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H&S Management System Audit
MPA/MPS

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Acknowledgements

This project was carried out over the period March to August 2009 and required significant commitment from members of both the MPS and MPA at a time when officers, staff and Members of these two organisations were extremely busy carrying out their day-to-day tasks.

We are both grateful for and impressed by this commitment, which in itself identifies the importance placed on health and safety across both the MPS and MPA. Specifically, we wish to thank:

- Nick Kettle and Roger Somerville of the MPS Safety and Health Risk Management Team and Peter Brown of the Property Compliance Team who worked closely with us throughout the project;
- Kate Roarty for arranging the bulk of the interviews; and
- All the interviewees for their time commitment and openness in the interview process

Executive Summary

Turner & Townsend were commissioned to undertake an overview evaluation of safety management across the Metropolitan Police Service (MPS) in the form of a top-tier audit of the implementation by the MPS and Metropolitan Police Authority (MPA) of the joint health and safety policy and its associated processes.

This audit was primarily carried out in the form of short interviews with representatives of the MPA and key officers and staff from across the various departments of the MPS. Overall, 38 Members of the MPA and officers and staff of the MPS were interviewed.

The findings of this report reflect limited high level document reviews and are based on statements made during the interviews. To provide a defined baseline and allow for consistency in future audits, ACPO's health and safety guidance and the Health and Safety Executive publication HS(G)65 - Successful health and safety management, are used as the benchmark for the assessment of the findings.

The need for good health and safety management is clearly promoted across the MPA/MPS and the organisation has an effective safety management system – two key aims of the ACPO 'Strategy for a Healthy Police Service' - and there is a commitment amongst all those interviewed to continue improving.

No fundamental issues of concern were identified during the assessment; the health and safety management components are working well and safety management in some areas of the MPS is excellent. However, there are areas that should be reviewed in order to maintain the momentum of continuous improvement in health and safety performance, especially in an environment of strict financial control. The structures and processes that allowed the MPS to reach its current position are not necessarily appropriate for the next phase in its health and safety development and culture maturity.

The time is right to consider and start establishing revised MPA/MPS structures and processes for maintaining future health and safety continual improvement cost effectively. Therefore, the recommendations in this assessment are not about fundamental problems but about keeping the MPA/MPS on the right track and the MPS in a position of H&S leadership to police forces across the UK.

Thirty nine recommendations are given in this report based on suggested actions to support the health and safety progress made to date and facilitate ongoing continued improvement. Key recommendations identified fall in to six key strategic management areas, as follows:

Structure and Control

- Adopt a flexible approach to health and safety management and control between Business Groups to meet their differing needs and rates of health and safety maturity development.

- Review the health and safety management structures and process to support further growth and development of the safety culture.
- Review the division of responsibility for providing specialist health and safety advice on operational and estate matters.

Co-operation and Collaboration

- Define the future structure and working relationship between the MPA and MPS to clarify their future roles in the delivery of health and safety across the MPS.

Training and Competence

- Establish a clearly structured health and safety knowledge base within the MPA.
- Review MPS health and safety training needs analysis and training programmes.

Planning and Prioritising

- Communicate to the estate stakeholders how financial constraints have affected the estates strategy and the implications for the stakeholders.
- Create an organisation-wide risk register.
- Review how health and safety matters are dealt with in project management.
- Establish corporate risk priorities to guide the utilisation of limited resources.
- Incorporate health and safety considerations more clearly in budget and financial processes.
- Include greater consideration of health and safety in the procurement process.

Culture and Communication

- Establish the prevailing health and safety culture to provide a benchmark for the future.

Monitoring, Auditing and Benchmarking

- Review concerns that may affect the reporting of minor accidents and near misses.
- Establish internal and external performance benchmarks.

Recommendations given provide a framework for defining and guiding the MPA/MPS health and safety strategy for the next 3 to 5 years.

1 Project Scope and Methodology

1.1 Project Scope

The Metropolitan Police Service (MPS) commissioned Turner & Townsend to undertake an overview evaluation of safety management across the MPS in the form of a top-tier audit of the implementation by the MPS and Metropolitan Police Authority (MPA) of the joint health and safety policy and its associated processes and compliance against the Health and Safety Executive's (HSE) guidance on "Successful Health and Safety Management", HS(G)65.

As described in the invitation to tender, the audit included:

- A review of MPS **policies and processes** for health and safety risk assessment, including the effectiveness of measures implemented to secure safe working systems, both in respect of operational policing, staff/buildings and estate.
- A review of the **resources and competence** of the management structure inclusive of the supporting professional advisors.
- A review of any **related procedures** e.g. procurement, finance, infrastructure, consultation, training and plant and equipment.
- A review of the **range and quality of information** relating to the Health and Safety at Work Act (HASW), with an independent view of key trends, safety cultural/behavioural and emerging issues, and a review of the methodology for benchmarking and Key Performance Indicators (KPIs), internal monitoring and audit procedures

1.2 Methodology

Our methodology was as follows:

1.2.1 Stage 1 – Establish the Background

Turner & Townsend first established the background within which the safety management system must operate. This included obtaining a clear understanding of:

- The operating environment and demands placed on the MPS.
- The MPA/MPS structure and organisation, management hierarchy roles and responsibilities, and recent health and safety related significant incidents, drivers, issues and concerns.
- The health and safety, legal, Home Office and MPA policy and standards framework for MPS' operation.
- The current MPA/MPS health and safety policy

1.2.2 Stage 2 – Review of MPS policy implementation

The MPA/MPS implementation of their health & safety policy, organisation and arrangements was evaluated through short (circa 1 hour) interviews with key officers and staff from across the various departments of the MPS and representatives of the MPA.

Overall, 38 Members of the MPA and officers and staff of the MPS were interviewed. A list of the roles of persons interviewed is given in Appendix A.

To allow for open discussion, it was agreed that the outputs from the interviews would not be identified against a specific individual and this has been upheld.

1.2.3 Stage 3 – Evaluation

We have compared the findings from the interviews against the MPA/MPS H&S Policy and HS(G)65, in order to report on the high level effectiveness of the current H&S management system and to identify where key improvements need to be considered to achieve cost efficiency and/or compliance improvements.

The findings of this report reflect limited high level document reviews (e.g. MPA/MPS Corporate Health and Safety Policy) and are based on statements made during interview.

1.3 Health and Safety Management Benchmarks

To provide a defined baseline and allow for consistency in future audits, it is important that the MPA/MPS health and safety management system is evaluated against a clear benchmark. We have used ACPO's¹ health and safety guidance and the Health and Safety Executive publication HS(G)65 - Successful health and safety management, on which ACPO guidance is based, as our benchmark for the assessment of the findings.

1.3.1 ACPO Health and Safety Strategy

ACPO's 'Strategy For A Healthy Police Service 2006-2010' reaffirms the commitment of the Police Service to improving the health and safety of police officers and staff. It sets out a strategy to consolidate and build on past achievements and continue to embed an appropriately tailored health and safety culture within forces. To this end, the Police Service, through ACPO and the APA and in partnership with NPJA, HMIC and NCPE has pledged to support the strategy's aims; including by:

- Promoting the case for good health and safety management
- Promoting effective safety management systems that include the visible leadership of Chief Officers and their Command teams

¹ Association of Chief Police Officer of England, Wales & Northern Ireland

The strategy sets out specific responsibilities, including:

Chief Officers

- Undertake analysis of the health and safety issues amongst officers and staff and ensure that prompt preventative or remedial action is taken where necessary
- Ensure effective co-ordination and communication between the different disciplines of HR, Health and Safety, Occupational Health and Welfare, to deliver the strategy
- Ensure that all line managers receive training appropriate to their role, enabling them to deliver their responsibilities within the strategy, and that they are held to account for their part in its delivery
- Meet their legal obligations under the Health and Safety legislation, the Disability Discrimination Act, the Working Time Regulations and other prevailing legislation
- Consult and work with Police Authorities, trade unions and staff associations to deliver the strategy for the benefit of all police officers, staff and the organisation
- Engage with, and support, officers and staff about personal standards of health and fitness for work

Police Authorities

- Actively support Chief Officers in the strategic management of health and safety matters in their forces
- Hold forces to account in relation to the Strategy for a Healthier Police Service consistent with their statutory responsibilities

Guidance on meeting the strategy is given in ACPO's 'Police Health and Safety – A Management Benchmarking Standard'. This follows the steps for successful health and safety management set out in the Health and Safety Executive publication HS(G)65 - Successful health and safety management.

1.3.2 HS(G)65 – Successful Health and Safety Management

The HSE's 'Successful Health and Safety Management' sets out the principles and management practices which provide the basis for effective health and safety management. It sets out the issues which need to be addressed, and can be used for developing improvement programmes, self-audit or self-assessment.

In this guide the HSE recommends the following components are key elements needed in the workplace to manage health and safety effectively.

Policy

Effective health and safety policies set a clear direction for the organisation to follow and contribute to all aspects of business performance.

Organising

An effective management structure and arrangements are in place for delivering the policy. Senior managers lead arrangements and all staff are involved in delivering the policy. All staff are motivated and empowered to work safely and protect their long term health.

Planning

There is a planned and systematic approach to implementing health and safety policy. The aim is to use risk assessment methods to decide on priorities and set objectives in order to eliminate hazards and minimise risks. Risks are eliminated through selection and design of facilities, equipment and processes. If risks cannot be eliminated, they are minimised by the use of physical controls, or through systems of work and protective equipment. Performance standards are established and used for measuring achievement. Specific actions to promote a positive health and safety culture are identified.

Measuring Performance

Performance is measured against agreed standards to show where improvements are needed. This is accomplished by:

- **Active Monitoring:** both environmental factors and human factors are monitored to assess how well the management system is functioning.
- **Reactive Monitoring:** investigation of accidents when controls fail.

Auditing and Reviewing Performance

The organisation learns from experience and applies the lessons. Data from monitoring and independent audits is used to review performance. These combined approaches form the basis of self-regulation and of complying with the Health and Safety at Work Act (1974). There is a continuous improvement approach to policies, systems and techniques of risk control.

1.3.3 BS OHSAS 18001

Although not directly part of the audit, consideration was given during the audit to compatibility with BS OHSAS 18001 : 2007 - Occupational Health and Safety Management System.

BS OHSAS 18001 is increasingly recognised as the management system standard for health and safety, providing an accredited standard against which a safety management system can be certified. The following key areas are addressed by OHSAS 18001:

- Planning for hazard identification, risk assessment and risk control
- OHSAS management programme

- Structure and responsibility
- Training, awareness and competence
- Consultation and communication
- Operational control
- Emergency preparedness and response
- Performance measuring, monitoring and improvement

Three advantages of BS OHSAS 18001 are that:

- It is a specification against which occupational health and safety management systems can be independently assessed, providing an internationally recognised certification that an effective system is in place.
- It provides an objective framework which allows flexibility of approach whilst retaining a clear, auditable structure.
- It has been designed to be compatible with ISO 9001 – Quality Management Systems and ISO 14001 – Environmental Management Systems, to provide consistency, efficiency and, ultimately, integration.

