SUFFOLK CONSTABULARY

ORIGINATOR:	**CHIEF CONSTABLE**

SUBMITTED TO:	**OFFICE OF THE POLICE AND CRIME COMMISSIONER**

SUBJECT:	**ANNUAL HEALTH AND SAFETY REPORT 2025/26**

SUMMARY:

1. The Annual Health and Safety Report provides an update on Health and Safety compliance and performance for the Constabulary during 2025/26

RECOMMENDATION:

1. The Police and Crime Commissioner (PCC) is asked to consider the progress made by the Constabulary and raise issues with the Chief Constable as appropriate to the PCC's role in holding the Chief Constable to account.

1 HEALTH AND SAFETY IN POLICING

1.1 Policing presents unique and dynamic risks. Officers and staff are routinely required to enter situations others would avoid, often with limited information and in rapidly evolving, high-pressure environments.

1.2 While the Constabulary must protect its workforce, it must also balance this against its duty to protect the public. This means that risks cannot always be eliminated but must instead be managed so far as is reasonably practicable.

2 OUR HEALTH AND SAFETY DUTIES

2.1 The Health and Safety at Work etc. Act 1974 (HSWA) applies to all Constabulary activity. It requires the organisation to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and to minimise risks to others arising from its operations. In policing, risks cannot always be removed entirely. Officers and staff are often required to act in uncertain and dynamic situations to protect the public. The focus is therefore on managing risk proportionately, recognising that even with appropriate controls in place, harm cannot always be prevented.

2.2 HSWA also places duties on employees to take reasonable care of themselves and others and to cooperate with their employer. Officers and staff are expected to act professionally and not recklessly. There are rare and exceptional circumstances where individuals may choose to put themselves at risk to protect others. In such situations, the expectation is not that unreasonable risks are taken, but that professional judgement is applied in line with operational context.

2.3 For the purposes of HSWA, police officers are treated as employees of the Chief Constable. References to employees therefore includes both officers and police staff.

3 HEALTH AND SAFETY MANAGEMENT SYSTEM

3.1 Effective health and safety management supports both operational delivery and workforce protection. Systems must be proportionate, practical, and aligned to the policing context, enabling the Constabulary to:

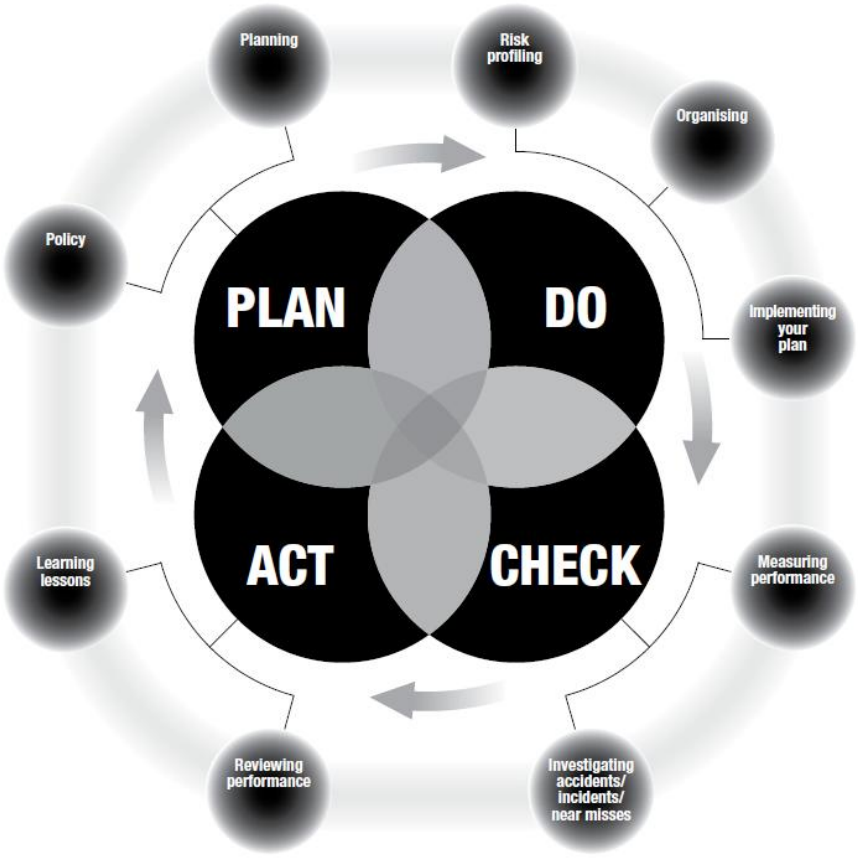
- deliver an effective public service; and
- support officers and staff to manage risk appropriately.

3.2 This includes risk assessments that are focused, proportionate, and clearly identify:

- significant hazards;
- suitable control measures, equipment and competence; and
- how these arrangements are implemented.

3.3 The Workplace Health, Safety and Wellbeing Team provides the strategic framework and professional advice to support compliance and effective risk management across the Constabulary. The health and safety services provided to do this include:

3.4 The framework is based on the Plan, Do, Check, Act model[1], embedding health and safety within day-to-day management rather than treating it as a standalone function.



