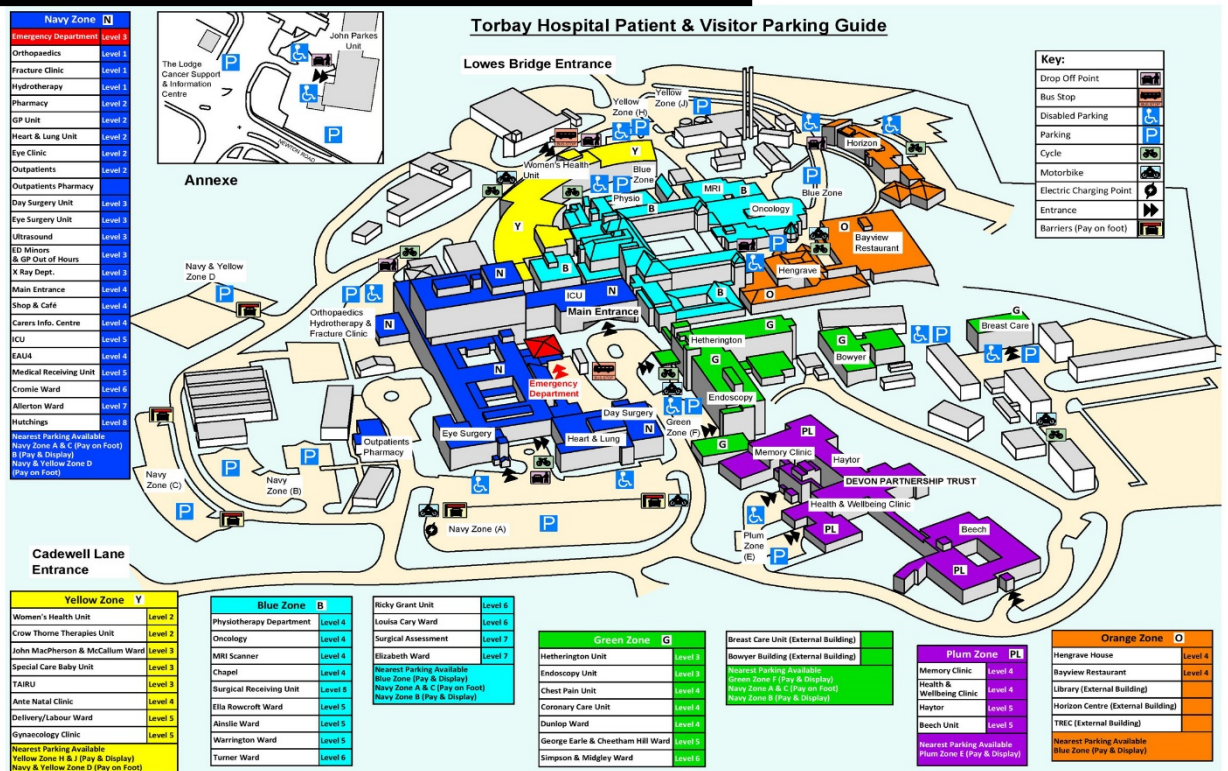


2021

Increasing Compliance – Reducing Risk and Liability



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Contributions to this report have been made by staff and contractors in the EFM Team who have shared their work experiences and their professional insight.

Executive summary

This report focuses on the Estates Facilities and Management's health and safety compliance in the following key areas:

- **Estates development and projects – contractor management**
- **Estates operations – use of equipment/ COSHH/ training/ health monitoring**
- **Facilities and site services – waste management/ reporting systems**

A series of site inspections for the Torbay and South Devon NHS Foundation Trust were carried out from June until September 2021 to establish the *standards* of health and safety management within the EFM team. Through an analysis of their safety management systems conclusions were made about the level of risks encountered and the sufficiency of current control methodologies.

The methods for controlling risks for a range of employee activities were audited as well as the data recorded from monitoring procedures. In particular, those activities governed by CDM Regulations 2015, The Control of Substances Hazardous to Health 2002 (COSHH), The Confined Spaces Regulations 1997, Personal Protective Equipment at Work Regulations 1992 and Work at Height Regulations 2005 were put under close scrutiny.

