

M O P A CMAYOR OF LONDON
OFFICE FOR POLICING AND CRIME

MPS-MOPAC JOINT AUDIT PANEL

18 September 2019

MPS Health and Safety Performance Paper

Report by: Head of Safety, Health and Wellbeing

Report Summary

Overall Summary of the Purpose of the Report

The purpose of this report is to provide assurance that the MPS has suitable health and safety governance arrangements in place to manage health and safety.

This report includes an update on the MPS health, safety and wellbeing governance and provides an overview of health and safety performance.

The paper updates on:

- a. Summary injury analysis;
- b. Assurance updates;
- c. Health and safety culture maturity project update;
- d. Notifications and liaison with the Health and Safety Executive (HSE);
- e. Custody successful intervention reporting;
- f. New health and wellbeing services;
- g. General health and safety updates.

Key Considerations for the Panel

At the time of reporting there are no immediate significant health and safety implications arising from this update report;

Members are invited to review this report and assure themselves that this provides assurance that the MPS continues to have effective controls in place for the management of health and safety risks.

Recommendations

In accordance with the Corporate H&S Policy, the Audit Panel is asked to note the contents of this report.

SUPPORTING INFORMATION

INJURY ANALYSIS

- 1.1 The latest comparison of injuries reported on eSafety between July 2017 and June 2018, and between July 2018 and June 2019 indicates that the:
- Total accident injury rate increased by 1.5%;
 - Major accident injury rate increased by 25.2%;
 - Reportable lost time injury rate increased by 7.8%;
 - Injuries to police officers following assault rate increased by 4.2%;
 - Injuries to Police Community Support Officers (PCSOs) following assault rate decreased by 12.6%;
 - Injuries to Designated Detention Officers (DDOs) following assault rate increased by 75.1%;
 - Slip, trip and fall injury rate decreased by 9.7%;
 - Moving vehicle injury rate increased by 3.8%;
 - Handling related injury rate decreased by 5.2%.
- 1.2 A summary review of categories showing an increase is as follows:

Major accident injury rate

- The total number of reportable major injuries for period ending June 2019 was 89 (an average of 7.4 per month), compared to 72 (6 per month) for the same period in 2018;
- Part of this growth in this injury category reflects the increased severity in the assault with injury category.

Reportable lost time injuries

- The average injuries per month in this injury category is 10.4. Over the past two years the highest overall number in any one month was 18 (October 2018) lost time injuries;
- The change between period ending June 2019 and period ending June 2018 is an actual increase of 8 lost time injuries;
- The significant increase in reportable lost time injuries is very likely a reflection of the new incident reporting system, which now requires mandatory completion of the relevant data fields for absence. Therefore if this trend continues this reporting parameter will indicate previous under reporting against this criteria.

Physical Assault with Injury Data Analysis

- Table one summarises physical injury following assault date on 12 month periods ending June 2019 and June 2018.

		To June 2019	To June 2018
Police	Number	1,890	1,851
	Rate per 1,000	4.96	4.76
PCSO			
PCSO	Number	19	23
	Rate per 1,000	1.28	1.46
DDO			
DDO	Number	80	40
	Rate per 1,000	9.81	5.60

Table 1: Physical Injury following assault data (for the 12 month periods ending June 2019 and June 2018)

- This injury type had stabilised, forming a new post Operation Hampshire¹ plateau, although there are now emerging indicators of a slight rise in the number of incidents with physical injury. Year on year, figures for Police and PCSO are of a similar magnitude, whilst those for DDOs have doubled;
- There has been a rise (61%) in the total number of major injuries following physical assault (29 – all to police officers - in 12 month period ending June 2019 compared to 18 to police officers/staff - in 12 month period ending 2018);
- These major injuries represent 32% of total reportable major injuries (compared with 25.0% in FY 2018);
- The Met Operations Health, Safety and Wellbeing Board lead is reviewing DDO assault rates with Met Detention.

ASSURANCE UPDATES

- 1.3 The last three MPS Health, Safety and Wellbeing (HSW) Boards were held on 26 February, 21 May 2019 05 August 2019. Key items discussed at these boards included:
- Review of business group operational safety risk;
 - Review of Board risk register;
 - New Emerging Risks;
 - Working Time Performance;
 - Firearm and Explosive Sub Group;
 - H&S maturity assurance process;
 - Assaults with Physical Injury;
 - Building Fire Safety;
 - TER rooms;
 - New H&S Training Courses for Leaders;
 - Health, Safety & Wellbeing performance;

¹ Operation Hampshire was launched in May 2016 with the aim of improving correct reporting (including injury), post-assault investigations, prosecution of offenders and ensuring officers/staff receive the right welfare support when assaulted.

