

Kent County Council Health and Safety Annual Report 2025 – 2026

Executive Summary

This report provides Corporate Management Team with assurance on Kent County Council's health and safety performance for the period 1 April 2025 to 31 March 2026 and outlines the principal risks and priorities for the year ahead.

Overall, the Council has appropriate governance, systems, and professional support in place to manage health and safety in line with statutory duties. Health and safety arrangements are underpinned by a clear policy framework, aligned to HSE guidance, and overseen through established governance via the Health, Safety, and Wellbeing Group and Committee, providing senior leadership oversight and statutory consultation with recognised Trade Unions.

The Health and Safety Service (HSS) continues to fulfil the Council's duty to appoint competent persons, supporting Directorates and schools through advice, auditing, investigation, standards development and monitoring. Engagement with enforcing authorities during the year included two Notices of Contravention issued by the Health and Safety Executive in relation to schools. In both cases, prompt corrective action was taken, and no further enforcement action was required, providing assurance that learning was embedded.

The introduction of a new Power BI-based health and safety risk profiling system has improved organisational visibility of risk. Analysis confirms that the Council's most significant risks include movement around premises and manual handling, and personal safety and lone working, particularly within frontline services. These risks are being directly targeted through a risk-based audit programme. Internal Audit provided a Substantial Assurance opinion on the risk profiling system.

Incident reporting has increased overall, indicating improving use of reporting systems; however, employee and near-miss reporting remain low in some Directorates, presenting a risk of under-reporting and reduced assurance. Core health and safety training completion rates for staff and managers also remain low and represent a compliance and operational risk. Mental health, stress and musculoskeletal conditions continue to be the leading causes of sickness absence.

The 2026–2027 Health and Safety Action Plan focuses on these key areas, including improving incident reporting systems and data quality, increasing training uptake, strengthening stress management arrangements, and supporting managers through clearer guidance and assurance mechanisms. Continued leadership, ownership, and engagement from Directorates will be critical to delivering these improvements and maintaining effective control of health and safety risks.

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Introduction

This report sets out the Health and Safety performance of Kent County Council for the year 1 April 2025 to 31 March 2026. KCC has a strong commitment to adhering to the requirements of the Health and Safety at Work Act 1974 and its' subsidiary legislation, and to keeping its staff and service users safe. This report provides an overview of the organisation's activities, a summary of the Health and Safety management and governance arrangements for the organisation, and a review of key interventions, data, and risks to provide a summary of the health and safety performance of the organisation over the year. This report details the Health and Safety Action Plan for 2026 to 2027, including planned key activities of the Health and Safety Service (HSS) to monitor compliance, provide assurance, and drive continuous improvement.

Organisational Context

Kent County Council (KCC) is a county level local authority, providing a wide range of statutory services across Kent. It has around 8339 directly employed members of staff, many directly employed schools staff, as well as many contractors and commissioned services. The organisation is led by the Chief Executive and the rest of the Corporate Management Team (CMT), who lead the five directorates that make up KCC – Adult Social Care and Health (ASCH), Children, Young People, and Education (CYPE), Growth, Environment, and Transport (GET), Chief Executives Department (CED), and Deputy Chief Executives Department (DCED).

The activities of the organisation are many and varied, including direct delivery of services as well as the management of contractors and commissioned services. For context, these services include Social Care, Highways, Transport, Waste Management, Libraries, Coroners, Public Rights of Way and Country Parks, and Corporate Services.

Staff operate in a range of environments, and whilst many staff continue to be able to carry out some working from home much of the service delivery and support functions are delivered from KCC premises or out in the community.

KCC is operating in a period of change within the local government sector. Financial pressures are an ongoing challenge, with increasing costs of delivering services combined with increasing numbers and needs of service users. Local Government Reorganisation also presents a period of uncertainty for staff and will result in significant changes to how the organisation delivers services. Through these challenges CMT show continued commitment to supporting the health, safety, and wellbeing of staff.

Health and Safety Management Arrangements

The Councils' health and safety management arrangements are laid out within the KCC General Statement of Policy On Health and Safety and the subsidiary health and safety standards, guidance, and templates produced by the Health and Safety Service. These documents and their associated systems outline the health and safety management system for KCC, with the aim of aligning with the HSE's HSG65 Managing Health and Safety 'Plan,

Do, Check, Act' system, and are available on KNET and KELSI. The standards outline how managers can implement health and safety law, and where agreed relevant best practice, for relevant risk topics. They set the minimum level of health and safety arrangement expected across KCC, though individual managers, services, or directorates may wish to set more comprehensive local arrangements.

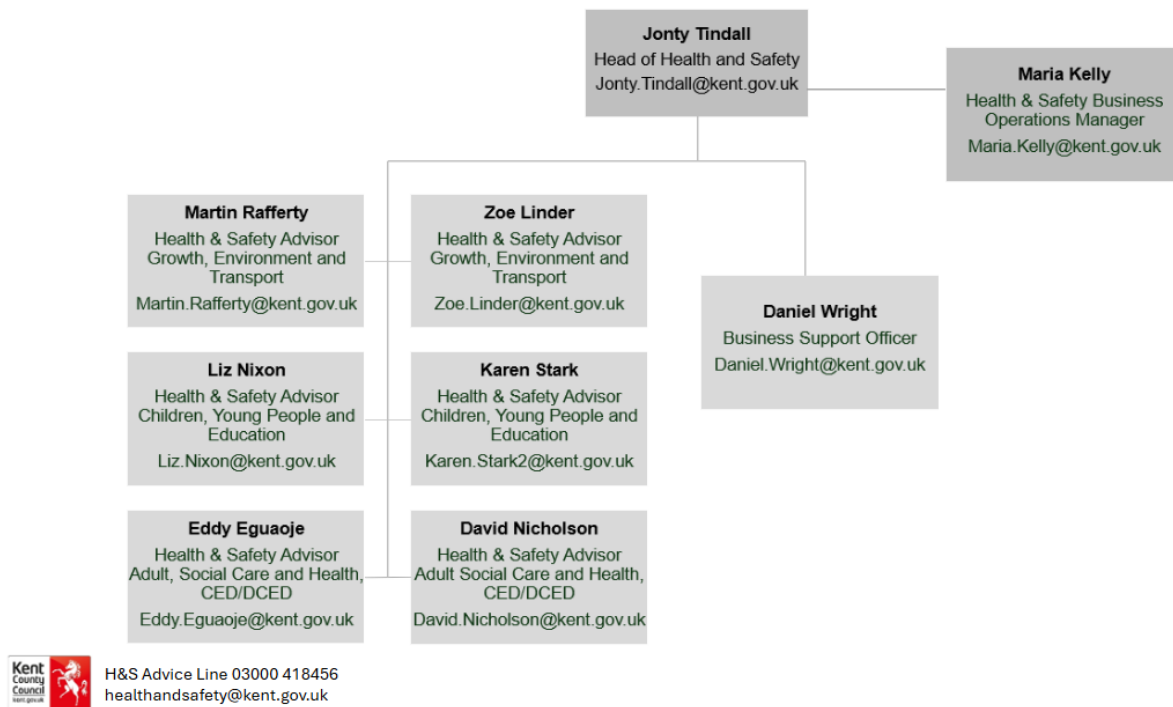
Directorates, services, and managers are responsible for implementing health and safety standards within their own areas of responsibility. Schools are also responsible for managing their own health and safety arrangements. The standards, along with the associated guidance, forms, templates, and systems, support managers to understand and implement their health and safety duties. The health and safety standards are managed through an ongoing cycle of reviews to ensure they remain current and reflect working practices, captured within the health and safety legal register.

The HSS support all areas of KCC in carrying out their health and safety duties. They act as a central advisory service, creating the standards, systems, and forms that support managers and schools as well as monitoring compliance throughout the organisation. The Head of Health and Safety and the rest of the HSS fulfil KCC's statutory duty to appoint competent persons for health and safety assistance under Regulation 7 of the Management of Health and Safety at Work Regulations 1999.

Due to changes in the structure of CMT during the year the Head of Health and Safety now reports to the Director of Infrastructure. HSS maintain strong working relationships and links with HR and OD, and the move of the service to Infrastructure helps encourage greater collaboration with critical colleagues particularly in Facilities Management. A new Head of Health and Safety, Jonty Tindall, joined in September 2025 allowing the interim postholder to return to their substantive role as Health and Safety Business Operations Manager. The structure of the HSS remains otherwise unchanged and marks the first time in several years the team is at full capacity. The current organisation structure is provided below. The Advisers work in link partnerships, supporting each other to act as key link advisers with assigned directorates.