The Trust holds a full set of Policies and Procedures which acknowledge their duties under The Management of Health and Safety at Work Regulations 1999, Workplace (Health, Safety and Welfare) Regulations 1992, The Health and Safety Information for Employees Regulations 1989 and several other statutory instruments. The **level of compliance** of work activities, within the context of health and safety legislation and HSE guidance, is the standard being examined in this report.

Good practice procedures and less compliant processes have both been documented to highlight the areas of learning and improvements in health and safety strategy.

Summary of key findings

- By taking a pre-emptive approach in managing hazards and risk levels, Torbay and South Devon NHS Foundation Trust have set up continuous monitoring systems designed to identify potential failures.
- In the estates and facilities teams, these leading indicators have proven to be adequate and, in some activities, very consistent in identifying successful mitigation.
- Generally, this Trust has in place all the key components of robust and holistic health and safety arrangements. However, commitment to using these systems is not evidenced as consistent across all activities and teams.
- The performance of equipment is evidenced in some activities of EFM to take priority over the health monitoring and surveillance arrangements for personnel. HAVS (hand/arm vibration syndrome) is not monitored, and notably in manual handling tasks, the use of MAC and RAPP monitoring tools has been side-stepped by some site managers.
- There were some examples of good, and very good practice for controlling exposure to hazardous substances on their COSHH Register and use of RPE.
- Provision of first aiders is below the numbers suggested in Appendix 3 of Guidance on The Health and Safety (First-Aid) Regulations 1981. There is a reliance on using clinical staff in the event of worker injury which puts an added strain on over-stretched medical staff.
- There is inadequate commitment from some managers on implementing the HSE Management Standards to combat workplace stress and absenteeism.
- There is inconsistency across workplaces in the use of health and safety signage. As a consequence of the pandemic COVID control notices have dominated the walls and floors replacing vital first aid signs and evacuation maps.

- Training compliance and standards for EFM staff has been neglected in some courses due to class cancellations since 2020.
- There are some inconsistencies in the safety climate across teams which conveys a bias towards *safety* in the workplace over *health*. An example: LOLER and electrical testing are compliant on EFM Performance and Compliance tracking but PUWER and health monitoring have been overlooked 100%.
- Engaging with the Occupational Health services at Regent House has not been proportionate to the needs of an estates' maintenance team. This could have been partly due to the demands of clinical staff coping with COVID related stress issues. Plans should be implemented to improve the EFM volume of referrals for health monitoring to a competent occupational health team.
- There is a Trust wide dependence on hiring external contractors to complete high risk work such as confined spaces and working at height, when trained and competent employees could meet the demand.

Introduction

Background – Inspections and report letters

1. In May 2021, HSE inspectors from FOD Ops Unit 9 Group 37 visited sites of Torbay and South Devon NHS Foundation Trust in response to a number of RIDDORs related to COVID-19 cases among staff. The follow-up letter and Notification of Contravention described a few material breaches requiring a response from the Trust's senior leaders. The main points from their letter/ report can be found in the Appendix 6.
2. They included some advisory matters relating to the Trust's organizational strategy
 - a) to provide an adequate team of health and safety professionals to offset a workforce of 6000 substantive staff across all TSDFT sites
 - b) to deliver IOSH Managing Safely and IOSH Leading Safely courses for those managers who had missed out during the Pandemic

- c) observations of stress and distress on certain wards indicate that clinical staff may not have access to regular OH support and health surveillance.

Legal requirements

- 3. The Health and Safety at Work Act 1974 sets out the general duties which employers (in this instance the Trust) have towards all personnel, including members of the public on their premises. These duties are legally enforceable by the Health and Safety Executive, the local authority and the Crown Prosecution Service. All United Kingdom legislation pertaining to health and safety in the workplace can be found on legislation.gov.uk.
- 4. The Management of Health and Safety at Work Regulations 1999 (MHSW) require companies to make and implement arrangements for planning, organisation, control, monitoring and review of their preventive and protective measures for health and safety. HSE has published guidance on health and safety management in HSG65 - *Successful health and safety management*.
- 5. RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 requires employers, the self-employed and people in control of workplaces to report occupational diseases if there is a clear connection between the work and the onset of a disease. In the case of COVID-19, this is a public health infection and therefore likely to be caused by exposure ***outside work***.
- 6. The correct use and choice of PPE for work is regulated by the Personal Protective Equipment at Work Regs. 1992 (as amended). The Trust as employer has duties to provide PPE and RPE which is fit for purpose, used correctly by employees after instruction, and fitted to the employee. HSE guide INDG174(rev2) outlines the duties to be compliant under these regulations. Face fit testing of masks rely on forming a good seal with the wearer's skin to minimize the risk of transmission of COVID-19 in hospitals and healthcare workplaces. This was not managed compliantly as stated in the HSE inspector's report.