2 Findings

2.1 Background

The MPS is a very large organisation, as identified on the MPS web site:

'The Metropolitan Police Service employs 31,000 officers, 14,000 police staff, 414 traffic wardens and 4,000 Police Community Support Officers (PCSOs) as well as being supported by over 2,500 volunteer police officers in the Metropolitan Constabulary (MSC) and its Employer Supported Policing (ESP) programme. The Metropolitan Police Services covers an area of 620 square miles and a population of 7.2million.'

The MPS, is no different from other police services and other emergency services in needing to balance officer and staff health and safety with public expectations, but it must do this taking into account extremely wide ranging and complex hazards and risks (for example the 7/7 London bombings), across a large, mostly urban geographical area (and sometimes internationally, for example the 2004 Indian Ocean tsunami relief) and covering major 'infrastructure' issues (for example, two international airports, the Houses of Parliament and Royal Palaces, a large number of embassies and an influx of 15 million (approx) overseas visitors every year).

Some (B)OCUs are individually the size of small regional police forces and there is an extensive range of specialist services. These range from standard Borough based police units, albeit at a scale not seen in any other police service in the UK, to specialist services which operate at a national and international level. Thus, MPS employees potentially could be exposed, at short notice, to a wide range of risks when carrying out their duties, including criminal activity, counter terrorism and hazards of a novel nature (e.g. the Litvinenko Polonium-210 poisoning in November 2006).

As a base for delivering this service, the MPS manages one of the largest property portfolios in the UK, comprising over 6 million square feet of space including 174 police stations, 600 operational buildings, offices and back-office facilities. The ownership of this estate is vested in the MPA while the management of the estate rests with the Property Services Department of the MPS. The estate is varied but is largely ageing, with associated maintenance and refurbishment needs.

A number of organisational infrastructure improvements are currently taking place which will have a direct or indirect influence on health and safety management; specifically, MetAIR upgrade, transforming HR and modernising Finance and Resources. In addition, new significant challenges have been placed on the MPS, including the introduction of the PCSOs (in line with other police services) in 2002, the roll-out of a new radio communication system (Airwave) and, uniquely, London's hosting of the 2012 Olympics.

2.2 Overview

The MPA and MPS have a well structured health and safety policy that sets out a clear policy statement, organisation and, in a separate manual, arrangements for health and safety management across the MPS. It was apparent from the audit that all those interviewed were aware of the policy and committed to achieving a healthy and safe working environment across the MPS.

The need for good health and safety management is clearly promoted across the MPS and the organisation has made significant progress in achieving an effective safety management system – two key aims of the ACPO ‘Strategy for a Healthier Police Service’.

It is clear that the current level of health and safety management and control in the MPS has occurred as a result of significant improvement in the past few years and that there is a commitment amongst all those interviewed to continue improving.

2.3 Interview Responses

The interview responses and findings have been summarised below against the requirements of HS(G)65 and, hence, the ACPO Benchmark Standard – evaluation of these findings is given in section 3..

2.3.1 Effective Health and Safety Policies

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ ‘Policy’ means the general intentions, approaches and objectives – the vision of an organisation and the criteria and principles upon which it bases its action’. ▪ ‘Effective health and safety policies set a clear direction for the organisation to follow’. ▪ ‘They contribute to all aspects of business performance as part of a demonstrable commitment to continuous improvement’. ▪ ‘Effective policies are not simply examples of management paying lip service to improved health and safety performance but a genuine commitment to action’. 	<ul style="list-style-type: none"> ▪ There is a clear policy statement ▪ The H&S Policy Statement is awaiting the signatures of the new MPS Commissioner and MPA Chair ▪ Organisation and Arrangements for H&S are defined ▪ H&S management relates closely to the ACPO Benchmarking Standard ▪ A supporting Manual has been prepared and issued documenting H&S procedures ▪ Work is underway following an operational review of H&S post the Stockwell prosecution to further embed health and safety in to operational policies and procedures ▪ There was good awareness of the H&S

Policy across both the MPA & MPS interviewees

- Commitment of both the MPA & MPS to this audit shows importance placed on H&S at 'corporate' level
- Commitment to the interviews by those interviewed shows the importance placed on H&S by MPA/MPS senior officers and staff

2.3.2 Organising for Health and Safety

2.3.2.1 Control

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ 'Establishing and maintaining control is central to all management functions' ▪ 'Control is achieved by getting the commitment of employees to clear health and safety objectives' ▪ 'It begins with managers taking full responsibility for controlling factors that could lead to ill health, injury or loss'. ▪ 'The arrangements start with nominating a senior figure at the top of the organisation to co-ordinate and monitor policy implementation'. ▪ 'Health and safety responsibilities are allocated to line managers, with specialists appointed to act as advisers'. ▪ 'If managers provide clear direction and take responsibility for the working environment it helps create a positive atmosphere and encourages a creative and learning culture'. ▪ 'Safety representatives can also make an important contribution'. ▪ 'The emphasis is on a collective effort to 	<ul style="list-style-type: none"> ▪ Overall health and safety control is good ▪ Many aspects of control are in place and working well ▪ The current H&S structure works very effectively as it is and is appropriate for both people and buildings ▪ Roles and responsibilities are clearly identified, allocated and understood ▪ Risk assessments are carried out as standard ▪ Managers and supervisors take responsibility for health and safety ▪ There are good collaboration arrangements with the Superintendent Association, Federation, Trades Unions and other staff representative associations ▪ The Director of HR has overall health and safety leadership across the MPS ▪ The Director of Resources leads on estate and building related safety issues

develop and maintain systems of control **before** the event – not on blaming individuals for failures afterwards’.

2.3.2.2 Co-operation

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ ‘Participation by employees supports risk control by encouraging their ‘ownership’ of health and safety policies’. ▪ ‘It [participation by employees] establishes an understanding that the organisation as a whole, and people working in it, benefit from good health and safety performance’. ▪ ‘Pooling knowledge and experience through participation, commitment and involvement means that health and safety really becomes everybody’s business’. ▪ ‘...successful organisations often go further than strictly required by law and actively encourage and support consultation in different ways’. ▪ ‘Effective consultative bodies are involved in planning, measuring and reviewing performance...’. ▪ ‘Employees at all levels [in successful organisations (sic)] are also involved individually or in groups in a range of activities. They may, for example, help set performance standards, devise operating systems, procedures and instructions for risk control and help in monitoring and auditing’. 	<ul style="list-style-type: none"> ▪ MPS has robust and well established mechanisms for liaison with the Superintendent Association, Federation, Trades Unions and other staff representative associations at which H&S matters can be raised ▪ The primary mechanism and forum for strategic discussion on H&S matters is the MPS Strategic H&S Committee ▪ The safety policy establishes the principle of a joint working relationship between the MPA and MPS to provide a safe working environment. ▪ Concerns were raised regarding the health and safety co-operative working relationship between the MPA and MPS ▪ There are numerous mechanisms and forums for interchange of health and safety knowledge some of which are not necessarily obvious. ▪ The direct interchange of health and safety ideas and knowledge across business groups and (B)OCUs is not always consistent ▪ The specialist health and safety advisors provide a key conduit to link health and safety across the different areas of the MPS but this is resource constrained.

2.3.2.3 Communication

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ 'Two central elements are clear visible leadership and a common appreciation of how and why the organisation is trying to improve health and safety'. ▪ 'Effective communication about health and safety relies on information: <ul style="list-style-type: none"> - coming into the organisation - flowing within the organisation - going out from the organisation'. ▪ 'If the health and safety policy is to be understood and consistently implemented, the following key information needs to be communicated effectively: <ul style="list-style-type: none"> - the meaning and purpose of the policy - the vision, values and beliefs which underlie it - the commitment of senior management to its implementation - plans, standards, procedures and systems relating to implementation and measurement of performance - factual information to help secure the involvement and commitment of employees - comments and ideas for improvement - performance reports - lessons learned from accidents and other incidents'. 	<ul style="list-style-type: none"> ▪ Communication on H&S matters has improved significantly over the past few years but is variable across the organisation ▪ The health and safety policy and responsibilities within the MPS are generally well communicated and understood ▪ There are common vision, values and beliefs on health and safety and general agreement that the MPS has a positive, maturing health and safety culture. ▪ There is variation of H&S culture across the organisation that has not been quantified. Therefore the culture may not be fully understood and current perceptions may be misaligned for some parts of the organisation. ▪ Communication flows are influenced by the organisation structure, performance targets, hierarchy and the 'can do' culture of the police service ▪ There are a range of 'strategic' and 'local' H&S Committees, but there is variable interconnection between them in different parts of the business ▪ H&S is a standard item on various meeting agendas ▪ There is good involvement of the Superintendent Association, Federation, Trades Unions and other staff representative associations in health and safety committees

2.3.2.4 Competence

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ 'If all employees are to make a maximum contribution to health and safety, there must be proper arrangements in place to ensure that they are competent'. ▪ 'Good arrangements will include: <ul style="list-style-type: none"> - recruitment and placement procedures which ensure that employees (including managers) have the necessary physical and mental abilities to do their jobs or can acquire them through training and experience. - systems to identify health and safety training needs arising from recruitment, changes in staff, plant, substances, technology, processes or working practices.; and the presence of contractors' employees, self-employed people or temporary workers. - the need to maintain or enhance competence by refresher training. - systems and resources to provide the information, instruction, training and supporting communications effort to meet these [training] needs - arrangements to ensure competent cover for staff absences, particularly those with critical health and safety responsibilities - general health promotion and surveillance schemes which contribute to the maintenance of general health and fitness.' ▪ 'There are three types of training need: organisational, job related and individual'. ▪ 'Health and safety advisers need to have the status and competence to advise management and employees or their representatives with authority and independence'. 	<ul style="list-style-type: none"> ▪ Most interviewees identified that H&S training and competence has improved significantly over the past few years ▪ Abstraction time for training presents an ongoing challenge for the Service ▪ H&S knowledge and competence across line management appears variable ▪ Core H&S training needs and competencies are defined against generic grade rather than role ▪ Employees can commence a role prior to receiving relevant health and safety training ▪ Course development (Performance or Training Needs Analysis) does not routinely involve consultation and the review of course content by specialist safety staff. ▪ Training is still being developed for some safety related roles e.g. Senior Designated Officers (SDO) and Nominated Officers (NO) ▪ Refresher training and/or continuous professional development is not clearly defined or carried out for core H&S training ▪ Core health and safety competence and expertise are provided by the staff of the Safety and Health Risk Management Team (SHRMT), Property Services Department (PSD) Compliance Team and Occupational Health Department. ▪ The H&S advisory functions in HR and Property Services have relevant competent advisors. However, there appeared to be a growing uncertainty in relation to alignment of responsibility against role (e.g. People v Property issues).

