

Inspection of Police Forces 2006/7

**Summary report of
findings and key recommendations**

Summary report HSE inspection of Police Forces 2006/7

Summary

1. During the financial year 2006 to 2007, HSE inspected seven police forces in England and Wales. Selection was based on qualitative and quantitative data and inclusion did not indicate poor performance.
2. The inspections assessed compliance with relevant health and safety legislation notably the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999.
3. The standard of compliance and strength of the management arrangements varied from force to force, and even across individual forces. Overall the standards were reasonable, with some forces demonstrating very good standards of health and safety management.
4. Forces are developing sound policies and procedures to improve their performance. However, forces need to ensure that policies and procedures are informed by the outcome of risk assessment. It is essential those responsible for the implementation of the management systems understand their roles, their responsibilities and have the training and time to enable them to discharge them.
5. The standard of competent professional advisers working within the forces is good. Where safety advisors, occupational health professionals and others were working cohesively together to develop integrated risk management systems, the positive impact on the forces' performance was evident. However, forces need to ensure that the enthusiasm and competency of these professional advisers does not allow line managers to bypass their management responsibilities.
6. There were examples of good practice being developed in response to local management initiatives or operational experience. There were also examples where work was being unnecessarily duplicated particularly within divisional structures. Improvement in corporate oversight, monitoring and improved capacity to share information would further increase the overall standard of health and safety management.

Introduction

7. The purpose of HSE Inspections is to ensure compliance with legal requirements and to influence duty holders to continually improve their management of health and safety.
8. The inspections assess compliance with the relevant statutory provisions notably the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999. This is achieved by targeting specific issues through a series of interviews with senior managers, safety representatives and others, a review of relevant documentation and site inspection. The aim is to assess the overall robustness of the health and safety management systems. The focus is not on specific operational activities but the supporting systems and procedures to ensure the safe delivery of those activities.
9. Any matters of concern are addressed in accordance with HSC Enforcement Policy.
10. In April 2006 HSE changed its approach to police inspection and introduced a national team of HSE Inspectors who lead the inspections of forces across England and Wales.
11. The forces selected for inspection during 2006/07 represent a full cross section of the Police Service; inclusion did not automatically indicate poor performance. Selection was based on quantitative and qualitative data and inspection history drawn from HSE and HMIC. Unlike previous years, the selected forces were informed at the start of the year of their inclusion in the programme, the timing of their inspection and the specific issues that would be addressed.
12. The inspections involved 4-5 HSE Inspectors on site over 2-3 days with some variation depending on the size of the force. Each force was given the name of the lead Inspector and a named contact to coordinate the necessary arrangements.
13. The issues covered were:
 - Performance monitoring, including data analysis, risk assessments and internal safety inspections
 - Violence/ assaults excluding Officer safety training¹
 - Musculoskeletal Disorders and their management
 - Work-related Stress
 - Display Screen Equipment
14. As in previous years, the inspections were structured to concentrate on the key elements of the health and safety management system: policy, organisation, planning and implementation, performance measurement,

¹ Officer Safety Training was subject to a separate review by HM Inspectorate of Constabulary. The report of this review can be found on HMIC website via the link: <http://inspectorates.homeoffice.gov.uk/hmic/inspections/ptd/personnel/safety-matters-r.pdf>

review and audit, (HSE Guidance HS(G) 65- Successful Health and Safety Management). This summary report of the inspections is structured in accordance with HS(G)65.

15. The forces covered in 2006/07 are not referred to by name in the report, but they are listed below:

- (i) Northamptonshire
- (ii) Hampshire
- (iii) Surrey
- (iv) Northumbria
- (v) Merseyside
- (vi) West Yorkshire
- (vii) Devon and Cornwall

Findings and Recommendations

Policy

Is there an effective health and safety policy to set a clear direction for the organisation to follow?

16. An effective health and safety policy forms the basis for managing health and safety and is a requirement under Section 2 of the Health and Safety at Work etc. Act 1974, (HSWA).
17. All forces had written health and safety policy statements that detail the commitment to health and safety and the key roles and responsibilities within the forces. The roles of the Police Authorities were reflected in the policies to varying degrees.
18. Police Authorities have clear legal responsibilities for the management of health and safety, as they are the employer of police staff. How this duty is discharged needs to be detailed either in a joint policy with the force or in a separate policy cross referenced and read in conjunction with the force Policy.
19. Areas and divisions often produced their own health and safety policies to reflect local requirements. It is good practice that local roles and responsibilities to deliver the overarching force policies are defined, but this should not become a bureaucratic burden with unnecessary rewriting undertaken. Corporate oversight of these local 'policies' is essential to maintain consistency and compliance with force standards.
20. Most health and safety policies were supplemented by separate policies on specific risks. Some discrepancies were found between these specific policies and the results of risk assessments, indicating that they were not effectively monitored.
21. The awareness of policies was generally high at corporate level, less so at other levels.

