

For Information	
Public	
Report to:	Strategic Resources & Performance
Date of Meeting:	19 March 2014
Report of:	ACO Monckton
Report Author:	Carl Taylor-Walster/Billy Pruden
E-mail:	carl.taylor-walster@nottinghamshire.pnn.police.uk
Other Contacts:	Steve Mitchel
Agenda Item:	8

Annual Health & Safety Report 2012-2013

1. Purpose of the Report

- 1.1 To provide a full year update on health & safety issues and statistics for the period April 2012 to March 2013.

2. Recommendations

- 2.1 It is recommended that the members of the Strategic Resources and Performance meeting note the contents of the report.

3. Reasons for Recommendations

- 3.1 To ensure that the Office of the Nottinghamshire Police and Crime Commissioner are kept up-to-date with regards to health and safety issues and statistics for the Force.

4. Summary of Key Points

4.1 Summary of reported injuries

Accident injuries including RTC's	2012/13	2011/12	Increase/Decrease
Police Officers	320	380	-15.7%
Police Staff	77	85	-9.4%
Special Constables	7	7	-
Other	0	0	-
Total	404	472	-14.4%

Assaults	2012/13	2011/12	Increase/Decrease
Police Officers	143	159	-10%
Police Staff	16	22	-27%
Special Constables	4	6	-33%
Total	163	187	-12.8%

RIDDOR reportable (Injuries reported to the Health & Safety Executive)	2012/13	2011/12	Increase/Decrease
Major Injuries	5	13	-61.5%
Over 7 day injuries	25	*	-
Total	30	*	-

* Over 7 day injuries were not reported during 2011/12 due to changes to the RIDDOR regulations by the Health & Safety Executive (HSE). In future only 'major injuries' as defined by the HSE and over '7 day injuries' will be reported.

5. Financial Implications and Budget Provision

5.1 Accidents, assaults and RTCs all have financial implications for the force. This can be as a result of absence following injury, backfilling posts, compensation claims, investigation costs and repairing any damage. The Health & Safety Executive estimates that every lost time accident will cost an organisation on average: £2100.

6. Human Resources Implications

6.1 See Appendix 1.

7. Equality Implications

7.1 Not applicable.

8. Risk Management

8.1 Strategic Health & Safety Risks.

There are currently 2 strategic risks on the register:

Custody Fire Safety Risk: There are numerous threads to this risk which the Health & Safety team have been working on for the past 12 months. The initial concerns were around the following areas.

Fire alarm system
Fire load in cells
Fire fighting equipment
Evacuation of detainees
Operation of plant and equipment under fire conditions

Following on from work carried out with the Fire Service and in house training the following risks were mitigated.

Fire alarm system
Fire load in cells
Evacuation of detainees

The 2 outstanding risks continue to be worked on by Estates and facilities with the support of the Health & Safety team.

Body armour procurement: Due to national procurement contracts Nottinghamshire Police are no longer able to purchase body armour to our standard. Work is being undertaken by supplies and procurement to enable Nottinghamshire Police to source armour to the required standard.

9. Policy Implications and links to the Police and Crime Plan Priorities

9.1 Not applicable.

10. Changes in Legislation or other Legal Considerations

10.1 Not applicable.

11. Details of outcome of consultation

11.1 Not applicable.

12. Appendices

12.1 Appendix 1 – total Force sickness figures April 2012 – March 2013.

12.2 Appendix 2 – annual health and safety report.

Total Force Sickness Figures April 2012 to March 2013

Police Officers	FTE at Start Date	FTE at End Date	Ave FTE	Contracted hours available	1-7 Days Hours lost	1-7 Days No of instances	8-28 Days Hours lost	8-28 Days No of instances	28+ Days Hours lost	28+ Days No of instances	Total hours	Total % of contracted hours lost to sickness
Apr-12 to Mar-13	2151.63	2073.25	2112.44	3755622.58	33544.92	1690	22704.93	255	113803.11	260	170052.96	4.53%
Police Staff												
Apr-12 to Mar-13	1493.07	1591.33	1542.20	2536179.52	25668.66	1408	18590.77	265	63300.68	189	107560.11	4.24%



NOTTINGHAMSHIRE
POLICE
PROUD TO SERVE

Annual Health & Safety Report

2012 – 2013

Report authors:

Carl Taylor-Walster. GFireE, CMIOSH

Billy Pruden. CMIOSH

The Force Health & Safety Report is produced annually to inform the Chief Constable and the Chief Officer Team, Nottinghamshire Office of the Police and Crime Commissioner and Divisional/Departmental Senior Management Teams about how Nottinghamshire Police has performed in relation to health & safety during the previous 12 months. Areas of concern are identified and action plans are produced by Divisions and Departments to mitigate injury and ill health. The report contains factual information gathered from the Force Health & Safety reporting and recording system as well as analysis of the statistics by the Force Health & Safety team.

