



**REPORT of  
DIRECTOR OF NEIGHBOURHOOD SERVICES AND COMMUNITIES  
PERFORMANCE, GOVERNANCE AND AUDIT COMMITTEE  
12 MARCH 2026**

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**HEALTH AND SAFETY UPDATE - QUARTER THREE 2025 / 26**

**1. PURPOSE OF THE REPORT**

- 1.1 To provide an update on Health and Safety (H&S) statistics and activity during Quarter Three (Q3) 1 October to 31 December 2025.

**2. RECOMMENDATIONS**

- (i) That Members consider the accident and incident statistics and incidences of unacceptable behaviour reported;
- (ii) That Members consider progress of key health and safety themes (as per Section 3.2).

**3. SUMMARY OF KEY ISSUES**

**3.1 Quarter Three 2025 / 26**

**3.1.1 Summary of reported incidents**

- 3.1.2 There were three accidents and incidents, and one near miss reported during Q3. Two accidents involved Members of the Public, one involving a vehicle collision with a council building, and the other involving a slip or trip at the Council Offices. One of the accidents reported was investigated due to the severity of the injury. The near miss reported concerned a council contractor who was not working in accordance with the risk assessments submitted for their work. A table of reports can be found in **APPENDIX 1**.

	<b>Accidents &amp; Incidents</b>	<b>Hazards &amp; Near Misses</b>	<b>No. where full investigation conducted*</b>	<b>No. where risk mitigation is recommended</b>
Events involving Maldon District Council (MDC) Staff	1	0	0	0
Events involving Public	2	0	1	1
Other	0	1	0	0

Number of accidents, incidents or near misses that are RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) Reportable are given in brackets. Diseases/ ill health suspected to be work related but not attributed to a particular event will be provided in the 'Other' designation. \*A full investigation is normally conducted where injury is suspected to be caused by a defect in MDC assets or work processes or for an event where there was a significant likelihood of significant harm occurring.

3.1.3 There were six incidents of unacceptable behaviour reported with three being by telephone, one via e-mail, one partner referral and one experienced in-person. The incident experienced in person, involved physical contact however there was no injury. No further details can be shared. Of the reports made three were generated using the Council's 'quick capture' report form highlighting its use in recording low-level events. All reports are vetted by an administrator to ensure the correct categorisation and, if necessary, support. A table of incidents can be found in **APPENDIX 1**.

Type	Severity				Mitigative Measures	Police Notified
	High	Med	Low	Vex.		
In Person	1	-	-	-	0	0
Via e-mail	-	1	-	-	0	0
Via Telephone	-	-	2	1	1	0
Other Means*	-	-	-	-	-	-
Partner Referral	-	1	-	-	0	1

\*Other Means – Unacceptable behaviour received by other means (e.g. indirectly via social media posts, or letter sent by post etc.). Vex. = Vexatious contact or contact with obstructive or malicious intent.

### 3.2 Health and Safety Actions

3.2.1 A number of actions are set out below. Work continues to progress these with all completed actions removed. Since only a short period has passed since the last update was given to the Performance Governance and Audit Committee the progress highlighted is relatively modest.

Subject	Action	Update / Progress
<b>Emergency Procedures</b>	(i) To revise and improve the fire and evacuation procedure at main MDC locations.	(i) Fire drills at offices on schedule. Drills at depots completed however increase in frequency required. (ii) Emergency equipment at offices now documented for responders.
<b>H&amp;S Training</b>	(i) To determine H&S training requirements (Corporate and Teams)	(i) Training identified. Requires monitoring by department Managers. (ii) Funds assigned to corporate H&S training for remainder of 2025 have allowed booking of courses identified. (iii) Courses administered are progressing well and on track.