7. COSHH requires the Trust to assess, control and monitor the risks associated with hazardous substances. The COSHH Approved Code of Practice (ACoP) INDG 136 gives guidance and methods for how employers can comply with the Regulations. The Regulations and ACoP include measures and guidance specifically related to substances such as wood dust and welding fumes, classified as carcinogenic. Face fit testing and correct respiratory masks are necessary for workshop and building repair operatives, both estates staff and contractors.
8. The Health and Safety (Safety signs and Signals) Regulations 1996. HSE guide L64. Mounting signs on work sites, premises or for operating equipment can be a simple but effective method for reducing risk. During the COVID outbreak we have used an abundance of signs addressing that biohazard. Some of the more traditional signs such as First Aid, warning signs and prohibition signs have been removed in healthcare facilities during the pandemic. This assumes that everyone on the premises knows from memory what the dangers are and where to find vital equipment.
9. The Provision and Use of Work Equipment Regulations 1998 (PUWER) places duties on the employer, those who own or operate work equipment. The most significant responsibility in an estates and facilities management group, EFM, is to maintain and inspect machinery and work equipment (mobile and static) to ensure it won't cause harm. Other work equipment at TSDFT comes under LOLER, lifting gear, PSSR, pressure systems and PPE Regulations including correct use and supply. When resourcing new work equipment the Trust has a duty to ensure it complies with the Supply of Machinery (Safety) Regulations 2008.
10. From June 2021 and during the course of these health and safety inspections for TSDFT, ventilation and air temperatures have posed a challenge in some EFM departments. There have been conflicting pressures for the need to provide ventilation in the workplace [Workplace (Health, safety and Welfare) Regulations 1992] and hospital corridors and confined spaces where air-flow is negligible. Fans have been supplied with a knowledge of cleaning the blades as

part of COVID precautions and hygiene. The World Health Organisation and the Trade Union Congress tuc.org.uk have agreed that an upper workplace temperature should be limited to 27 °C although this is not legally enforceable by the HSE as yet. They have set out provisions for ensuring employees and visitors in HSE L24 2013 and have published a Thermal Comfort Checklist as a PDF printable form.

Current Research and Further Work

11. We recognize the need for a healthy amalgamation of guidance from HTM (Health technical memoranda) and a working knowledge of Health and Safety Executive statutory legislation and guidance. There should not be a conflict of interest in the application of these sets of guidance in a healthcare workplace. However, it is important to recognize that HSE UK legislation for Occupational Safety and Health is *enforceable by Law* and therefore impacts the levels of liability incurred.
12. Continued research helps to align these fields of guidance and application in providing a workplace where employees, visitors and contractors feel safe, supported and productive. Human resources fields of study and practice exist in partnership with HSE regulations and best practice policies. Pursuing avenues creating competition or conflict between these sectors should be avoided.

Health and safety management

As the Health and Safety at Work etc. Act 1974 states in Regulation 2 part (3) written policies should be provided to employees to inform them of the necessary managerial arrangements. The Management of Health and Safety at Work Regulations 1999 (as amended) follows up with risk assessing, preventions and health surveillance.

13. Current workstreams include a review and update of TSDFT Policies and Procedures which have been included on the E+F Compliance database for tracking. This ensures that all EFM activities stay compliant with current legislation and operational standards remain high. However, policies for managing PUWER (machine tools) and HAVS (hand and arm vibration syndrome) are not included in the Trust's armory and appear to have been overlooked for some reason.
14. All the H&S policies are signed by the most senior manager showing accountability and commitment from the top. Each policy details the legislation relevant to EFM activity and clearly provides a framework for safe working conditions and in some cases, best practice. The well-being of employees and all people on Trust premises is prioritized throughout the content of the H&S policies.
15. Any changes in use of control methods or work processes have been updated in the policy document to reflect current practices. These policies also align well with those of contractors working on Trust sites.