Figure 1 - Health and Safety Service Team Structure Chart

The Health and Safety Team (February 2026)



HSS continues to carry out a wide range of activities to support the health and safety management of KCC. This includes; assurance auditing of premises, services, and contractors, review of risk assessments, review and promotion of standards and associated forms and guidance, management of the HS157 incident reporting system, support to managers with incident investigations and HSS investigations of more serious incidents, bitesize learning on a range of topics, ongoing review of health and safety e-learning, provision of the health and safety advice line, management of the health and safety risk profiling system, and more. From September 2025 the team have started to record their significant activities, allowing for highlights to be shared in the infographics below.

Health and Safety Service Activity Statistics

Figure 2 – HSS Planned Activities by Type for April 2025 to March 2026

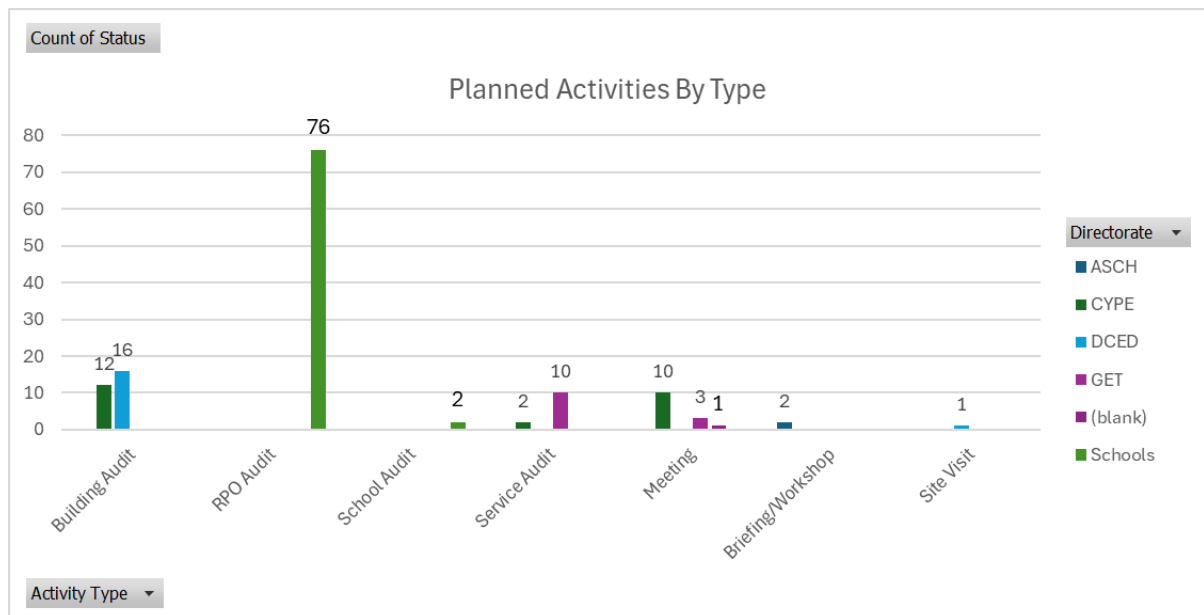
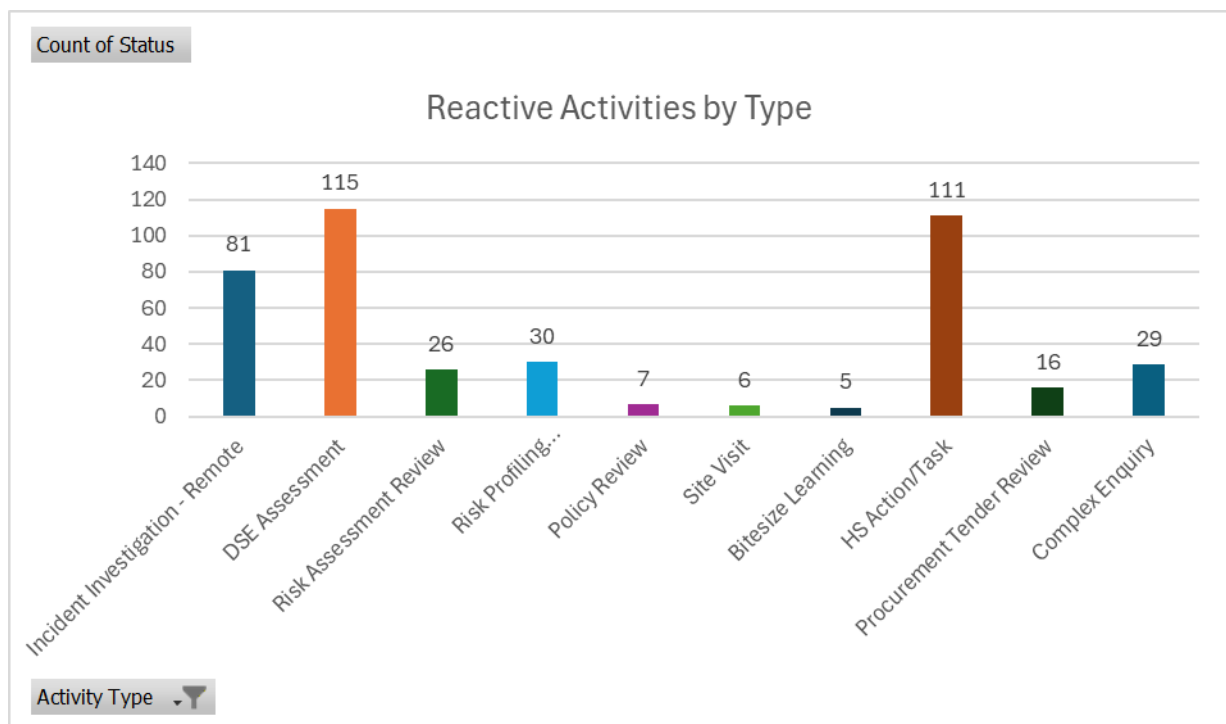


Figure 3 – HSS Reactive Activities by Type for September 2025 to March 2026



Governance Activities

Health and Safety Governance is achieved primarily through The Health, Safety, and Wellbeing Group (HSWG), and The Health and Safety Committee (HSC). The Group and

Committee meet quarterly and are chaired by the Director of Infrastructure who is supported by the Head of Health and Safety and members of the HSS.

The HSWG consists of Senior Manager representatives from each of the Directorates, providing accountability and oversight of health and safety performance, providing an opportunity for Directorate and organisational level health and safety concerns to be discussed, and acting as a driving force for health and safety improvement initiatives. Through the Annual Report and ad hoc topic specific reports they support in providing assurance to the Chief Executive and CMT on health and safety management. Each of the Directorates are also encouraged to have subsidiary Health, Safety, and Wellbeing Groups which report into HSWG, encouraging two-way feedback on health and safety concerns.

The HSC fulfils the statutory requirement to consult directly with recognised Trade Unions on health and safety matters under Section 9 of the Safety Representatives and Safety Committees Regulations 1977. The Committee consists of a representative from Unison, Unite, and GMB, as the recognised Trade Unions for KCC as per the [Facilities Agreement](#). HSWC provides an opportunity for consultation and discussion on significant health and safety matters, review of Standards and key documentation, and the opportunity for the Trade Union representatives to raise significant concerns directly.

Interactions with Enforcing Authorities

June 2025 St Nicholas School – HSE Notice of Contravention

On 11th February 2025 a student at St Nicholas School, Canterbury, was on a school trip to the cinema. The student had for some time been using a hard plastic toy containing magnets as a sensory soothing toy that they mouthed and chewed on for self-regulation. At the end of the film staff identified that the plastic casing of the toy had broken and the magnets were missing. The student was taken to hospital where it was confirmed they had swallowed three magnets that had then attached to each other, which required surgery to remove. The school reviewed their risk assessments and prevented any other children from using toys with magnets as mouthing sensory objects.

The school submitted a RIDDOR report for this incident (third party injury requiring treatment at a hospital) on 3rd March 2025 but did not inform KCC of the incident until June 2025 when the HSE began an investigation into the incident.

Following their investigation the HSE inspector issued KCC and the school with a Notice of Contravention (NoC) under Section 3(1) of the Health and Safety at Work Act 1974, General Duties of employers and self-employed to persons other than their employees. This was predominantly due to the lack of a risk assessment undertaken to ensure the toy was suitable for mouthing or chewing. The NoC required KCC and the school to:

- Devise and implement a system to ensure any toys that are to be used for the purpose of being mouthed or chewed for self-regulation are adequately assessed for risk.
- Ensure measures are taken to ensure the suitability of toys used for these purposes prior to their procurement.