[1] Managing for health and safety

4 HEALTH AND SAFETY POLICY STATEMENT

4.1 A Health and Safety Policy Statement, as required by HSWA, is jointly signed by the Norfolk and Suffolk Chief Constables and Police and Crime Commissioners. It affirms our commitment to high standards of health and safety for all officers, staff, volunteers, and those affected by our work. This commitment supports the Constabulary's delivery plan and vision.

4.2 The policy statement will be reviewed during mid-2026 and will require updated signatories.

5 REGIONAL AND NATIONAL ROLES

5.1 The Workplace Health, Safety and Wellbeing Manager for the Constabulary continues to support both regional and national groups either as a representative or in a more supportive role. These include:

- 7 Force Firearms Training
- Chair of the Association of Police Health and Safety Advisers (APHSA).
  This group feeds into a number of national groups, including those listed below (ones in bold are where the Workplace Health, Safety and Wellbeing Manager is additionally involved):
  - **National Police Chiefs Council (NPCC) Health, Safety and Welfare Strategic Group**
  - Disaster Victim Identification Steering Group
  - National Expert Reference Group on Mental Health & Restraint
  - Emergency Services Network
  - Defence Science and Technology Laboratory (DSTL) Body Armour and Personal Safety Group
  - Firearms equipment procurement
  - Use of force National group.
  - Uniform Group
  - Railway Industry Consultation Committee
  - Tactics and Tactical Equipment Group

- **NPCC Health Safety and Welfare Group**
  The NPCC Health and Safety Strategic Group continues to provide national leadership and coordination on key risks affecting policing, with active workstreams progressing across operational safety, governance, and wellbeing. Recent discussions have focused on emerging and complex risks such as electric vehicle incidents, railway safety, and body armour certification, alongside strengthening national guidance and learning from incidents to improve officer safety.

  There has also been significant progress in developing consistent national standards, including first aid, clinical practice with several guidance documents approved for circulation to forces. Governance and assurance arrangements are being reviewed to improve clarity and effectiveness, while wider system collaboration with partners such as the HSE and College of Policing underpins this work. Importantly, the group continues to emphasise the growing importance of mental health, fatigue, and occupational risk, ensuring these are recognised within health and safety frameworks and aligned to national wellbeing priorities, supporting forces to better protect both their workforce and the public.

6 JOINT HEALTH AND SAFETY COMMITTEE

6.1 The Joint Force Health and Safety Committee provides overarching governance for health and safety across Norfolk and Suffolk Constabularies. Meeting quarterly, it holds departments accountable for their performance and includes representatives from key staff associations (e.g. Police Federation, UNISON) and departmental leads (e.g. County Policing Command, ICT, Transport, Specialist Operations, Joint Specialist Crime and Capabilities etc.). It is the primary forum for addressing and resolving health and safety issues affecting our employees and others impacted by Constabulary operations.

6.2 Key updates and performance indicators are additionally reported quarterly to the People Board and Joint Chief Officer Team. The Committee monitors:

- Compliance with statutory reporting (RIDDOR 2013)
- Review of operational risk assessments
- Health and safety inspections and monitoring
- Completion of safety and fire checks by Station Responsible Persons
- Safety awareness initiatives
- Fire risk assessments and follow-up actions (Regulatory Reform Order 2005)
- Statutory estates compliance (e.g. gas safety, legionella control)

6.3 Each quarter, the Committee reviews updates on key incidents, emerging risks, and lessons learned to drive ongoing improvement and ensure compliance.

7 ACCIDENTS, INCIDENTS AND NEAR MISSES

7.1 Overview

7.1.1 The Joint Health and Safety Team maintains responsibility for the collation, onward reporting, monitoring and investigation of all workplace accidents, incidents and near misses. This supports compliance with statutory requirements and enables the Constabulary to identify trends, understand risk and take targeted action to prevent harm.

7.1.2 All reportable incidents are submitted to the Health and Safety Executive (HSE) where required, with processes in place to ensure appropriate investigation and the timely completion of remedial actions.

7.2 Reporting Framework

7.2.1 The introduction of the Assault, Force and Incident (AFI) form in January 2023 has provided a single, integrated reporting mechanism for:

- Officer & Staff assaults (Op Hampshire)[2]
- Use of Force
- Accident, Incident, and Near Miss (AIM)[1]

