REPORT of
DIRECTOR OF NEIGHBOURHOOD SERVICES AND COMMUNITIES

PERFORMANCE, GOVERNANCE AND AUDIT COMMITTEE
17 SEPTEMBER 2026

HEALTH AND SAFETY UPDATE - QUARTER ONE 2026 / 27

1. PURPOSE OF THE REPORT

1.1 To provide an update on Health and Safety (H&S) statistics and activity during Quarter One (Q1) 1 April to 30 June 2026.

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 Summary of reported incidents

3.1.1 The Council continues to report a good position regarding health and safety with relatively low numbers of reports and satisfactory control measures in place. There were Ten accidents and incidents, one near-miss and one hazard reported during Q1. Three accidents involved members of the public but could not be determined to be the result of deficiencies in Maldon District Council (MDC) assets or working practices. On two occasions MDC staff (Parks Team) provided assistance. Four accidents and one incident were investigated to determine root causes and prevent reoccurrence. Investigations are typically conducted where there is injury or the potential for significant harm. A table of reports can be found in **APPENDIX 1**.

	Accidents & Incidents	Hazards & Near Misses	No. where full investigation conducted*	No. where risk mitigation is recommended
Events involving MDC Staff	6	2	5	7
Events involving Public	4	0	0	0
Other	0	0	0	0

Number of accidents, incidents or near misses that are RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) 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.

3.1.2 There were nine incidents of unacceptable behaviour reported with six being by telephone, two in person, two via electronic means and one partner referral. One of the incidents experienced in person was a referral from our waste contractor who was injured by a member of the public whilst on a collection round. Severe incidents such as this are referred to MDC so it can implement measures to protect both contractor and council staff. Of the reports made, five were generated using the Council's 'quick capture' report form. All reports are reviewed by an administrator to ensure the correct categorisation and if necessary, support given. A table of incidents can be found in **APPENDIX 1**.

Type	Severity				Mitigative Measures	Police Notified
	High	Med	Low	Vex.		
In Person	0	1	1	-	1	1
Via e-mail	-	-	1	-	-	0
Via Telephone	-	0	4	2	0	0
Other Means*	-	1	-	-	1	0
Partner Referral	1	-	-	-	1	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.

Subject	Action	Update / Progress
Emergency Procedures	(i) To revise and improve the fire and evacuation procedure at main MDC locations.	(i) New equipment installed to improve response to a range of emergency scenarios. Fire Marshals supplied with new roll call application and hardware in place to support occupant sign-out. (ii) Revised procedure to support new system is in draft
H&S Training	(i) To determine H&S training requirements (Corporate and Teams).	(i) Training plan for 2026-2027 in progress. Driver training for all staff completed. Asbestos awareness training administered to relevant teams. Training on conflict resolution (i.e. breakaway training) and workplace stress being arranged. Training of Senior Leadership Team (SLT) and Senior Management Team (SMT) on H&S assurance in progress.
Risk Assessment	(i) To ensure risk assessment register / master list is up to date and corporate	(i) Master list being monitored. Areas now

Subject	Action	Update / Progress
(RA)	and team risk assessments remain relevant and fit for purpose	require updating. Maintenance and Facilities Team documents to be merged in light of restructure. Status is reported via Service Plans. (ii) RA's required for Cemeteries Team due to reorganisation of Neighbourhoods, Services and Communities Directorate.
Lone Working	(i) To revise lone working procedure and to ensure implementation of appropriate hardware to support these measures.	(i) Draft procedure and risk grading of posts agreed by SLT. (ii) Lone worker devices procured and issued to teams along with training. Escalation pathways established.
Audit / Inspection	(i) To ensure departments and work locations across MDC are in compliance with health and safety legislation.	(i) Routine area inspections of assets such as depots and cemeteries now in place. An electronic reporting tool has been developed and implemented. (ii) Observation of working practices (i.e. 'site supervisions') established by many teams and will continue to roll out across the organisation. Additional work on the supervision of contractors is required and is in development.

3.3 **Health and Safety Groups**

3.3.1 Health and Safety is now reported quarterly to SMT, with relevant items taken to SLT as required. The Corporate Health Safety Manager meets routinely with the Assets, Countryside and Coast teams and wider Neighbourhood Services and Communities Directorate in order to monitor health and safety performance associated with relevant activities.

3.3.2 The Safety Action Team (of Safety Representatives) meet quarterly with minutes distributed via notice boards. Team membership is being reviewed in light of the organisational changes now implemented. The SMT will be approached for potential nominees in the near future.

3.4 **System Resources**

3.4.1 A monthly highlight report is submitted to SLT. The Corporate Health and Safety Manager attends SLT meetings as required or may communicate items via the Director of Neighbourhood Services and Communities.