With the support of the HSS, and particularly our link adviser for schools, the school were supported to develop risk assessments for sensory mouthing and chewy items, and forms to assess the suitability of chewing or mouthing items from home, to assess their suitability prior to purchase by the school, and a termly inspection checklist and record sheet to determine the toys condition.

The HSE were satisfied that the response to the NoC was suitable and no further action was taken. Though the incident was serious and had a significant impact on the student, the response to the HSE investigation by the school and the HSS is a good example of the supportive, proportional, and collaborative working that helps improve safety standards throughout KCC.

January 2026 Stone Bay School – HSE Notice of Contravention

On 16th January 2026 the HSE visited Stone Bay School, Broadstairs, as part of their ongoing inspections of premises in relation to the management of asbestos. During the inspection contraventions were identified that led to a Notice of Contravention being issued. The issues identified included:

- Drilled holes in asbestos containing soffits, which had not been identified in the Asbestos Management Plan (AMP) or Survey
- No AMP in place
- Renaming of school rooms, which they believed rendered the management survey inaccurate

The FM Compliance team with support from Health and Safety have worked with the school to ensure a new Asbestos Management Survey and Plan are put in place. We have also queried with the inspector their comments regarding the naming of rooms within schools and its' impact on the accuracy of the survey – as schools quite regularly change the names of classrooms carrying out a new survey on each occasion would be costly.

HSE Activity

The HSE focuses on particular hazards and topics as part of its work to continue to address injury and ill-health and improve health and safety standards throughout the UK. Their focus for 2026 appears to be:

- Work-related stress and aggression
- Musculoskeletal disorders
- Occupational Health and hygiene
- Health surveillance and support
- Legionella prevention

These areas of interest will be considered when shaping our action plan for 2026-2027.

Kent Fire and Rescue Service Inspections

The Kent Fire and Rescue Service also continue to carry out periodic inspections of KCC premises. These tend to focus on residential properties, though does also include schools and corporate premises. When notified of a scheduled visit the FM Compliance Team and Health and Safety Team work collaboratively to support the premises and service to prepare for the visit. We also work to address any shortcomings identified following their inspection.

KFRS visits will quite commonly identify issues relating to fire safety management within premises which are then addressed by the service, school, or FM, as required. These visits are a great opportunity to ensure fire safety is managed suitably within our premises.

Risk Profile Reviews

An updated Risk Profiling system was introduced in early 2025 utilising in-house capabilities to build a Power BI App. Since its introduction the Advisers have worked diligently to engage with Directorates and Services to encourage utilisation of the App to capture health and safety risks across KCC. As well as providing a system for managers, heads of service, and directors to assess, view, and manage their health and safety risks, the increased utilisation of the system provides HSS with an oversight of health and safety risks and the ability to analyse this data for trends. Work continues to encourage continued review of risks within the system, supporting new managers, and identifying any areas of unknown risks.

The tables below provide a summary of key data taken from the system, with all data taken on 10/04/2026.