Subject	Action	Update / Progress
<b>Risk Assessment</b>	(i) To implement a new risk assessment register / master list	(i) Master list in place. Will require ongoing review and monitoring.  (ii) Corporate risk assessments now completed in draft. Reports required for additional resources to be progressed and included in monthly highlight report.  (iii) Training to support transport procedure being implemented. Phase 1 completed.
<b>Lone Working</b>	(i) To revise lone working procedure and to ensure implementation of appropriate hardware to support these measures.	(i) Details of revised procedure agreed. Corporate lone working device now procured, training and implementation to commence shortly.
<b>Audit / Inspection</b>	(i) To ensure service teams and work locations across MDC are in compliance with H&S Legislation	(i) Mini-audit of Parks and Maintenance depots completed. Reports for Parks depot and other assets now complete. Maintenance depot outstanding.  (ii) Observation of working practices to be established by teams. Tools provided. Electronic reporting forms have been developed and are now in testing.  (iii) Draft schedule of site inspections agreed.

### 3.3 Health and Safety Groups

3.3.1 The Senior Managers group continues to meet every six weeks to progress and review our performance on health and safety. The last meeting was paused whilst phase 2 of the 'Transforming Together' process became clearer. Efforts continue to maintain accountability and the tracking of actions raised to this group. Routine updates from each service area are conducted as part of these meetings with feedback now planned to be given to the Senior Leadership Team (SLT) on a regular basis.

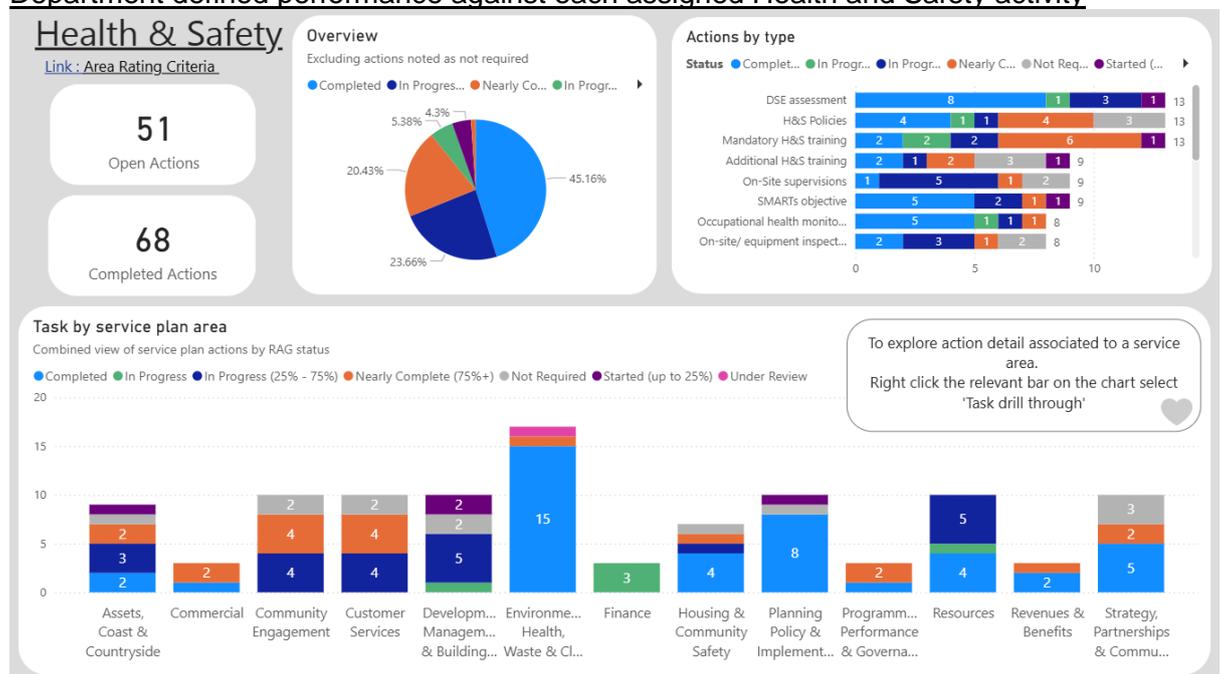
3.3.2 Safety Action Team (of Safety Representatives) meet quarterly with minutes distributed via notice boards. The Team is currently exploring designs for the production of an 'emergency card' that can be issued to all staff.