- Specialist H&S advice to (B)OCUs appears geographically inefficient; although the service provided is still effective. This is currently being addressed within the SHRMT as part of an internal review of Service.
- The H&S Director from Transport for London (TfL) provides health and safety competence support to the MPA's Corporate Governance Committee.
- It is not clear that there is sufficient, relevant broader H&S competence within the MPA for full and effective partnering with the MPS on H&S

2.3.3 Planning and Implementing

2.3.3.1 Planning

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ 'Planning is essential for the implementation of health and safety policies. Adequate control of risks can only be achieved through co-ordinated action by all members of the organisation. An effective planning system for health and safety requires organisations to establish and operate a health and safety management system which: controls risk; reacts to changing demands; and, sustains a positive health and safety culture.' ▪ 'Effective planning is concerned with prevention through identifying, eliminating and controlling hazards and risks'. ▪ 'Risk control systems [RCSs] are the basis for ensuring that adequate workplace precautions are provided and maintained ▪ 'Organisations need RCSs which are appropriate to the hazards arising from their activities and sufficient to cover all 	<ul style="list-style-type: none"> ▪ Planning for day-to-day activities appears good ▪ Several interviewees identified that risk control systems are good for operations ▪ Risks assessments are generally undertaken as a 'norm' ▪ Implementation of the estates strategy has been affected by budget constraints ▪ Change management processes do not always appear to fully address health and safety concerns associated with the change (e.g. modernising F&R) ▪ The MPS strategic plan, based on achieving the principles defined in the ACPO strategy, is currently owned and monitored by HR. ▪ There is a clear MPS strategic programme and objectives to 2010 and a proposal is in place to implement a further 3-5 year

- hazards. The design, reliability and complexity of each RCS needs to be proportionate to the particular hazards and risks.’
- ‘An effective planning process ...comprises three elements:
 - accurate information about the current situation
 - suitable benchmarking against which to make comparisons
 - competent people to carry out the analysis and make judgements.’
 - There are three complementary outputs from the planning process:
 - health and safety plans with objectives for developing, maintaining and improving the health and safety management system
 - specifications for management arrangements, RCSs and workplace precautions; and
 - performance standards for implementing the health and safety management system, identifying the contribution of individuals to implementing the system (this is essential to building a positive health and safety culture).’

health related plan.

- The MPS Strategic Health and Safety Committee has annual objectives, many of which are actually longer term objectives and should be recognised accordingly.
- Work is underway to develop a further overarching MPS 3-5 year vision and plan.
- It is recognised there are opportunities for improving:
 - strategic planning output of the H&S Strategic Committee (NB. a review is already underway)
 - information analysis and benchmarking

2.3.3.2 Prioritising

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ ‘...control systems should reflect the hazard profile of the organisation; the greater the hazard or risk, the more robust and reliable the control systems need to be.’ ▪ ‘While there is no general formula for rating hazards and risks, several techniques can help in decision making. The techniques involve a means of ranking hazards and risks. Assessing relative risk involves some means of estimating the likelihood of occurrence and the severity of 	<ul style="list-style-type: none"> ▪ MPS has a clearly defined activity based risk assessment process and it was reported that in general compliance is good ▪ Interviewees considered that risk management of high risk activities is good, but risk management of low risk activities does not always appear to be as effectively prioritised ▪ A top level, MPS generic H&S risk register should be created to highlight the top H&S

a hazard.'

corporate risks and provide a structured framework to support corporate planning and strategic decision making

- It was not always obvious that health and safety risk assessments and audit reports were used to support and help prioritise the budget planning and decision making process.
- The MPS dynamic risk assessment process and training package is recognised as an industry leader and is utilised by the majority of UK police forces and a number of internal police services

2.3.3.3 Implementing

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ 'The control of relatively minor hazards affecting all employees (such as ensuring passages and gangways remain free from obstruction) can be dealt with by a number of simply stated rules. The control of more hazardous activities may need more detailed workplace precautions and Risk Control Systems (RCSs). The control of high hazard activities may demand detailed workplace precautions and an RCS which needs to be strictly followed, such as permit-to-work system.' ▪ 'All the components of the health and safety management system need to be adequately inspected, maintained and monitored to secure continued effective operation. ▪ 'Even in a well-designed and well-developed health and safety management system there is still the challenge of ensuring that all requirements are complied with consistently. The main way of achieving this is by rewarding positive behaviour according to the maxim of 'what 	<ul style="list-style-type: none"> ▪ Comprehensive H&S management arrangements are in place and implemented ▪ There is a perception that a 'blame' culture may result in under reporting of accidents and near misses ▪ The SDO and Nominated Officer (NO) system provides a good foundation for local building related control, but these individuals are not trained (NB. training is approved and implementation planning is under way) ▪ The MPS has gone a long way to identify and address instinctive behaviours of police officers to achieve an acceptable balance between duties to the public and staff health & safety. However, this will always remain a challenge for the service.

gets rewarded gets done’.

- ‘managers need to take positive steps to address human factors issues and to encourage safe behaviour. They need to recognise that the prevailing health and safety culture is a major influence in shaping people’s safety-related behaviour.’

[Performance management techniques]...are no substitute for a sound health and safety management system. They achieve their best effect where the health and safety system is relatively well developed and where employees are actively involved in the behavioural safety process.’

2.3.4 Measuring Performance

2.3.4.1 Active Monitoring

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ ‘Active monitoring gives an organisation feedback on its performance before an accident, incident or ill health. It includes monitoring the achievement of specific plans and objectives, the operation of the health and safety system and compliance with performance standards.’ ▪ ‘Active monitoring measures success and reinforces positive achievement by rewarding good work, rather than penalising failure after the event.’ ▪ ‘Organisations need to decide how to allocate responsibilities for monitoring at different levels in the management chain and what level of detail is appropriate. The decisions will reflect the organisation’s structure.’ ▪ ‘The key to effective active monitoring is the quality of the plans, performance standards and specifications which have 	<ul style="list-style-type: none"> ▪ Local H&S performance is generally well monitored in a variety of ways at many levels ▪ Specialist health and safety advisors play an important role in supporting (B)OCUs and Departments deliver active monitoring ▪ The active monitoring process appears inconsistent across different areas of the business making comparison difficult. [NB this is currently being addressed in a new H&S chapter within the safety manual] ▪ Monitoring of Planned Community events is not properly defined or structured to allow verification that health and safety management controls are consistently applied. This is part of a more general issue in relation to health and safety competence of staff to manage such events.

been established...These provide the yardstick against which performance can be measured.'

- 'A system for inspecting workplace precautions is important in any active monitoring programme...Inspections should be done by people who are competent to identify the relevant hazards and risks and who can assess the conditions found.'
- 'Active monitoring should be proportional to the hazard profile... Activity should concentrate on areas where it is likely to produce the greatest benefit and lead to the greatest control of risk.'

2.3.4.2 Reactive Monitoring

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ 'Reactive systems, by definition, are triggered after an event...[and] provides an opportunity for an organisation to check performance, learn from mistakes and improve the health and safety management system and risk control.' ▪ 'Events must also contribute to the 'corporate memory': Information gathered from investigations is a useful way to reinforce key health and safety messages.' ▪ 'Collecting information on serious injuries and ill health should not present major problems for most organisations, but learning about minor injuries, other losses, incidents and hazards can prove more challenging... there is value in collecting information on all actual and potential losses to learn how to prevent more serious events.' 	<ul style="list-style-type: none"> ▪ It was reported that very good reactive monitoring systems are in place for major operations or incidents ▪ Recording of minor incidents and near misses and associated monitoring and analysis could be improved ▪ There are well documented problems with the current MetaAIR data collection and analytical tool. It is planned these will be addressed under the Transforming HR programme

2.3.4.3 Investigation and Response to Monitoring

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ 'Investigations should be led by someone with the status and knowledge to make authoritative recommendations. Usually, this will be a line manager. A health and safety adviser, a medical or nursing adviser, technical staff...may need to provide assistance...Safety representatives may also make a valuable contribution.' ▪ 'Good investigations identify both immediate and underlying causes, including human factors. Immediate causes include the job being done and the people involved. Underlying causes are the management and organisational factors which explain why the event occurred.' ▪ 'The final step [in the investigation process] is to ensure that recommendations are given priorities and turned in to objectives for people to implement.' 	<ul style="list-style-type: none"> ▪ The need for accident and incident investigation was well understood ▪ Owing to resource constraints only high risk incidents are formally investigated by specialist safety advisors. All other incidents should be investigated at (B)OCU and Department level. ▪ Overall corporate learning from major incidents is considered generally good, but could be improved for lower profile incidents and events

2.3.5 Auditing and Reviewing Performance

2.3.5.1 Auditing

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ 'Over time, auditing should be used to verify the adequacy of each...component [of a health and safety management system – inputs / process / outputs]. For multi-site organisations, auditing should include the management arrangements linking the centre with the business units and sites.' ▪ 'The aims of auditing should be to establish that: 	<ul style="list-style-type: none"> ▪ There is a clearly defined audit process. ▪ Self-Assurance auditing at (B)OCU and Department level is inconsistent, however, this is developing as the assurance process rolls out across the MPS ▪ SHRMT have a clearly defined re-assurance audit process and standards that are supported by a comprehensive software tool. Owing to the burden of rolling out the Assurance process and consequent

- appropriate management arrangements are in place
 - adequate risk control systems exist, are implemented and consistent with the hazard profile of the organisation
 - appropriate workplace precautions are in place.'
 - 'The adequacy of a health and safety management system is judged by making comparison between what is found against a relevant 'standard' or benchmark. If there are no clear standards the assessment process will be unreliable. Legal standards, HSE guidance and applicable industry standards should be used to inform audit judgements.'
 - 'It is important that auditing is not perceived as a fault-finding activity but as a valuable contribution to the health and safety management system and learning. Auditing should recognise positive achievements as well as areas for improvement.'
 - 'Like any process, there need to be controls to ensure that an audit is applied rigorously and consistently... Typical controls:
 - ensure that the audit is perceived as a positive management tool and is taken seriously by all levels of management
 - ensure that the system is applied in accordance with the intended use.
 - secure the competence of auditors.
 - secure the effective implementation of results and recommendations
- resource limitations, the SHRMT did not audit (B)OCUs and Departments in FY 2008/09 and part of FY 2009/10
- Estate/building statutory compliance re-assurance audits are carried out but are not well defined on a building specific basis. The Property Services Department Compliance Team are currently developing a key corporate health indicator that will be applied to each building
 - MPA's Directorate of Audit, Risk and Assessment (DARA) undertakes periodic independent auditing.