Organisation

Control, Co-operation, Communication and Competence

These four elements provide the foundations for structuring the managerial arrangements within an Estates and Facilities Management group.

Control: -

16. This is demonstrated well in most teams across the EFM structure. Managers are visibly engaging with staff and showing leadership behaviors through communication and concern. Managers in catering, portering and cleaning services were visibly present with their teams and actively problem solving as issues were raised. Logs are kept by all managers to record H&S concerns and to track levels of compliance with external contractors and their policies. This applies esp. to waste management which relies on local waste contractors to move hospital waste in line with environmental laws as well. Use of task monitoring in these areas of manual handling and COSHH hazards is crucial. Supervisors must check their staff regularly for MAC and RAPP compliance as well as COSHH Register updates and their use of PPE.
17. Teams which operate a high number of lone-working staff such as cleaners should be mindful of extra stress and vulnerability to incidents. Staff who feel disconnected from their leadership and team support need regular reinforcement of strength. Rotating staff to cover supervisory duties is one way of strengthening good work practices and team synchronization.
18. H&S Committees meet monthly and are represented well by clinical teams but less well by EFM workers. For the total number of staff per team, there need to be more safety representatives on site. (Take into account, during the time of this audit, a high proportion of EFM workers were on annual leave or COVID-related absence).

Co-operation: -

19. Co-operation between contractors and employees is a key component of successful site work (as in CDM Regulations 2015). The same applies between managers and the workforce in matters of health and safety. By promoting staff to take ownership of the safety process we see a stronger safety culture throughout the group. It helps to seal the employees' responsibility stated in the Health and Safety at Work etc Act 1974.
20. Staff and contractors with more experience show natural leadership in matters of H&S which fosters cooperation among less experienced workers. A good example of this was found in the catering team in Bayview Kitchen where timing and workflow depends on team co-operation.
21. Where teams have been short-staffed due to the seasonal demands then co-operation has been harder to maintain. This can have an impact on the H&S of the team as well as increasing workload stress.
22. Contractors known to the Trust's managers can access H&S databases such as the Asbestos Register and COSHH Register which boosts safety performance on all sites.
23. Inspections have included small works sites at [81637] Sherborne House, Newton Abbot TQ12 2PF, [81876] Belmont Court, Torquay TQ2 7AD, All H&S files were accessible to workers on site and sign-in sheets were being used correctly. Trades operatives were working safely at the time of the visits, wearing correct PPE but in some cases missing gloves [BS EN381-5]. Where workers were opting out of wearing gloves they had signed an SOP sheet stating exemption. Worksites were mostly kept tidy and free of debris with walkways clear and doorways unobstructed. Co-operation between Torbay Council, the TSDFT Capital Projects team and independent contractors is evident on all sites. There have been incidents on the main hospital site INC-69123 on Datix TSDFT reporting database. In this case, communications between the contractors, EFM projects group and the clinical staff was inadequate and fragmented.
24. More co-operation between work teams such as occupational health OH, and cleaners would ensure that no employee is "going under the radar" and missing out on health support. Cleaners, carpenters, porters and waste area staff are all

vulnerable to OH issues and should have a direct line of referral to the OH team. If the COSHH Register is checked regularly by all supervisors and sites managers then exposure to hazardous products can be controlled and eliminated by updating materials and MSDS. If in any doubt about the substance, always check the Safety Data Sheets and HSE EH40/2005 Workplace Exposure Limits.

Communication: -

A strong health and safety culture is the result of robust H&S messaging across the organization.

25. There are many ways of sending messages in the workplace especially the work safely types. Signs and posters are one of the most effective ways of getting the H&S message across to everyone. This is inconsistent in some EFM teams: catering and hotel services are very well posted areas displaying “How To” instructional posters with the COVID precautions. If the poster is placed with thought for the activities in that zone, it can be a clear reminder to follow certain procedures without hesitation or confusion.
26. Notice boards are used in some hospital areas for staff to check their performance record and training course updates and renewals. This should continue to be encouraged as well as posting relevant H&S compliance data and information updates.
27. On some community sites such as Newton Abbot which is contracted out to Rydon, the signage is not adequate as on the main Torbay site. It should be relevant to the personnel and their activities in the area to have maximum benefit. It was hard to find H&S information on the boards or the names of a safety representative to contact. Health and Safety at Work etc Act 1974 posters must be visible in all departments with clearly named safety representatives for contact purpose.