- Property Services Update;
 - Update of OH, Health and Wellbeing;
 - Board Objectives including update on progress achieved to end of FY 2018/19.
- 1.4 The current health, safety and wellbeing risk status is shown on the Board risk heat map at Appendix 1. A summary update of risk status is as follows:
- **Risk 2 – Non Police Firearms (NPF).** Follow up SHRMT audits of NPF governance arrangements have concluded that this risk remains insufficiently controlled with the FLP arena and this corporate risk cannot be closed. A sub group has been set up with DMC and are reviewing options to support a range of educational campaigns to support publicise the SOP requirements and safety controls measures;
 - **Risk 3 - Water intervention.** The report by the Royal Life Saving Society (RLSS) has now been completed. The report is positive of the MPS approach but recognises that opportunities do exist to re-inforce, refresh and improve what is already being done to make it more effective, and to bring it into line with contemporary approaches to open-water and occupational water safety;
 - **Risk 17 - Compliance with the Working Time Regulations (WTR).** Police officers, as at June, are 97.5% compliant with the Working Time Regulations; this means 2.5% are police officers worked over 48hrs (averaged over 17 weeks) that had not opted out of the Working Time Regulations. The MPS are striving to improve this compliance rate faced against the pressure of continued operational challenges e.g. Protection Duties, Protests etc;
 - **Risk 27 - Ineffective H&S governance of contractors.** The control of contractors guidance is currently being incorporated into the MPS contract management framework and standard terms/conditions;
 - **Risk 28 - Ineffective wellbeing arrangements.** Significant work has commenced to address this risk, which includes a range of future services. This includes a new Employee Assistance Programme (a 24/7 helpline staffed by professionals who can provide counselling and welfare services), a manager helpline where clinical advice on managing wellbeing of staff can be sought, a new online platform for advice on a range of health issues, and online Cognitive Behavioural Therapy (CBT). Recruiting more Occupational Health Advisors to work with leadership teams at a local level to advise on complex health issues and support embed a comprehensive wellbeing approach at OCU's & BCUs;
 - **Risk 29 - DP non-compliance with Construction, Design and Management (CDM) Regulations.** This risk is now designated as controlled;

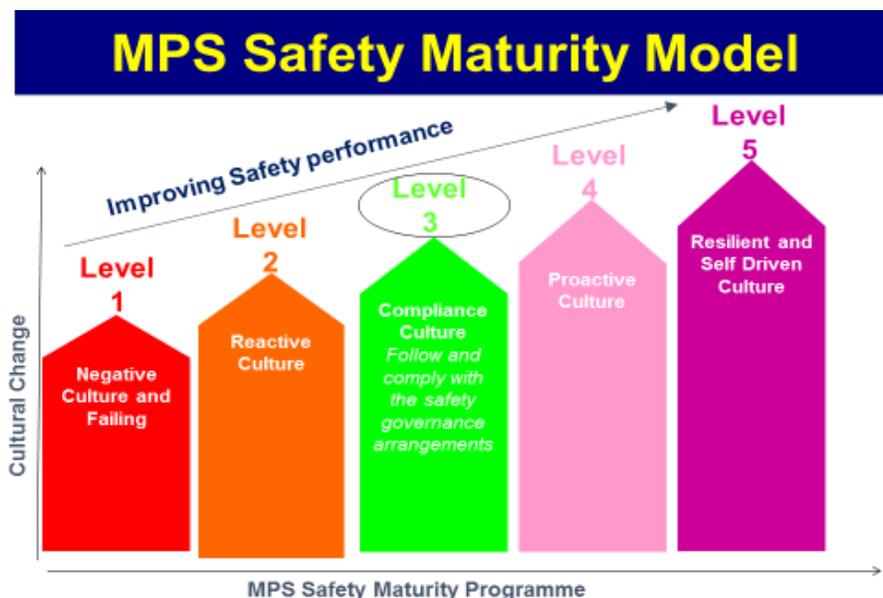
- **Risk 32 – Poor attendance at OST and ELS Training.** Work remains ongoing between the HSW Board, Officer Safety Board, Met Training and contract partners SSCL to improve OST/ELS compliance and reporting arrangements;
- **Risk 34 – Assault with injury to police officers and staff.** This new risk reflects ongoing concern at the assault with injury of MPS officers and staff OST. The Operation Hampshire Steering Group are co-ordinating proactive strands of work including improved data reporting, analysis and, in conjunction with the officer safety board, a review of officer safety training/techniques, officer safety equipment etc. A review of data integration between Operation Hampshire (total assault data), eSafety (H&S injury data) informing a new Occupational Health high touch services for assaulted officers/staff remains ongoing and is expected to ‘go live’ this Autumn.

