

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: Safety, Fire and Statutory Compliance Update

Meeting date: 4 December 2025

Board sponsor: Ben Stevens, Chief Strategy and Partnerships Officer (CSPO)

Paper Author: Health and Safety Manager
Section 6 provided by 2gether Support Solutions (2gether) Estates

Appendices:

None

Executive summary:

Action required:	Assurance
Purpose of the Report:	This report provides an update to the Board on the Trust's position in relation to the status and management of safety, fire and estates statutory compliance.
Summary of key issues:	<ul style="list-style-type: none"> The current year end cumulative Health and Safety Toolkit Audit (HASTA) scorecard. Health and Safety Toolkit Audits programme continue across all Care Group and Corporate areas. Support being provided to Care Groups to enable improved outcomes for this financial and future years. In Quarter 2 (Q2) 2025/26, the Trust reported five Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents to the Health and Safety Executive (HSE). The overarching statutory compliance assurance level stood at c92% at the end of April, work remains ongoing to uphold and improve this position.
Key recommendations:	The Board of Directors is asked to NOTE and discuss the Trust's current position in relation to Health & Safety (H&S), and Statutory Compliance, especially in respect to the prevailing risks. Care Group Directors to nominate representatives and deputies for the safety related groups (Strategic H&S Committee, Health and Safety Group, Fire Safety Group and Security Management Group).

Implications:



Links to Strategic Theme:	This report aims to support: <ul style="list-style-type: none"> • Quality and Safety • Patients • People • Partnerships • Sustainability
Link to the Trust Risk Register:	SRR3354 – Clinical environment not fit for purpose. SRR3384 - Financial constraints for capital funding and assets replacement.
Resource:	No
Legal and regulatory:	<ul style="list-style-type: none"> • Health and Safety Legislation. • Estates legislative Statutory Compliance.
Subsidiary:	2gether provides the Trust's hard facilities management services.

Assurance route:

Previously considered by:

Trust Management Group (TMC) (formerly the Clinical Executive Management Group (CEMG))
Strategic Health and Safety Committee
Capital Investment Group



Safety, Fire and Statutory Compliance Update

1. Background and Executive Summary

- 1.1. This report updates the Board on the Trust's position in relation to the ongoing management of Health & Safety (H&S), and the estates statutory compliance.

2. Health & Safety (H&S)

2.1 Health and Safety Toolkit Audits (HASTA's)

2.1.1 HASTA overview

HASTA Audits are scheduled throughout the year in all clinical and non-clinical wards and departments.

Last year, the HASTA Care Group structure changed to align with the new Care Groups. For reporting purposes, the Care Groups scores and overall Trust Score will reflect this year and last for comparison.

The HASTA was undertaken in line with the H&S team's Safety Plan to gain assurance of the individual teams and departments compliance with the Trust's H&S policies.

The audits are being undertaken by the Safety Team between June 2025 and February 2026. Scores achieved on the day of audit are reflected in the scores in Table 1.

A total of 313 audits are planned for the financial year 2025/26.

Due to a decrease in scores from the previous year, recovery meetings were put in place with some of the lower scoring Care Groups to try and boost engagement and support for the wards and departments. This has led to improved performance and an increased score overall.

2.1.2 HASTA performance summary

- 2.1.2.1 So far this year 173 audits have been completed and there has been an increase in four out of the seven Care Groups with the other three maintaining good scores overall. The upturn in performance can be attributed to the senior and Director level involvement with the Care Groups supporting the departments and wards to achieve better compliance with their H&S documentation.

Of the 173 audits completed so far 56 audits have maintained the same score in the green with an excellent score above 95% with 72 departments increasing their score against the previous year.



This year has also seen improvement so far in some of the poorer scoring topics. Ligature assessments and awareness has improved by 12%, Lone working assessments and training has improved and notably the Fire Safety section has risen by 5% compliance across the Trust.

Table 1 below, shows the corporate scorecard for 2025/26. Overall compliance has risen so far this year demonstrating the positive impact the managerial oversight is having on the teams.

The Care Group Managing Directors receive monthly updates on their HASTA performance, upcoming audits are supported by the Safety team. Suitable site based Care Group representation at the Strategic H&S Committee and its' Sub Groups would help with the oversight and scrutiny of the HASTA programme and evidence of better Care Group safety risk management at the site-based meetings should help in improving the position for 2025/26.