### 3.4 System Resources

3.4.1 Work continues to improve health and safety performance in a number of service areas. Resources for health and safety improvements have now been agreed in principle with the Chief Finance Officer for both the current financial period and future years.

3.4.2 Further work to enhance the visibility of health and safety performance in the new corporate structure is being undertaken. A monthly highlight report submitted to SLT has been agreed as providing the appropriate level of governance supported by routine attendance of the Corporate H&S Manager (see 3.3.1 also).

### Department defined performance against each assigned Health and Safety activity



Service Plan Performance Data Captured 6-2-2026

### 3.5 Fire Risk Assessments

3.5.1 There are no further updates in this regard. Details provided are as previous (see below), however it is noted that responsibility for Fire Risk Assessments have now been rationalised under one service area. Actions generated from the Fire Risk Assessments are being progressed. Progress has been made to close a number of actions for the main offices. Those for the depots require attention. Drills continue to be conducted with spot checks made during depot audits and inventory exercises. Work to the fire detection and alarm system will require the modification of procedures for the main offices in due course.

### 3.6 Policies and Procedures

3.6.1 Work is continuing to review and update all corporate policies and procedures that have expired. Where roles and responsibilities have changed as a result of the 'Transforming Together' process, input from SLT will be required to confirm the working groups that are relevant to each procedure and therefore their review. Those

documents requiring minor amendments are largely completed, whilst those requiring more significant changes are awaiting to be review. Audit action R1 in section 3.11 covers this topic.

### **3.7 Health and Safety Inspections**

3.7.1 Annual mini-audit inspections of the Council depots have been completed. A schedule of staff-led H&S inspections has been devised (along with inspection proformas). Work continues on a tablet-based application to assist with this work.

3.7.2 An inspection of the Blackwater Leisure Centre was conducted. The report is in preparation. Essex County Fire and Rescue has been approached with regards to conducting a familiarisation visit, as is good practice for such venues.

### **3.8 Legionella**

3.8.1 Routine work of the council's contractor continues. A new contract will be required in the new financial year. Items concerning legionella, identified as part of the mini-audit inspections (see Section 3.7.1 above) have been raised in the respective reports. Members of Facilities and Maintenance teams were trained in legionella awareness during the period.