HEALTH AND SAFETY CULTURE MATURITY PROJECT UPDATE

H&S Culture Maturity Assurance

1.5 The MPS has agreed and implemented a health and safety culture maturity model. This model ‘scores’ the safety culture in an OCU or department on a 1 – 5 scale.

- 1- Negative or failing culture;
- 2- Reactive culture;
- 3- Compliant culture;
- 4- Proactive culture;
- 5- Resilient and self-driven culture.



- 1.6 The aim of the project is to bring the MPS to a 'Level 4' H&S maturity by the end of FY 2021/22. This position was endorsed by the Commissioner and Management Board on 19 September 2017 and reaffirmed in September 2018.
- 1.7 In September 2018 it was, and currently still is, the opinion of the Strategic Manager SHRMT that the MPS is in the region of a level 3 maturity (compliant culture), albeit not yet a self-sustaining compliant culture (as described in the Commissioner's annual H&S performance paper and plan dated 19 September 2018). BCUs/OCU/Departments are required to focus on achieving a self-sustaining compliant culture; reinforced via business group health and safety governance.
- 1.8 To support this cultural change and embed a self-sustaining level 3 culture a new health and safety assurance process has been developed and launched that requires quarterly prospective assurance as opposed to an annual retrospective assurance letter.
- 1.9 This revised process is also designed to support business groups, BCU/OCU/Departments maturity review and provide a future framework to drive safety meetings and compliance.
- 1.10 With effect from 01 April 2019 all BCU/OCU/Departments (including Corporate Services) will complete the health and safety culture maturity assurance self-assessment). This is to be reviewed and updated at every quarterly BCU/OCU/Department health and safety meeting. The reporting template is attached at Appendix 2.
- 1.11 The MPS Health, Safety and Wellbeing Board Chief Officer Group (COG) leads will co-ordinate this process in their respective Business Groups and will ensure BCU/OCU/Department health and safety culture maturity assessments are:
- Appropriately completed;
 - Accurately reflect performance;
 - Identify proposed improvement, and:
 - Reported upon at every six monthly Business Group H&S meeting.
- 1.12 Every six months COG H&S leads will now report and present a completed H&S culture maturity assurance assessment to the HSW Board on overall business group maturity performance. The first COG H&S reports from Specialist Operations, Met Operations and Digital Policing have been received. Reports for Frontline Policing and Professionalism are expected in September. The Head of Safety, Health and Wellbeing will provide a MPS summary report on reported performance at the November HSW Board.

Maturity Audits

- 1.13 SHRMT will commence maturity audits in late 2019 to validate reported maturity at BCU/OCU/Department/Business Group level and will report findings to the HSW Board. These will be supplemented by external Independent audits.
- 1.14 Maturity performance will also be independently evaluated by a future officer and staff health and safety climate survey. This will provide an opportunity for staff and officers to report their opinion on the safety maturity themes including leadership performance.

NOTIFICATIONS AND LIAISON WITH EXTERNAL ENFORCING AGENCIES (HSE)

- 1.18 The Head of Safety, Health and Wellbeing held a liaison meeting with HSE national lead for the police service and national Principal Inspector for volunteer safety on 09 May 2019. The meeting reviewed the following:
 - HSE national striking the balance guidance documents for the NPCC Health, Safety and Welfare Steering Group;
 - Volunteering in the police sector and safety;
 - Future liaison and activity at NPCC level.
- 1.19 The Head of Health, Safety and Wellbeing and Chair of the Association of Police Health and Safety Advisors (APHSA), held a liaison meeting with HSE national lead for the public service and transport sector on 17 July 2019. The meeting discussed national safety arrangements for the policing sector.