Table 1: HASTA Score Card

HASTA Score-Card	2024/25	2025/26
Critical Care, Anaesthetics and Specialist Surgery Care Group (CCASS CG)	89.1%	91.8%
Diagnostics, Cancer and Buckland Care Group (DCB CG)	92.1%	89.2%
Kent and Canterbury and RVHF Care Group (KCVH CG)	82.9%	86.8%
Queen Elizabeth the Queen Mother Care Group (QEQM CG)	59.9%	78.8%
William Harvey Hospital (WH CG)	66.8%	79.4%
Women Children and Young People Care Group (WCYPO CG)	89.5%	82.9%
Corporate Divisions	87.0%	83.1%
Trust Wide Totals	82.9%	84.8%

2.2 Safety Governance

There are currently four non-clinical safety related groups in EKHUFT. The Strategic H&S Committee oversees the non-clinical safety related business. There are three sub groups that feed into the Strategic H&S Committee: Fire Safety Group, H&S Group and the Security Management Group. There is an identified need to ensure suitable and sustainable representation from the six Care Groups. There has been some limited attendance and engagement thus far, but it is requested that this area is improved and the safety governance



within the Care Groups is improved and integrated into the EKHUFT Safety governance structure.

2.3 Safety Training: In Q2 2025/26 the partnership has remained focused on delivering link worker training. Other training that has taken place during this quarter includes:

- a. First Aid at Work;
- b. Institution of Occupational Safety and Health (IOSH) (managing safely);
- c. IOSH (working safely);
- d. Control of Substances Hazardous to Health (COSHH);
- e. Fire Safety;
- f. Risk Assessment Awareness.

2.4 H&S Team Support: The Safety Team has been involved in a number of activities to support the Trust's activities both proactively (focused training) and reactively (incident investigations).

3. RIDDOR reports for Q2 2025/26

During Q2 2025/26 budget period, the Trust reported five RIDDOR events with the HSE.

- July – One reported (Staff member sustained manual handling injury).
- August – One reported (staff tripped on foot of desk sustained a fractured patella).
- September – Three reported – (Patient fell and pulled over a midwife injuring her, Patient assault on Doctor and staff member fell on uneven paving).

The Safety team continue to support teams with their reporting of incidents, investigations and advice on remedial actions.

4. Fire Safety Update

- 4.1 **Fire Safety Governance:** The joint (2gether and EKHUFT) Fire Safety Group (FSG) meetings have been held every month. Attendance has been reduced to one Managing Director (MD) for the different sites and MD K&C attends the FSG. 2gether Capital Projects now attend each month to provide an update on the Fire Strategy Project. This month the Authorising Engineer (AE) fire attended for the first time.
- 4.2 **Fire Safety Plan:** The 2025/26 Joint Fire Safety Plan remains steady against most actions and is monitored by the membership of the FSG and SHSC. There has been a re-introduction of a wider face to face training programme and practical training such as fire extinguishers and evacuation drills due to increased resources in the Fire Team.
- 4.3 **Longer term Fire Safety Improvement Plan:** The multiyear Fire Safety improvement plan initiated from the Fire Compartmentation report, originally produced by the Safety Team in 2023, is being delivered by the 2gether Capital Project Team, supported by the Interim Head of Fire Safety and Fire Safety Manager. This is updated to senior Trust management weekly and the FSG on a monthly basis and there is a Fire Strategy Implementation Group now formed for overall governance.



The very high dependency areas prioritised initially in the report have been reviewed by Trust management as not immediately accessible due to operational pressure and time constraints, and seasonal pressures will impact on service delivery, however, outline agreement on clinical areas post April 2025 have been jointly agreed.

- 4.4 **Fire Risk Assessments (FRAs) and support:** The provision of FRAs sits with the H&S Department of the Trust. The Trust are using the previous external contractor until the posts are filled with suitably competent staff. A Purchase Order (PO) was issued in September 2025 for the 2024/25 annual reviews and the programme restarted in August 2024 with a backlog of approximately 105 FRAs overdue out of the total of 360. There is a tender request with procurement for provision of FRAs for at least the next six months, until the Fire team is up to strength. We are currently around 150 FRAs overdue their review, and they have been prioritised by their risk. The actions identified in FRAs are tackled on a risk basis and reported on at each FSG.

- 4.5 **Fire Training:** Learning and Development reported to the FSG an average of 91.9% completion of Statutory Fire e-learning training across the Trust up to January 2025 and the Trust threshold is 91%. The programme of Fire Warden and Fire Incident Manager training has carried on with well over 20 courses delivered this year to date. All Trust new starters are asked to attend the Virtual Fire Safety Induction training. There has been additional ward-based training in other areas working with the EPO.

Fire Warden, Fire Incident Manager and Fire extinguisher training continues to be rolled out across the Trust, with attendance improving year on year.