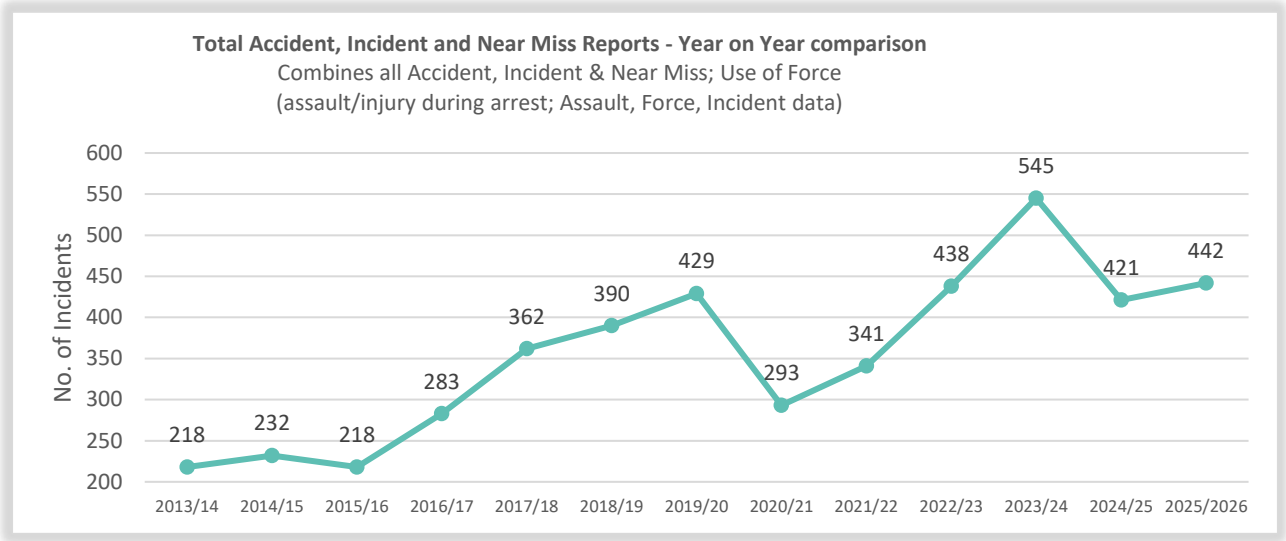
7.2.2 This approach has improved consistency in reporting and enhanced the Constabulary's ability to analyse risk across operational and organisational activity. It has also strengthened oversight by enabling a more comprehensive understanding of how different incident types interrelate.

[2] Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) – requires the constabulary to record and in some cases report certain workplace injuries, dangerous occurrences and occupational diseases to HSE. This includes violent incidents.

7.3 Incident Trends

7.3.1 Since 2016/17, incident numbers have increased from 283 to a peak of 545 in 2023/24, before reducing to 421 in 2024/25 and rising again to 442 in 2025/26. This indicates a sustained period of higher operational activity and/or improved reporting, with current volumes remaining well above historic baselines. While the increase is modest, the sustained higher levels compared to pre-2020 indicate a continued exposure to operational risk, particularly in frontline environments.

7.3.2 Taken together, this suggests that the Constabulary continues to operate in an environment with sustained exposure to risk, particularly within frontline policing activity.



7.4 Key Themes and Risks

7.4.1 Analysis of incident data, supported by Appendix 1, highlights several consistent and emerging risk themes. While total incident volumes have stabilised in the most recent year, they remain significantly above historic levels, indicating a sustained level of organisational risk.

7.4.2 The most significant contributor to risk continues to be violence against officers and staff. Combined reporting categories relating to physical assault account for the largest proportion of incidents, including 207 reports which included physical assaults alongside. This confirms that frontline operational activity remains the primary area of exposure to harm.

7.4.3 Injury during training remains a key risk area, in part due to more scenario-based training in PPST. However, we anticipate a reduction in these reports due to enhanced instructor monitoring and changes to the number of days from two to one These incidents reflect the inherent risks associated with use of force, detainee management, and dynamic operational environments. As with all accidents and incidents this is an area that will be monitored.

7.4.4 A number of lower-volume but persistent risk categories continue to be identified, including:

- **Near miss incidents** (44 reports), demonstrating ongoing engagement with proactive reporting
- **Slips, trips and falls** (19 reports), affecting both operational and non-operational environments
- **Injury during training**, including both general training and Personal Safety Training (PPST), reflecting the physical demands of maintaining operational capability

- **Manual handling** and physical strain injuries, which remain a recurring theme across operational roles

These categories highlight the breadth of risk across the organisation beyond frontline deployments.

7.4.5 There is strong evidence that improved reporting practices, supported by the AFI system, are contributing to higher recorded incident volumes. This reflects a positive shift in organisational culture and transparency; however, it should be considered alongside continued high levels of operational demand.

7.4.6 The data also indicates cumulative risk exposure within high-demand roles, where repeated low-level incidents and near misses may compound over time. This reinforces the importance of early intervention, effective supervision, and targeted wellbeing support.

7.4.7 Overall, the analysis demonstrates that while risk is distributed across a range of categories, operational activity involving public interaction, use of force and physical demand remains the dominant source of harm. This underlines the need for sustained focus on preventative activity, training, and control measures within these environments.

Top Incident Categories Norfolk & Suffolk 2025/26				2025/26	2024/25
	Op Hampshire (Physical, Verbal Abuse, Threat, Hate)	▲4%	Norfolk	▲6%	629	594
			Suffolk	▼1%	228	231
	Near Miss	▲1%	Norfolk	▲1%	105	104
			Suffolk	▲2%	44	43
	Injury During Training - PPST	▲88%	Norfolk	▲69%	91	54
			Suffolk	▲142%	46	19
	Injury During Arrest	▲19%	Norfolk	▲0%	79	79
			Suffolk	▲74%	47	27
	Slip, Trip, Fall	▼16%	Norfolk	▼24%	29	38
			Suffolk	▲0%	19	19
	Contact with Fixed Object	▼15%	Norfolk	▲0%	27	27
			Suffolk	▼50%	6	12
	Manual Handling / Lifting / Moving	▼14%	Norfolk	▲13%	27	24
			Suffolk	▼62%	5	13
	Other	▲57%	Norfolk	▲108%	27	13
			Suffolk	▼10%	9	10
	Injury During Training (Other)	▲26%	Norfolk	▲67%	15	9
			Suffolk	▼10%	9	10

7.5 Learning and Improvement

7.5.1 The capture and analysis of incident data enable the Constabulary to:

- Identify emerging risks and trends
- Inform training and operational tactics
- Target preventative interventions
- Improve organisational learning

7.5.2 This includes influencing areas such as personal safety training, equipment use, and safe systems of work.

7.5.3 The prominence of violence and arrest-related injuries within incident data directly informs activity under Operation Hampshire, as outlined in Section 8.