### **3.9 Training**

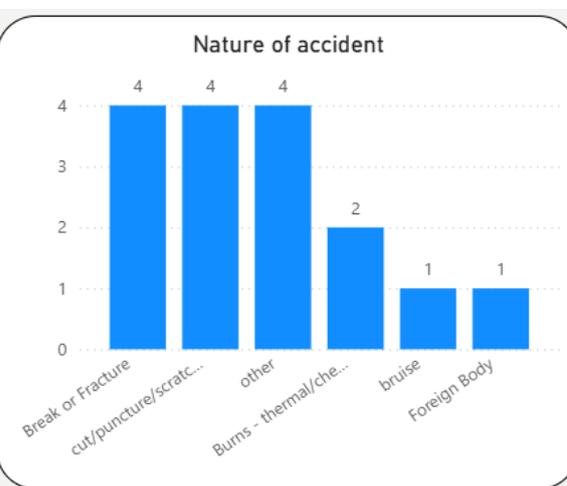
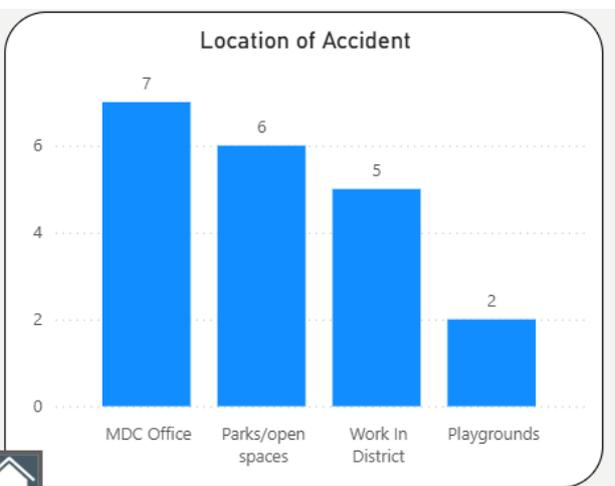
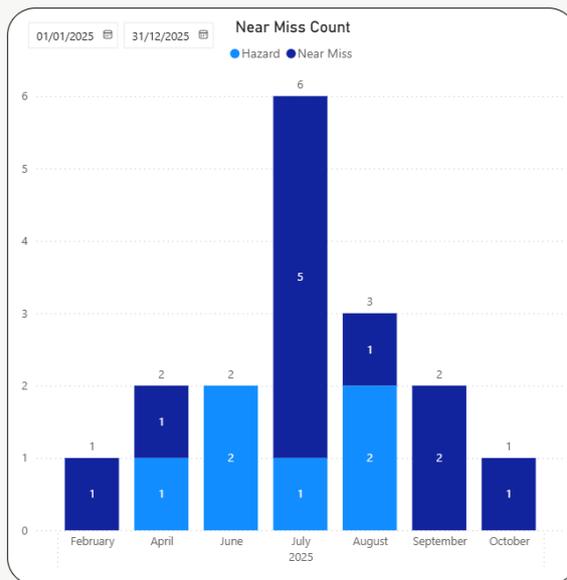
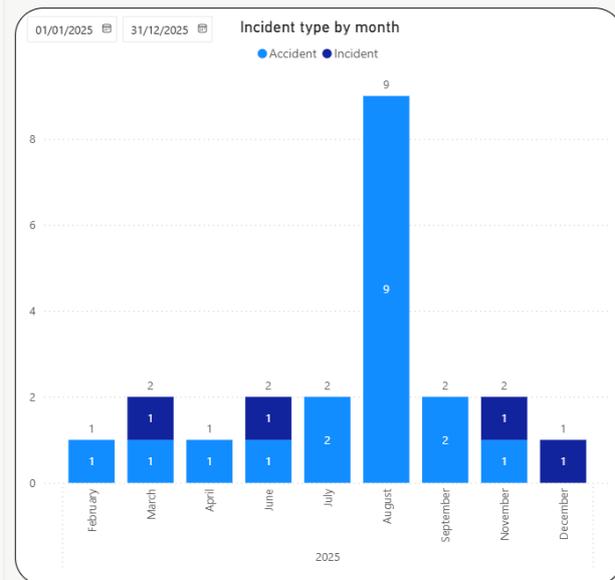
3.9.1 A number of training sessions were conducted in the period including phase 1 of the driver safety (classroom) sessions for those who drive on council business and managing telephone aggression for those in customer services, housing, waste and environmental health teams. The busy training schedule will continue over the winter period, which is often a good time to administer the sessions. Fire Marshal, Lone Working, Manual Handling and Ladder User courses have all been scheduled. Discussions have commenced with colleagues at Mind regarding training and support their organisation can offer as group 'debrief sessions' for teams experiencing potentially violent and aggressive customers. Driver familiarisation sessions (in-vehicle) are also planned with the Safer Essex Road Partnership for those who drive Council-owned vehicles.

3.9.2 Further work on administering e-learning modules for health and safety topics, tailored to specific teams is required. Three topics are currently live but there are an additional eleven in the health and safety training library. A health and safety training day for members of the newly appointed SLT is proposed in the new financial year.

### **3.10 Accident-Near Miss Reporting**

3.10.1 The colder winter months saw the expected drop in accident, incident and near-miss reporting. Only one incident involved a member of staff. Accident and Incidents associated with the main offices, whilst very low in number are a particular reminder of the growing occupancy of the building and the diversity of (partner) user-groups. This highlights the importance of staff vigilance in hazard reporting and the need for rigorous maintenance and routine inspections.

## Health & Safety Reporting



### 3.11 Health and Safety Audit ([Audit Actions 2024-2025 doc](#))

3.11.1 There were no assigned audit actions for the period, with the deadlines originally given now all expired. Whilst most actions have been completed, those below remain outstanding to some degree. The table summarises their completion status. With the transforming together process now coming to an end, it is hoped that those staff with new or newly confirmed roles and responsibilities can begin to tackle the remaining items.