Recommendations

- R1. The role of Police Authorities should be fully reflected in the health and safety policies.
- R2. Local area and divisional policies should avoid duplication of corporate policies and be monitored for consistency.
- R3. Policies on specific issues must be informed by risk assessments and their implementation monitored.

Organising

22. Organising for health and safety is the process of creating a structure of responsibilities and relationships to enable work to take place in a safe manner. The health and safety audit model has four components:

- Control – allocating responsibilities for health and safety and how people will be held in account.
- Co-operation – arrangements to ensure everyone’s participation in health and safety e.g. through safety committees.
- Communication – arrangements for receiving and transmitting information on health and safety issues.
- Competence – establishing the level of competence necessary for specific tasks and ensuring that individuals are capable of carrying out those tasks.

Control

Is there an effective management structure and arrangements in place for delivering the policies?

23. In only two forces were inspectors satisfied that employees at all levels understood their health and safety roles and responsibilities; in other forces there was lack of clarity. Managers and employees were generally aware of a responsibility for health and safety though uncertain how this specifically related to their roles. This was of particular concern where managers had responsibility for identifying and securing health and safety training, and where health surveillance was required.
24. With the exception of sickness absence, line managers were not assigned health and safety targets or performance indicators to which they were held to account. This may account for the prevailing view that health and safety performance is the responsibility of the professional advisers rather than line managers.
25. Within each area or division, it was standard practice for forces to have designated coordinators or managers with specific health and safety responsibility. However, individuals with these specific roles often stated they struggled to have sufficient time to fulfil their responsibilities. There were also concerns about how effectively these coordinators shared best practice and linked with corporate health and safety advisers to ensure consistency across the force.

Cooperation

Are there adequate and appropriate arrangements to secure the trust, participation and involvement of all employees?

26. All forces had a network of health and safety committees with local committees feeding into divisional and ultimately central or corporate committees.
27. Several issues were identified that undermined the effectiveness of these committees in each force:
- a) Absence of senior management representation;

- b) Infrequent Safety Committee meetings;
- c) Lack of staff consultation and involvement on changes to policies, organisational or procedural arrangements that affect the work of staff or their working patterns;
- d) Insufficient time available to safety representatives to enable them to attend the safety committees and fulfil their representative roles;
- e) Lack of information for employees about who their safety representatives are and how to contact them.

Communication

Are there adequate arrangements to secure an information flow into, within and from the organisation?

28. Senior managers were working to provide clear and visible leadership demonstrating the importance of health and safety. Health and safety management was usually a standing agenda item at senior management meetings, and Chief Officers requested monthly health and safety reports. However, frequently there was a lack of sharing of good practice between areas and divisions that led to inconsistency and duplication of effort.
29. When good practice is identified and reported to Chief Officers, it is essential it is effectively communicated it across the force for wider implementation.
30. Often health and safety management did not appear to be given the same priority or focus at local operational management level. Health and safety matters were not routinely considered at local management meetings. This may be because local line managers did not understand their roles and responsibilities for health and safety. In one force where managers had received health and safety training, they were very vocal on the benefit it brought to their operational decisions.
31. Communication to individuals not involved in the health and safety committee structures was not always effective. A heavy and possible over-reliance on the use of electronic communication was identified. Forces were not ensuring that important communications are not only available to all employees but also received and the relevance to individuals understood. There was a tendency to rely on individuals asking for information relevant to their health and safety.

Competence.

Are there systems and arrangements to secure the competence of all staff?

Competent advisers

32. All forces inspected have competent advisers to advise and support management in discharging their legal responsibilities. Forces should be

working towards effective integrated risk management and engaging their competent advisers earlier in the management and decision making processes. In some cases the links between the various disciplines health and safety, occupational health, welfare, human resources and training need to be developed to ensure that forces gain maximum benefit from their internal expertise.

33. Training for support service managers and area health and safety coordinator roles need to be fully considered to ensure they are competent to fulfil their roles.