- 4.6 **Regulatory Interaction:** Kent Fire and Rescue Service will be carrying out a full site audit at WHH from 24 November until 4 December 2025. They have pre-selected 23 areas to audit across a variety of areas reviewing the general fire safety and against the completed Fire Risk Assessments. The Safety Team have been completing site walks and preparing the departments for the upcoming visit and engaging with key teams in readiness for the audit.
- 4.7 **One vacant fire safety post:** There is one Fire Safety Advisor vacant post in the Safety Team. These posts are for fire training and the fire risk assessment programme.

5.0 Security

- 5.1 **Security contract** – The new contract has been awarded with mobilisation by July. The new contract has additional support for the two Emergency Departments (EDs) at WHH and QEQM. The security officers will also upgrade their Security Industry Authority (SIA) licence to enable safer interventions in accordance with EKHUFTs All Age Restraint Policy.

5.2 Security related Training

Security teams have also had additional training with the Clinical Teams in MAYBO interventions.



There have been four Right Care Right Person Training sessions with Kent Police providing input regarding Missing persons and Police attendance. This will give those attendees a better understanding of the process and what to expect with a different range of incidents

- 5.3 **Body Worn Video Camera Trial** – Pilot scheme was introduced at the QEQM ED in December 2024 and after a successful trial has now been rolled out to the WHH ED. The Body Worn Video Cameras have been updated with a pre-record facility.

5.4 **Security related Groups**

Supporting Positive Behaviours Group continues to function, chaired by Julie Yanni, Deputy Chief Nurse. This group primarily focusses on reduction of violence and aggression.

Security Management Group continues to function chaired by Stuart Hammerton, Associate Director of Safety. This group focuses on data, policies and risk.

5.5 **“Martyn’s Law” Terrorism (Protection of Premises) Act 2025**

A new law was given Royal Assent on the 3 April regarding health care premises and the protection of premises, we are now awaiting guidance and Health Technical Memoranda (HTMs) to steer our training needs and requirements.

Hospitals fall into the enhanced tier with additional control measures (WHH/K&C/QEQM) with Royal Victoria Hospital (RVH) and Buckland Hospital Dover (BHD) in the standard tier.

6.0 **Estates Compliancy report**

Statutory compliance results are sitting at 92% an increase of 1% on the previous month, emergency lighting at K&C, BHD and RVH reported previously is now back on track, fire damper tender pack has been compiled and reviewed and is now being tendered via our Procurement team.

Fixed wire testing is booked in for WHH site for October and November 2025.

H&S reporting for all safety group escalations will now be submitted in a quarterly report to 2gether’s H&S Committee and the Trust’s H&S Committee, to comply with governance as set out in HTM-00, a review of the required template will need to be discussed with EKHUFT H&S team in readiness for the next reporting period. No RIDDOR reports for the month.

Terms of Reference (TOR) for all the safety groups will also need reviewing as part of this review to ensure governance pathways are maintained.



Statutory Compliance Overview – OCT 2025 Inspection Only									
	KCH/BHD/RVH		WHH		QEQM		Total	Actual	SEPT
Compliant	181	91%	115	92%	109	92%	399	92%	91%
Non-Compliant	16	9%	9	8%	10	8%	35	8%	9%
TOTAL	197		125		119		398		

Compliant

- > Lift Servicing & LOLER
- > Fire Alarm System Annual Testing
- > Medical Gas Systems Inspection
- > Fixed Wire (EICR) Testing- all sites now complete
- > Water Monitoring

Non-Compliant

- > Fire Alarm Systems-Cause & Effect Testing (KCH)- *Upgrade works underway
- > Fire Damper Testing- BHD/WHH* Quotes requested for interim inspection
- > Fire door inspections* significant investment required to repair/replace fire doors across the portfolio
- > Emergency Light Testing: *Partial completion at KCH (75%) and BHD (80%)
- > Automatic Door Servicing- *Tender complete, awaiting contract award via Procurement.
- > Annual AHU Verifications/AHU Maintenance –*All sites, some systems not inspected
- > Annual Gas Servicing QEQM* some systems serviced behind schedule. Contract performance issue addressed.
- > Insurance Inspections (PSSR)

Progress

- > Fire damper Survey & Inspection –Significant remedial works required-to be reviewed by HOE's. Procurement exercise in progress to tender annual inspection
- > Fire Alarm Inspection & Maintenance Contract- new contract 1st Dec.
- > Emergency Lighting Repairs- Some systems to be upgraded. Little improvement in number of failures.
- > Aircon and refrigeration-Procurement exercise in progress for a comprehensive contract
- > Medical Gas System Inspection contract to be tendered.

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