8 Op Hampshire

8.1 Building on the overall incident trends outlined above, violence against officers and staff remains a significant and persistent risk. Operation Hampshire is a national policing initiative designed to improve the response to assaults on officers and staff. It provides a structured framework to ensure that all incidents of violence, whether physical or non-physical, are recognised, reported, and appropriately managed.

8.2 The Constabulary fully supports this approach and remains committed to embedding a culture where assaults and other forms of violence are not accepted as "part of the job".

8.3 The Constabulary's approach to Operation Hampshire is underpinned by a commitment to:

- Recognise the impact of all assaults, regardless of severity
- Ensure all incidents are taken seriously and recorded appropriately
- Provide strong leadership and visible support to affected personnel
- Deliver consistent investigative standards
- Offer timely and ongoing wellbeing support

8.4 This reflects both a legal duty to manage risks associated with workplace violence and a broader commitment to staff welfare.

8.5 Frontline policing inherently involves exposure to confrontation and aggression. However, violence towards officers and staff whether physical assault, verbal abuse, or hate-related incidents has a significant impact not only on individuals but also on teams, organisational culture, and service delivery. The Health and Safety Executive define work-related violence as any abuse, threat, or assault arising from work activity. All such incidents are required to be reported via the AFI system.

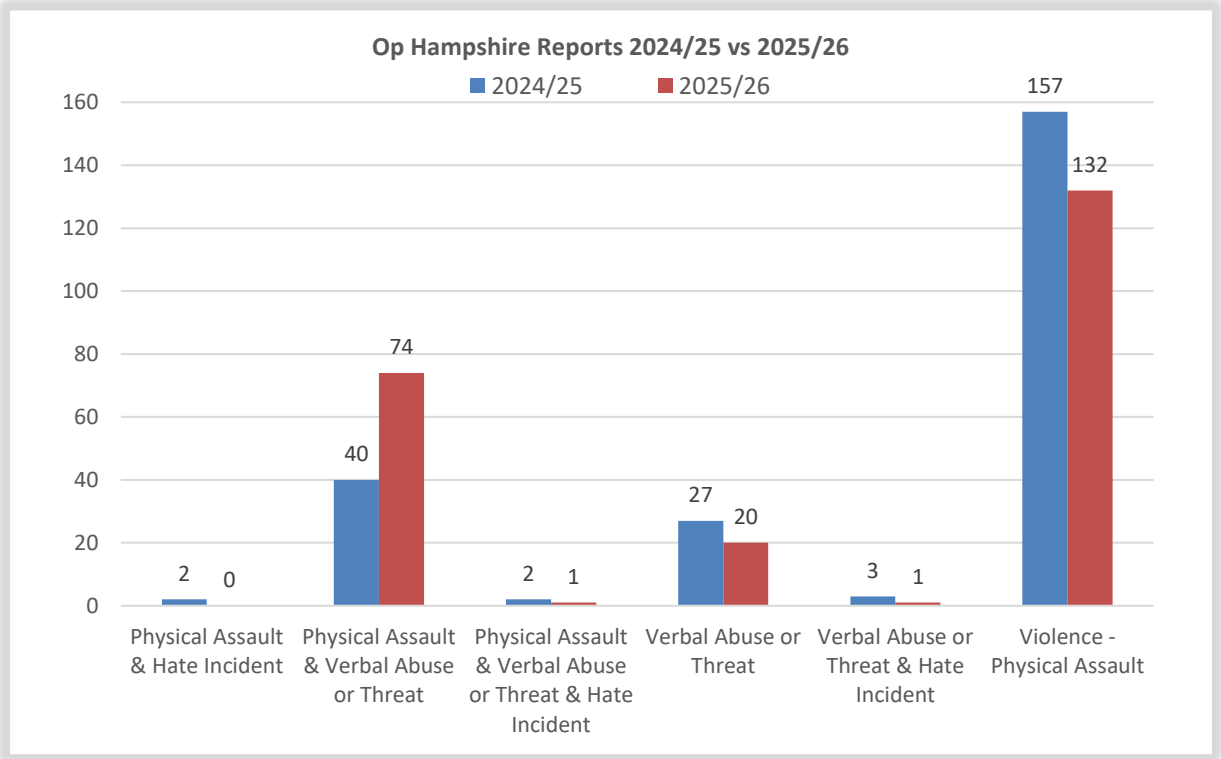
8.6 Following national developments, Operation Hampshire guidance has been nationally expanded to include hate-related incidents. This aligns with the Police Race Action Plan and broader work on internal culture and inclusivity. Suffolk has since the introduction of Op Hampshire always included hate incidents against our officers and staff.

