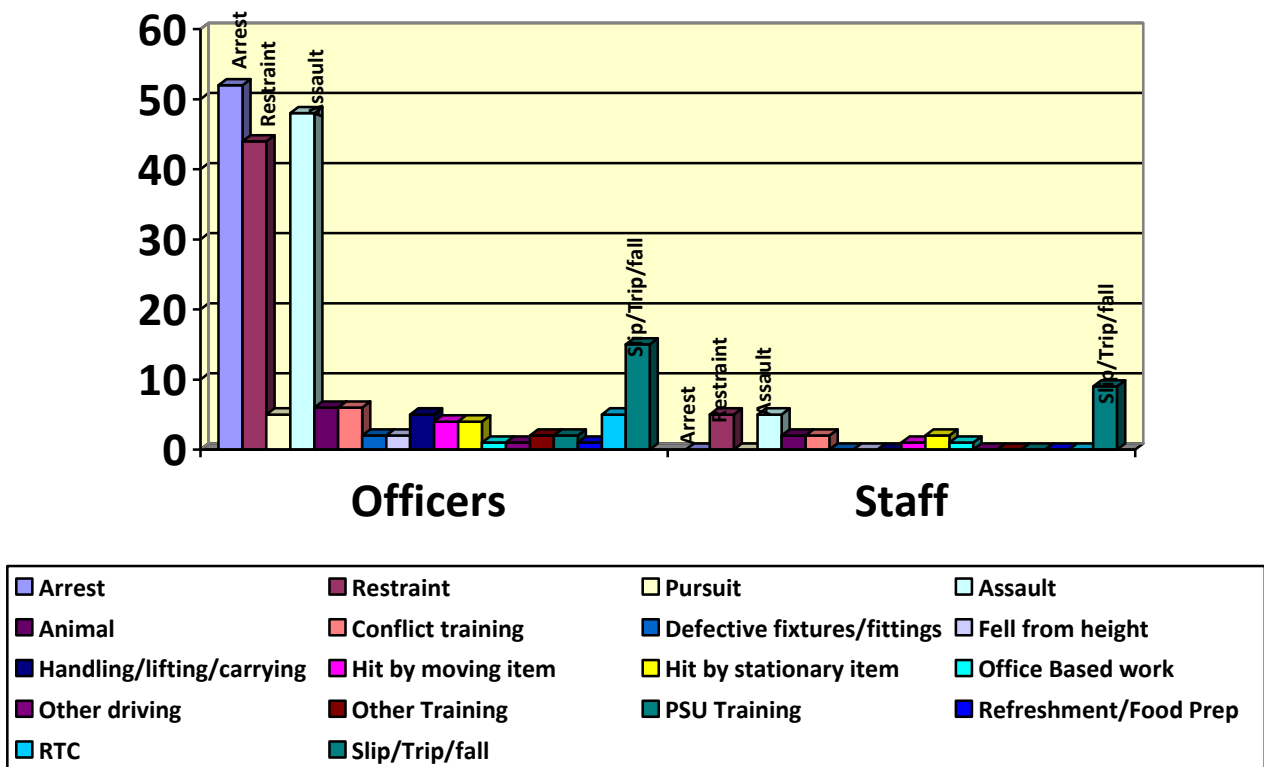
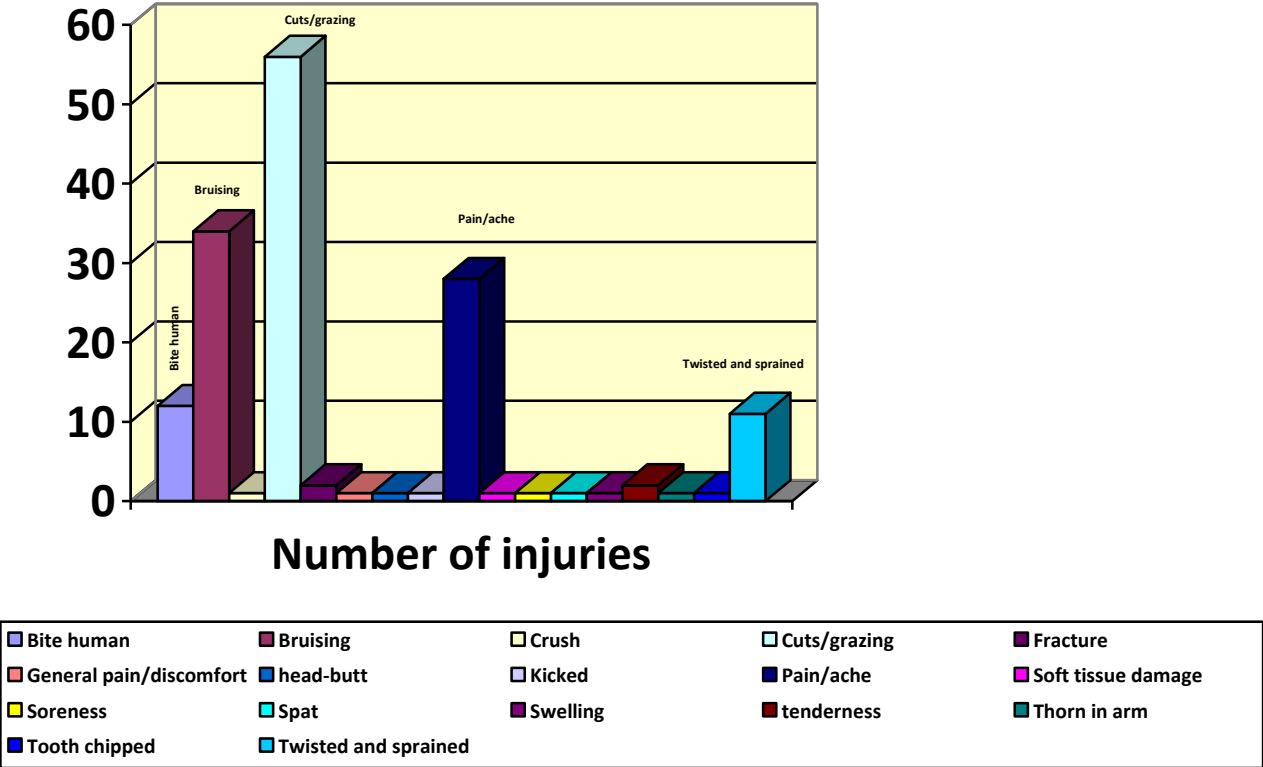