General Health and Safety Training

34. Health and safety training was not always included in the Training Plan appended to the Local Policing Plans.

35. Beyond recruits, health and safety training was not routinely identified. Where these needs were identified, the systems to ensure delivery were not always present. However, one force did effectively use their computerised PDR system to monitor training delivery.

36. The inspections identified that:

- Health and safety advisers were not involved in the identification of health and safety training needs throughout the all force roles including support and operational staff, particularly on managing conflict, or violence and aggression.
- Health and safety issues, especially legal responsibilities, were not properly addressed in training courses for managers (for example Sergeants and Inspectors courses).
- There was insufficient emphasis on refresher training for officers on risk assessment – particularly dynamic assessment – to ensure officers fully understand legal expectations and avoid excessive risk aversion.

37. Several forces had health and safety training officers adapting training packages to meet policing needs. This ensures relevance that outsourced companies may not be able to deliver as effectively.

Recommendations

R4 Managers require training in key elements of health and safety management. Training should be tailored to specific roles and responsibilities, and include legal responsibilities and force procedures for discharging responsibilities including performance indicators for managers where appropriate.

R5 Forces should improve the effectiveness of safety committees by ensuring appropriate senior management representation, regular meetings, consultation on organisational changes affecting work, and improved knowledge amongst all employees of relevant safety representatives.

R6 Individuals with specific health and safety roles, including safety representatives, should be given the time to fulfil those roles.

R7 Forces should ensure that good practice is effectively communicated across the force to all relevant employees using arrangements that include checks that messages have been received, understood and acted upon..

R8 Forces should develop greater coordination between the various professional advisers and promote greater integration into the overall management planning and decision making process.

R9 The training plans for specific roles should include health and safety needs, and coordination between training and health and safety advisers should be improved to support this.

R10 Forces should develop more robust systems to identify the training needs but also to monitor and ensure delivery.

R11 Refresher training should be considered to ensure better understanding of legal responsibilities and of current force procedures.

R12 The training requirements of support and operational staff who come into contact with members of the public where conflict may arise should be reviewed.

Planning and Implementing

Is there a planned and systematic approach to implementing the health and safety policy?

38. Most forces had a health and safety action plan, supported by area or divisional plans although in some cases they were not developed in conjunction with senior managers and the Police Authority. Some plans were well defined with clear performance objectives, targeting limited resources to be most effective in optimising the force's health and safety performance. In other forces work was needed to ensure that the plans are based on organisational overview and assessment of the causes and trends of work related injury and ill health.
39. Some forces were trying to improve the integration of health and safety, occupational health, welfare, human resources and training specialists. In forces where this is already well established, it is making positive contribution to the overall approach within the forces.
40. There was concern in some forces that the links between estates and health and safety need to be improved so that estate based risks are effectively managed. There were specific concerns about the risks posed by and to visiting contractors.
41. Most senior officers appeared to understand the role risk assessment has in planning and management of police operations. However, it was evident that some officers still see it as a paperwork exercise or one designed to

protect against civil claims, rather than a practical method to identify how to control and minimise risks.

42. The outcomes from risk assessments were not always implemented. Inconsistencies between the risk assessment and force policies were identified, particularly with regards to body armour specification and use.
43. For non-operational activities risk assessment processes were not as rigorously applied with many areas overlooked. Risk assessments were not undertaken for all work activity risks including the less obvious risks posed at property desks, evidence stores and car parks.

Recommendations

R13 Forces should develop health and safety plans based on organisational overview and data analysis to ensure that priorities are identified and targeted.

R14 The outcomes or recommendations from risk assessments should be implemented and used to inform policies, particularly on use of body armour.

R15 Risk assessments for non-operational activities should be improved, particularly regarding control of contractors.

Measuring/Auditing

Is performance measured against agreed standards to reveal where and when improvement is needed?

44. An active system should be able to monitor performance against the safety policy and the implementation of policies and procedures. Reactive monitoring is the recording of accident and incident statistics and their subsequent investigation.
45. All forces had provision for regular workplace inspections. These are an easy but effective way to monitor and maintain physical standards. However, the effectiveness of these inspections varied. Where insufficient emphasis was placed on the need to conduct regular inspections, the physical standards were not satisfactory.
46. The approach to inspections also varied across and within individual forces. Some were led and conducted by the health and safety advisers, others by local management in conjunction with trade union and staff association representatives. Inconsistency of approach across areas and divisions is preventing the use of these inspections as a performance standard or benchmark. The inspection remit tended to be limited to physical conditions and excluded the implementation of risk assessments or results of accident investigations.
47. All forces collect sickness absence, accident and ill health data but its use varied considerably. In some forces this data was broken down and analysed with the findings clearly used to review arrangements and procedures, e.g. a working group established specifically to address the number of road traffic accidents.