SHRMT Accident Investigations

- 1.20 The following investigations were commissioned and completed by the SHRMT:
 - Injury to MPS employee hit by a security barrier;
 - A pyrotechnic grenade causing a minor injury to the forensic examiners hand;
 - A police weapon technical fault.

CUSTODY SUCCESSFUL INTERVENTIONS

- 1.21 A quarterly report from Met Detention (MO9) summarising custody successful interventions provides a comparison of successful interventions (SIs) is received by the quarterly MPS HSW Board. The latest report received by the August 2019 Board covered the period 01 January to 30 June for both 2019 and 2018.

- 1.22 This report summarized that there were 59,177 custody records created and 258 SIs for the period 01 January to 30 June for both 2019. For the same period in 2018, there were 70,044 detainees and 387 SIs.
- 1.23 The report highlights that of the 258 SIs reported key causation related to inadequate searching including concealed items and incidents involving clothing.
- 1.24 Additional reporting also captures Forensic Healthcare Services who investigate as appropriate and refer to the Medical Director or the Nursing Director if necessary. These will include incidents where there has been a delay in the attendance of a Forensic Medical Examiner (FME), or where there have been issues concerning the prescribing or storage of medication.
- 1.25 The MO9 report also captures data (via NSPIS) in respect of injuries to detainees, in particular those who self-harm, and/or sustain head and facial injuries. All injuries are reviewed by either a Custody Nurse Practitioner, an FME, or at hospital.
- 1.26 Instances of serious injury, where there is a threat to life, serious injury or reputational issues are reported, by exception, to the MPS Directorate of Professional Standards (DPS).
- 1.27 DPS then conduct their own independent investigation, with referral to the Independent Office for Police Conduct (IOPC) as appropriate.
- 1.28 Injuries to detainees for the following periods are as follows:
 - 01 Jan to 30 Jun 2019: 36
 - 01 Jan to 31 Dec 2018: 118
 - 01 Jan to 31 Dec 2017: 182
- 1.29 SHRMT continue to work with MO9 to explore future injury reporting on eSafety, and ensuring appropriate governance procedures are in place with respect to reporting incidents to the HSE if required under the RIDDOR regulations.

NEW HEALTH AND WELLBEING SERVICES

- 1.30 In October 2018, People and Training Board agreed the MPS Health and Wellbeing Strategy 2019-2021. The strategy informs the priorities and activities to improve the physical and mental health of those who work in the MPS. It also sets out the MPS commitment to contribute to national developments aimed at driving forward improved support mediums to police personnel and to partner working with other public agencies where appropriate. This strategy aligns:

- MPS Strategy – priority improving health, safety and wellbeing;
 - Commissioner’s Annual Health & Safety Plan – Sept 2018;
 - People Strategy – Initiative 4: Create provision of effective wellbeing service;
 - Met Direction – Care for each other, work as a team, and be an attractive place to work.
- 1.31 The strategy recognised that:
- In a changing dynamic and challenging environment the MPS need to adapt and better support the health needs of its officers and staff;
 - Whilst many officers and staff will avoid bringing their personal stressors to work there is often an unavoidable overlap between workplace, personal and social wellbeing;
 - In the event of ill health or disease the MPS needs to be better equipped at managing the difficult times and provide the right level of support;
 - It needs to better equip managers and leaders at recognising the good effects of work and not just the ill effects, and to look at what people can do rather than what they cannot do; keeping people in work where practicable.
- 1.32 As a consequence, workplace health support services needed to move to a more proactive health model with a focus on developing services and support mediums better designed to support the unique needs of those undertaking police work in the MPS. This has required the MPS to maintain the current Occupational Health service delivery model via Optima and to develop a range of new psychological and physiological clinical, training, leadership, educational, peer support services and offerings.
- New Health and Wellbeing Services**
- 1.33 To implement this and the range of additional services, a new Head of Safety, Health and Wellbeing has been appointed under the HR Target Operating Model (TOM). Oversight of service development and delivery is managed by a New Health and Wellbeing Services Board.
- Employee Assistance Programmes (EAP)**
- 1.34 As part of the first new service offers the EAP was successfully launched on 21 August 2019. The EAP provides a host of workplace and personal health, wellbeing and welfare support tools via a web link and also over the telephone 24 hours a day. The new service will support all police officers and staff with access to:
- **Counselling Services.** A new approach to counselling through the EAP will speed up access and enable individuals, particularly those in crisis, to receive support much sooner. Via the support telephone line an assessment will be made as to the best form of counselling

and scheduled accordingly within agreed timelines. Counselling services will include:

- Over the phone;
 - Face to face at an existing MPS site;
 - With a member of a network of counsellors who are based in their own offices around London;
 - Online Cognitive Behavioural Therapy (CBT) - This will include being guided through the process that will help identify which module will help best, i.e. dealing with depression. Every two weeks officers and staff will receive a message to help review progress for eight weeks. As progress is reviewed, relevant further modules are opened. This online CBT is best accessed from a smart phone or home computer.
- **Legal information.** Legally qualified staff, who can offer information on a range of legal matters. From neighbour disputes; boundary issues; consumer matters; relationships; access to children. This is not classified as legal advice;
- **Debt management.** Specially trained staff, who can offer a range of practical support. Including - action plans to tackle debt; advice on managing creditors; prioritising which debts to pay first; draft letters to creditors; Individual Voluntary Arrangements; budget planning and even a payment plan via them that facilitates one payment to them a month – the service provider then manage onward payments to creditors. This service is free of charge to MPS officers and staff as the service provider charge the creditors;
- **Benefits.** Assistance support team who can help understand and navigate what benefits officers and staff may be eligible for, such as carers allowance and how to access them including a simple streamlined signposting service;
- **Bereavement.** Assistance support team who can help officers and staff understand and navigate the practical steps that must take when dealing with family bereavement including simple streamlined signposting service;
- **Absence from work due to sickness.** Assistance support team who can offer personal advice that can help unpick the issues that may be behind any sickness, talk through ways to help an individual improve their attendance and sign post them to any other relevant support. They will not advise on HR policy (this is an existing service from SSCL).

The system will also support general physical and mental wellbeing by providing users with access to a host of employee benefits and services such as how to stop smoking, how to check dietary habits etc. An interactive tool will also provide online assessments for a range of health

related risks including cancer, cardiovascular disease etc. quantifying personal risk with supportive life style change advice.

1.35 Below is a summary of planned forthcoming services:

- **A new manager's telephone help line** will allow supervisors and managers to access occupational health advice on how, when and if to refer, how to gain consent or how to support an employee with a newly diagnosed medical condition. Managers can also call to seek advice (non-named cases) on how to manage a health condition at work. OH clinical staff will staff the helpline. Anticipated phased delivery will commence in Autumn 2019;
- **OH/Wellbeing Specific Points of Contact** based on the HR case management model, qualified OH professionals will act as a specific point of contact (SPOC) for business groups to assist with complex case management and support, provide mental health support for high risk individuals and signposting/referral to appropriate health services e.g. NHS psychological outreach service. SPOCs will work closely with their business area and become familiar with individual cases as well as issues that are of particular relevance to their area such as screening and health surveillance requirements. They will be readily available to give advice to individuals or management; they will assist with case management and act as a conduit to Occupational Health and other associated parts of the organisation. Anticipated phased delivery will commence in October 2019;
- **Mental Health.** A range of support services will include:
 - A suite of courses from MIND that continue to develop awareness and advise on symptoms, causes, recognition and interventions;
 - Bespoke Mental Health First Aider training that will meet the needs of the organisation with a target to have 10% of the workforce qualified by 2021;
 - Suicide prevention awareness training. Pilot courses have already commenced;
 - Dedicated psychologists to advise on the future occupational health mental health provision as well as to provide expert advice on MH issues.
- **Peer Support.** A formal MPS peer support programme will be developed in the latter part of 2019. Scoping work has commenced;
- **High touch Service Following Assault.** Introduction of a 'high touch' service for those who are assaulted on duty. Those assaulted will be contacted by OH professionals to ensure wellbeing and to offer assistance. Anticipated delivery in the Autumn 2019. Work has commenced led by Operation Hampshire to develop supporting data collection and reporting that will inform this project strand;