Figure 2 – this shows the breakdown of injuries from arrest/restraint/pursuit/assault



Surrey Police is currently reviewing how we present data for comparisons purposes following then appointment of a new health and safety advisor and consequently we have no trend data.

5. Breakdown of injury reports/causes

5.1 Table 1 shows the total number of incidents recorded annually. There has been a rise in the overall number of incidents and near misses with the number of injuries amongst officers having increased and the number of incidents among staff have fallen and the total absence over 7 day period and restricted duties having gone down. Historical data comparison is, unfortunately, problematic due to data extraction issues. The planned database development will provide improved management information.

5.2 Injuries to officers and staff differ considerably. Officers are largely reporting injuries sustained during arrests and restraints, while staff report office based and slip/trip injuries. There are a small number of restraint based injuries reported by staff however; officers are still reporting more injuries associated with arrests/restraints per person than frontline staff.

5.3 Figure 1 breaks down the injuries sustained to officers and staff. Whilst most incidents leave only minor injuries and bruising there are a number of more serious injuries such as fractured bones and injuries requiring extended periods of absence which require reporting to the Health and Safety Executive.

6. Occupational Health

Occupational Health monitors and analyses referrals that come in each month. The total number of referrals has risen over the last few years, with 'mental health' referrals rising proportionately. In the six months from January to June 2014, mental health referrals accounted for 29% of the total number. Stress, as the largest sub category of the mental health referrals, is interrogated to evaluate any work-related issues in order to provide information to management. In the six month period above, of the 101 referrals for stress, 27% were classified as having a significant work causal factor; the majority of stress-related issues are personal, with some work factors. With regard to firearms and custody in particular, there have been two mental health referrals from firearms in the above period; from custody there have been 12 mental health referrals, a rise from the eight during the previous six months. The Health Surveillance Nurse works in occupational health; this is not a new post, however a new person has recently been appointed into this role. The nurse plays a key part in assisting the Occupational Health Advisers in the management of health risks within Surrey Police.

7. Conclusion

Health and safety issues are identified and addresses at the DCC's quarterly Health and Safety Board. The identification of relevant management information including issues, trends and causation is hindered by the current incident recording system (12/2), which is labour intensive and not user friendly. Plans are being developed to procure a replacement system.

Work is underway through the DCC's Board to ascertain whether the increase in reported incidents is due to an increase in the number of actual incidents or a rise in the recording of incidents.