3.4.2 Service plan targets for the directorates were rationalised from ten to six focus areas. Whilst the same coverage has been maintained, it was felt that a smaller number of target areas would simplify the reporting process. The targets went live in April 2026 with prompts for service heads to update progress made every two months. Whilst the Senior Leadership and Management Teams have been updated on the changes, requirements will be captured in forthcoming Health and Safety Assurance Workshop sessions.

<u>Department defined performance against each assigned Health and Safety activity</u>

Service Plan Tasks	H&S Policies	H&S training	Occupational Health Monitoring Requirements	On-Site Staff Supervisions	Risk Assessments (including DSE)	Work Area/Equipment/PPE Checks and Inspections
Assets, Coast & Countryside	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started
Community Protection	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started
Customer Services	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started
Development Management & Building Control	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started
Environmental Health, Waste & Climate Action	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started
Finance	Not Started	Not Started			Not Started	
Housing Services	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started
HR	Not Started	Not Started			Not Started	
IT	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started
Legal & Governance	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started
Planning Policy	Not Started	Not Started			Not Started	
Programmes, Improvement & LGR	Completed	Nearly Complete (75%+)			Completed	
Revenues & Benefits	In Progress (25% - 75%)	Started (up to 25%)	Under Review	Not Started	Under Review	Under Review
Strategy, Partnerships & Communications	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started

Service Plan Performance Data Captured 13-8-2026.

3.5 Fire Risk Assessments

3.5.1 Progress continues to be made in closing out the action items that were raised for the offices and depots. Some residual actions remain; however, the majority are now completed. A survey of fire doors at the main offices has identified non-compliance (to varying degrees) in a number of areas. Due to the age of some parts of the building, fire door remedial works may be difficult and potentially costly. It is suggested that remedial works proceed using a risk-based approach. With the installation of new fire detection and building access systems and the close-out of fire risk assessment action items, fire safety has improved markedly.

3.5.2 Work at the depot is on-going with progress being made. Some additional fire response precautions are now included on health and safety inspections that nominated staff perform on a routine basis. Both office and depot sites will require their routine fire drills in the near future.

3.6 Policies and Procedures

3.6.1 The Transport (driving at work) and Lone Working procedures were signed off by SLT and will now be distributed to staff.

3.7 Health and Safety Inspections

3.7.1 No mini-audit inspections were conducted in the period however staff are now conducting their own routine checks of depot and office areas. For oversight of health and safety at our leisure assets, the Council’s contractor is continuing to work on systems that can be used to generate routine reports on its performance via agreed key performance indicators. These are scheduled to commence in September when a dedicated MDC officer will be assigned to this work.

3.8 **Legionella**

3.8.1 The contract for Legionella control is due for renewal. The Principal Assets Manager is exploring options with potential providers. New risk assessments will be commissioned upon start of the contract and provision will be made for periodic sampling to demonstrate the adequacy of the control measures that are in place. The potential for a contractor-based ‘Responsible Person’ (as defined by the Health and Safety Executive (HSE) approved Code of Practice L8) is being explored.