1.0 Introduction

- 1.1 This report covers the financial year from 1st April 2012 to 31st March 2013. The aim is to provide statistical data and information on what Nottinghamshire Police is doing to protect its Police Officers, Police Staff, Specials, Volunteers, Contractors, service users and members of the general public.
- 1.2 Health & Safety focuses on reducing the risks of injury and ill health that can arise from the wide range of policing and support activities. The Force recognises that good Health & Safety management supports the delivery of a first class policing service to the people of Nottinghamshire.
- 1.3 Nottinghamshire Police's policy in relation to Health & Safety is set out in the policy statement which was updated in April 2011. The principles set out therein provide the overarching framework for all subsidiary statements at Corporate, Divisional and Departmental level.
- 1.4 During 2012 a 'Regional Health & Safety Strategy' and a 'Regional Mutual Aid agreement' were both adopted by the Force. The strategy aims to promote policies and best practices which lead to a reduction in accidents, ill health and dangerous occurrences within the East Midlands Police Forces. It also aims to raise the profile of Health & Safety and promote a positive Health & Safety culture.
- 1.5 The national framework for Health & Safety in the police service continues to be led by the ACPO Health, Safety and Welfare Strategic Group which meets quarterly. An annual planning meeting is held to set the strategic direction.

1.6 Summary of reported injuries

Table 1

Accident injuries including RTC's	2012/13	2011/12	Increase/Decrease
Police Officers	320	380	-15.7%
Police Staff	77	85	-9.4%
Special Constables	7	7	-
Other	0	0	-
Total	404	472	-14.4%

During this reporting period there has been a significant decrease (30%) in training related injuries compared to the previous year. This is in part attributed to a reduction in training courses during May and July due to the Olympic Games.

There has also been a decrease during the period in injuries as a result of Road Traffic Collisions (RTC's), down 20% compared to the previous year.

Table 2

Assaults	2012/13	2011/12	Increase/Decrease
Police Officers	143	159	-10%
Police Staff	16	22	-27%
Special Constables	4	6	-33%
Total	163	187	-12.8%

Historically there has been a spike in assaults during May and August. This spike did not occur during 2012/2013. In part this reduction is attributed to the identification of this trend and resources allocated according to the risk. i.e. having more officers available on a bank holiday weekend.

Table 3

RIDDOR reportable (Injuries reported to the Health & Safety Executive)	2012/13	2011/12	Increase/Decrease
Major Injuries	5	13	-61.5%
Over 7 day injuries	25	*	-
Total	30	*	-

* Over 7 day injuries were not reported during 2011/12 due to changes to the RIDDOR regulations by the Health & Safety Executive (HSE). In future only 'major injuries' as defined by the HSE and over '7 day injuries' will be reported.

During the year, the biggest cause of injury through accident and assault was 'resisting arrest' which accounted for 126 injuries (23.9% of total injuries). Second highest cause was 'restraining prisoner' which accounted for 115 injuries (20.2% of total injuries) through either accident or assault.

In relation to 'major injuries' and 'over 7 day absences' the biggest causes of injuries were 'restraining prisoner' and 'resisting arrest' which accounted for 10 injuries.

2.0 Health & Safety Committees

- 2.1 Health & Safety Committee meetings occur regularly throughout the Force. Each Division & Department holds quarterly meetings chaired by the Chief Superintendent with the exception of Crime & Justice which holds bi monthly meetings chaired by the Head of Crime & Justice.

3.0 Training

- 3.1 Health & Safety training is delivered by the Regional Learning & Development Team and includes both classroom based and e-learning modules which are delivered as part of an induction programme and on promotion.

The Health & Safety team deliver a half day input to new recruits as part of their initial training.

External training providers deliver Institute of Occupational Safety & Health accredited courses in Risk Assessment and Managing Health & Safety. They are delivered on request.

4.0 Accidents / Injuries

- 4.1 The Force Health & Safety Team analyse all reported accidents in order to help prevent or reduce accidents and injuries and identify any trends. This information is also used to inform local Health & Safety action plans.
- 4.2 There were no fatalities involving police officers or police staff. There were 5 major injuries reported to the Health & Safety Executive. All of the injuries were fractured bones.
- 4.3 Table 4 shows the benchmarking for Nottinghamshire Police Divisions/Departments per 100 officers/staff for the year April 2012 to March 2013.