Risk	Item	Status
R5 (Red)	An inspection schedule frequency should be agreed with each service area head and with the Health and Safety team.	<b>Near Completion.</b> An inspection schedule has been agreed and templates to support the process created, however this has not yet been implemented by them. Teams have requested an electronic inspection form. This is in the testing phase.
R1 (Amber)	All of the out-dated supporting guidance documents identified in the Health and Safety Policy/Procedure Index	<b>Outstanding.</b> Each H&S procedure has an agreed working group and team lead'. The group and lead are responsible for review of the procedure.

Risk	Item	Status
	should be reviewed and updated, ensuring they align to current statutory requirements and the Council's procedures.	Whilst there has been progress, there are a number of documents that still require work. This is being supported by SLT, with a new monthly highlight report which will serve to highlight non-compliance. With the transformation process nearing completion roles and responsibilities should become clearer allowing renewed focus on this task

### 3.12 Priorities going forward

3.12.1 The priorities for the next quarter will be to complete the remaining tasks set out in the Audit Action Plan including work to review, and revise where necessary policies and embed health and safety inspections. Outside of the audit, work will be necessary to progress with corporate health and safety training, which has commenced and to implement a lone working device to support those who work alone across the authority (see table in section 3.2.1). Some additional training for the newly formed SLT group on the authority's health and safety responsibilities and management system are proposed. This will complement the health and safety highlight reports which will be submitted to them on a routine basis.

## 4. CONCLUSION

4.1 Accidents, near misses and incidents of unacceptable behaviour during Q3 2025 / 26 have been set out within this report.

4.2 Proactive work on the main health and safety themes continues and good progress is being made.

4.3 Some roles and responsibilities for health and safety will change as a result of the 'Transforming Together' process. The Corporate Health and Safety manager will work with SLT to ensure a smooth transition, so that work to progress health and safety improvements continues at a suitable pace.

4.4 Additional health and safety improvements will continue to be implemented alongside the final remaining items arising from the health and safety audit.

## 5. IMPACT ON PRIORITIES AS SET OUT IN THE CORPORATE PLAN 2025 - 2028

### 5.1 Delivering good quality services.

5.1.1 Good health and safety management of the workplace, for example, management of asbestos and legionella, helps provide a safer and healthier environment in which to live and work.

## 6. IMPLICATIONS

- (i) **Impact on Customers** – Good health and safety management reduces the number of accidents and injuries to both customers and employees alike.

Reduced staff absence resulting from work related injuries or ill health ensures a better service is provided to customers.

- (ii) **Impact on Equalities** – None.
- (iii) **Impact on Risk (including Fraud implications)** – Poor management and insufficient investment in health and safety can lead to accidents, injuries, occupational ill health or dangerous occurrences. This may result in avoidable sickness absence, regulatory intervention and/or civil claims. Effective risk management can build public trust, demonstrating the Council's commitment to the wellbeing of its communities and the responsible use of public resources.
- (iv) **Impact on Resources (financial)** – Costs associated with the initiatives set out in the report and other future initiatives, will be considered as part of the budget round 2026 / 27.
- (v) **Impact on Resources (human)** – Compliance is dependent upon Managers completing their Health and Safety actions within their service plans and having the time and resources to achieve this. The positive impact will be manifest through proactively preventing accidents and ill health, reducing reputational damage, personal injury and other associated costs. By investing in health and safety, which includes improving training and levels competence, staff will feel valued leading to better morale and staff retention.
- (vi) **Impact on Devolution / Local Government Reorganisation** - All employers, including local authorities are legally required to have a health and safety policy in place and are at risk of enforcement action if they fail to do so. Where authorities merge, details of the arrangements put in place for health and safety may need to change, but the general themes of policy (i.e. why, who and how the policy must be administered) will be broadly similar. It is anticipated that government re-organisation will lead to changes at an operational level which will be addressed using new procedures and supporting documentation when so required.

Background Papers: None.

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