3.9 **Training**

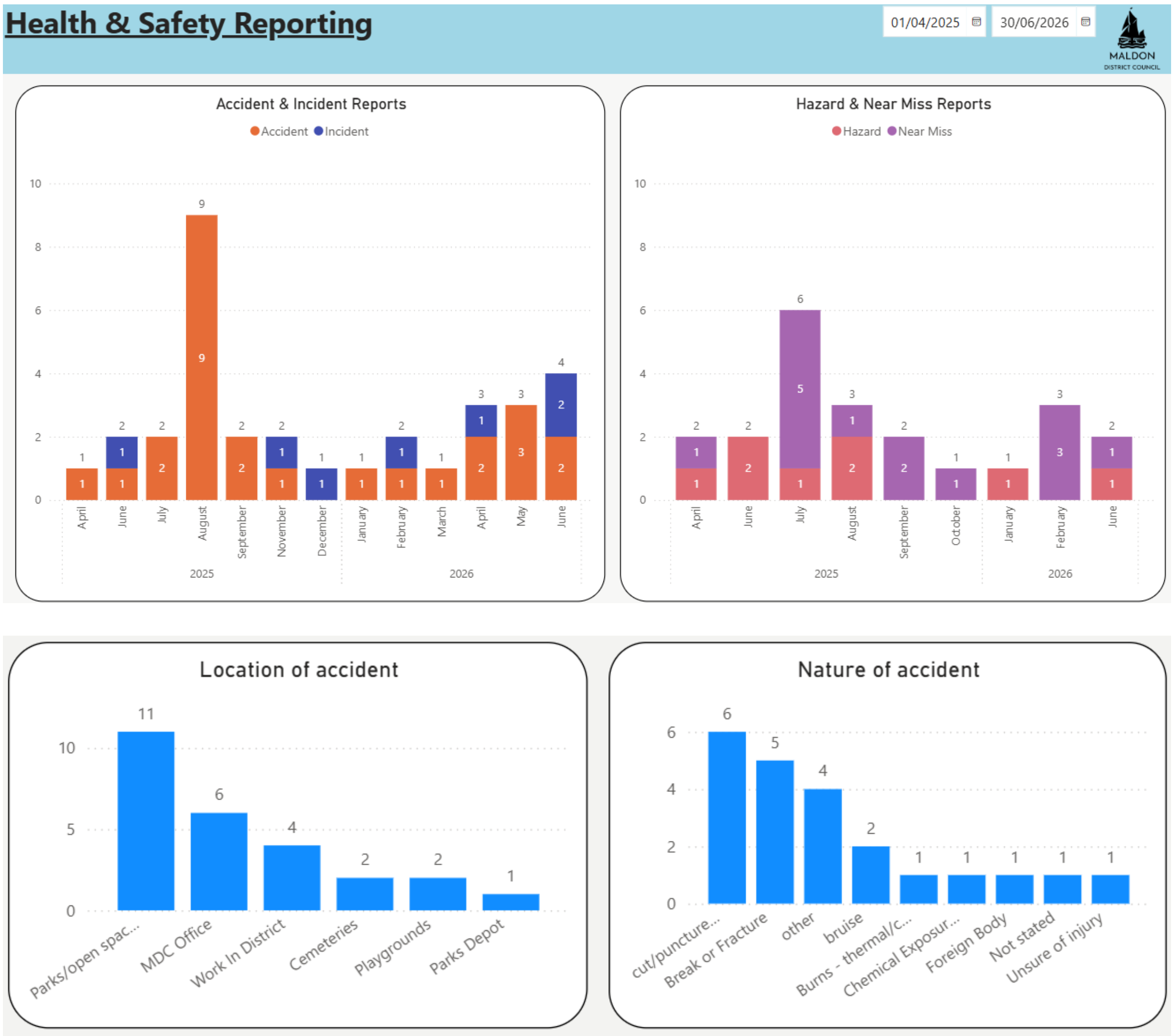
3.9.1 During the period, driver coaching sessions for relevant staff were completed. These were well received and are now embedded as a mandatory requirement for all those who drive council-owned vehicles. Asbestos awareness sessions were delivered to appropriate staff since there was no record of previous training. Lone working refresher sessions commenced for the 2026-2027 as three years have passed since the last sessions. Fire Marshal training will similarly be renewed. Moving forward arrangements are now being made to procure training focussing on conflict resolution (i.e. breakaway training), for frontline staff and sessions looking at workplace stress and mental health. These will be targeted at those teams who frequently deal with difficult customers such those who most often report incidents of unacceptable behaviour.

3.9.2 Training sessions for the newly formed SLT and SMT have been scheduled and will commence shortly. Partnering with a firm of consultants who have a wealth of experience in cultural and behavioural safety, the training is intended to focus on the roles leadership play in supporting good health and safety and the responsibilities they have in ensuring the necessary safety arrangements are in place.

3.9.3 Work on administering the health and safety e-learning modules has been temporarily paused whilst a new training platform (‘Boxphish’) is introduced across the Council. Modules will require conversion to the new system by ICT. Progress will be reported in the next reporting period.

3.10 **Accident-Near Miss Reporting**

3.10.1 The period covers spring and early summer. A number of events were investigated during the period due to injury or exposure of staff to substances hazardous to health. Thankfully, in all cases the injuries concerned were minor and the event leading to exposure was of lower risk. We continue to include accidents and incidents reported to us by members of the public when using our assets, even when the root cause appears to be unrelated to MDC. This is adopted as a precaution as later investigation may prove differently, and MDC staff may become involved when offering assistance. Hazard and near-miss reporting were unremarkable during the period.



3.11 **Health and Safety Audit**

3.11.1 All actions are now closed.

3.12 **Priorities going forward**

3.12.1 The priority for the next quarter will continue to ensure that the rationalised health and safety targets are appropriately embedded, and that supporting documentation and reporting forms reflect the new corporate structure. Looking forward, work will commence on ensuring that the Council's operations are compliant with the Control of Substances, Hazardous to Health Regulations and to ensure that the contractors who it engages are properly controlled and supervised, using a standardised process.

4. CONCLUSION

4.1 Accidents, near misses and incidents of unacceptable behaviour during Q1 2026 / 27 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, particularly with regards to lone working, driving at work and workplace inspections.

4.3 The training plan for 2026/2027 is being administered. Refresher sessions for lone working and fire marshal are in progress whilst sessions regarding conflict resolution and dealing with workplace stress are planned.

5. IMPACT ON PRIORITIES AS SET OUT IN THE CORPORATE PLAN 2023 - 2027

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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