Table 4

Force benchmarks per 100 officers/staff	City	County	OS	Custody	CM	C&J	CS	Total 2012-13	Total 2011-12	Total 2010-11
Accidents Police Officers	14.88	15.80	16.11	20.00	6.45	2.26	0.00	13.21	14.99	13.2
Accidents front-line staff*	13.00	6.79	0.00	21.25	0.00	0.00	0.00	9.26	10.23	5.54
Accidents other Police staff	10.56	4.78	11.48	0.00	0.61	2.71	2.35	4.48	3.27	5.38
Assaults front-line staff*	4.88	3.07	0.00	6.33	0.00	0.00	0.00	3.37	4.68	4.43
Assaults Police Officers	6.18	9.54	3.89	7.27	0.00	0.00	0.00	6.26	7.00	8.84
Slips/trips/falls	1.03	2.04	1.66	0.75	0.28	0.20	0.63	1.12	1.37	3.20
Training injuries Police Officers	0.95	0.94	3.33	0.00	0.00	0.56	0.00	0.93	1.41	1.30
RTC-Polac injuries Police Officers	1.96	1.06	0.56	0.00	0.00	0.56	1.21	1.24	1.51	2.00
Major injuries	0.11	0.28	0.42	0.00	0.00	0.00	0.00	0.13	0.23	0.33
Over 7 day injuries	0.69	0.99	1.24	0.75	0.00	0.59	0.00	0.60	-	-

* - front line staff are Detention Officers, PCSO's and Front Counter Staff.

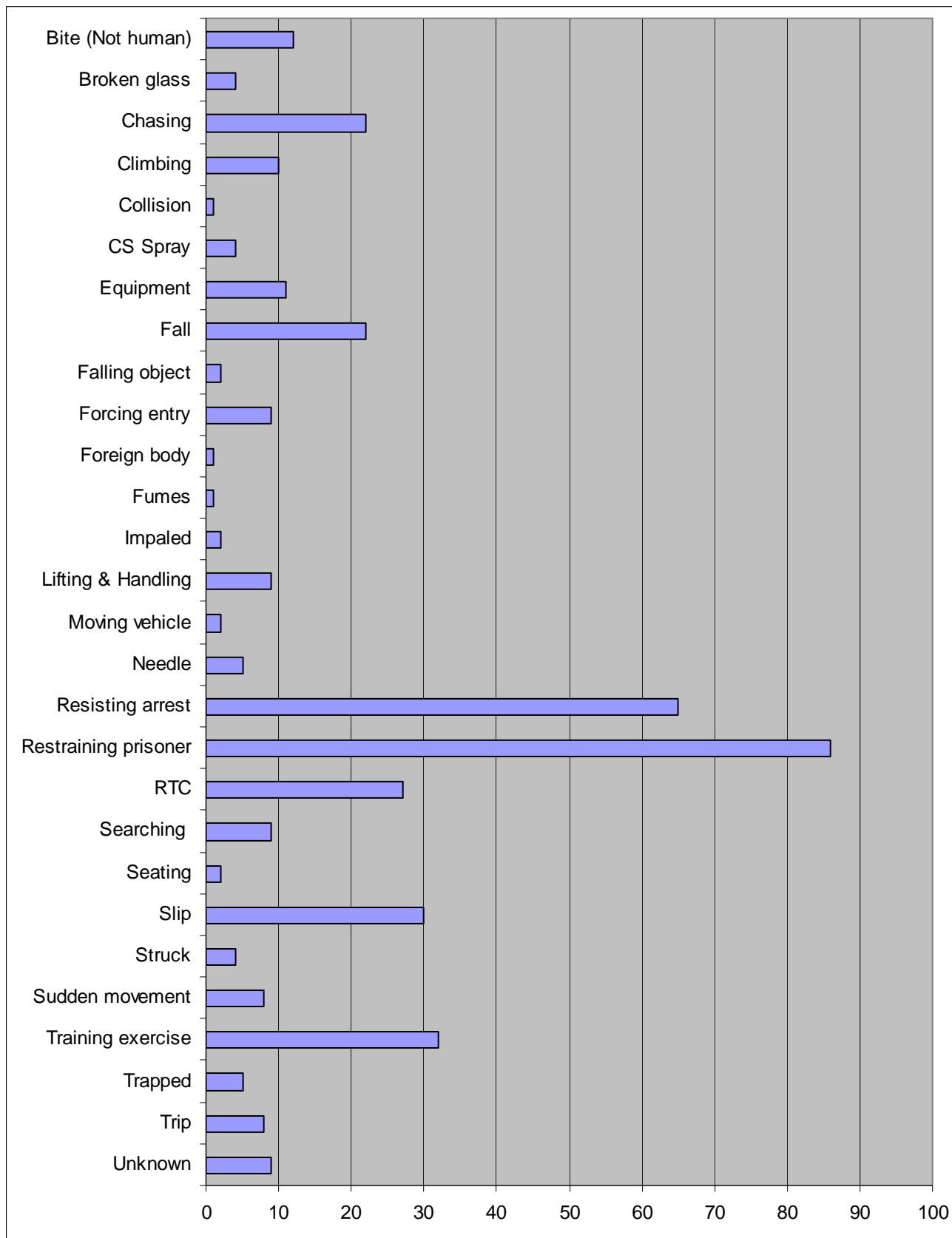
The Health & Safety Department analyse this data and use the information to identify exceptions and to inform discussions at divisional health & safety meetings.