48. Some forces were using the collected data to promote and measure improvement. One had set a performance target of 10% reduction in injuries and accidents at work and each area and division was measured against the target on a monthly basis. A different force used the number of near misses to benchmark performance between commands.
49. This effective use of the data was not universal and in some cases the data was collected solely to meet national targets. This is a missed opportunity.

Recommendations

R16 Regular workplace inspections should look at procedural as well as physical conditions.

R17 Injury and ill health data should be used to measure performance and review the effectiveness of controls introduced to prevent injury and ill health.

Auditing and Review

50. All but two forces had introduced health and safety management audits. Some were considerably more developed than others and introducing a level of independence with those conducting the audits outside the line management responsibility for the Area or Department being assessed.
51. There was concern that the audits are still very premises and quantitative in their approach. They had not been developed to address the qualitative aspects of health and safety management, e.g. considering the quality of risk assessments not solely whether the assessments have been completed. The audits were not effective in measuring compliance against force policies and procedures.
52. There was clear evidence that senior management routinely reviewed the sickness absence data and some also review accident data. In one force the Chief Officer Group discussed and actioned as appropriate a monthly report from the health and safety adviser.
53. Forces were not making effective use of the data, inspection and audit reports to review and inform their strategic plans to promote and support overall improvement.
54. Police Authorities were not making the most of their role in the review of performance and setting strategic plans.

Recommendations

R18 The use of auditing to measure and compare actual performance against force policies, procedures and standards should be developed.

R19 Senior management including Police Authorities should to review the data and reports available to inform policy, procedures and strategic plans.

Specific Issues Covered

Management of Violence and Aggression

55. Assaults account for 20% of the accidents reported to HSE by the police services nationally and it is recognised that there are many more that are not reportable under the relevant legislation. This does not lessen the impact that these incidents have on the individuals involved especially as violence frequently leads to stress related absence.
56. HSE did not inspect or assess the adequacy of Officer Safety Training as this was part of a specific review and report by HMIC. HSE inspections concentrated on the wider management aspects of reducing the risks of violence and aggression to officers and staff.
57. There were no clear policies setting out a strategic approach to managing the risk of violence and aggression to officers and staff. The risk was often considered in several other policies such as 'lone working' (in this context single officer/staff working). However the absence of a strategic approach to the risk led to inconsistencies and sometimes contradictions between the various policies, risk assessments and local practices.
58. Unfortunately, there was a general acceptance that members of police forces, officers and staff, will be subject to violence. This sense of inevitability may be undermining the proactive approach to manage and reduce the risk.
59. The specific issues raised during the seven inspections can be split into two categories: Community based and station based:
 - a) Community based
60. Whilst this primarily affects officers on patrol, there are also significant risks for other operational staff such as PCSOs, crime scene investigators, enforcement/investigation officers and others that have an active role outside station premises.
61. Officer Safety Training was considered by many interviewed to be the key control in managing the risk of violence to police officers, therefore the findings of the HMIC report are significant in ensuring its effectiveness. The training need for other operational staff who work in the community was not routinely assessed and or delivered.
62. In some forces officers and operational staff identified single officer/staff working as a particular concern. It is not for HSE to comment on the operational resources and their deployment within forces. Forces should use the outcome of risk assessments to make those decisions and inform their policies. This was not always the case and examples of discrepancy between the risk assessments and the policy were seen. In some cases the ambiguity of the recommended control measures caused concern, for example, the need for two or more officers to be considered where practicable. It was unclear what should occur when there were insufficient officers available or who should make the decision on practicability.

63. In several forces, inconsistency between policies and risk assessments regarding the type, issue and use of body armour were found. Policies were in operation that did not require the use of body armour at all times or by PCSOs, though relevant risk assessments countered these policies.
64. Once it has been determined that body armour or any other type of protective equipment is necessary then there needs further assessment to ensure that the appropriate type is secured. In deciding the standard of protection required from the body armour not only the risk of violence needs to be considered but also the impact of weight and comfort on the individual.
65. In one force it was found that the PCSOs were issued with a higher level of body armour protection than police officers. In this particular force, the body armour provided to PCSOs provided a level of ballistic protection as well as stab protection.