2.3.5.2 Reviewing

Summary of HS(G)65 Guidance	Overall MPA/MPS Status
<ul style="list-style-type: none"> ▪ 'Reviewing is the process of making judgements about the adequacy of performance and taking decisions about the nature and timing of the actions necessary to remedy deficiencies.' ▪ 'Feeding information on success and failure back into the system is an essential element in motivating employees to maintain and improve performance. Successful organisations emphasise positive reinforcement and concentrate on encouraging progress on those indicators which demonstrate improvements in risk control.' ▪ 'Reviewing should be a continuous process undertaken at different levels within the organisation... Organisations should decide on the frequency of reviews at each level and devise reviewing activities to suit the measuring and auditing activities.' ▪ Reviewing demands the exercise of good judgement and people responsible for reviewing may need specific training to achieve competence in this type of task.' ▪ 'Organisations may also 'benchmark' their performance against other organisations by comparing: <ul style="list-style-type: none"> - accident rates with organisations in the same industry which use similar business processes and experience similar risks - management practices and techniques with other organisations in any industry to provide a different perspective and new insights on health and safety management systems.' 	<ul style="list-style-type: none"> ▪ The health and safety assurance process is a positive concept. However, it is observed that it is unusual for a process as important as this to be implemented without first piloting to understand fully the resource requirements and allow effective planning; although a phased implementation is being carried out ▪ The Strategic H&S Committee often becomes focused on day-to-day matters rather than confining the committee process to strategic issues only (ToR are under review) ▪ There appears to be no appropriate (non-public) forum for the MPA and MPS to discuss and develop detailed H&S strategy and plans for both operational policing and estates/buildings ▪ Use of the TfL H&S Director as the competent H&S advisor to the Corporate Governance Committee appears to have created a focus on health and safety management within TfL as the basis for the MPA view of what are appropriate health and safety arrangements in the MPS.

2.4 Resources and competence

Health and safety management is most effective when it becomes a standard line management function and this is clearly being applied within the MPS. The key issue therefore, is to ensure that individuals at all levels from police officer to Commissioner have the necessary competence to fulfil their health and safety responsibilities on a day-to-day basis and have access to specialist support when required.

2.4.1 Line Management

A lot of effort has been made to ensure health and safety competence amongst line managers and very significant improvement has been made. For example, it is mandatory that all managers at a level C and above complete the 'Safety Leadership' course – a one day course providing an overview of health and safety management.

Thus, there is a good level of basic awareness and competence in the management hierarchy. However, there are issues and gaps which need to be addressed to support the continued improvement of health and safety management across the MPS; the key issues being:

- Not all managers have attended the Safety Leadership course in spite of it being mandatory.
- It is not a requirement to have completed the course before promotion to a management position; hence, new managers may not have the knowledge to carry out effectively their health and safety responsibilities.
- The 'Safety Leadership' course is very generic in nature and as such can only provide a basic awareness of safety requirements. The increasing complexity of current health and safety legislation and duties of care placed on senior managers may mean that some managers may require more detailed training to provide competence to ensure fulfilment of their responsibilities.
- Risk assessments are often carried out by first and second tier supervisors with specialist training. However, not all first and second tier supervisors have such training and the movement of these supervisors around and between (B)OCUs can lead to untrained individuals carrying out risk assessments.

2.4.2 Officers and Staff

All interviewees identified that H&S training and competence has improved significantly over the past few years, but training for some roles remains problematical, for example:

- SDOs and NOs have not been trained to fulfil their health and safety roles and will not be competent to carry out these roles effectively; however, training is approved and implementation planning is under way.

- It was reported that it is challenging to provide officer safety and emergency life support (ELS) refresher training to volunteer police officers because of the intermittent nature and timing of their shifts; hence, it is understood that not all volunteers will have had all officer safety related refresher training commensurate with their role according with MPS Policy.

2.4.3 Specialist Advice

Specialist advice is provided on operational matters by the Safety and Health Risk Management Team (SHRMT) and on estate/building management matters – Fire / Public Health / Food Safety / Building Regulations - by the Property Services Department (PSD) Compliance Team and both are supported in occupational health (OH) by the OH Department. It is clear that all these teams are held in high regard across the MPS – a status which is reported to have developed significantly over the past few years.

2.4.3.1 Operational Matters

Dealing with operational matters, the SHRMT are required to provide advice on a wide range of issues from 7/7 London Bombings to occupational noise at the Notting Hill Carnival. It is recognised across the MPS that the advice given is essential to good safety management and that the SHRMT provides valuable support to managers and staff at all levels. However, as the MPS safety management system develops and matures there are a number of potential issues that will need to be addressed to ensure effective advice is provided cost effectively; key issues are:

- The level of formal health and safety management responsibility placed on line managers has increased significantly as the MPS health and safety management system has matured and developed; consequently (B)OCU Commanders and senior managers rely heavily on their specialist safety advisors from SHRMT to help them keep pace and deliver their responsibilities. However, SHRMT are a very limited resource; other comparable high risk organisations are believed to have larger specialist support teams.
- As a response to the limited pool of specialist advisory capability and increasing demands, some Business Groups and (B)OCUs are seeking to increase the health and safety knowledge and expertise within their teams. This is not necessarily a bad thing provided that it does not result in multiple, independent specialists 'doing their own' thing in an uncoordinated way which could lead to significant duplication of effort and unnecessary cost as well as inconsistency of advice.
- The H&S advisory functions in HR and Property Services have relevant competent advisors. However, there appeared to be a growing uncertainty in relation to alignment of responsibility against role (e.g. People v Property issues). The current division between operational and estate matters has the potential to create gaps in responsibilities and ultimately service delivery as many health and safety issues could be classified as either people or property related. Currently these issues are resolved by good communication between these two teams; however, increasing expected financial constraints could lead to increasing conflict as to where responsibilities lie.

- The SHRMT provide specialist health and safety training for which the departments make a bid each year. However, the level of training provided is related to resource allocated from corporate funds (which has apparently not increased for the past six years) rather than the training needs of the MPS; essential training may therefore not be carried out because of centrally defined resource allocation which does not necessarily reflect the full training requirement. It was reported that this resource issue is not confined to HR sponsored health and safety training.
- All mandatory fire safety related training for police officers and staff across the MPS is provided by the PSD Compliance team; however, there is increasing demand for this training which is being monitored to ensure that the training remains adequately resourced.

2.4.3.2 Asset Matters

The estate is owned by the MPA but the management of the estate and buildings is carried out on their behalf by the Resources Directorate - asset management is dealt with by a specialist department within Property Services and FM maintenance is contracted out; with legal compliance audited by the PSD Compliance team and FM auditing the estate condition and the contractual compliance of the FMS contractors. This organisational arrangement works well; although resource constraints have affected the estates refurbishment/construction programme.

Buildings are refurbished, sold or, as a last resort, closed before the building state affects safety/statutory compliance. However, concerns were raised in the interviews about the deteriorating state of the buildings in which the MPS officers and staff have to work and the perceived detrimental effect poor working conditions are having on an already stressful job.

For day to day building safety matters the relevant (B)OCU Commander, Head of Department or SDO is responsible for oversight of site health and safety. The (B)OCU Commander, Head of Department or SDO have relied heavily on the local Resource Department staff to assist them in carrying out their duties. However, under the modernising F&R programme these representatives are being centralised on an area basis and concern was expressed as to how the revised local support will work in practice; although at the time of the audit work was ongoing to resolve this issue.

2.4.4 MPA

The MPA has two levels at which specialist health and safety knowledge is required to allow the MPA effectively to work together with the MPS in providing a safe working environment: day-to-day matters and decision making by the Corporate Governance Committee.

Currently, there is not a dedicated health and safety specialist providing day-to-day advice and support to the MPA officers or Members or liaising directly on a professional level with the MPS on health and safety matters. The MPA has no Members with health and safety expertise; although the Health and Safety Director of Transport for London acts as the specialist advisor to the Corporate Governance Committee.

2.5 Related procedures

2.5.1 Procurement

Until fairly recently control of health and safety in procurement has been low key; but the Procurement Director is implementing a range of processes for stricter control of procurement. However, a number of areas and issues still need to be addressed; key ones being:

- more rigorous health and safety review, approval and management of contractors and setting health and safety standards and performance criteria in contracts.
- stricter adherence to requirements for sign off by SHRMT and PSD on a range of procurements where health and safety is a significant feature of the item being procured.
- identification of standard health and safety requirements for the procurement team to request as a minimum when seeking tenders for regularly purchased products; these could be legislation related (ie. EU standards that may not be met by goods supplied from outside of the EU) or MPS specific.
- more clearly defined 'fit for purpose' evaluation procedures for plant and equipment purchases. This should cover use, maintenance and disposal in line with the requirements of the Provision and Use of Work Equipment Regulations (PUWER)

2.5.2 Finance

Finance are responsible for the budgeting and financial management processes in the MPS and this is overseen by the MPA. It is not obvious that the health and safety background, issues and implications are always fully integrated and documented in these processes.

2.5.3 Infrastructure

The key infrastructure component is the MetAIR system that collects accident performance data. This system is currently being updated; the new system is due to go live in December 2009 with the Transforming HR programme. It is understood that the new system, if developed according to the required specification, will be a significant improvement on the old system but software development is still ongoing.

Other than the MetAIR system, there is no other centralised IT system for H&S management; although the CHASE audit tool is used locally by SHRMT for the management and recording of H&S audits. For an organisation of the size and complexity of the MPS, adoption of a proprietary Health and safety management system, requiring limited tailoring to MPS' specific circumstances could provide a step change in both departmental and central oversight, management and control of day-to-day health and safety matters and performance.

2.5.4 Consultation

The MPA/MPS corporate H&S Policy explicitly requires consultation on health and safety matters with staff representative bodies and there are good corporate processes and mechanisms to achieve this. This is reinforced through the Strategic H&S Committee and H&S Forums. However, it is noted that further work to improve consultation, communication and collaboration on health and safety matters is captured within the Strategic H&S Committee annual plan.

2.5.5 Training

Training is under the oversight and direction of the Training Management Board (TMB) and is delivered via 86 training units across the MPS; not all of which are involved with health and safety training. Training is given a high priority across the MPS and the organisation continues constantly to seek a balance between training requirements and delivery cost, especially abstraction days. Although the need for health and safety related training is recognised, several challenges exist in the delivery of such training; key issues are:

- Although the TMB will seek specialist health and safety advice when the need is identified, it does not have a health and safety specialist on the Board to identify this need when it may not be obvious or to advise on training matters where health and safety might be indirectly involved or impacted.
- Course development (Performance or Training Needs Analysis) does not routinely involve consultation and the review of course content by specialist safety staff.
- Role specific mandatory health and safety training performance standards are not clearly defined and documented within the role profile competency framework for officers and staff.