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Accidents per 100 front line staff have reduced compared to last year.

Slips, trips and falls are significantly lower than the previous year, which was lower than the 2010-11 figures. This is attributed in part to a pro active approach to clearing ice and snow on force premises.

4.4 Accidents by cause 2012-13



The top 3 causes of accidents for the year were 'restraining prisoner', 'resisting arrest' and 'training exercise'. This is consistent with the top 3 causes of accidents for the previous year.

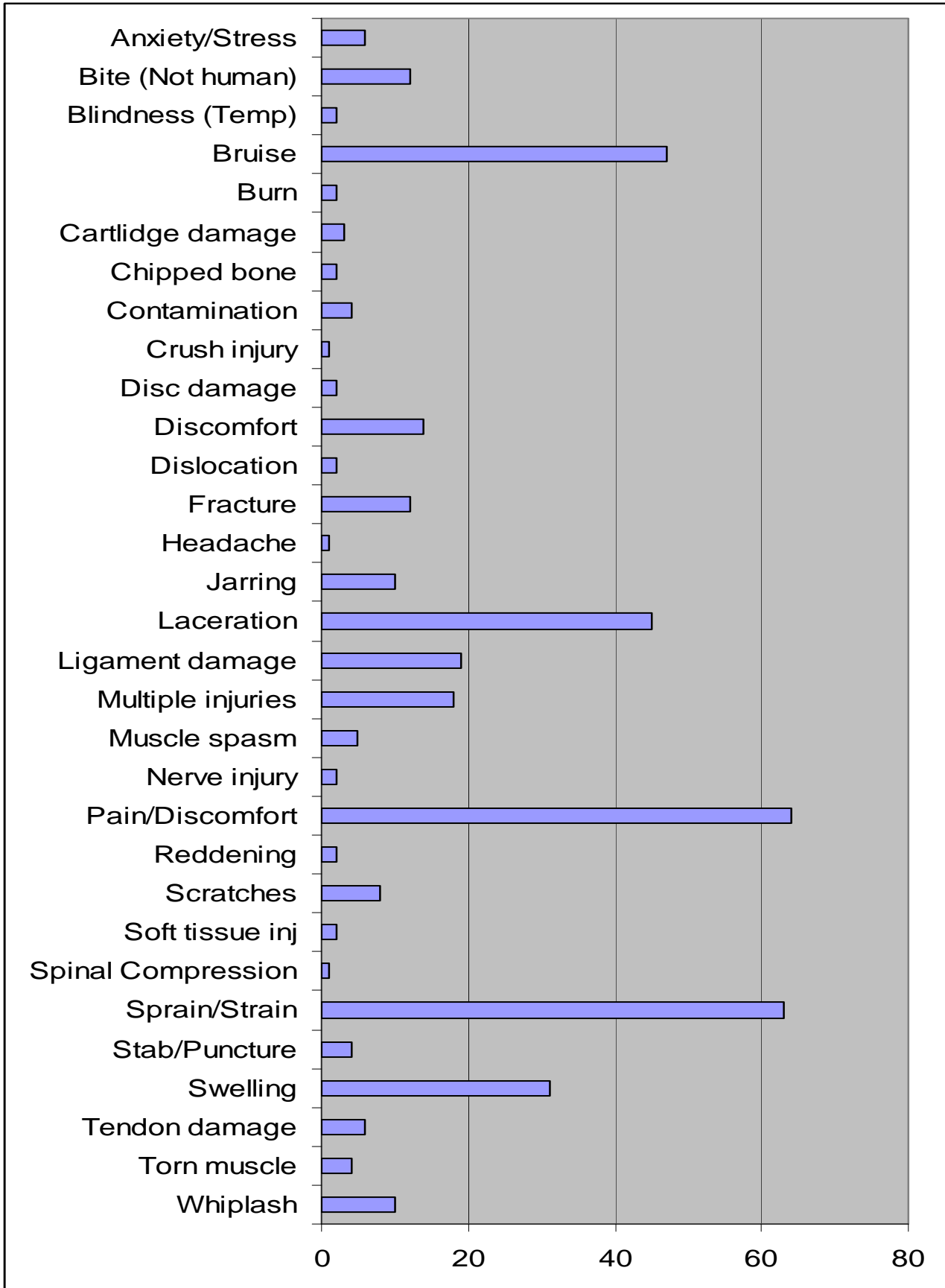
In relation to 'restraining prisoner' 29 incidents occurred on police premises and 57 occurred in a public place, or someone else's premises and involved 66 Police Officers, 18 Police Staff and 2 Special Constables.