Key summary of risk profile data

Figure 4 – Top 10 Risks identified in the Risk Profile System

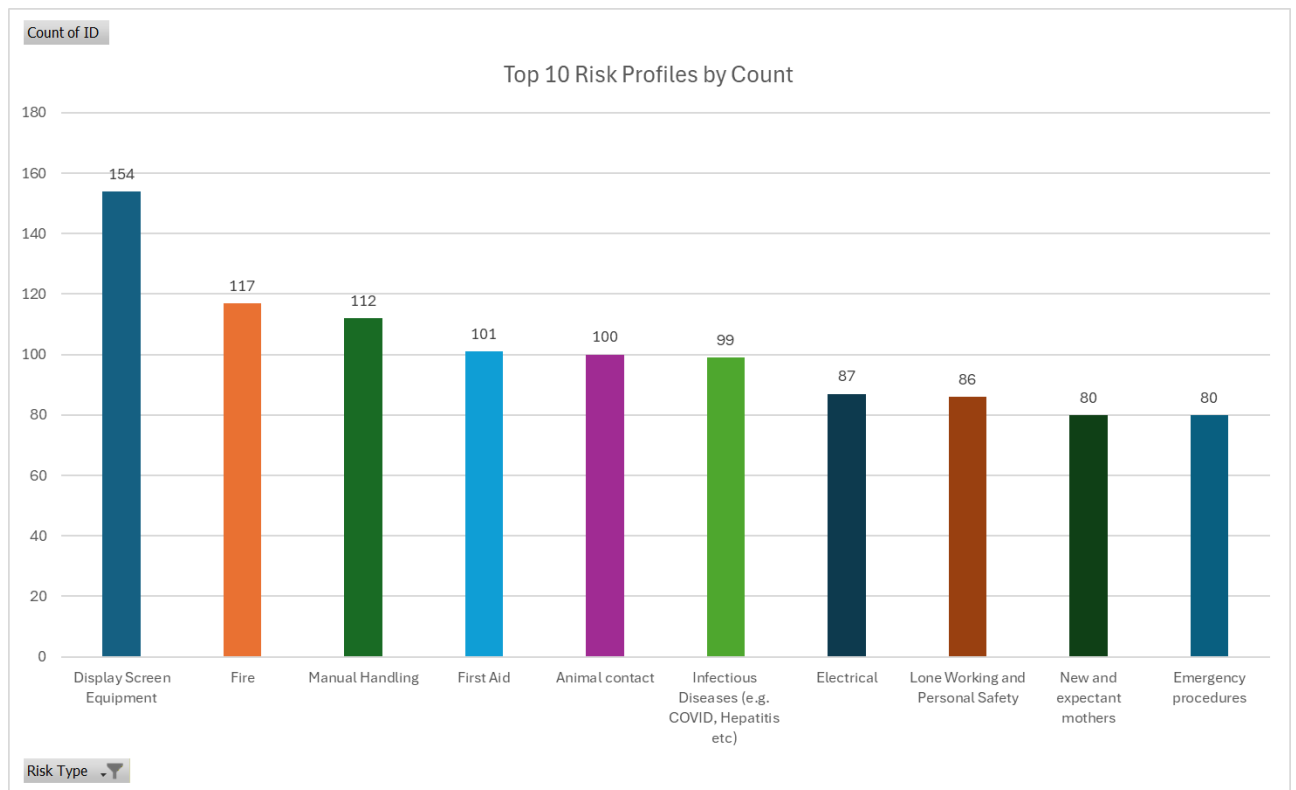


Figure 5 – Top 10 High Risks identified in the Risk Profile System

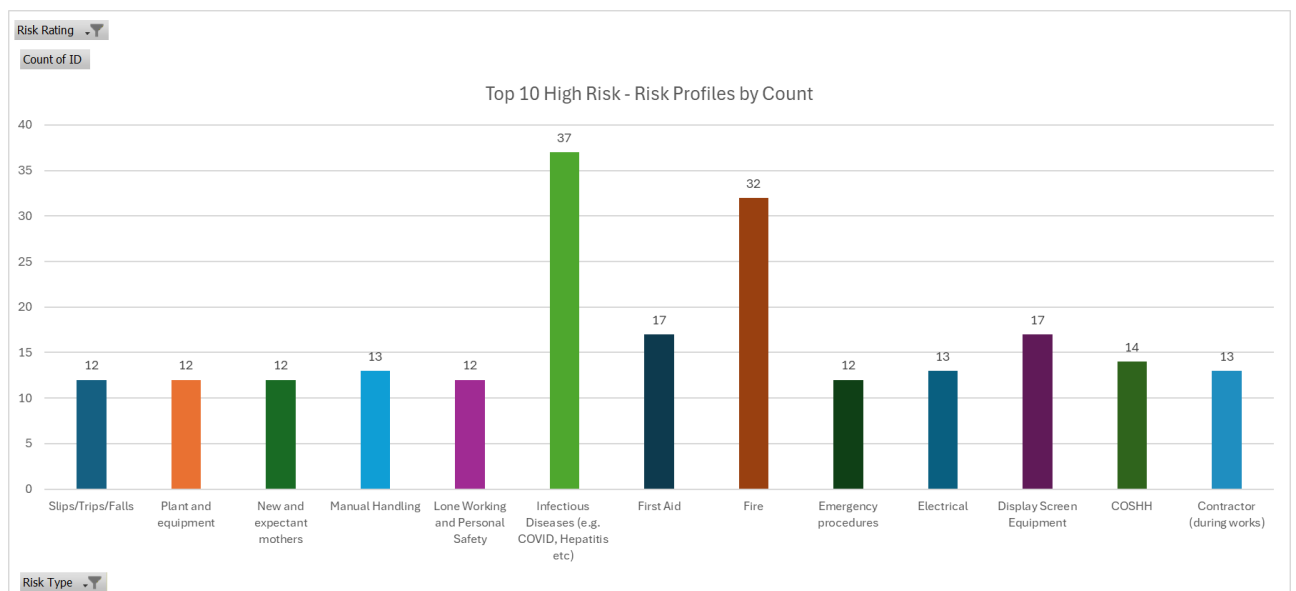
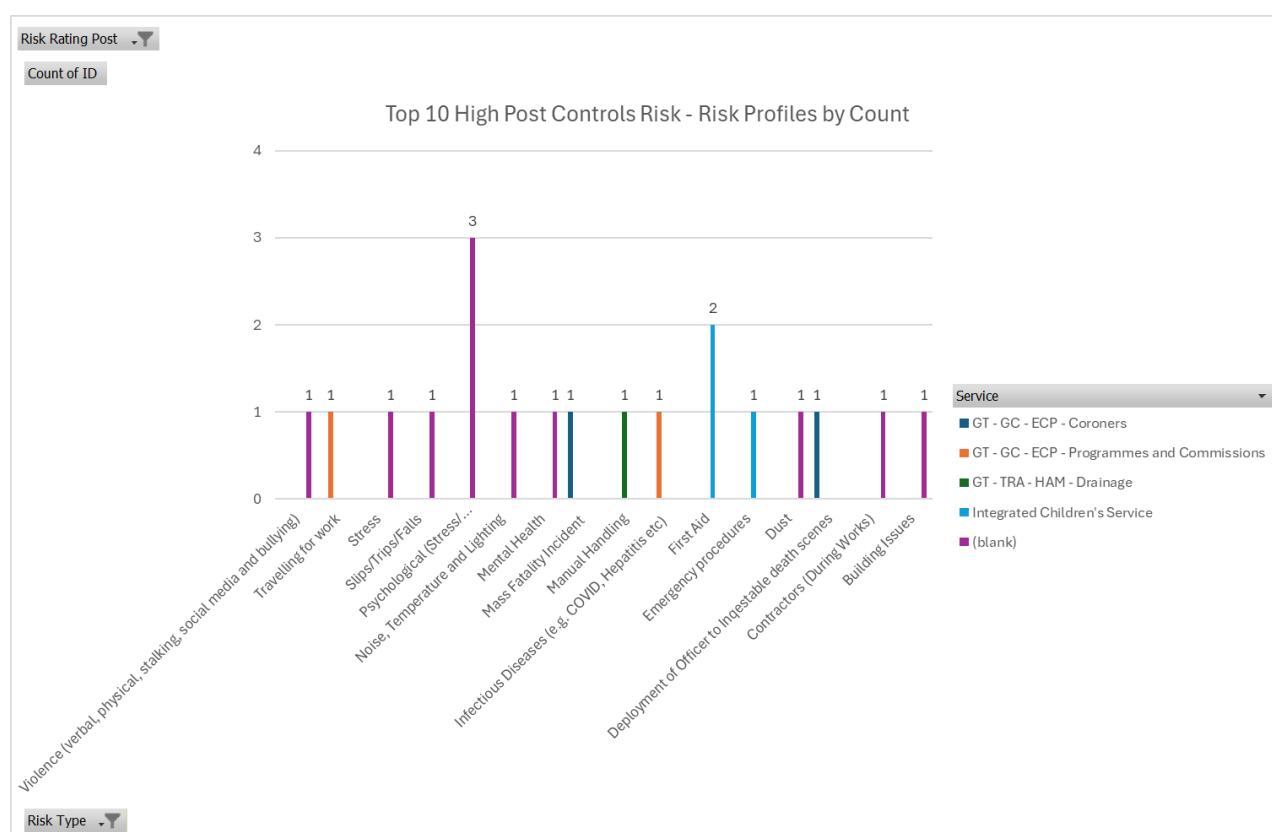


Figure 6 – Top 10 High Risks (15 plus) identified in the Risk Profile System, by Service



The tables above identify the top health and safety risks within KCC as shown on the risk profile system. It shows that most of the risks identified most are also those with the highest pre-control risks attached. It also demonstrates that the risks with ongoing high-risk ratings post controls are generally within a few services within GET as well as ICS in CYPE.

The risks identified will form part of the audit programme for the HSS over the next year. These risk profile audits will sample the controls identified by services within their risk profiles to provide assurance the risks are being managed as well as to identify areas of best practice across the organisation. The data will also be used to direct HSS work on standards and process reviews to focus on the most common and high-risk areas. For 26-27 the following risks will be audited:

- Lone working and Personal Safety
- First Aid
- Infectious Diseases
- Manual Handling

DSE whilst the highest count will have a focus through the review of the standard relating to it and thus be audited once the review has taken place. Fire will similarly be audited in the future.

The HSS will also continue to work with services to ensure any areas that have not yet completed risk profiles do so, and that work continues to embed this system through regular reviews of the risks and their associated controls by managers.

Internal Audit completed a review of the risk profiling system in November 2025, giving a Substantial audit opinion. Three actions were identified;

- Underutilisation of Risk Profiling App (CED/DCED directorates)
- No mandatory H&S Risk Assessment training for managers, and
- Reporting procedures are new; further improvements needed.

These are being worked on by the Health and Safety Management Team in line with agreed timeframes.

Health and Safety Incident Data

It is a statutory requirement to record health and safety incidents, and to report incidents that meet the requirements of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR) to the HSE within specified timeframes. To support compliance with these requirements the HSS provide the HS157 incident reporting form and associated system, which must be used for the recording of all health and safety accidents, near misses, violence at work, and other relevant health and safety incidents. This includes reporting for all incidents involving KCC staff, incidents that take place on KCC premises, incidents that occur to service users during activities, and for KCC schools.

Incidents are split into employee or third-party, with all non-KCC staff incidents reported as third-party. All reports are generated based on the financial year, from 1st April to 31st March.

Our overall accident incidence rate is: 5,742 accidents per 100,000 employees (rounded).

Below is a comparison of our data provided against the HSE benchmark:

Comparator	Incidence rate (per 100,000)	KCC position
Your organisation	5,742	—
Public administration & defence (HSE)	~2,300–2,700	Higher
Waste & recycling (upper LA risk)	~4,000–5,000	Slightly higher

Using the HSE's standard incidence rate methodology, our accident rate of 5,742 per 100,000 employees is above the HSE public administration benchmark. HSE does not publish comparable incidence rates for individual local authorities due to the diverse and high-risk nature of local government activities; however, our rate is consistent with organisations delivering significant waste, highways and frontline services.

Figure 7 – Total Accidents, Incidents, and Near Misses, for the last 3 financial years