It is understood that training is subject to a Service Improvement Programme where a number of these issues are to be reviewed.

2.5.6 Plant and Equipment

No direct concerns or problems were raised regarding general plant and equipment health and safety. Building related plant and equipment is subject to comprehensive planned preventative maintenance systems and procedures overviewed by the PSD Compliance team. For new projects and refurbishment the PS 'Gateway' process is being developed and will be designed to ensure that all necessary input and approvals are obtained from stakeholders and that the PSD Compliance Team are involved at each stage to ensure that statutory compliance is achieved. However, it was identified that safety considerations are not always fully considered during the procurement process (see section 2.5.1).

2.6 Range and quality of information

The MPS relies heavily on its intranet system and committee forums as the key method for disseminating information. Both local and corporate intranet sites that were reviewed were well structured and informative. A review of the range and quality of information relating to the Health and Safety at Work Act were found to be good at all levels, however, there is always the danger that key messages could be lost in the plethora of information available. This is managed by ensuring that key safety messages are also disseminated via the Strategic Health and Safety and specialist safety teams direct to Heads of Business Groups and (B)OCU Commanders. This is also supplemented by safety hazard notes as deemed appropriate.

3 Evaluation

Evaluation findings are grouped under a number of key health and safety management processes.

3.1 Structure and Control

3.1.1 Overview

There is a clearly defined H&S Policy, although it has not yet been signed by the current Commissioner and Chair of the MPA pending revision and consultation to implement a recommendation from a recent MPA health and safety audit, and to accommodate a number of organisational changes (Transforming HR and Modernising F&R). It is noted that it is planned that these amendments will be forwarded to the Strategic Health and Safety Committee, Management Board and MPA Corporate Governance Committee for consideration. Further amendments to the policy arising from this audit will be incorporated as further interim amendments.

Current health and safety management across the organisation is good, with the structure and control in Central Operations Business Group being of a particularly high standard and generally in line with what would be expected of a BS OHSAS 18001 compliant system (see section 1.3.3). However, the organisation has moved forward so fast in health and safety management over the past few years that there is an indication that progress is outstripping the organisations structure for health and safety control.

3.1.2 Hierarchy of health and safety policies

Outside of specialist safety advisors and specific projects, health and safety management is not always considered holistically across the MPS and the current structure could become increasingly fragmented as different parts of the MPS progress in their health and safety maturity at different speeds. A number of 'independent' H&S management arrangements are being established at Business Group, (B)OCU and Department level. Decentralisation is not a bad thing, however, to maximise the benefit of this approach it should be planned, co-ordinated and controlled.

It is probable that the MPS has reached a level of maturity at which a 'one size fits all' approach to health and safety management and control is becoming less appropriate and that a more flexible approach is required to meet the needs of the very different parts of the organisation. Control of this 'decentralisation' is required to avoid duplication of effort, maintain cross MPS knowledge and learning, and avoid potentially significant variability in control based on factors such as resource availability, hierarchy and 'interest' in health and safety rather than the implementation and management locally of organisation-wide standards.

Therefore, to give greater local flexibility a hierarchy of health and safety policies should be established such that each significant tier within the organisation sets out its commitments and

arrangements for achieving a healthy and safe working environment in its specific activities. Starting with the MPA, MPS Management Board, and Business Group level and then cascading to Operational Unit level. Each level should set out its commitment to maintaining a healthy and safe working environment and meeting the commitments of the level in to which it reports.

Guidelines and a framework should be established so that as local arrangements develop they are properly planned, co-ordinated and controlled such that the overall approach throughout the MPS is consistent, effective and efficient and lines of responsibility and communication both up and down and across the organisation are clear.

3.1.3 Health and Safety Leadership

MPS-wide control of health and safety emanates from the Management Board, as advised by the Strategic Committee and the Training Management Board. These forums work well, but their health and safety structure could be further improved in several ways to match the developing health and safety culture:

- The Management Board members are not directly involved with the Strategic H&S Committee – attendance is delegated to the ‘operational’ level – which means that there is no direct Board level attendance. In addition, this could be potentially, and wrongly, misconstrued at lower levels of the organisation and staff Representative Organisations as a lack of involvement by the Board in health and safety matters.
- The Director of HR provides overall operational health and safety leadership across the MPS on behalf of the Commissioner and Management Board and The Resource Director leads on estate related safety issues. This is recognised across the organisation and the leadership provided. This has worked extremely well as the safety management system has matured, however, there will come a stage in the future that this may need review to support further growth and development of the safety culture.
- Both the Director of Human Resources and the Resource Director are currently staff positions rather than officer roles. The commitment to and leadership of health and safety by the Directors of HR and Resources was recognised by those interviewed, however, there was a strong, although not universal, opinion expressed that having overall MPS health and safety led by a uniformed officer on the Management Board would be seen by police officers as a clear demonstration of the importance placed on safety in operational policing and provide a further impetus to the developing health and safety culture.
- As health and safety awareness continues to develop across the MPS it is likely that health and safety will gain an increasingly higher profile and role across the organisation. Although the Director of Human Resources and the Resource Director appropriately lead health and safety matters on the Management Board, neither are professional specialists in this field. Therefore, to enhance maturity of the safety management system, consideration should be given in the future as to how the status of the MPS’ health and safety professionals is

perceived, and can be further developed, across the organisation. The MPS may wish to review and emulate high profile industry approaches to H&S management.

- The Training Management Board does not have a H&S specialist advisor on the board to support the decision making process. The outgoing chair of TMB, who also chaired the MPS Strategic H&S Committee, felt this was not an issue. However, it was apparent from the interviews that there is insufficient interaction and collaboration between these two committees leading to inconsistency and divergence of approach. This needs to be addressed to ensure that decision making at TMB is fully informed on safety related matters and there is a coherent and consistent approach between these two committees.
- The Strategic H&S Committee does not truly function as a 'strategic' committee – its membership and areas covered are too diverse and it tends to operate at a 'tactical' level. However, this has already been recognised and at the time of the audit the committee ToRs were under review to address this – however, see 'Co-operation and Collaboration' below.

The Strategic H&S Committee should be a high level specialist committee, chaired by a member of the Management Board, to provide oversight of H&S policy and strategy, to make sure that all the individual H&S components are 'joined up' and to act as the specialist advisory committee to the Management Board and the MPA Corporate Governance Committee.

3.1.4 Specialist Health and Safety Advice

The current division between operational and estate related health and safety advice between HR and PSD, respectively, has the potential to create gaps in responsibilities and ultimately service delivery as there appears to be a desire for all health and safety matters to be classified as either people or property related; whereas in practice such a division is too simplistic. Currently these issues are resolved by good communication between these two teams, but expected increasing financial constraints could lead to conflict as to where responsibilities lie.

It is understood that service level agreements have been considered in the past but not yet implemented. These should be established and agreed to cover, as a minimum:

- Roles and responsibilities where people and property health and safety matters (fire, public health, food safety and building regulation) could potentially overlap to avoid conflict or gaps.
- Specific knowledge, competency and expertise that is required for both operational and estate matters to avoid having such expertise duplicated in HR and PSD; for example, asbestos.

In many respects actually splitting health and safety resources/control between HR and PSD is a false and potentially inefficient division because for many health and safety issues people and

property aspects are inextricably interlinked and consideration should be given to combining the health and safety advisory functions and resources.

Concerns about resource constraints in the specialist health and safety advisory teams were raised in both the MPA and MPS by many interviewees. It is possible that greater efficiency and effectiveness in the use of this limited resource could be achieved by merging the specialist health and safety advisory teams under common management.

3.1.5 Supporting infrastructure

As the organisation matures it will be important that management at all levels have quick and easy access to and oversight of health and safety performance data appropriate to their roles and responsibilities. Currently, although the updated MetAIR system is expected to provide more useful data than previously, it does not occur in real time and is not a tool that managers can quickly obtain a summary of the overall status and performance of areas under their control at either a local or central level. Therefore, in the medium to longer term, consideration should be given to the implementation of a health and safety performance management software system to maintain effective health and safety control over this a large, diverse and complex organisation.

Recommendations

1. *Incorporate the findings of this audit into a 3 to 5 year Strategic Health and Safety plan.*
2. *Consider seeking BS OHSAS 18001 certification sooner rather than later to position MPS as 'best in class' across UK police forces and similar organisations and provide a focus for the next phase of H&S improvement – starting in one business (e.g. CO)*

Hierarchy of health and safety policies

3. *The current MPA/MPS H&S Policy Statement of intent should be signed by the "new" Commissioner and Chair of the MPA as soon as possible as the statement is an important demonstration of commitment and is unaffected by the current policy review/proposed interim changes.*
4. *The MPS complete its interim revision of the Corporate health and safety policy to implement a recommendation from a recent MPA health and safety audit, and to accommodate a number of organisational changes (Transforming HR and Modernising F&R).*
5. *The MPA/MPS review the concept of a hierarchy of health and safety policies and structure by which each significant tier within the organisation sets out its commitments and organisational arrangements for achieving a healthy and safe working environment in its specific activities. This hierarchy should start with the MPA,*

MPS Management Board, and Business Group level and then cascade to Operational Unit level. To ensure a consistent but flexible approach any revised policy hierarchy should be underpinned with appropriate guidance.

Health and Safety Leadership

6. *Consider whether having health and safety led by a uniformed officer on the Management Board would enhance the development of the health and safety culture.*
7. *Consideration should be given to how the status of the health and safety professionals within the MPS can be further enhanced as safety management and the safety culture matures.*
8. *Upgrade the Strategic H&S Committee to be a high level specialist committee, chaired by a member of the Management Board, to provide oversight of H&S policy and strategy, to make sure that all the individual H&S components are 'joined up' and to act as the specialist advisory committee to the Management Board and the MPA Corporate Governance Committee.*
9. *A H&S specialist should sit on the TMB to lead discussion on matters directly or indirectly affecting H&S training and with the support of both chairs provide a link between TMB and the MPS Strategic H&S Committee.*

Specialist Health and Safety Teams

10. *Establish service level agreements between the HR and PSD specialist safety advisory teams to clarify responsibilities where people and property health and safety issues overlap and to avoid the need for duplication of a specific specialist expertise in both teams.*
11. *Consider merging the HR and PSD specialist safety advisory teams under common management (suitably structured and fully resourced) to provide greater efficiency and effectiveness in the use of this limited resource.*

Supporting infrastructure

12. *Consider in the longer term the implementation of a health and safety performance management software system to maintain effective control/oversight as the health and safety structure/arrangements matures.*

3.2 Co-operation and Collaboration

Co-operation and collaboration on H&S matters is excellent across the MPS, with the specialist H&S advisors in HR and DoR providing the lynch-pin that makes this work so effectively.