28 Police Officers and 4 Police Staff were injured whilst participating in a training exercise. In relation to Police Officers 15 injuries were as a result of public order training, 3 resulted from firearms training, 1 dog unit training and 9 resulted from Unarmed Defence Tactics (UDT) officer safety training. In relation to Police Staff all of the injuries were as a result of UDT officer safety training.

62 Police Officers and 2 Special Constables were injured when they were faced with an individual resisting arrest. 1 PCSO received an injury whilst assisting in an arrest. The injuries can be broken down by Division and Department as follows:

City – 27
County – 34
OS – 4

4.5 Accident/Injury types 2012/2013



The top 3 injury types were pain/discomfort, sprain/strain, and bruising. Out of the top 3 injury types, 6 were reported to the Health & Safety Executive because the injury resulted in an absence of over 7 days.

Pain/discomfort accounted for 64 injury types, followed by Strain/Sprain which accounted for 63 injuries.

5.0 Assaults

5.1 There were a total of 163 injuries on duty as a result of an assault (see Table 2 Page 3). This was made up of the following mix of Police Officers/Special Constables/Police Staff:

143 Officers, compared to 159 reported the previous year.

16 Front line staff (PCSO's, Detention Officers, Enquiry staff) compared to 22 reported the previous year.

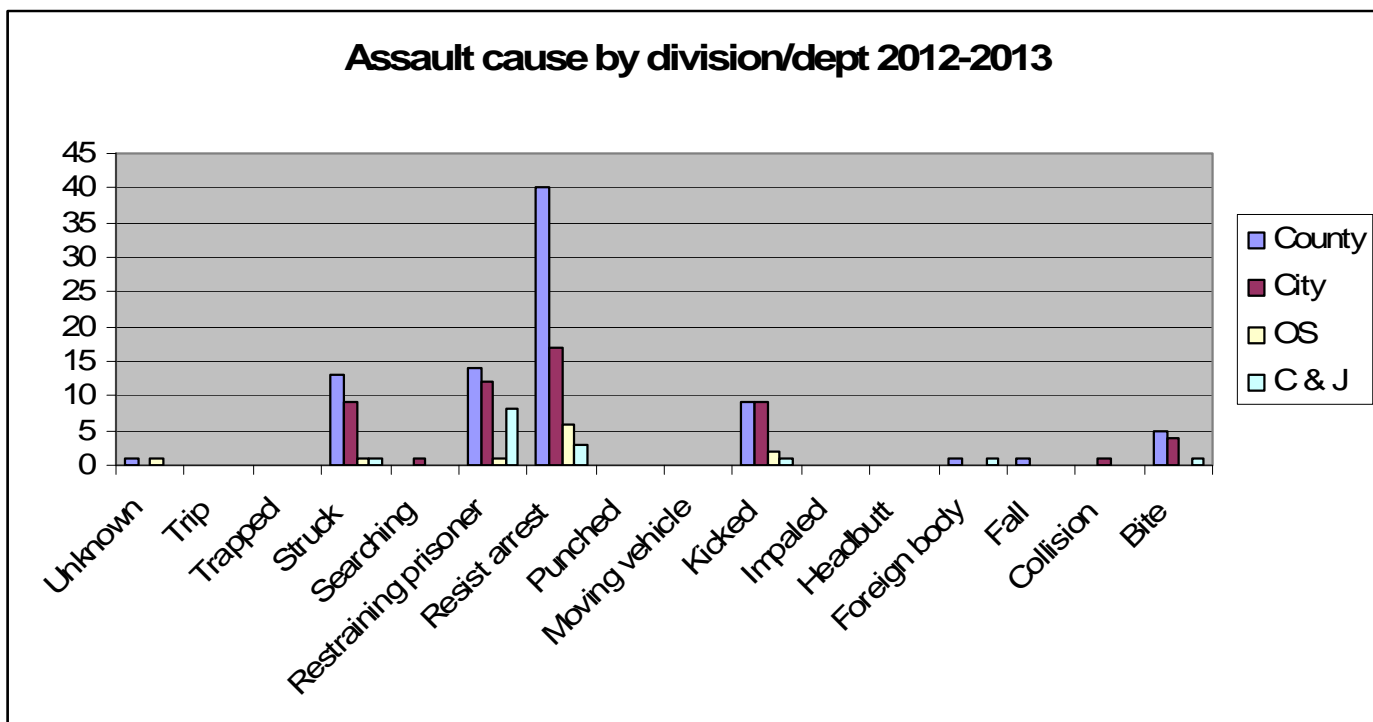
4 Special Constables compared to 6 reported the previous year.