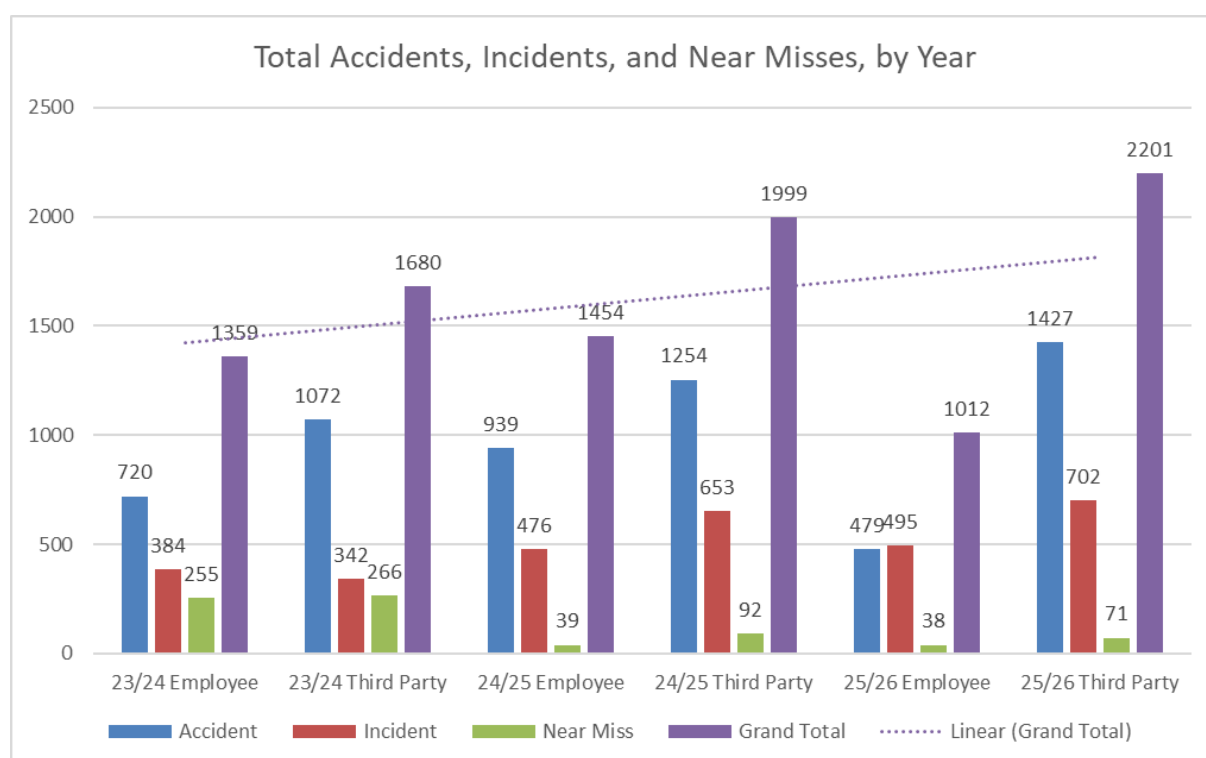
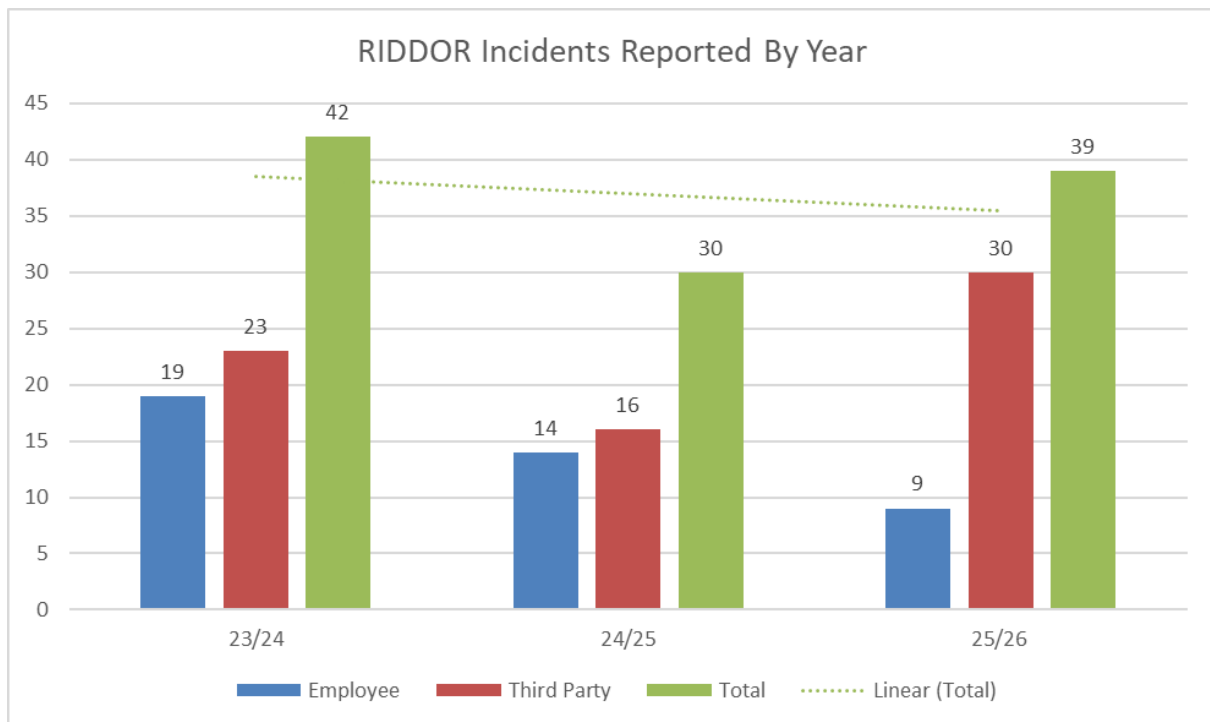


Figure 7 demonstrates that our total reporting numbers have increased over the last few years. Whilst this is a broadly positive indication of the system being increasingly utilised, it is of note that Employee reports have dropped significantly from the last 2 years – this is due to all School reports now being recorded as Third Party due to changes with the HR systems used.

Employee Near Misses have also fallen over the last few years, though Incidents have risen, and analysis suggests some reports that may previously have been considered Near Misses are now recorded as Incidents. We have also encouraged greater reporting of Incidents through the Respect Me campaign, though the Employee Incident numbers indicate more engagement may be required. It is crucial we continue to encourage prompt reporting of all Accidents, Incidents, and Near Misses.

Figure 8 – RIDDOR Incidents Reported for the last 3 financial years



Incidents reportable under the RIDDOR Regulations tend to be more serious incidents that have resulted in specified injuries, significant absence from work, or immediate hospital treatment for third parties. We can see from Figure 8 above that whilst numbers remain broadly consistent overall there is a slight downward trend. This can indicate that whilst our incident numbers are rising, the severity of the incidents are not, as we are not seeing a proportionate rise in those incidents serious enough to be reported to the HSE.

It is also of note that employee RIDDOR incidents have reduced, whilst third party reports continue to rise. As it is the responsibility of managers to report RIDDOR incidents to the HSE this ties in with the commentary above that employee incidents appear to be reducing, likely through lack of reporting.

Figure 9 – Employee AIR reports by Directorate for 2025 - 2026

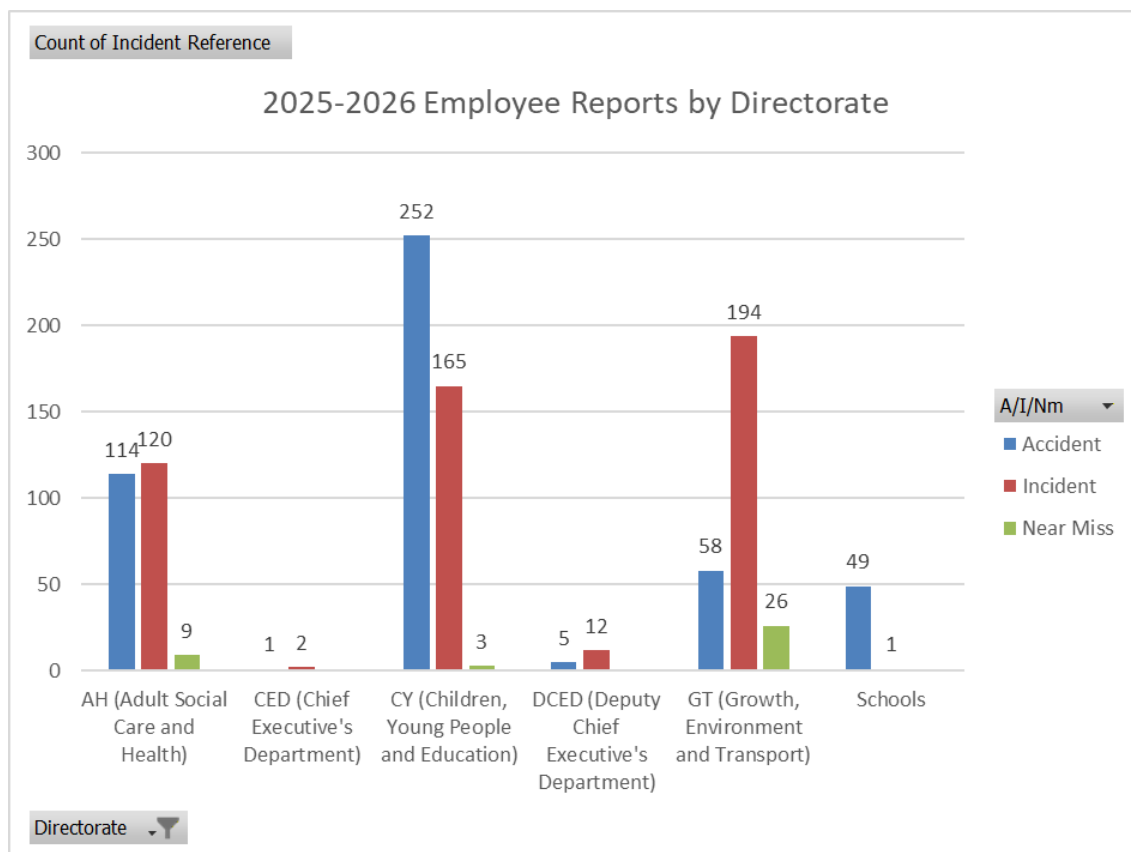
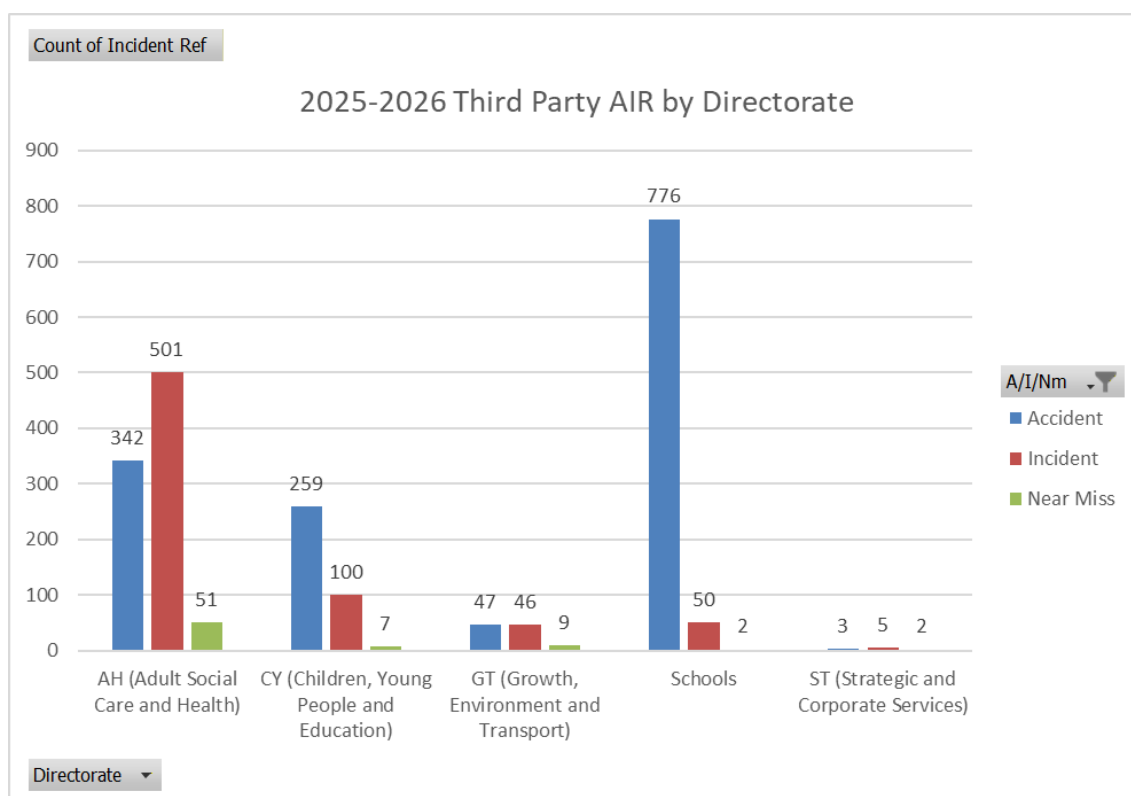