b) Station based risks

66. The risk of violence and assaults against officers and police staff in custody suites was recognised. However, the recommended control measures to reduce the risk were not always applied. There was a strong reliance on Officer Safety Training, and this was not always provided to police staff working in custody.
67. Premises and procedural controls, which would greatly reduce the risk, were not consistently applied even when identified in the risk assessments. For example:
 - Unsecured equipment and furniture was frequently found in custody including interview rooms;
 - The arrangement of the furniture in interview rooms positioned the detainee directly between the officer or member of staff and the affray alarm or door;
 - Affray alarms were not routinely tested; their location often increased accidental operation so reducing the significance of their activation. There were no robust procedures for responding to all alarms.
68. The design and layout of the custody suites in several cases could be improved to manage down the risk of violence. For many forces this is a long-term issue, but there is still benefit in forces reviewing their current layout and arrangements to determine whether there are aspects of the physical environment such as blind spots or bottlenecks in the process that may affect the likelihood of violent incidents and the ease with which incidents are responded to.
69. Reception, front desk and gatehouse staff are also at risk. As in custody, there were no robust procedures for responding to alarms.
70. There was an apparent sense of inevitability or acceptance regarding the risk of violence or assault. Some officers stated that unless an assault left a physical mark or injury they would not report the incident.

71. Different individuals have different tolerances, the impact of verbal abuse or the fear of aggression will have a detrimental effect on some individuals which may lead to future ill health or sickness absence, regardless of whether they suffered a physical injury. Senior management did not encourage the reporting and investigation of all incidents of violence or aggression against officers and police staff. As a result, any appropriate preventative measures and support for the individuals concerned was not being identified.

Recommendations

R20 Forces should establish a more rounded, preventive approach to managing and reducing the risk of violence and aggression to police officers and staff, informed by risk assessments, that does not over-rely on officer safety training in the use of arrest, restraint and equipment.

R21 Forces should review their policies to ensure that there are no inconsistencies with risk assessment outcomes, particularly in connection with the issue and use of body armour and staffing levels.

R 22 All assaults should be recorded and investigated to identify appropriate preventative measures considering aspects other than the training of the individual. Investigations should consider the suitability of the workplace; working patterns and practices; staffing levels and competence; and the level of training provided.

R23 There should be clear well promulgated procedures dealing with the response to panic alarms which include reception, front desk, gatehouse situations as well as custody.

Management of Stress

72. The arrangements within forces for supporting and assisting individuals to deal with stressful situations or events was very good, as was the active support provided to individuals who are stressed. Forces have put considerable effort into these secondary and tertiary approaches to stress management.

73. Some forces were beginning to recognise and address the need to manage stress pro-actively at an organisational level. Good examples included:

- Return to work interviews actively seeking to identify key issues or situations that may be causing stress amongst the workforce in general, and not just individuals.
- Analysing sickness data to identify priority areas and for application of HSE Stress Management Standards
- Training of front line supervisors in stress awareness.

74. This needs to be further developed if forces are to effectively reduce the level of stress related absence. There was a tendency to rely solely on the provision of support and counselling to individuals to manage the incidence of stress within forces.
75. In the recent case of *Intel Corporation (UK) Ltd v Daw*, the Court of Appeal confirmed that an employer, who provides a confidential counselling service, could still be held liable for psychological injury to an employee resulting from stress, even where the employee has not made use of the service. In this case the employer failed to adequately manage an individual's workload.
76. Occupational health units have a significant role to play in the management of sickness absence (including stress) within forces. There was a general concern that the OH units are struggling to meet the reactive demands on their services. This is limiting their ability to take a more active role in the early identification and prevention of ill health in the forces that in the long term is not beneficial to the forces.

Recommendations

R24 Forces should develop and implement their plans to address the organisational arrangements that influence the level of work related of stress amongst the workforce.

R25 Occupational health units should be provided with the resources to advise and assist on the preventative management of stress within the forces.

Display Screen Equipment (DSE)

77. There was little consistency in the standard of DSE (computer) workstations and assessments undertaken by forces. In some cases this was due to insufficient numbers of trained assessors available to advice and assist individuals in the correct use of computers.
78. The workstations causing most concern are those that are a shared resource used by different individuals for varying periods of time (hot desk situations), in particular control rooms and report-writing rooms for officers. These rooms are an essential facility and while workstations cannot be specifically assigned to individuals, forces were not ensuring that the furniture and equipment could be suitably adjusted to suit all individuals' needs. Adequate information and training on the need individual adjustment and the required standard was not being provided.
79. Across the forces there were some very poor examples including:
- Insufficient leg room to sit at the desks,
 - Inappropriate seating
 - Lack of space for paperwork