Table 5 below identifies the assault frequency rate per 100 officers for the County and City Divisions. It identifies that assaults on officers within the City division have reduced in number year on year for the past 3 years. The County division has seen an increase compared to last year but is still down on the 2010-11 figures.

Table 5

	Frequency/ 100 officers (County Division)	Frequency/ 100 officers (City Division)
2012-13	9.54	6.18
2011-12	7.69	9.44
2010-11	12.00	10.21
2009-10	7.01	5.83
2008-07	11.89	6.36
2007-08	9.98	6.23

Assault cause by division/dept 2012-2013



Reducing assaults

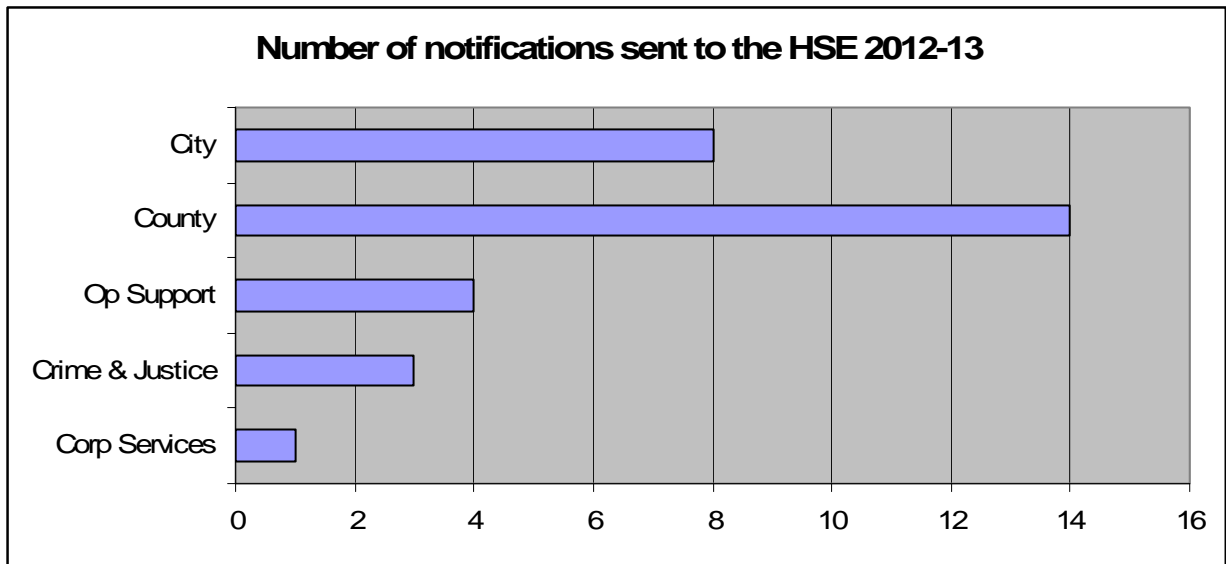
The Health & Safety team:-

- Monitor and analyse assaults, compare across the force, region and MSF's.
- Provide information; work with Divisions and Departments to identify issues/ themes/ hot spots.
- Identify trends, training issues, improvements.
- Provide advice to divisions and departments.