However, at the level of interaction between the MPS and MPA it does not appear that co-operation and collaboration is effective. This is the most significant finding of this audit and addressing this issue is fundamental to the long-term H&S strategic direction and continuous improvement of the MPS.

The MPA/MPS policy statement and arrangements identify that both organisations take responsibility for and will work together for H&S across the MPS, but it is not clear how this is working in practice. No indications of high level co-operation or collaboration were identified during the audit; it appears that the MPA perceive their role to be oversight and holding the MPS accountable for H&S performance. This is of concern for a number of reasons, including:

- it invalidates the H&S Policy
- it is questionable whether it makes sense legally for the MPA to delegate so absolutely its H&S responsibilities as the owner of the estate and the employer of the MPS staff – delivery of health and safety responsibility can be delegated, but the MPA remains accountable and therefore would be expected to take a more collaborative role in health and safety strategy and planning.

As an example of the possible legal involvement of the MPA in health and safety matters it was reported that in a past investigation of an unacceptable building facility the London Fire Brigade identified that if enforcement action was required it would be taken against the MPA as the building owner; although such action was avoided.

- it makes health and safety an issue of potential conflict between the MPS and MPA rather than collaboration and co-operation

The main point of formal communication between the MPS and MPA on health and safety matters is the Corporate Governance Committee; this creates a number of issues:

- the very nature of that committee (ie. 'corporate governance') sets the wrong tone as being the forum for collaboration and co-operation.
- it means that issues, plans and strategies are often first discussed between the MPS and MPA in a public arena making the discussion of some matters difficult. Sensitive and confidential matters can be taken as exempt items if approved by the MPA, although this is not common practice

As this committee is a MPA forum and the MPS representatives are there to be held accountable for their strategies, decisions and actions in order that the Authority fulfils its statutory role, rather than committee members, debate can be misconstrued and misunderstood by any or all

present. Papers and reports are sometimes requested by the MPA before they have had proper consideration by the MPS, which means that these go straight in to the public forum with no opportunity for informed debate between the MPS and MPA as 'partners' in balancing health and safety risks versus costs.

Working together on health and safety matters would be more likely to be achieved if the main point of formal communication between the MPS and MPA took place in the collaborative environment of, for example, the Strategic Health and Safety Committee (see recommendation 8), with the output then taken, jointly by both the MPA and MPS for ratification to the Corporate Governance Committee.

Recommendations

13. *MPA should obtain legal advice regarding its health and safety liabilities as owner of the estate and employer of MPS staff.*
14. *Subject to the outcome of recommendation 13, the MPA should clarify its position with regard to its H&S role and interaction with the MPS on health and safety matters.*
15. *Ideally, agreement and commitment should be obtained between the MPA and MPS on a collaborative and co-operative approach to H&S across the MPS. If the MPA chooses to maintain a position of delegated responsibility and oversight for health and safety management this should be reflected in the policy statement and arrangements (see recommendation 5).*
16. *Regardless of any high level policy changes there is still a requirement for a more effective forum at which MPS and MPA management can discuss and agree H&S policy, strategy and strategic objectives – such as an upgraded Strategic Health Committees as identified in recommendation 8.*
17. *A survey of other police forces across the UK (and possibly internationally) should be carried out to identify best practices in police service and authority co-operation and collaboration on health and safety matter as a benchmark for the MPA/MPS relationship in this area.*

3.3 Training and Competence

3.3.1 MPA

As already identified, there have been significant developments over the past few years in respect to both the health and safety legislative environment in which the MPS is required to operate and the improvement in health and safety understanding and management arrangements within the MPS. In addition, in response to this developing legislation, and both internal and external drivers, the MPA is increasing the attention that it gives to health and safety management in the MPS.

However, it has been identified that co-operation and collaboration between the MPS and MPA on health and safety matters is not as effective as would be expected (see section 3.2). One reason for this may be associated with the level of health and safety knowledge and training within the MPA, where it is considered that, as with other aspects of health and safety management and control in the MPS, the necessary level of MPA interaction with the MPS on health and safety matters has outstripped the available knowledge and competence within the MPA. There are three main areas in which knowledge and competence has the potential to affect the MPA's capability to collaborate effectively with the MPS on health and safety strategic direction and continuous improvement:

- There is no H&S dedicated specialist within the MPA management team with the knowledge or experience to act as the link on H&S matters between the two organisations. This is currently covered by a HR specialist who does not have the specific expertise to lead specialist health and safety discussions with the MPA.

This also means that, covering both health and safety and HR matters, the individual does not have the time to fulfil effectively a health and safety linking role; for example, due to pressures of work on HR matters, the MPA has only been able to attend 4 out of 12 Strategic Health and Safety Committee meetings since February 2006; the last attended meeting was June 2008.

- H&S matters are discussed by the MPA with the MPS largely in the Corporate Governance Committee which is composed of GLA Assembly Members and independent Members. None of these Members is required to have specialist H&S knowledge and it is only by chance whether or not a Member is aware of and/or up-to-date with current H&S legislation and practice. The current Chair of the Committee – Lord Harris, an independent Member appointed by the Home Secretary - does have this knowledge which is helpful, but this is not a prerequisite for that or any other position as a Member on this specialist committee.
- To assist the Members there is a co-opted, competent advisor to provide such specialist H&S advice. This position is currently filled by the Health and Safety Director at TfL. There is no question of this person's competence, but TfL is in an organisation which is very different to the MPS and therefore, broader current experience, directly or indirectly, in an organisation more similar to the MPS in both structure and variability of activity may provide a

compatibility that will enhance interactive collaboration. Such an organisation could include: London Fire Brigade, London Ambulance Service, an operational unit from the MoD or a multi-company/division private sector organisation working in a diverse range of service sector businesses (e.g. Serco Group plc).

The appointment by the MPA of a suitably experienced MPS health and safety liaison could negate the need for a second co-opted person on to the Corporate Governance Committee as the liaison could fulfil that role. This would be beneficial in that the liaison person would be acting on behalf of the MPA in health and safety collaboration with the MPS and therefore much of the basic debate that occurs in the Corporate Governance Committee (see section 3.2) would no longer be necessary and the Committee could focus on oversight. In addition this position could lead the MPA internal audits on health and safety, and advise the Directorate of Audit, Risk and Assessment on other safety related internal audit matters.

Recommendations

18. *The MPA health and safety liaison with the MPS should be led by an appropriately qualified individual with specialist H&S knowledge and experience. This post should:*
 - *provide the focus for the MPA's input to the revised Strategic H&S Committee (see recommendation 8).*
 - *be the day-to-day co-opted advisor to the Corporate Governance Committee to transfer knowledge regarding MPA/ MPS collaborative activities and continuity of input and advice to both the MPA and the MPS.*
 - *lead H&S matters on MPA internal audits*
19. *Should the MPA decide not to appoint a specialist health and safety liaison, consideration should be given to having a second health and safety co-opted person on the Corporate Governance Committee with current experience providing advice at a senior level to an organisation that has structural and operational issues as close to MPS as possible.*

3.3.2 MPS

Health and safety knowledge and competence has increased significantly across the MPS, both in the form of specialist advisors and within the line management. However, to maintain the momentum on H&S improvement a number of issues need to be addressed; primarily:

- Core H&S training is based on grade and position rather than role, hence it may not be necessarily aligned to the training need.
- Health and safety competence does not appear to be defined for specific role competency profiles and is not a pre-requisite for appointment to a role. Thus, health and safety competence can often lag responsibility, accountability and the individual's knowledge and

ability to be able to manage health and safety in accordance with both MPS and legal expectations.

- Core H&S training appears to be based on resource availability rather than the training requirement, although business group training managers have prioritised allocation of training places. This means that staff can be in or appointed to positions without the requisite training and competence, exposing both the organisation and the individual to risk.
- Due to pressures on resources (both budget and abstraction time) H&S training for senior management is quite general in nature. However, many interviewees believe that this is no longer sufficient for them to fully understand and effectively deliver their H&S responsibilities and duty of care obligations. As a result a number of senior officers have attended NEBOSH safety management courses to reinforce the Safety Leadership course. However, this is being done on an ad hoc basis, dependent upon the unit and available budget. In addition, the information provided and knowledge imparted on a 'standard' course may not be fully appropriate to the specific needs of the MPS.
- Course PNA development does not routinely involve consultation and the review of course content by specialist safety staff.
- Certain aspects of H&S training were identified as being problematic or require senior management support to assist the implementation process and although under review these training issues expose the organisation to risk. The interviewees specifically identified the following as cause for concern:

Fire safety training

SDO/NO training

OST and ELS for special constables and volunteers

Managing and co-ordinating community policing events and initiatives

Core H&S refresher training

CPD training for those with health and safety responsibility

However, as part of the Service Improvement Programme, a Board is specifically looking at training across the MPS which will include core HR sponsored health and safety training.

Recommendations

20. *Carry out a MPS-wide training needs review to ensure that health and safety knowledge and skills requirements are appropriate and documented against all roles and activities.*

21. *The output from recommendation 20 should be used as a basis for a review of core health and safety training resources, course availability, content and delivery (especially the 'Safety Leadership' course for managers) and to establish core health and safety training priorities.*
22. *Review the strategy for appointing persons before they have gained the appropriate health and safety competency and opportunity to develop a health and safety mentoring system for newly appointed supervisors and managers with significant health and safety responsibilities.*
23. *Establish a procedure to ensure all course PNA development includes consultation and the review of course content by specialist safety staff.*
24. *Reported problematic health and safety training areas need to be reviewed and appropriate action taken to close identified risk.*

3.4 Planning and Prioritising

Health and safety planning is given a high priority across the MPS and there is a robust and established process for developing, maintaining and improving the health and safety management system, identifying priorities, implementing and monitoring management arrangements and reporting on performance. However, to support the future efficiency and effectiveness of health and safety management a number of aspects of planning processes should be reviewed.

3.4.1 Estate strategy

Significant concerns were raised in the interviews about the deteriorating state of the buildings in which the MPS officers and staff have to work and perceptions that the detrimental effect poor working conditions are having on an already stressful job.

Budget pressures have affected the estates strategy and the resultant adjustments and implications should be communicated to key staff and stakeholders, especially in the (B)OCUs. In this way, even if expectations cannot be met, there will be an understanding of both why the change and what can be expected and key stakeholders will know that their concerns, as the 'users of the estate', are not being ignored.

Audit of statutory building compliance is currently being reviewed by the PSD Compliance team to provide building specific compliance assurance. Such audits will assist the MPA/MPS in demonstrating due diligence in respect of legal responsibilities for the buildings and estate. FM maintenance programme delivery is audited by an external consultant, but there is no formal process to communicate the findings of these audits to other relevant MPA/MPS stakeholders outside of the FM Department. This means that there is no linkage between building compliance assurance and FM performance which could result in health and safety issues not being identified quickly and/or duplication of effort.