8.7 The updated framework ensures that all forms of abuse linked to protected characteristics are recognised and addressed, reinforcing an inclusive approach that supports all officers and staff**.**

8.8 Comparison of 2025/26 data with 2024/25 shows:

- A reduction in reported physical assaults via the AFI system
- An increase in physical assault with verbal abuse

8.9 While at face value this may suggest improvement, this trend must be considered alongside crime data.



8.10 Crime data recorded on the Athena system indicates that assaults against officers have increased, noting that some of these will be a single incident with multiple offences.

Offence	2021/ 2022	2022/ 2023	2023/ 2024	2024/ 2025	2025/ 2026
Assault or assault by beating of a constable	339	408	353	408	449
Assault Police - Assault occasioning actual bodily harm (ABH) (S.47)	87	78	111	61	111
Assault Police - GBH serious wound without intent (s20)		2	1		4
Assault Police - Minor wound without intent (s20)	13	17	6	24	24
Assault Police - Wounding with intent to resist/prevent arrest (S.18)	1	4	1	1	2
Assault Police -Wounding with intent to do grievous bodily harm (Indictable) (S.18)	1	1	2	1	1
Assault without injury on a constable (Police Act offence)	45	25	20	16	24
Attempted - Assault or assault by beating of a constable	1	2	4	2	2
Attempted - Assault Police -Wounding with intent to do grievous bodily harm (Indictable) (S.18)					3
Grand Total	**487**	**537**	**498**	**513**	**620**

8.11 The County Policing Commend Force Op Hampshire Lead has changed twice during 2025/26. Whilst the duty to report incidents have been promoted at all opportunities a fresh campaign is planned in conjunction with the Norfolk Op Hampshire lead with targeted communications and engagement plan to:

- Reinforce expectations regarding reporting of all incidents
- Increase awareness of the support available through Operation Hampshire
- Promote a culture of openness and transparency
- Ensure supervisors actively encourage and support reporting

8.12 This will be supported by ongoing monitoring of reporting rates and alignment with crime data.

9 RIDDOR

9.1 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) requires the Constabulary to report to the HSE certain workplace related injuries and disease and dangerous occurrences without delay. This includes:

- accidents resulting in the death of any person;
- accidents resulting in specified injuries to workers;
- over-seven-day incapacitation of a worker;
- non-fatal accidents requiring hospital treatment to non-workers;
- dangerous occurrences.

9.2 If Accident, Incident and Near Miss reports fail to be submitted by the officers, staff and/or their line manager the Constabulary faces a risk of criminal enforcement action by the HSE. Summary of key reports submitted by Suffolk Constabulary (all employees e.g. Police Officers and Police Staff):

9.3 RIDDOR reports, of which a summary can be found in Appendix 1, have remained the same as 2025/26.

10 COMPLIANCE AND INTERVENTIONS

10.1 Under HSWA, the Constabulary has a statutory duty to ensure, so far as is reasonably practicable, the health, safety and welfare of its workforce and others affected by its activities.

10.2 This is achieved through a structured framework of risk management, supported by:

- risk-based inspections
- audits and monitoring activity
- training and guidance
- ongoing review of policies and procedures

10.3 During 2025/26, the Joint Health and Safety Team has provided assurance through the following key activities:

- **Premises inspections:** 100% completion of planned risk-based inspections
- **Risk assessments:** 96% in date and subject to review. The remaining 4% primarily relate to assessments undergoing review, changes in working practices, or pending owner review. Departments have been tasked with completing outstanding reviews during Q1 and Q2 of 2026/27, with progress monitored through the Joint Health and Safety Committee.
- **Governance:** quarterly reporting to the Joint Health and Safety Committee and Chief Officer groups
- **Specialist advice:** provision of professional guidance across operational and non-operational areas

10.4 Overall, these activities provide strong assurance that appropriate control measures are in place and that the Constabulary is meeting its statutory obligations.

11 RESPONSIBLE PERSONS

11.1 The Police and Crime Commissioner provides strategic oversight, ensuring that appropriate resources and governance arrangements are in place to meet Health and Safety obligations. The Chief Constable retains overall accountability for the health, safety and welfare of all officers, staff and those affected by Constabulary activities.

11.2 The Workplace Health, Safety and Wellbeing Manager fulfils the role of competent person, supported by Health and Safety Advisors, providing professional advice and assurance on compliance with statutory duties. Operational responsibility for day-to-day health and safety management sits with line managers and designated Responsible Persons at each site. These roles ensure that local arrangements, including safety checks, risk assessments and statutory requirements, are implemented and maintained. Estates and Facilities support this framework through delivery of statutory maintenance and ensuring that buildings remain safe and fit for purpose.

11.3 Compliance is monitored through a combination of local record-keeping (including site log files and an online Premises Monitoring System) with oversight by the Health and Safety Team, with performance reported to the Joint Health and Safety Committee and other relevant force boards.

11.4 Whilst assurance processes are in place, gaps remain in Responsible Person coverage, particularly within shared premises where responsibility for health and safety, fire safety and statutory compliance is shared between partner organisations. Work is underway with Estates, Health and Safety and partner agencies to clarify ownership arrangements, formally designate Responsible Persons or individual to support this role where required, and introduce consistent monitoring arrangements. This will reduce the risk of statutory compliance requirements being overlooked and improve accountability across shared sites

12 PRIORITIES FOR 2026/27

12.1 The Joint Health and Safety Team sits within the People Directorate. The People Strategy reflects a number of strategic priorities which reflects the Force Plan and the PCC's Police and Crime Plan. Health and Safety sits alongside Workplace Health (Occupational Health) and Wellbeing which have a symbiotic relationship. The roots of both of these latter teams have their foundation in Health and Safety law.