- **Muscular Skeletal (MSK).** Improving the current provision for physiotherapy to allow individuals to self-refer for a course of treatments. Similarly the EAP will provide advice on exercise and injury prevention. In addition, a dedicated MSK Occupational Health Therapist to advise on what additional services would most benefit officers and staff. They will also be able to advise on MSK injuries, prevention and workplace capability assessments. Anticipated delivery October 2019. Further support will be provided in 2020 by a future MSK rapid intervention tool to support provide early intervention and telephone advice aligned to a fast track physiotherapy service.
- **MPS Outreach Service** including two health and wellbeing buses which will be deployed on a rolling schedule across the MPS. These will provide health/wellbeing educational popup events and health screening for officers and staff.
- **National Examination Board in Occupational Safety and Health (NEBOSH) in Health and Wellbeing.** Work has commenced in partnership with NEBOSH to develop a bespoke MPS police health and wellbeing certificate course. It is planned it will be a two day NEBOSH accredited course for BCU/OCU departments wellbeing leads and leaders. It is planned that pilot courses will commence in the early Autumn 2019.

GENERAL HEALTH AND SAFETY UPDATES

Fire Safety

- 1.36 A number of recent inspections at HQ buildings have identified the introduction of local white goods and appliances that have not been purchased, installed or tested compliantly. A number of these exhibited damage that could result in electrical faults directly impacting the building infrastructure, or be the source of ignition and fire.
- 1.37 A paper to the MPS Health, Safety and Wellbeing Board on 21 May 2019 summarised the fire vulnerabilities across the MPS estate and reinforced the importance to maintain the existing fire safety governance arrangements including local controls, inspections etc. Work remains ongoing to ensure this risk is mitigated across the MPS estate.

New H&S Software

- 1.38 The MPS introduced the first phase of a cloud-based H&S IT system in July 2017. The new platform will be delivered in a number of phases between July 2017 and the Autumn 2019. eSafety has already replaced MetAIR (Met Accident & Incident Reporting system). The next phases dashboards and inspection/audit models will go live in September

Equality and Diversity Impact

- 4.1 The report is an information report and there are no immediate implications on equality and diversity. Equality and diversity impacts will be assessed on individual incidents.

Financial Implications

- 5.1 The report is an information report and there are no immediate financial implications arising.

Legal Implications

- 6.1 This report is an information report, and there are no direct legal issues that arise. Legal advice on individual incidents will be obtained as appropriate and necessary from MPS Directorate of Legal Services.

Risk Implications

- 7.1 At the time of reporting there are no immediate significant health and safety implications arising from this update report.
- 7.2 The content of this paper will support the MPS strategic position on health & safety.

Contact Details

Nick Kettle and Mike Chinchen SHRMT.

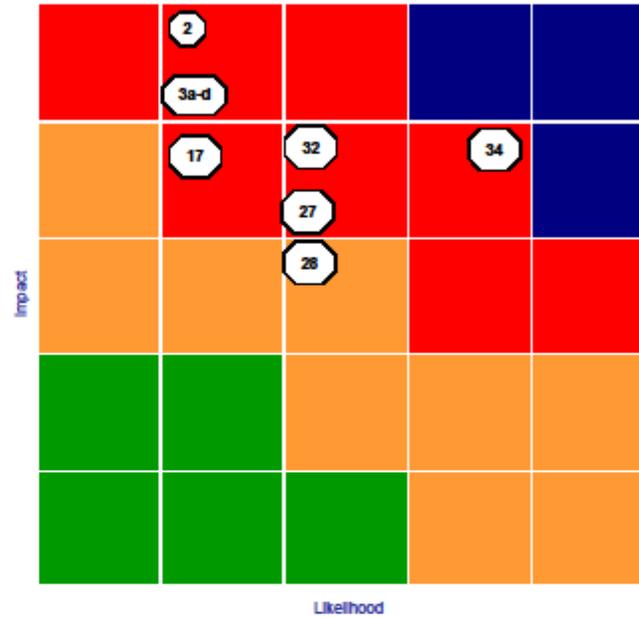
Appendices and Background Papers

- Appendix 1: MPS H&S Board Risk Register Heat Map;
Appendix 2: Health and safety culture maturity assurance self-assessment template

APPENDIX 1

MPS Health and Safety Board September 2019 – Risk Heat Map

Ref	Risk Trend	Risk Description	Risk Lead
2	↔	Unsafe handling of non-police firearms.	Commander Armed Policing
3a-d	↔	Inappropriate response to water related incidents.	Commander Armed Policing
17	↔	Compliance with the Working Time Regulations (WTR) and excessive working hours.	Director of People and Change, and all business COGs.
27	↓	H&S governance of contractors	Director of Commercial Services
28	↓	Wellbeing arrangements	Strategic Lead Occupational Health
32	↑	Poor OST/ELS Compliance	All Business COGs
34	↔	Assault with Injury to Police Officers and Staff	All Business COGs