3.4.2 Lower level risk identification

Significant risks across the MPS' activities (e.g. potential for death) have been considered fully and appropriate controls put in place; however, overall, health and safety controls are not based on an organisation-wide generic risk register. This means that there is no single document where corporate-wide health and safety risks are fully identified, thereby providing a basis for decision making on where limited health and safety resources should be best focused, especially for medium to lower levels risk issues.

3.4.3 Health and Safety in change and project management

With increasing sophistication and depth of health and safety management processes across the MPS there is an increasing likelihood that organisational change could have implications on the way that health and safety is managed across the organisation.

The MPS is currently managing a number of major organisational change projects (e.g. Modernising F&R and Transforming HR). Concern was raised during the audit as to the potential impact of these projects and up coming policy considerations (e.g. single patrolling) on safety management. It appears that the health and safety concerns of stakeholders are not always understood and effectively addressed in the change and project management processes.

The MPS is a large and complex organisation and several initiatives are often taking place at any one time. Many if not most of the initiatives undertaken could have either a direct or indirect impact on health and safety. The MPS has reached a stage in its health and safety maturity where poorly planned and/or communicated change could seriously disrupt overall performance.

Therefore all projects should formally consider health and safety in the project initiation stage by way of a formal impact statement; this is in line with current good industry practice. This approach should also be expanded to include policy development.

3.4.4 H&S Staff resource prioritisation

Resources are limited across the MPS, which means that additional health and safety initiatives or information/data requests must be properly planned and prioritised to ensure that day-to-day H&S management and control is not detrimentally affected. There is a danger that as budget constraints tighten resources will be stretched and expectations cannot be met with existing resources.

Already this appears to have led to a situation where the seniority of the request for action takes precedence over health and priorities, thereby skewing the focus of specialist staff away from actions underway to address the organisations main concerns. On occasions conflicting and/or unrealistic demands are made forcing individual managers to decide which demands to meet with limited resources thereby making corporate risk judgements on behalf of the organisation.

In addition, it was raised by interviewees in the MPA and across the MPS that current H&S resources are stretched in maintaining the current health and safety performance. This may constrain further development of both the safety management system and culture. Therefore the MPS should consider conducting a review in order to evaluate what resources are required to deliver its safety policy and future strategy.

3.4.5 H&S Implications in budgets

It is not clear that the health and safety environment within which the MPS is obliged to operate is fully understood and as a result health and safety matters may not be given full consideration by key decision makers in the budgeting process. Increasing the emphasis of health and safety background information to support budgeting decisions will not only provide assurance that appropriate decisions are made but also it will demonstrate to stakeholders the importance placed on health and safety. Therefore all major budget considerations should include an health and safety impact statement which takes in to account specialist safety advice.

3.4.6 Procurement

A range of processes have recently been implemented for improving health and safety considerations in the procurement cycle and these are providing greater oversight. However, to further improve and provide enhanced health and safety controls in procurement at all levels across the MPS several areas still need to be addressed - these are identified in section 2.5.1.

The common theme is the need for early involvement of safety specialists in the procurement process, whether it is operational or estate related procurement, to allow identification of potential concerns before a procurement is made or contracts agreed. For larger contracts, health and safety involvement should be at a sufficiently early stage to allow health and safety requirements to be clearly defined in the tender documents. Whereas, for smaller and/or 'standard purchases' key criteria should be set by the MPS' health and safety specialists to be implemented by the procurement team. It is understood that much of this work to improve performance in this areas is already underway.

Recommendations

25. *Communicate to key estate and building stakeholders details of adjustments to the estate strategy arising from financial constraints what level of estates provision can be expected.*
26. *Review and clearly define an adjusted estates strategy taking in to account the increased financial constraints and the needs and expectations of the users. Ideally, this will be jointly agreed between the MPA and MPS and could be an early item for the upgraded Strategic H&S Committee. Views of all stakeholders should be obtained and considered and the agreed strategy communicated and explained.*

27. *Communicate the findings and actions arising of the FM maintenance programme delivery audits to relevant stakeholders so that these can be factored in to broader health and safety considerations and assessments.*
28. *A comprehensive MPS-wide, all activities risk register should be developed to provide a structured framework for corporate decision making and resource prioritisation.*
29. *All major budget considerations should include a health and safety impact statement.*
30. *All projects should formally consider health and safety in the project initiation stage by way of a formal impact statement; this approach should also be expanded to include policy development.*
31. *A protocol should be defined, agreed and committed to by both the MPA and Management Board to provide guidance to managers on corporate risk and health and safety activity priorities to enable appropriate decision making on the use of limited resources.*
32. *The MPS should consider conducting a review in order to evaluate what resources are required to deliver its safety policy and future strategy.*
33. *Review procedures for incorporating health and safety performance criteria in the procurement process.*

3.5 Culture and Communication

Health and safety culture and communication has progressed significantly over the past few years such that in parts of the MPS a strong safety culture is apparent. However, the interviews identified mixed perceptions and assumptions regarding the health and safety culture and although various surveys have been carried out in the past these have not fully quantified the prevailing MPS health and safety culture as a whole. The organisation is at a stage in its health and safety maturity where the culture should be clearly established to provide information for strategic planning, resource utilisation prioritisation and to provide a benchmark for evaluating future progress.

The benefit of obtaining a true picture of the health and safety culture is that misconceptions or out-of date beliefs can be addressed and proven to be incorrect. One such area relates to near miss reporting for which a perception exists amongst some of the staff representative bodies that a 'blame culture' in some parts of the organisation prevents or restricts reporting on H&S incidents. No specific evidence of a blame culture was identified during the interviews, but the fact that reference is made to a 'blame culture' even if not present, can seriously hinder the development of positive health and safety values across the MPS and should therefore be examined and either shown to be untrue or addressed.

Recommendations

34. *A review should be carried out of the prevailing health and safety culture across the MPS, going beyond management level and employee representative organisations. This could comprise a online questionnaire sent to a proportion of the organisation using a tool such as 'Survey Monkey'; however, it is recommended that this be carried out independently to obtain the most accurate feedback. The results should feed in to long-term objectives and the survey repeated periodically (e.g. every 3 years) to identify improvement.*
35. *The perception that a H&S 'blame culture' is present in the MPS should be reviewed and either proven to be incorrect or addressed since this perception could seriously undermine health and safety development across the organisation even if it has no basis.*

3.6 Monitoring, Auditing and Benchmarking

3.5.1 Monitoring and Analysis

Collecting information on serious incidents and monitoring of major operations is well managed and processes are in place and used to evaluate health and safety issues arising and implement the lessons learnt. However, in common with many organisations, and identified in HS(G)65, identifying and learning lessons from minor injuries, other losses, incidents and hazards has proved to be more challenging.

It is important that information is collected on all health and safety incidents involving MPA/MPS employees, volunteers, contractors, visitors and the public, including minor near misses, as these can be indicators of issues that in other circumstances, or if left unaddressed could lead to a more significant accident. Analysis of such incidents should be carried out in a timely manner and in sufficient depth to identify 'root causes' for the occurrence, which can often be significantly different from what, superficially, appears to be the cause.

The revised MetAir system will provide an improved process for collecting and analysing near miss and accident data. In order to maximise the effectiveness of this process the following should be considered:

- The value of the data for identifying potential risks or areas for improvement depends on adherence to the process by all staff, especially police officers for whom minor accidents and near misses are likely to happen most frequently. However, as identified above (section 3.5), the perception in parts of the MPS that a 'blame culture' exists for health and safety incidents means that reporting of minor events may not be fully comprehensive.

Addressing this perception and encouraging reporting with positive feedback will improve the quality of the data collected. This is likely to lead to an apparent increase in minor

incidents in the short term through fuller reporting; but this should be seen as a positive outcome as it makes the true position on minor incidents more visible and in the medium to long-term allows for more efficient targeting of health and safety improvement efforts and resources.

3.5.2 Benchmarking

3.5.2.1 Internal

Benchmarking is carried out on an audit basis but there are opportunities to improve this for accident statistics.

Analysis of accident and incident statistics is carried out at a Business Group level and below. MPS wide trend analysis is reported to the Management Board and MPA. However, performance comparative analysis by Business Group and (B)OCU should also be carried out to further enhance accident trend reporting. It is understood that it is difficult to provide comparative reports within the existing MetAir system but this will be rectified once the new MetAir system goes live.

Establishing an 'average' benchmark performance across the organisation, to as local a level as possible, allows identification of areas or issues within the organisation where health and safety incidents are at a higher rate than a predefined MPS 'average' or 'threshold' (KPI). However, in accordance with HS(G) 65 this should be seen as a valuable mechanism for health and safety learning rather than fault finding and potential blame. As pressure on resources increases, internal organisation-wide benchmarking will mean that central health and safety advice and support can be appropriately focused allowing greater efficiency in the use of this valuable resource.

3.5.2.2 External

Benchmarking health and safety performance against external organisations is a valuable process to learn from others, identify the organisation's strengths and weaknesses and provide a guide to areas for improvement and development. Typically, benchmarking will compare:

- accident rates with organisations in the same industry which use similar business processes and experience similar risks.
- audit results and performance against KPIs.
- management practices and techniques with other organisations generally to provide a different perspective and new insights on health and safety management systems.

Currently, the MPA appears to use TfL as a comparator and guide for health and safety in the MPS; however, there is no clearly structured MPA/MPS external benchmarking process.

The MPA using TfL solely as the comparator for MPS, in isolation, may not provide the best external benchmark organisation as it has a very different health and safety focus to the MPS, based around the daily safe transport of 10 million passengers every day.

Therefore, the MPA/MPS should identify as similar police authorities as possible in terms of structures, activities and responsibilities – across the UK and internationally - against which to benchmark. Clear benchmarks should be established and monitored against to identify where MPS sits in terms of H&S maturity and performance amongst its peers to provide information for decision making on strategic health and safety development plans and objectives. It is understood that work is ongoing within the Association of Police Health and Safety Advisers (APHSA) to define and identify benchmarking opportunities.

Other, non-police, benchmark organisations should also be selected to provide diversity of comparator and a different perspective and new insights on health and safety management systems and arrangements that could be adopted in the MPS to help maintain continual improvement. In the short to medium term, such comparisons should focus on providing insights as to how other large, complex organisations operate their health and safety management arrangements and controls, such as the army, or how multi- division private companies with elevated safety risks but an excellent safety record structure and manage health and safety to achieve and maintain that record; this should also include the provision, structure and resource of specialist safety advice.