Figure 10 – Third-Party AIR reports by Directorate for 2025 - 2026



Figures 9 and 10 show the split of Accident, Incident, and Near Miss reports by Directorate for 2025-2026. The significant number of third-party reports from schools is expected, due to all staff reports now considered as third-party and the nature of school environments. We would also expect to see as is present high numbers of third-party reports from ASCH and CYPE based on their activities with service users in social care, care, and education.

The employee reports indicate a possible under reporting particularly within CED and DCED, as whilst these are typically lower-risk environments we would still expect to see more reports. The data also demonstrates the low numbers of near miss reporting across all Directorates.

Figure 11 – Employee AIR Reports by Incident Type

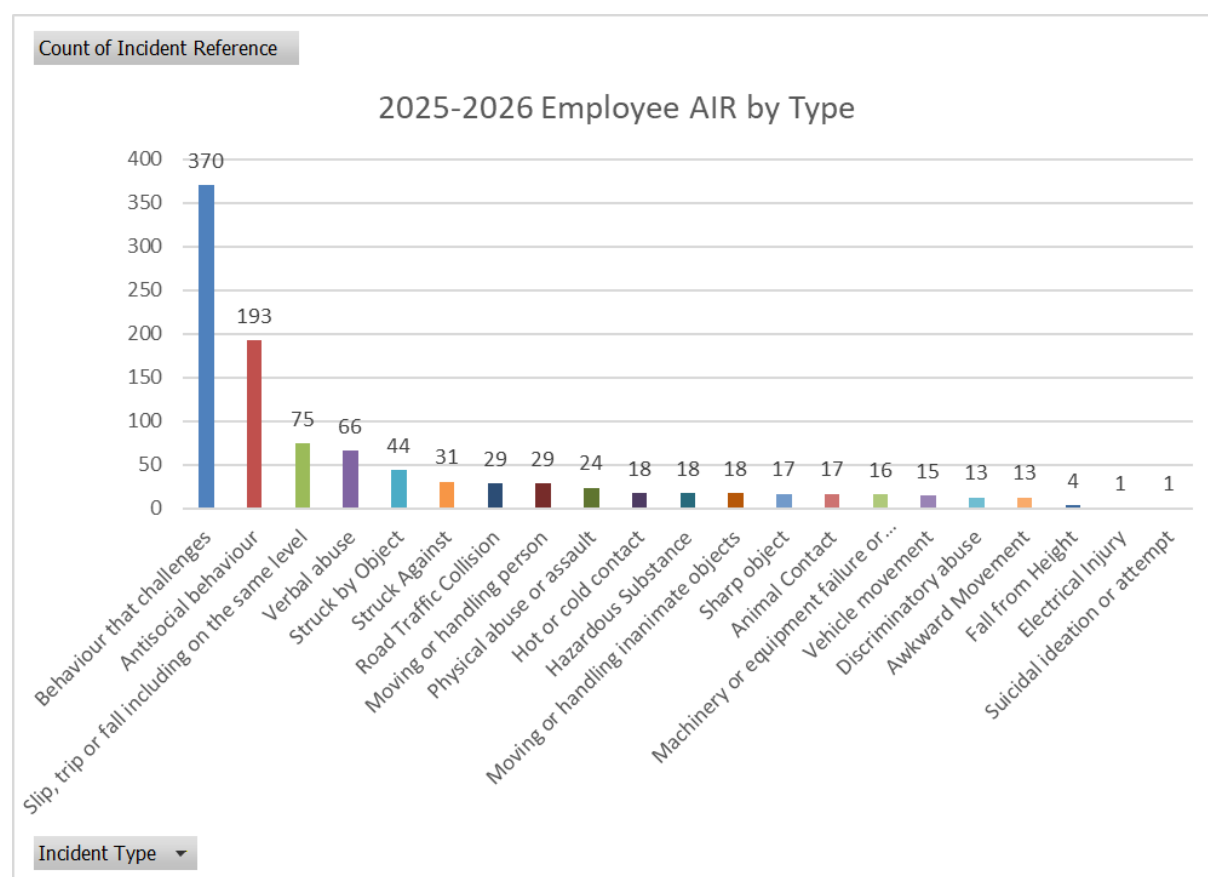
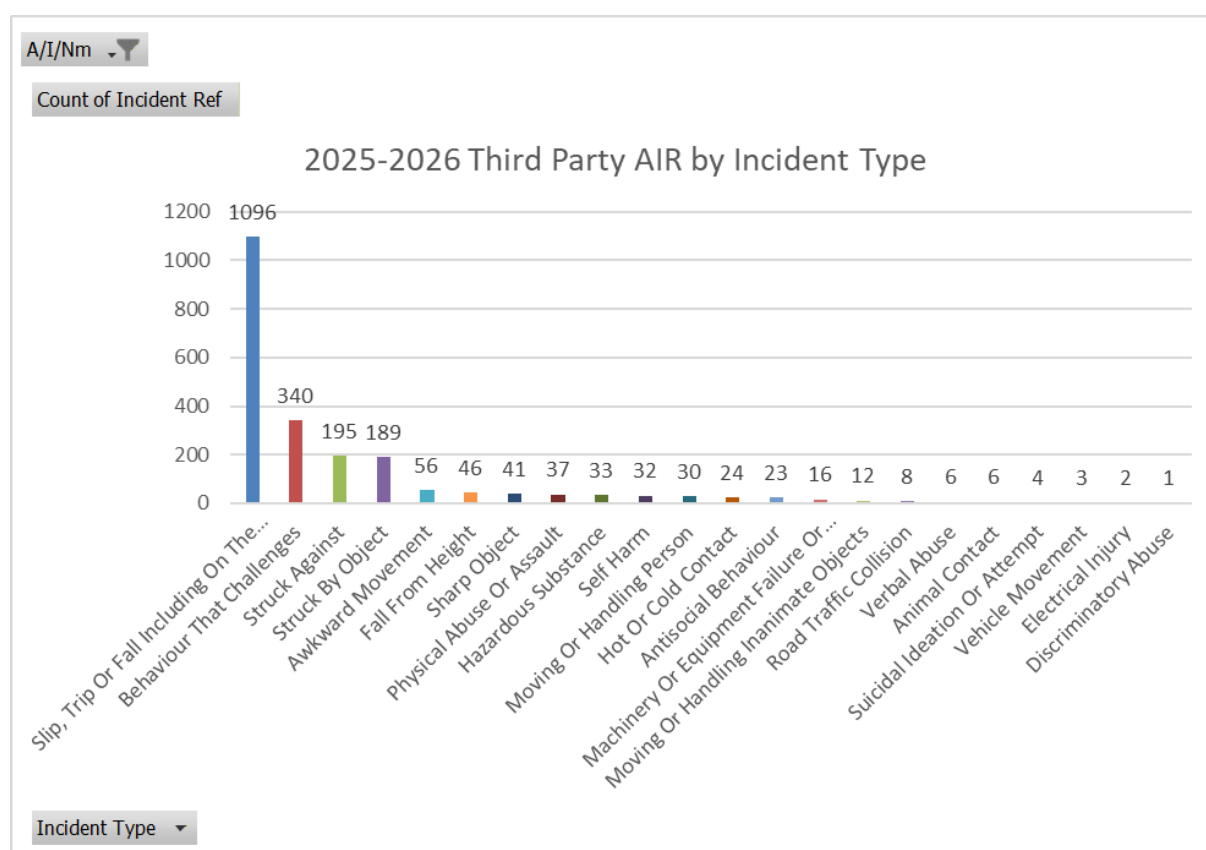