Risk Trend key - Improved (↓), Worsened (↑) or is Unchanged (↔)

OCU / Department Quarterly H&S Maturity Self-Assurance Statement

OCU / Department covered by this statement:

Period (1/4) covered :

 Person Completing :
(Name / position)

Theme		Level 1	Level 2	Level 3	Level 4	Level 5	Evidence for selected level	Actions for Continuous Improvement
Leadership	OCU / Department Theme Status	No specific action - H&S leadership is the responsibility of the MPS Management Board	Leadership action is taken following a serious incident or accident; with reliance on SHRMT (or others) for action to prevent accidents.	H&S leadership / management is timely, effective and positive; with all officers / staff clear on what is expected of them.	H&S leadership / management is motivational and visibly and proactively demonstrated in all activities. All officers / staff are committed to preventing unsafe behaviours in themselves and others.	Safety leadership values are openly demonstrated by all and in all activities; with everyone taking a proactive approach to maintaining a culture of safe behaviour in themselves and others		
	Level							
Policy / Governance	OCU / Department Theme Status	No specific action - implementation of H&S policy and governance is the responsibility of the MPS corporate body	Corporate H&S Policy and governance is reinforced following an accident, incident or when advised by SHRMT / PSD; with reliance on SHRMT / PSD for development / implementation / governance of any local policies they consider necessary.	The MPS H&S Policies are implemented, safety is considered and articulated in business/operational policies, toolkits and SOPs, compliance is maintained and staff are empowered to identify shortfalls.	Safety governance is fully and effectively managed in all business /operational systems, policies, planning and improvements; with staff proactively contributing to the ongoing effectiveness	Safety governance arrangements are inherently embedded in all activities and the psyche of the OCD/Department; they are adhered to by all employees and withstand churn and change at all levels.		
	Level							
Capability & Competence	OCU / Department Theme Status	No specific action -capability, competence and training management is the responsibility of Training	Competencies are defined for generic roles and responsibilities for which training is carried out where abstraction allows; with reliance on SHRMT for setting any specific H&S competency / training needs.	H&S training and competencies are defined, met, utilised and reviewed for all roles, responsibilities and grades; training non-attendance is promptly addressed.	OCU / Department safety competency / training needs are regularly reviewed against business / operational /individual officer and staff requirements and shortfalls promptly addressed.	The right safety skills are always available at the right time and place. Individuals influence their own safety development and training needs with active support from management		
	Level							
Communication	OCU / Department Theme Status	No specific action - H&S specific communication is not considered relevant at this organisational level	Communication is rolled down to all officers staff in response to safety concerns and accidents as advised by SHRMT / PSD. Line management are responsible for dealing with issues arising from their reports.	Effective, inclusive and two-way communication up and down the hierarchy and drives H&S compliance and performance improvement.	H&S performance and improvement is integrated into all communications and officer / staff engagement and the effectiveness of this is verified and acted upon. Staff proactively contribute to safety communication.	Proactive, self-driven, two-way safety communication, actions, planning and decision making focused on preventing incidents and reinforcing the behaviours for a self-driven safety culture is at the heart of all business and operational matters.		
	Level							