6.0 Reporting of Injuries, Diseases & Dangerous Occurrence Regulations

RIDDOR requires employers to report to the Health & Safety Executive (HSE) certain workplace related injuries, diseases and dangerous occurrences.

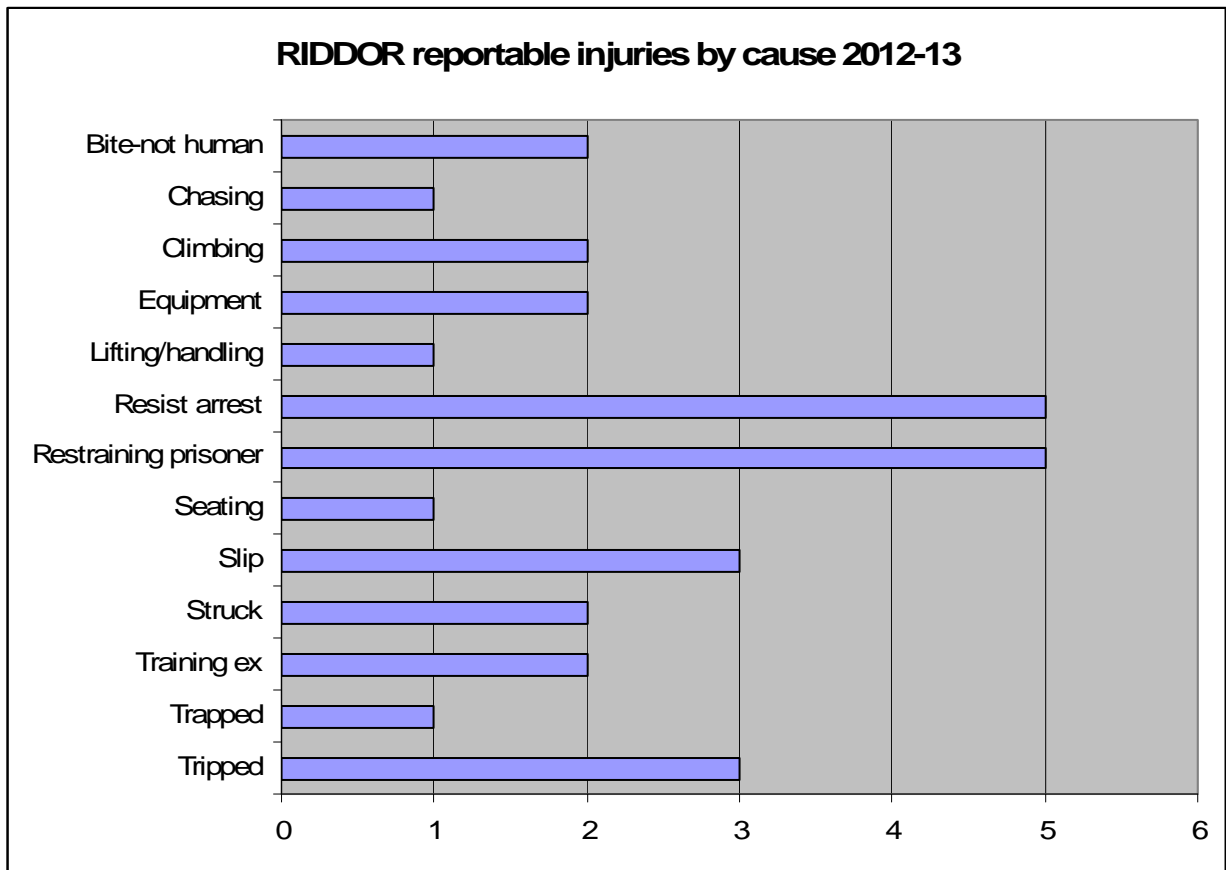
During the year, Nottinghamshire Police reported 30 'incidents' to the HSE compared to 44 the previous year.



8 reports were sent to the HSE for the City Division, 2 were 'major injuries' and the remaining 6 were 'over 7 day' injuries. The 'major injuries' were both fractured bones.

14 reports were sent to the HSE for County Division, 3 were 'major injuries' and 11 were 'over 7 day injuries'. The 'major injuries' were all fractured bones.

Operational Support was the third highest for RIDDOR reportable incidents with 4 reported to the HSE. All were over 7 day injuries.



The top 3 causes of reportable injuries were restraining prisoners and resisting arrest. Joint 3rd cause is slips/trips.

Out of the 5 instances where 'restraining prisoner' was the cause, all were Police Officers. All resulted in 'over 7 day' injuries (Sprains/Strains) with no 'major injuries'.