12.2 As part of the Constabulary Health and Safety Delivery Plan the Constabulary have identified a number of objectives which continue for 2025/26:

Activity / Event	Owners	Objective	Actions	2025/26 Updates
Organisational performance and compliance	Health and Safety People Directorate Estates Force Executives OPCC (All Personnel)	**To improve organisational performance & compliance through the provision of effective health, safety & fire management.**	Continually review our existing procedures & processes	Ongoing
			Champion health & safety such that it is given equal importance to other organisational objectives.	Ongoing
			Encourage involvement of all our officers, staff, safety representatives & volunteers in all aspects of health & safety.	Joint Health and Safety Committee has seen new representatives join.
			Promote a positive culture towards health, safety & welfare issues	Working symbiotically with Workplace Health and Wellbeing has supported
Competent Advice	Health and Safety People Directorate Estates Force Executives OPCC (All Personnel)	**To ensure the provision of competent health, safety & fire advice, information & Ensure all health and safety procedures remain current, proportionate, and aligned with operational risk, with annual review cycles embedded instruction for all employees, Chief Constables & the Police & Crime Commissioners.**	We will continue to invest in the Force Health & Safety professionals, ensuring the provision of expert & competent health & safety advice & guidance.	CPD maintained
			Continue to invest in the Continual Professional Development (CPD) of our safety professionals through membership of the Institute of Occupational Safety & Health (IOSH).	Association of Police Health and Safety Advisers conference to be attended in Autumn 2026.
			Review & enhance the health & safety training provided.	College of Police eLearning provider procured in Spring 2026. Suffolk now rolling out the available courses as the College make these available. Health and Safety Tema providing bespoke training e.g. Manual Handling for Firearms Licensing Officers, Use of EVAC Chair, Display Screen Equipment Assessors.
Accident, Incidents & Near Misses	Health and Safety People Directorate Estates Force Executives OPCC (All Personnel)	**To continually monitor & review assault, accident & injury performance data to develop effective & innovative risk control strategies to reduce the incidence rates.**	We will continue the work of the Joint Health & Safety Committee in the monitoring of accident, injury & assault data & develop appropriate risk control strategies considering new & emerging threats & risks.	The Committee meets quarterly
			We will continue to provide innovative risk control strategies to reduce our assault incident rates & progress compliance against OSSR recommendations through the work of the Assault, Force & Incident reporting system.	New H&S Risk register created.,
Feel Safe, Work Safe	Health & Safety People Directorate Estates Force Executives	**Increase & maintain trust to ensure people feel safe where they work, in their environment. Act to support the provision of a working**	Completion of risk-based site inspections	100% completed for Suffolk sites.
			Ensure risk assessments are suitable and sufficient	96% of the Suffolk or Joint Risk Assessment were reviewed and in date
			COSHH, Manual Handling and other assessments conducted	

	OPCC (All Personnel) Partner Agencies	**environment that contains adequate facilities & arrangements for staff welfare.**	Statutory records are maintained and in date	Estates have held a vacancy in this area. Accident date is maintained well.
			Fire risk assessments completed and renewed	The force has been unable to recruit to a fire risk assessor position since May 2025. Estates now sourced a person from Bedfordshire Police to conduit Tier 1 and other high risk premises assessment.
		Ensure statutory health, safety and fire compliance arrangements are clearly defined, monitored and maintained across all shared premises.	Complete review of Responsible Person arrangements in shared sites; clarify ownership of compliance activities; establish formal accountability and monitoring arrangements; report progress through the Joint Health and Safety Committee.	Review commenced. Shared premises identified and compliance responsibilities being mapped for liaison with partner organisations.

13 FINANCIAL IMPLICATIONS

13.1 There are no direct financial implications arising from this report. However, breaches of health and safety legislation may result in enforcement action by the HSE, including unlimited fines and, in serious cases, imprisonment.

14 OTHER IMPLICATIONS AND RISKS

14.1 There are no identifiable risks arising from this update.

15 CHIEF OFFICER CONCLUSION

15.1 The Constabulary continues to demonstrate strong performance in core areas of health and safety compliance, particularly in inspections and risk assessment processes.

15.2 However, areas requiring continued focus include reporting culture (Op Hampshire), Responsible Person capacity, and alignment between recorded incidents and crime data.

15.3 Overall, the organisation remains well-positioned but must sustain effort to address these emerging risks.

16 GLOSSARY AND DEFINITIONS

Reportable incidents

Employers are required to report certain serious workplace accidents, occupational diseases and dangerous occurrences to the Health and Safety Executive. These are defined in law, and it is an offence not to report them within the specified time period. These include:

Fatalities

Accidents that result in the death of an employee or non-employee that arise from a work-related accident.

Specified injuries to employees.

Examples of specified injuries that are reportable include: injuries requiring hospital admission for more than 24 hours, fractures, amputations, serious burns, loss of sight, significant head injuries.