28. Employees and personnel are the most valuable asset in an organization and management has a duty to remind them openly that their well-being and support matters first.
29. Some parts of the main hospital were devoid of warning or prohibition signs which assumes that staff and new arrivals have an innate memory for the hazards. Removing laminated signs with a belief that the level of infection will be reduced need to rethink where they can be posted and who are they informing.
30. There has been a history of collecting files on the CAD_DATA system and not labelling them appropriately for easy access by staff. Resources could be used for a positive return to make the navigation of files a smoother, more rewarding process.
31. Some grounds and gardens' staff rely on paper documentation and communicate less electronically. As they come under Protecting Lone Workers HSE INDG73 and reducing risks, one important way of communicating for them and their supervisors is carrying a mobile phone or 2-way radio. This requires their supervisors to be available at those times they are out in the field of work.

Competence: -

For maximum risk management and effective controls there must be adequate H&S training for staff, contractors and managers (including senior managers). This is stated in both the Health and Safety at Work etc Act 1974 Reg.2(c), and the Management of Health and Safety at Work Regulations 1999 Reg.13.

32. Managers and senior managers have had to cancel in-class IOSH Managing Safely or Leading Safely courses since 2020 due to the pandemic. This year would be a good time to try to make up for this leadership deficit. There are also more manager courses available online including the NCRQ Safety for Managers' course.

33. The Trust provides The Hive, an online learning platform for both clinical and non-clinical employees and contractors. This is part of the induction necessary for all employees and contracted agency workers coming to work at TSDFT. There are induction videos for special contractors such as construction work teams explaining all they need to know about being at work on site. An employee's credentials are often submitted when starting a new contract of work and this should clearly explain their level of training and coursework. This is submitted by a contractor with the RAMS and H&S policy of their company esp. if they operate special equipment MEWPS, fork-lift trucks, etc.
34. The staff completing refresher courses or first attempt courses on the Hive have a good record held by the group managers for Estates Operatives, Facilities and Site Services. The areas of learning which fall below 75% for some teams, are Infection Control, Information Governance, Fire and Safeguarding Adults. A copy of Jul 2021 results can be seen in Appendix 2
35. Most contractors had received adequate training and evidence of it was submitted with their risk assessments and licensing. Where special training was required on the Trust site such as the Induction Videos then this is delivered by the Trust.
36. The Estate Ops and managers have fallen behind renewal dates this year due to class cancellations. **Much work and effort should be directed at catching-up on these delayed courses to avoid further increase in risks. The areas of competency most affected by this are: asbestos refresher, confined spaces, fire panel training, first aid refresher, HV both, hydro-pool training, LV both, medical gases AP, cylinder handling.**
37. COVID-19 controls and competence of workers to apply these continues through the summer of 2021. Although the Trust sites are inundated with COVID warnings and precautions' signs there is no special course providing training for staff except for Infection Control. This could be included in a team meeting each week to ensure staff know what the Public Health England and NHS updated briefs contain.

38. Testing competency should be part of performance monitoring across all teams and although some staff teams have performance checks it is inconsistently posted across EFM. Clinical staff have more robust competency checks which is evidenced by their posted records in the community hospitals. **Working with hazardous materials and machine tools should be approached with as much caution, care and respect, as working with patients in an operating suite.**
39. *In general, referencing hse.gov.uk website and guidance should be encouraged across all management teams.* Perhaps an in-house presentation on How to Use HSE Guidance and Application would benefit all managers to lead the way in building an effective Safety Culture. IOSH Leading Safely and Managing Safely are delivered by accredited training providers listed on iosh.com website.

Planning and Implementing Control Systems

Planning is part of the PLAN>DO>CHECK>ACT cycle, and leads to implementation of H&S policies and arrangements into effective activity and management of risk.