Figure 12 – Third-Party AIR Reports by Incident Type



Figures 11 and 12 show the employee and third-party incident reports by the type of incident that took place. It demonstrates that our top causes of Accidents, Incidents, and Near Misses can be broadly categorised into:

- Movement around our premises and Manual Handling (Slip, Trip, Falls, Struck Against, Struck by Object, Awkward Movement)
- Personal Safety and Lone Working (Behaviour that Challenges, Antisocial Behaviour, Verbal Abuse)

These hazards will be analysed further through the 2026-2027 Risk Profile audit programme; to understand the controls Directorates currently have in place and whether there are any areas for improvement.

Sickness and Absence Data

The sickness and absence data of an organisation can give useful context to its health and safety performance and insight into issues or trends that are causing absences. The key data below provides a summary of relevant sickness absence data for April 2025 to March 2026 for consideration:

- KCC sickness absence levels were 8.14 days lost per FTE. There is a variation between Directorates, with ASCH and CYPE seeing the highest levels

- The top five reasons for absence overall were Mental Health; Musculoskeletal; Stress – not mental health; Gastrointestinal; Gynaecological
- 60% of absence in KCC is long-term
- The top three reasons for long-term absence were Mental Health, Musculoskeletal, and Stress – not mental health
- The top three reasons for short-term absence were Gastrointestinal, Musculoskeletal, and Ear, Nose, and Throat

It is important to note that staff should report sickness absence and take time off work where this is needed. It is however also important to ensure we review the data to understand any themes or work-related causes of absence that could be addressed to keep staff healthy. Work is already underway to try and address work-related stress and associated mental health absences through the review of the stress risk assessment arrangements. We also intend to review the musculoskeletal data to understand if there are any trends or work-related causes that could be further mitigated.

Health and Safety Training Statistics

Health and Safety training uptake is a good measure of whether staff are receiving the necessary health and safety information to perform their roles. There are a wide range of e-learning courses available through the Delta platform which the HSS support in keeping up to date and introducing new ones where required. Individual roles have specific health and safety training requirements, which are devolved to managers to assess and implement using the Health and Safety Training Matrix – this may include face-to-face as well as e-learning courses and is based on the risks involved in the work.

There are some courses which should be completed by most staff on a regular basis as part of the fundamentals of understanding their health and safety requirements. The statistics provide any recorded completion by active staff of core health and safety courses, given that these courses should be retaken regularly to maintain competency.

Manual Handling, Display Screen Equipment, Fire Safety, Role of the Evacuation Marshall (Tag Evac) should be completed by most staff so have been provided as percentage completions of all staff. The Risk Assessment course and Managing Health and Safety Course has been provided as a percentage completion rate based on those with line reporting duties, on the basis that all managers should understand how to carry out a risk assessment.

Figure 13 – Percentage Completions of all Active staff for Core Health and Safety Courses

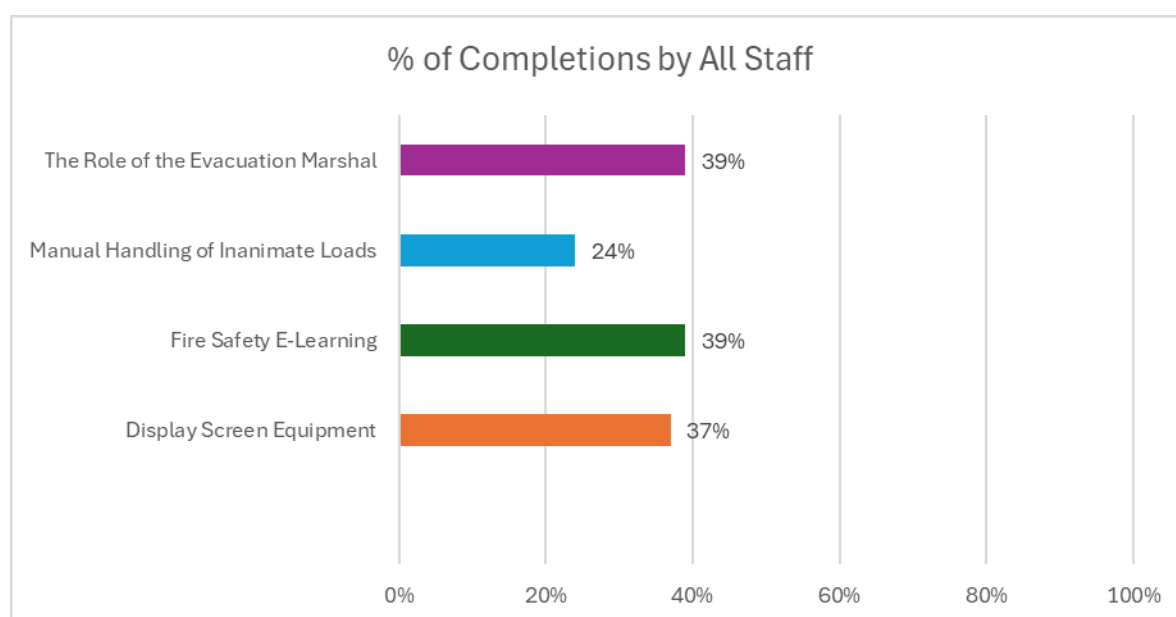
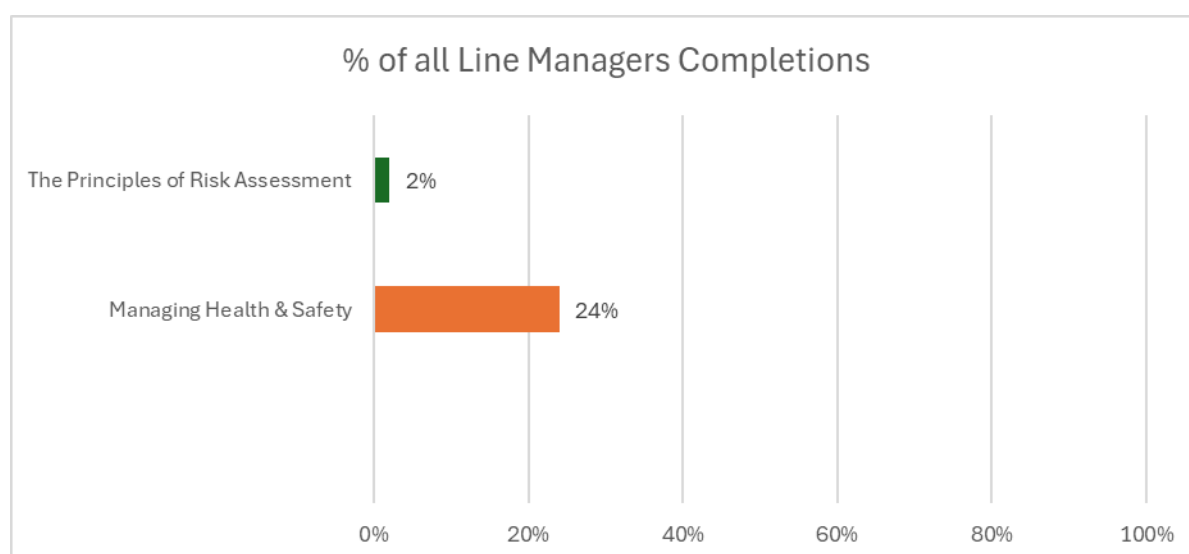


Figure 14 – Percentage Completions of all Active Line Managers for Risk Assessment and Managing Health and Safety



These tables show clearly that core health and safety training course completions for all staff and managers remain low. This presents a risk in our ability to demonstrate or assure ourselves that staff and managers have been provided with sufficient information, instruction, and training, on basic health and safety controls and measures. It could also indicate a lack of awareness amongst managers of how to carry out health and safety risk assessments.