Over 7-day injuries to employees

Work related accidents that result in an employee being unable to undertake their normal duties for more than 7 consecutive days (including weekends)

Occupational Diseases to employees

Examples of occupational diseases that are reportable where diagnosed by a medical practitioner are: carpal tunnel syndrome, occupational dermatitis, severe cramp of the hand or forearm, occupational cancer, tendonitis of the hand or forearm.

Dangerous Occurrences

These are serious incidents that may not have caused any injury but had the potential to do so. Examples include: the accidental release of a substance that could cause harm to health such as asbestos; fire caused by electrical short circuit that results in the stoppage of the plant involved for more than 24 hours and equipment coming into contact with overhead power lines.

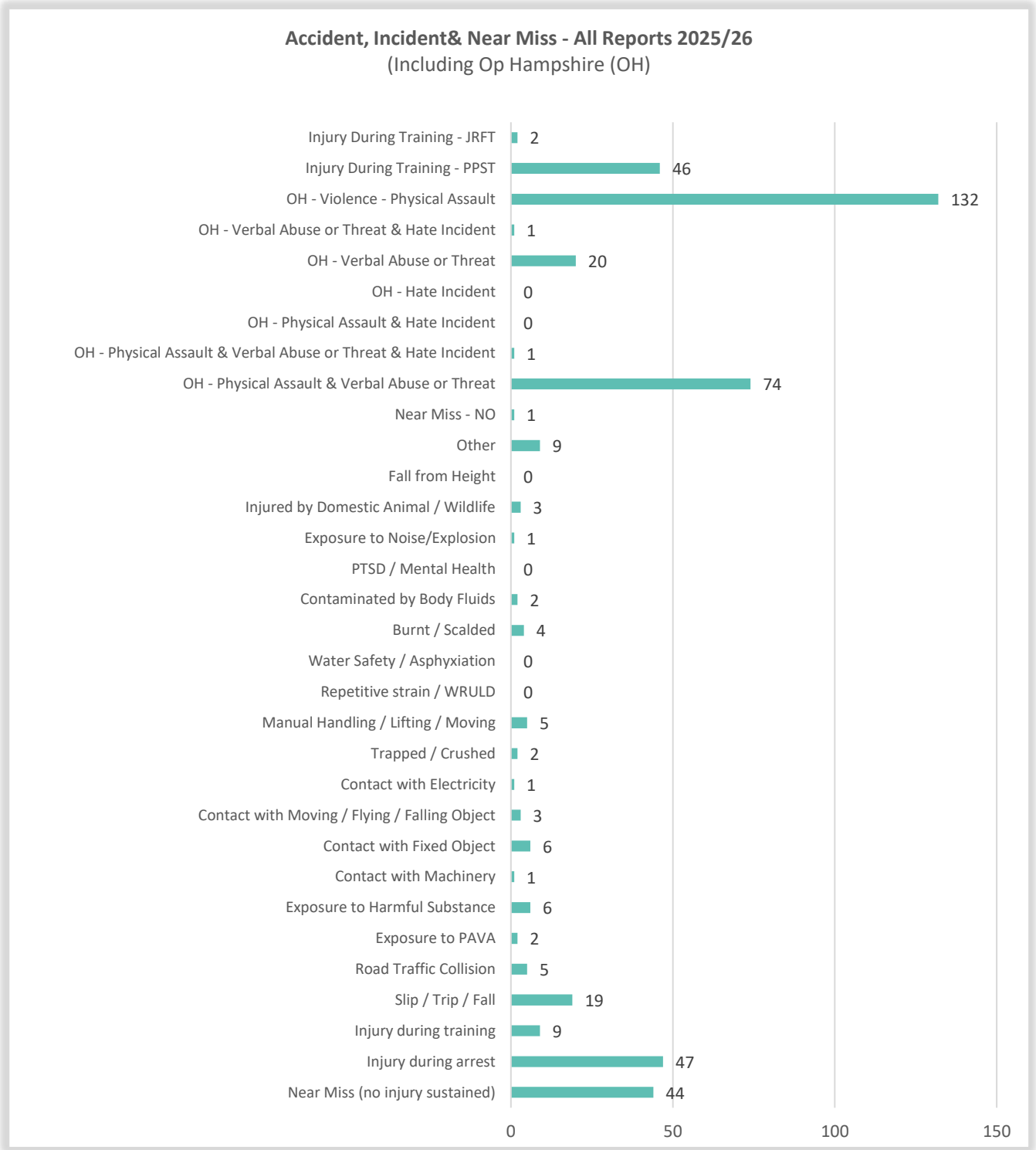
Injuries to non-workers

Where a non-employee e.g. a member of the public, a pupil or a service user has an accident on Constabulary premises and are taken to hospital from the scene for treatment.

Appendix 1 – All Accident, Incident and Near Miss Reports

This appendix summarises incident data into grouped categories to support interpretation of key risks identified in Section 7.4.

A total of 442 incidents were recorded during 2025/26. The data demonstrates that risk is predominantly driven by frontline operational activity, particularly incidents involving violence and use of force.