Recommendations

36. *Analyse health and safety accident and incident data to provide comparison across the organisation to facilitate the targeting of safety resources where additional support may be required.*
37. *Analyse health and safety accident and incident data from the range of contractors employed across the organisation (e.g. within DoI, Transport, Catering, PS, HR and Operational Policing) to identify potential problem areas or organisations.*
38. *Establish and review health and safety KPIs at various levels in the organisation to provide internal benchmarks for continuous improvement*
39. *Identify external benchmark(s) to allow the identification of where MPS sits in terms of health and safety maturity and performance amongst its peers and other relevant organisations and to provide information for decision making on strategic plans and objectives.*

4 Recommendations

No significant immediate issues have been identified during this audit therefore recommendations made in section 3 are based on suggested actions required to support continued development and improvement in health and safety performance.

Therefore recommendations made, and collated below, should be seen as a framework for defining and guiding the future strategy and as such should be incorporated into a 3-5 year strategic plan.

Structure and Control

1. *Incorporate the findings of this audit into a 3 to 5 year Strategic Health and Safety plan.*
2. *Consider seeking BS OHSAS 18001 certification sooner rather than later to position MPS as 'best in class' across UK police forces and similar organisations and provide a focus for the next phase of H&S improvement – starting in one business (e.g. CO)*

Hierarchy of health and safety policies

3. *The current MPA/MPS H&S Policy Statement of intent should be signed by the "new" Commissioner and Chair of the MPA as soon as possible as the statement is an important demonstration of commitment and is unaffected by the current policy review/proposed interim changes.*
4. *The MPS complete its interim revision of the Corporate health and safety policy to implement a recommendation from a recent MPA health and safety audit, and to accommodate a number of organisational changes (Transforming HR and Modernising F&R).*
5. *The MPA/MPS review the concept of a hierarchy of health and safety policies and structure by which each significant tier within the organisation sets out its commitments and organisational arrangements for achieving a healthy and safe working environment in its specific activities. This hierarchy should start with the MPA, MPS Management Board, and Business Group level and then cascade to Operational Unit level. To ensure a consistent but flexible approach any revised policy hierarchy should be underpinned with appropriate guidance.*

Health and Safety Leadership

6. *Consider whether having health and safety led by a uniformed officer on the Management Board would enhance the development of the health and safety culture.*

7. *Consideration should be given to how the status of the health and safety professionals within the MPS can be further enhanced as safety management and the safety culture matures.*
8. *Upgrade the Strategic H&S Committee to be a high level specialist committee, chaired by a member of the Management Board, to provide oversight of H&S policy and strategy, to make sure that all the individual H&S components are 'joined up' and to act as the specialist advisory committee to the Management Board and the MPA Corporate Governance Committee.*
9. *A H&S specialist should sit on the TMB to lead discussion on matters directly or indirectly affecting H&S training and with the support of both chairs provide a link between TMB and the MPS Strategic H&S Committee.*

Specialist Health and Safety Teams

10. *Establish service level agreements between the HR and PSD specialist safety advisory teams to clarify responsibilities where people and property health and safety issues overlap and to avoid the need for duplication of a specific specialist expertise in both teams.*
11. *Consider merging the HR and PSD specialist safety advisory teams under common management (suitably structured and fully resourced) to provide greater efficiency and effectiveness in the use of this limited resource.*

Supporting infrastructure

12. *Consider in the longer term the implementation of a health and safety performance management software system to maintain effective control/oversight as the health and safety structure/arrangements matures.*

Co-operation and Collaboration

13. *MPA should obtain legal advice regarding its health and safety liabilities as owner of the estate and employer of MPS staff.*
14. *Subject to the outcome of recommendation 13, the MPA should clarify its position with regard to its H&S role and interaction with the MPS on health and safety matters.*
15. *Ideally, agreement and commitment should be obtained between the MPA and MPS on a collaborative and co-operative approach to H&S across the MPS. If the MPA chooses to maintain a position of delegated responsibility and oversight for health and safety management this should be reflected in the policy statement and arrangements (see recommendation 5).*

16. *Regardless of any high level policy changes there is still a requirement for a more effective forum at which MPS and MPA management can discuss and agree H&S policy, strategy and strategic objectives – such as an upgraded Strategic Health Committees as identified in recommendation 8.*
17. *A survey of other police forces across the UK (and possibly internationally) should be carried out to identify best practices in police service and authority co-operation and collaboration on health and safety matter as a benchmark for the MPA/MPS relationship in this area.*

Training and Competence

MPA

18. *The MPA health and safety liaison with the MPS should be led by an appropriately qualified individual with specialist H&S knowledge and experience. This post should:*
 - *provide the focus for the MPA's input to the revised Strategic H&S Committee (see recommendation 8).*
 - *be the day-to-day co-opted advisor to the Corporate Governance Committee to transfer knowledge regarding MPA/ MPS collaborative activities and continuity of input and advice to both the MPA and the MPS.*
 - *lead H&S matters on MPA internal audits*
19. *Should the MPA decide not to appoint a specialist health and safety liaison, consideration should be given to having a second health and safety co-opted person on the Corporate Governance Committee with current experience providing advice at a senior level to an organisation that has structural and operational issues as close to MPS as possible.*

MPS

20. *Carry out a MPS-wide training needs review to ensure that health and safety knowledge and skills requirements are appropriate and documented against all roles and activities. .*
21. *The output from recommendation 20 should be used as a basis for a review of core health and safety training resources, course availability, content and delivery (especially the 'Safety Leadership' course for managers) and to establish core health and safety training priorities.*
22. *Review the strategy for appointing persons before they have gained the appropriate health and safety competency and opportunity to develop a health and safety*

mentoring system for newly appointed supervisors and managers with significant health and safety responsibilities.

23. *Establish a procedure to ensure all course PNA development includes consultation and the review of course content by specialist safety staff.*
24. *Reported problematic health and safety training areas need to be reviewed and appropriate action taken to close identified risk.*

Planning and Prioritising

25. *Communicate to key estate and building stakeholders details of adjustments to the estate strategy arising from financial constraints what level of estates provision can be expected.*
26. *Review and clearly define an adjusted estates strategy taking in to account the increased financial constraints and the needs and expectations of the users. Ideally, this will be jointly agreed between the MPA and MPS and could be an early item for the upgraded Strategic H&S Committee. Views of all stakeholders should be obtained and considered and the agreed strategy communicated and explained.*
27. *Communicate the findings and actions arising of the FM maintenance programme delivery audits to relevant stakeholders so that these can be factored in to broader health and safety considerations and assessments.*
28. *A comprehensive MPS-wide, all activities risk register should be developed to provide a structured framework for corporate decision making and resource prioritisation.*
29. *All major budget considerations should include a health and safety impact statement.*
30. *All projects should formally consider health and safety in the project initiation stage by way of a formal impact statement; this approach should also be expanded to include policy development.*
31. *A protocol should be defined, agreed and committed to by both the MPA and Management Board to provide guidance to managers on corporate risk and health and safety activity priorities to enable appropriate decision making on the use of limited resources.*
32. *The MPS should consider conducting a review in order to evaluate what resources are required to deliver its safety policy and future strategy.*
33. *Review procedures for incorporating health and safety performance criteria in the procurement process.*

Culture and Communication

34. *A review should be carried out of the prevailing health and safety culture across the MPS, going beyond management level and employee representative organisations. This could comprise a online questionnaire sent to a proportion of the organisation using a tool such as 'Survey Monkey'; however, it is recommended that this be carried out independently to obtain the most accurate feedback. The results should feed in to long-term objectives and the survey repeated periodically (e.g. every 3 years) to identify improvement.*
35. *The perception that a H&S 'blame culture' is present in the MPS should be reviewed and either proven to be incorrect or addressed since this perception could seriously undermine health and safety development across the organisation even if it has no basis.*

Monitoring, Auditing and Benchmarking

36. *Analyse health and safety accident and incident data to provide comparison across the organisation to facilitate the targeting of safety resources where additional support may be required.*
37. *Analyse health and safety accident and incident data from the range of contractors employed across the organisation (e.g. within DoI, Transport, Catering, PS, HR and Operational Policing) to identify potential problem areas or organisations.*
38. *Establish and review health and safety KPIs at various levels in the organisation to provide internal benchmarks for continuous improvement*
39. *Identify external benchmark(s) to allow the identification of where MPS sits in terms of health and safety maturity and performance amongst its peers and other relevant organisations and to provide information for decision making on strategic plans and objectives.*

5 Conclusions

The MPS is a large and complex organisation with numerous specialist police assets which could be considered, in both size and structure, as equivalent to a number of regional police forces.

Significant progress has been made by the MPA/MPS in the past few years to embed H&S management not only in to and across this organisation but also in to day-to-day and specialist policing.

The MPA/MPS has reached a critical point in its health and safety development at which the significant achievements to-date should be consolidated and consideration given to how health and safety will be managed moving forward.

The structures and processes that allowed the MPA/MPS to reach its current position are not necessarily appropriate for the next phase in its health and safety development and culture maturity.

Therefore, the time is right to consider and start establishing revised structures and processes for maintaining future health and safety continual improvement cost effectively.

In summary:

- There is a good level of health and safety management and control across the MPA/MPS.
- Many of the health and safety management components are working very well and some are excellent.
- No significant immediate issues of concern have been identified in this audit
- Recommendations are given to support the health and safety progress made to date and facilitate ongoing continued improvement. These relate to aspects of:
 - Structure and control
 - Co-operation and collaboration
 - Training and competence
 - Planning and prioritising
 - Culture and communication
 - Monitoring, auditing and benchmarking

These recommendations provide a framework for defining and guiding the MPA/MPS health and safety strategy for the next 3 to 5 years.

Appendix A – Jobs roles of interviewees

- **MPA**
 - Vice Chair of the MPA;
 - Chief Executive;
 - Treasurer;
 - Chair of the MPS Corporate Governance Committee;
 - H&S Advisor to the MPA Corporate Governance Committee;
 - Policy Officer, Human Resources.

- **MPS Management Board**
 - Commissioner;
 - Assistant Commissioner Central Ops;
 - Assistant Commissioner TP;
 - Director of Human Resources;
 - Director of Resources.

- **Other MPS Staff**
 - Pre-audit briefs, document reviews and interviews with the SHRMT, Occupational Health, Property Services Compliance Teams;
 - Deputy Director Human Resources;
 - Director of Financial Services;
 - Director of Procurement Services;
 - Director of Property Services;
 - Director of Property Services Compliance and Resilience
 - Director of Employee Relations, Health and Well Being;
 - Central Operations Strategic Health and Safety Committee Representative;
 - Central Operations and TP Operational Command Units;
 - TP Strategic Health and Safety Committee Representative;
 - Central Operations Business Group Training Manager;
 - TP Business Group Training Manager;
 - Trades Unions;
 - Federation;
 - Superintendents Association.