80. These caused officers to work, sometimes for prolonged periods of time, in very poor ergonomic positions which if unresolved could impact on their physical health. A general lack of awareness and understanding of the risks associated with DSE was found. Some individuals were already experiencing pain and discomfort from the use of DSE.
81. The principal health risks associated with DSE work are physical (musculoskeletal) problems, visual fatigue and mental stress. The risks are low if the ergonomic principles are applied to the design, selection, installation and use of the equipment, the design of the workplace and the organisation of the task. However, if not effectively managed the consequences can be significant.
82. The standards were generally better where individuals had personal workstations or they were clearly identified as DSE users under the Health and Safety (Display Screen Equipment) Regulations 1992. Forces were not ensuring that the outcomes or recommendations from DSE assessments are implemented.
83. Forces were not considering whether those regularly working in custody are DSE users as defined in the Regulations and undertaking appropriate assessments and action.

Recommendations

- R26 All police officers and police staff that use DSE should be appropriately trained in the associated risks and how to adjust the workstation to meet their individual requirements
- R27 Forces should ensure there are adequate numbers of suitably trained DSE assessors.
- R28 The outcome of individual DSE workstation assessments should be implemented

Summary of Recommendations	
R1	The role of Police Authorities should be fully reflected in the Health and Safety Polices.
R2.	Local area and divisional policies should avoid duplication of corporate policies and be monitored for consistency.
R3.	Policies on specific issues should be informed by risk assessments and their implementation monitored.
R4	Managers require training in key elements of health and safety management. Training should be tailored to specific roles and responsibilities, and include legal responsibilities and force procedures for discharging responsibilities including performance indicators for managers where appropriate.
R5	Forces should improve the effectiveness of safety committees by ensuring appropriate senior management representation, regular meetings, consultation on organisational changes affecting work, and improved knowledge amongst all employees of relevant safety representatives.
R6	Individuals with specific health and safety roles, including health and safety representatives, should be given the time to fulfil those roles.
R7	Forces should ensure that good practice is effectively communicated across the force to all relevant employees using arrangements that include checks that messages have been received, understood and acted upon.
R8	Forces should develop greater coordination between the various professional advisers and promote greater integration into the overall management planning and decision making process.
R9	The training plans for specific roles should include health and safety needs, and coordination between training and health and safety advisers should be improved to support this.
R10	Forces should develop more robust systems to identify the training needs but also to monitor and ensure delivery.
R11	Refresher training should be considered to ensure better understanding of legal responsibilities and current force procedures.
R12	The training requirements of support and operational staff who come into contact with members of the public where conflict may arise should be reviewed.
R13	Forces should develop health and safety plans based on

	organisational overview and data analysis to ensure that priorities are identified and targeted.
R14	The outcomes or recommendations from risk assessments should be implemented and used to inform policies, particularly on use of body armour.
R15	Risk assessments for non-operational activities should be improved, particularly regarding control of contractors.
R16	Regular workplace inspections should consider procedural as well as physical conditions.
R17	Injury and ill health data should be used to measure performance and review the effectiveness of controls introduced to prevent injury and ill health.
R18	The use of auditing to measure and compare actual performance against force policies, procedures and standards should be developed.
R19	Senior management, including Police Authorities, should review the data and reports available to inform policy, procedures and strategic plans.
R20	Forces should establish a more rounded, preventative approach to managing and reducing the risk of violence and aggression to police officers and staff which is informed by risk assessments, that does not over-rely on officer safety training in the use of arrest, restraint and equipment.
R21	Forces should review their policies to ensure that there are no inconsistencies with risk assessment outcomes, particularly in connection with the issue and use of body armour and staffing levels.
R 22	All assaults should be recorded and investigated to identify appropriate preventative measures considering aspects other than the training of the individual. Investigations should consider the suitability of the workplace; working patterns and practices; staffing levels and competence; and the level of training provided.
R23	There should be clear, well promulgated procedures dealing with the response to panic alarms which include reception, front desk, gatehouse situations as well as custody.
R24	Forces should develop and implement their plans to address the organisational arrangements that influence the level of work related of stress amongst the workforce.
R25	Occupational health units should be provided with the resources to advise and assist on the preventative management of stress within the forces.
R26	All police officers and police staff that use DSE should be appropriately trained in the associated risks and how to adjust the workstation to meet their individual requirements.

R27	Forces should ensure there are adequate numbers of suitably trained DSE assessors.
R28	The outcome of individual DSE workstation assessments should be implemented