40. EFM engineers and site managers use SOPs (Standard operating procedure) forms and RAMS (Risk assessments method statement) before an operation or works begins. This is standard planning procedure in Construction Design Management regulated work under CDM Regulations 2015. This is well evidenced across all teams here at TSDFT.
41. As a result of poor files management on file storage drives for NHS employees at Torbay Trust, retrieving relevant risk assessments for special activities or plants has proved challenging. As these RAs on Form TSF/S001 are the main requirement under Managing Health and Safety at Work Regs. 1999 Regulation 3, they must be accessible and posted for all employees at access in an organization with more than 5 employees.
- This would imply 'accessibility' in a manner which is reasonably practicable.

42. Engineers and team managers were issued a survey on the Use of Risk Assessments which includes questions on accessibility of the files electronically or manually. A small group of estates' team managers sent back a completed form indicating that archived material on RAs was abundant going back to 1990s in some cases. Updated RAs were difficult to locate and in most instances over 2 years out of date. There were no RAs to be found for confined spaces, vehicle movements, or grounds-work and gardens. This has now been rectified, and managers have been given clear information on how to create a risk assessment for the Trust.
43. First aid provisions are part of planning in the event of injury or illness of employees at work. Although there are adequate numbers of kits and an AED in the EFM office, signage to direct first aiders or contractors is minimal. Eyewash posters and emergency first aid posters and kits are well represented in the main workshops. It is unclear whether a requisite number of first aiders have been accounted for and kept in training as in Appendix 3 of the Health and Safety (First Aid) Regulations 1981 L74(Amended 2018).
44. Fire provisions and emergency evacuation procedures are currently held by the SSEP team (Security, Safety and Emergency Planning) at TSDFT. These areas will be covered in a separate report and auditing process.
45. Keeping in view that the main reason for raising a risk assessment is to reduce risk to the workforce and visitors, this planning process works in partnership with COSHH assessments on Form TSF/S009 for TSDFT. By reviewing RAs after a change in personnel, equipment, legislation or procedure has occurred, managers are able to control risks better. This updating process has been too time consuming for some staff and unfortunately this has reduced safety and increased liability to the Trust.
46. If zero incidents are to be the goal then the Datix incident record should link back to a specific risk assessment being used at the time of the incident. This data could be fed back into the planning and re-designing the task to ensure the same incident doesn't re-occur. The other data which is vastly under employed

by staff and contractors who plan work are **near miss reports** and content. The HSE believes in this tracking tool as crucial in evaluating work planning that they published a Near-miss Book in February 2021. This data provides valuable insight into safety levels of planned tasks. **What goes wrong without anyone getting harmed** is only one step away from the same error harming one or more persons.

47. The Health and Safety (Consultation with Employees) Regulations 1996 is often under employed by managers, supervisors and project leaders. When planning work it is best practice, respectful, and good safety management to check with your staff first. They know better than anyone the pitfalls and dangers of the work - worker input and experience has saved many companies from heavy penalties and prosecution!

Monitoring H&S Performance

48. EFM holds a monthly Compliance and Performance meeting showing a summary dashboard of all tracked operations, some of which are specific to H&S standards. Fire engineering compliance is included as measured by fire door inspections, fire alarm testing etc. Features of building compliance are included such as asbestos, ladder inspections, LEV testing, water safety etc.

49. Compliance monitoring here is measured as a productivity metric which is not the same as H&S compliance. Inspecting equipment from a functional view may not provide safety compliance from an occupational aspect. If machine tools are missing the required safety guards they may be working correctly but unsafe to operate. Care must be taken to report data including **safety compliance** as standard.

50. The only machine tool inspection records available for the main estates' workshops go back to 2012. Clearly these tools are used frequently and robustly therefore require at a minimum, inspection and servicing of all moving parts on a regular schedule. The Trust and EFM management have a duty to

ensure that all equipment used for work purposes and to fulfill their undertakings must comply with PUWER [Provision and Use of Work Equipment Regulations 1998]

“All equipment at work must be safe for use, maintained in a safe condition and inspected to ensure it is correctly installed and does not subsequently deteriorate”

51. There were a number of unused machine tools of fixed column models sitting out on the shop floor. Unused and decommissioned tools and work equipment must be clearly labelled and stored separately from those in regular operation. Housekeeping within the EFM workshop facilities demands more staff time and care to ensure controlling hazards adequately. Employees and contractors using Trust equipment must be confident that no injury or damage will result while they complete their work. This is the main duty held under both The Health and Safety at Work etc Act 1974 and the Management of Health and Safety Regulations 1999. **Criminal charges as well as heavy fines can be levied against the Trust in the event of harm resulting from neglected machinery.**