Review of Action Plan Progress

The previous years' annual report included several actions for the year. The below section provides a summary of progress against these actions, and where they have not been completed whether they will be rolled over into the next action plan.

2025 – 2026 Health and Safety Action Plan Update

Theme	Action	Progress	Status
Data	Development of new Power BI Incident Dashboard as part of the OCP Programme	Work has continued to identify a suitable alternative internal system to host the incident data and develop a new dashboard. This will be continued in the next year.	Ongoing
Awareness	Key Awareness Projects – Workplace Ill-health, Mental Health and Stress, Personal Safety and Lone Working, Safe Driver and Vehicle Management	Progress has been made on developing the standards related to these topics, with further work needed to finalise, implement, and communicate them.	Ongoing
Awareness	Ongoing review of Health and Safety Standards, Guidance, and Templates	Health and Safety Business Operations Manager is undertaking work to create a programme of reviews to ensure the standards are all in date.	Ongoing
Awareness	Review of Health and Safety Advice Line	Advice line continues to support KCC staff and schools staff, with support provided by the advisers. Expectations for advisers on advice line have been established to improve team workflows.	Completed
Risk	Analysis of Risk Profiling Data for trends and key risk areas	Completed as part of the annual report process, ongoing analysis will continue as part of annual cycle.	Completed
Risk	Refresh of the Stress Management Tool	Corporate Health, Safety, and Wellbeing Group has agreed an approach and setup a Stress Subgroup, to revise the Stress Management Standard and Risk Assessment process.	Ongoing
Risk	Review of the MSD tool and promotion of MSK issues	Not undertaken, related risk profile audit to be carried out first to understand current arrangements in place.	Deferred to another action

Theme	Action	Progress	Status
Compliance	Delivery of HS Audit programme including RPO audits	RPO audits and other scheduled audits for 25-26 completed. Audit programme for 26-27 developed, with additional audits to include contractor and commissioned services.	Completed
Compliance	Review compliance of Martyns Law, Building Safety Regulator, COSHH, and First Aid Arrangements	As part of review of standards programme we will ensure that all relevant legislative requirements and changes are being met.	Deferred to another action
Inclusion	Support with data collation in relation to Respect Me campaign	HS157 form allows for incidents as part of the Respect Me campaign to be recorded, with reporting available where required.	Completed
Engagement	Review of HS Adviser role	HS Adviser role as well as link adviser setup reviewed and suitable.	Completed

Health and Safety Action Plan

The HSS outlines below the action plan for 2026-2027. This includes actions that are ongoing from the previous action plan, as well as additional actions that address the issues identified in this report. It is not practicable to address all the Health and Safety concerns within one year, so the action plan forms a focus on the higher risk findings identified.

The Action Plan is developed in line with the key DARCIE principles that guide the work of the HSS: Data, Awareness, Risk, Compliance, Inclusion, and Engagement. Note that the Health and Safety Action Plan does not include much of the business-as-usual work of the HSS, providing advice and guidance to KCC staff and schools. Some of the actions identified previously have moved into the category of business-as-usual activity, such as the ongoing support to the Respect Me campaign in relation to incident reporting.

It is also important to note that whilst the HSS drive and lead on this action plan it is crucial for Directorates and Services to engage with and lead on these areas of activity within their own areas. A collaborative effort is required to continuously improve our health and safety management and keep staff and the public safe and healthy.

Health and Safety Action Plan 2026-2027

Action Title	Risk	Action	Status
HS157 Incident System – Data Storage and Dashboard	HS157 Incident Data is currently stored on the Oracle database, as well as providing a dashboard for managers. The Oracle Cloud Programme means a new data store and dashboard/reporting system is required to ensure KCC meets its statutory incident reporting and investigation requirements.	HSMT are working with IT and Infrastructure Business Operations colleagues to: • Procure a third-party incident software to increase user experience and ease of reporting • This will support the increase of near miss reporting and trend analysis for earlier proactive engagement of issues • Third-party solution will provide reliable data storage and improve manager oversight of incidents	In progress
Comms Health and Safety Campaign	Lack of staff awareness of key health and safety issues and information.	HSMT are working with the Comms team on an ongoing campaign of health and safety priorities. This will include key issues and topics, wellbeing promotion, and changing to also include the implementation of new and revised health and safety standards and processes.	In progress
Ongoing review of Health and Safety Standards, Guidance, and Templates	Health and safety standards require regular refreshing and reviewing to ensure they are kept up to date with legislative and best practice changes.	HSMT to develop and complete a review of all standards to ensure they are accurate and in date and then create a rolling schedule of regular reviews.	In progress

Action Title	Risk	Action	Status
Review of the Stress Risk Assessment approach	It is a legal requirement for KCC to have a Stress Risk Assessment in place for the organisation, as well as the importance of managing work-related stress in line with HSE expectations and to support the reduction of stress-related sickness absence.	CHSW Group have agreed to setup a Stress Subgroup which, with HSS support, will review the KCC Stress Management Standard and roll out updated templates and process for organisational, directorate, team, and individual stress risk assessment. This will link in with ongoing HR and OD work on wellbeing.	In progress

Action Title	Risk	Action	Status
Programme of assurance monitoring audits	Whilst managers are expected to monitor arrangements within their areas of control, the HSS carry out additional enhanced auditing of key risk areas to provide assurance on health and safety management, identify issues and common themes, and improve health and safety performance through targeted advice and support.	HSMT have developed a programme of building and school audits for 2026-2028, including all schools that the HSS support, and a sample of Corporate buildings. Additional audits will include Risk Profile audits for 26-27 of: • Lone working and Personal Safety • First Aid • Manual Handling • Infectious Diseases Risk profile audits will be sample audits of management arrangements within services against the relevant Health and Safety Standard. Contractor and commissioned service audits will also be carried out on a targeted, sample basis, based on risk and link adviser service engagement. Additional Service specific audits to be arranged as required, starting within GET/Highways	In progress

Action Title	Risk	Action	Status
Health and Safety Training	Health and Safety training uptake of core courses (Manual Handling, DSE, Fire Safety, and Risk Assessment for Managers) remains low. There are clear statutory requirements for certain H and S training to be provided to staff and managers and not providing suitable information and regularly refreshing it increases the likelihood of incidents and ill-health.	HSS will: • Review the current e-learning training offer for the core courses • Review managers health and safety training offer and requirements • Create an updated Training Matrix template to make it easier to identify H and S training needs • Comms campaign to promote the need for training • Work with CHSW Group to increase uptake of courses – considering options for improving completion rates with available systems	In progress
Managers checklist	It is crucial that managers are aware of the key health and safety duties they must undertake annually for the safety of their staff.	HSS will develop a managers checklist, in collaboration with HR, that will provide managers key tasks they need to complete each year for their staff. This will include items such as: • Ensuring DSE assessments are reviewed • Updating risk profiles • Reviewing risk assessments • Ensuring staff PEEPS are updated • Ensuring staff have completed relevant health and safety training	In progress

Action Title	Risk	Action	Status
Sickness absence data – review of Musculoskeletal	Many work activities have risks associated with musculoskeletal injuries and long-term ill-health. Insufficient controls regarding manual handling, display screen equipment use, moving and handling of people, and general activity, can lead to musculoskeletal injuries and ill-health, and it continues to be one of the largest national causes of sickness absence.	With support from HR People Strategy and Kent Analytics, we will review the data related to musculoskeletal sickness absence to identify and trends or work-related causes that may require further investigation.	In progress