Out of the 5 instances where 'resisting arrest' was the cause, 4 were Police Officers and 1 was a PCSO.

'Slips & Trips' accounted for 6 injuries, 2 resulted in fractures and the remainder were 'over 7 day' injuries.

7.0 Near Misses

7.1 A near miss is an unplanned event which had the potential to cause injury but did not. All employees of Nottinghamshire Police are actively encouraged to report near misses. Near misses are reviewed daily to enable swift action to be taken to prevent recurrences and identify forcewide trends.

7.2 During the year there were 336 reported near misses compared to 212 the previous year, an increase of 37%. Chief Superintendents actively encourage reporting of near misses on both the City and County Divisions.
81 near misses were reported for custody, 150 for the County Division and 64 for the City Division. These were the top 3 divisions/departments for reporting near misses.

7.3 Data on 'near misses' is reported to Health & Safety committees throughout the force. When a trend is identified action is taken to resolve the highlighted issue.

8.0 Assurance/Compliance

8.1 The Health & Safety Management System has continually been improved over the past 4 years and the Health & Safety Team has overseen the development of a safety management system ensuring compliance with Health & Safety legislation, this includes:

- Review of the Force Health & Safety policy with improved guidance for managers. All information is now on the intranet.
- An electronic accident and incident recording system.
- Regular site inspections.
- In house fire risk assessments of all police owned sites.
- Development of further health initiatives e.g. provision of ergo belts, tactical equipment vests and workstation equipment.
- Carrying out 'dip sampling' of statutory requirements around control of asbestos, legionella and lifting equipment.

9.0 Continuing improvement

9.1 Accidents and assaults continue to be monitored across the force in order to identify areas where further work can be undertaken to reduce the number of incidents further.

10.0 Actions planned for 2013-2014

- 10.1 A national police service benchmarking exercise has commenced, with a requirement to submit quarterly accident data using standard definitions agreed by the safety advisors of all forces.
Section 11 below shows data gathered by the College of Policing to date.
- 10.2 A review of Health & Safety training packages in conjunction with Health & Safety teams from Leicestershire, Derbyshire, Northamptonshire Police Forces and EMCHRS L & D to standardise health & safety training across the East Midlands Forces.
- 10.3 Work with Health & Safety Advisors from the East Midlands Forces to standardise policy, guidance and risk assessments.
- 10.4 Continue to ensure Nottinghamshire Police fulfil its statutory obligations in respect of Health & Safety and that assurance is provided to the PCC and the Chief Constable that we are compliant.
- 10.5 Support the work of the Health & Safety Committee meetings in relation to mitigating risk and assisting with any health & safety investigations.
- 10.6 Support the development of a Force Health & Wellbeing Strategy.
- 10.7 Audit – dip sampling compliance with the Forces statutory obligations in relation to management of asbestos, water hygiene and lifting equipment.

11.0 National benchmarking data

- 11.1 The Association of Police Health & Safety Advisors identified in 2010 that there may be benefits to gathering accident data from all forces to benchmark against. This work was supported by the College of Policing (CoP) and the ACPO Strategic Health, Safety and Welfare Group. This work was also supported by the Health & Safety Executive.
- 11.2 Definitions were agreed by the Health & Safety Advisors of forces in order to achieve consistency of data submitted. The data was submitted by each force to the College of Policing who produce quarterly reports.
- 11.3 The benchmarking exercise came with a ‘health warning’ in that forces gather accident data in different ways (electronically, paper based or other systems).
- 11.4 The full year data for 2012/2013 is shown below for Police Officers.

All injuries 2012/2013

Force	Per 1000	Monthly rate
Nottinghamshire	191.5	16.0
Bedfordshire	243.3	20.3
Kent	186.4	15.5
Lancashire	215.7	18.0
Leicestershire	166.2	13.8
South Yorkshire	132.8	11.1

**Assault injuries
2012/2013**

Force	Per 1000	Monthly rate
Nottinghamshire	69.2	5.8
Bedfordshire	67.5	5.6
Kent	71.3	5.9
Lancashire	78.6	6.6
Leicestershire	38.7	3.2
South Yorkshire	23.9	2.0

**RIDDOR
reportable
accidents
2012/2013**

Force	Per 1000	Monthly rate
Nottinghamshire	10.4	0.9
Bedfordshire	16.0	1.3
Kent	11.2	0.9
Lancashire	10.6	0.9
Leicestershire	11.3	0.9
South Yorkshire	4.0	0.3

The per 1000 column provides the opportunity to benchmark our performance against our most similar forces.