OCU / Department Quarterly H&S Maturity Self-Assurance Statement

H&S Risk Management	OCU / Department Theme Status	No specific action - H&S risk management is the responsibility of the specialist professional advisors	Officers/staff are aware of the hazards and risks of their work activity; with reliance on SHRMT for risk identification, assessment and management	Hazards are identified and risks assessed, eliminated / managed, communicated and reviewed appropriately; controls and litigation are followed and this is verified and acted upon	Effective risk management is embedded within all business/operational processes, activities and change/projects. Officers / staff positively and proactively contribute to risk management and learning, which is shared with other teams.	A constant positive state of chronic unease is understood, maintained and actioned by all.		
	Level							
Wellbeing Message				MPS Wellbeing maturity levels awaiting release				
Reactive / Proactive Monitoring	OCU / Department Theme Status	Only major injuries are reported for which investigation is the responsibility of SHRMT	Workplace injuries are reported wherever possible; with reliance on SHRMT for driving reporting and investigating / following up reports submitted.	Incidents / near misses are always properly reported and investigated. Workplaces and operational activities are monitored for safety and compliance. Corrective action is taken and learning identified and implemented.	All incidents and near misses are investigated to identify root cause in collaboration with officers / staff / others as appropriate and the findings shared widely. Proactive safety monitoring is carried out for all business processes / activities and workplaces and the findings promptly acted upon.	A 'no blame' reporting culture is in place and proactively implemented and welcomed by all; with understanding by all that near misses are a learning opportunity that promptly need to be acted upon. Investigations identify, act on and share widely the root cause.		
	Level							
Infra-structure and Asset Management (including equipment)	OCU / Department Theme Status	No specific action - infrastructure and asset management is the responsibility of PSD and specialist support services / equipment management is the responsibility of the individual using it	Infrastructure, asset and equipment faults / failures are addressed to maintain statutory compliance; with reliance on professional specialist support services for selection and defining safety in use requirements	Relevant infra-structure, fixed assets and equipment are fit for purpose, maintained and inspected, staff properly trained and correct use verified and acted upon.	Relevant infra-structure, fixed assets and equipment are proactively: selected for safety in use, inspected, maintained to a high standard and replaced. Officers / staff readily report / feedback issues and concerns which is appropriately acted upon and the information shared with other teams.	Safety performance and suitability is the primary element in infra-structure, fixed assets and equipment selection, management and use; with all contributing to drive continuous improvement in this respect.		
	Level							



OCU / Department Quarterly H&S Maturity Self-Assurance Statement

Partnerships, Contracts & Shared Risks	OCU / Department Theme Status	No specific health and safety action - contractor and supplier management is based on cost and schedule	Contractors and suppliers are appointed who should be capable of working safely; if concerns are received about unsafe working this is discussed with the relevant contractor/supplier and reported to other teams where required.	Contractors / Suppliers are selected, appointed and managed to minimise H&S risk; with safe working requirements made clear. Sanction is taken on safety failings or poor performance and notification to other OCU's / Departments	H&S capability, performance and behaviours are a key differentiator in contractor / supplier appointment; with contractors / suppliers proactively and collaboratively contributing to the achievement of high safety standards. All managers officers / staff understand the importance of proactive liaison, communication and joint management of MPS shared risks and act accordingly.	Contractors / suppliers are indistinguishable from MPS staff in their safety psyche and deliver the same behavioural standards and performance.		
	Level							
Change Management	OCU / Department Theme Status	No specific action - safety impact of change is the responsibility of SHRMT / PSD.	Safety is considered in large change programmes when requested and safety impact statements prepared	H&S impact is considered when planning any change and mitigation implemented, monitored and verified.	H&S is embedded and monitored in all change programmes as a proactive measure from inception to programme end; with issues and actions widely shared.	Safety is automatic and at the forefront of any change management planning and process to ensure a resilient and self-driven culture is delivered and maintained.		
	Level							
Performance Benchmarking	OCU / Department Theme Status	No specific action - performance benchmarking is the responsibility of the MPS corporate body.	Performance benchmarking is carried out when requested and the results passed to SHRMT for analysis	OCU / Department internal performance analysis is carried out regularly and informs learning and leads to opportunities for H&S improvement which are acted upon	OCU / Department performance analysis is carried out regularly against other MPS business or operational areas, and comparative external organisations to inform learning and leads to opportunities for H&S improvement which are acted upon.	OCU / Department safety performance benchmarking contributes to recognition that the MPS is the benchmark for safety performance excellence in policing and a leader in wider public and private sector organisations.		
	Level							
Assurance and Audit	OCU / Department Theme Status	No specific action - assurance and audit is the responsibility of the MPS corporate body.	Audits are carried out on an ad hoc basis or following a significant safety incident / concern; with reliance on SHRMT for overseeing the audit and corrective actions	Effective H&S self-assurance / reassurance audits are undertaken and shortfalls are identified, actioned and addressed appropriately.	Regular proactive governance, thematic and maturity audits are undertaken at all levels, including cross business area and activity. The findings of such audits are welcomed, acted upon promptly and widely shared.	Audits and surveys are seen as an essential part of the transparent continuous improvement cycle, with findings from analysis shared internally to influence the MPS self-driven safety culture.		
	Level							

Signed:

Dated :