Grouped Incident Categories

Risk Category	Incident Type (Grouped)	Number of Incidents
Violence and Assault	Physical assault	132
	Assault + verbal abuse/threat	74
	Assault + hate-related elements	1
	Verbal abuse/threat (incl. hate)	21
	Subtotal – Violence	**228**
Operational Activity	Injury during arrest	47
	Injury during training (PPST & other)	57
	Subtotal – Operational	**104**
Environmental & Physical Risks	Slips, trips and falls	19
	Road traffic collisions	5
	Contact with objects / machinery	10
	Exposure (PAVA, substances, noise)	9
	Burns, fluids, animals, other hazards	9
	Subtotal – Environmental	**52**
Organisational & Preventative Indicators	Near miss reporting	44
	Other / uncategorised	14
	Subtotal – Organisational	**58**

APPENDIX 2 – SUMMARY OF RIDDOR SUBMISSIONS TO HSE

Incident Date	Incident Location	Incident Description	Incident Code Description	Reported Absence (Days)	Nature of Injury Sustained	Injured Body Part	Injury Details	RIDDOR Category
12/04/2025	Public place	DP tried to self harm with the applied handcuffs and the IP intervened, catching left forefinger between the cuffs and DP causing injury.	Contact with Moving / Falling / Flying Object	35	Fracture	Finger	Fracture to left forefinger	Over 7 days
06/05/2025	Public place	RTC. Whilst on an abnormal load escort, the IP was riding a motorcycle with blues enabled. They started to overtake a car indicating right and as they were level the third party turned into the bike, knocking the IP off.	Road Traffic Collision	3	Fracture	Upper limb	Fracture to the left radius	Specified Injury
04/06/2025	Police Premises	Injured whilst training - PPST	Injury During Training - PPST		Contusions & bruising	Knee	Bleeding to joint - query ACL tear & tear to meniscus	Over 7 days
04/06/2025	Police Premises	IP rolled his right ankle when turning during a bleep test causing a sprain strain.	Injury During Training - JRFT	10	Sprain / strain	Ankle	Sprain strain to right ankle	Over 7 days
10/06/2025	Police Premises	PPST Scenario take down where the foot did not pivot as expected on the mat floor causing a sprain/strain	Injury During Training - PPST	38	Sprain / strain	Ankle	Sprain / strain to right ankle	Over 7 days
21/06/2025	Someone else's Premises	Assisting with an extremely intoxicated DP into a PSU carrier with small cage.	OH - Violence - Physical Assault		Multiple Injuries	Several Locations	Cut to lip, bitten on thigh, repeatedly kicked & kneed in torso	Over 7 days
03/08/2025	Public place	When attempting to make an arrest the subject has tried to push past and in the scuffle the IP has sustained an injury	Injury during arrest	19	Fracture	Finger	Dislocated and fractured right little finger	Over 7 days
18/08/2025	Public place	IP ran after suspects of ASB, slipped and fell landing on his Taser causing injury	Slip, trip, fall	10	Fracture	Trunk	Suspected fracture to ribs	Specified Injury
14/08/2025	Police Premises	Whilst on a call the IP was subject to a loud noise	Exposure to Noise/ Explosion	15	Other	Head	Hearing damage	Over 7 days
30/07/2025	Police Premises	Injury during PPST training	Injury During Training - PPST	9	Sprain / strain	Neck	Injury to shoulder/neck area causing neck pain when moving head	Over 7 days
29/08/2025	Someone else's Premises	During multiple uses of force believed to have hyper-extended thumb	Injury during arrest		Sprain / strain	Hand	Hospital suspect torn ligaments or severe sprain to thumb	Over 7 days
26/10/2025	Public place	Kicked to the hand while making an arrest	Injury during arrest	23	Fracture	Finger	Fracture to index and middle fingers of right hand	Over 7 days
02/12/2025	Police Premises	Whilst role playing, was pulled away by another officer & fell backwards into one of the PPST boxing dummy bases	Injury During Training - PPST		Sprain / strain	Trunk	No fracture found initially. Damage to intercoastal muscles.	Over 7 days

20/12/2025	Public place	Lifting arm to restrain subjects head he has felt a pop in his shoulder followed by pain.	Injury during arrest		Sprain / strain	Shoulder	Sprain to rotator cuff in left shoulder - rest & sling	Over 7 days
05/02/2026	Public place	Assaulted by male who was self-harming in a cell van	OH-Physical Assault & Verbal Abuse or Threat	10	Fracture	Trunk	Fractures to two ribs	Specified Injury
04/02/2026	Someone else's Premises	Whilst rolling body of sudden death IPs thumb has become trapped under body	Manual Handling / Lifting / Moving		Sprain / strain	Thumb	Thumb bent causing sprain	Over 7 days
15/02/2026	Someone else's Premises	When trying to handcuff an agitated male he has swung his arm around causing an overextension of the thumb	OH-Physical Assault	60	Sprain/ strain	Thumb	Over-extension of the thumb causing sprain/strain	Over 7 days
01/02/2026	Police Premises	Exiting back operational carpark via vehicle barrier rather tan pedestrian gate has tripped over metal gate stop	Slip, trip, fall	15	Contusions & bruising	Several locations	Cuts & bruises to head, shoulder, arm & hand	Over 7 days
20/02/2026	Someone else's Premises	To secure driver & prevent driving off used glass hammer, without gloves, to smash window	Other		Laceration	Hands	Cuts to hands - an infection within a cut which is taking antibiotics for	Over 7 days
06/03/2026	Residential Property	When arresting a male he has violently whipped his arm to escape	Injury during arrest	9	Sprain / strain	Finger	Sprain/strain to right middle finger	Over 7 days