52. There is no evidence to show that HSE Management Standards are being monitored. Staff stress, illness, absenteeism and safety climate are not included on the performance and compliance records for EFM teams. Performance in the workplace often takes priority over monitoring employee stress levels {unless this is being monitored by the human resources team at TSDFT}. The Trust provides survey **Form HR06** to assess staff stress factors and triggers. They also provide contact details for staff requesting counseling or OH support. This must be made available and easy to find for all personnel

53. Since 2004 the HSE has provided survey and feedback tools for managers to monitor the stress of their staff and in an EFM team this is likely to be ongoing and substantial. Neglecting it doesn't eradicate the reality. In a post-pandemic workplace, staff have often been pushed to the edge and this must be considered and regarded when planning workloads and shift patterns.

54. If H&S is made the priority for reporting EFM compliance then we will expect to see more reflective data. Occupational tools and use of them in teams such as catering and portering can be tracked well on EFM performance records. Good examples of this type of monitoring would be to measure MAC and RAPP tools for manual handling operations. HSE L23 Appendix gives clear step by step how to measure safe weight limits to avoid causing musculoskeletal disorders. *Human performance at work must always be set by H&S compliance, not by productivity data or equipment compliance alone.*

55. Monitoring of water safety is carried by the Water Safety Committee who have commissioned Tetra Consulting Ltd to audit and report for EFM at TSDFT. The estates team have a robust regimen for flushing systems across all sites where legionella or pseudomonas a. pose risk of contamination. The main hospital hydrotherapy pool was rated high priority at the July 2021 audit. This has to be taken up by the clinical support staff for that facility. Flushing is recommended daily in augmented care zones and intensive care units. This has been added to Action Plan Priorities for water safety for all community sites where a responsible person has been named.

56. Temperature probes need calibrating regularly to ensure accurate monitoring of water flow and return temperatures. Installation of an audible alarm was recommended as an addition to screen alerts to maintain BMS temperatures.

57. Environmental Services of Exeter EX2 8UB provide water testing and asbestos testing and mitigation services for TSDFT sites. This company has been tracked as providing a high standard of monitoring and mitigation response for incidents on the sites and reported on Datix for TSDFT.

Audit and Review

58. Internal auditing by EFM managers and assigned specialist contractors has been shown as diligent and responsive, setting out action plans where needed.

Areas of concern showing less evidence of regular auditing are listed in Appendix 1.

59. Lagging indicators from audits, EFM performance data and Datix incidents **should not** be the triggers for improving standards of health and safety while carrying out work activities. Adequate and reliable mitigations must be put in place during the work planning stage cf. CDM Regulations 2015 – Roles of the principal designer and client.

60. **Leading indicators** are the results of well-planned monitoring regimens, logged, reviewed and dispersed to the correct response personnel. See Appendix 3. [Examples of using Leading indicators to re-design work processes].

61. The incidents and near misses which were inspected from this audit fall into 6 distinct categories:

- Building damage
- Employee behaviours
- Equipment failure
- Infection control
- Injury or illness
- Water safety

Appendix 4 shows the incidents and near misses recorded on Datix for the EFM teams from April 2019 to March 2020. The data logged in to database fields omitted to state the **underlying or root cause** for the incident or near miss. An added column allowing entry for this information would drive an investigative process without the complexity of a full investigation of the incident. If an action plan needed immediate execution there could be an alert made by the report. Delay between H&S Committee meetings to discuss these lagging indicators means further delay in actioning better controls or re-designing the work process. There are more responsive real-time systems for recording incidents and near misses such as SHE Software which is designed to record H&S data as it happens. Shesoftware.com

Appendix 1

Recommendations for Health and Safety improvements

Activities needing attention to achieve robust H&S standards	Current level of performance: Unsafe RED Needs improving AMBER Robust GREEN	Improvements – Action Plans	Achievable level of H&S What does it look like? GREEN!
1. Training and competencies	Senior managers, estates ops and waste centre ops are below compliant competency levels.	Check IOSH list of training providers for special H&S activities.	Problem-solving to reduce risks and protect personnel. Use of H&S knowledge to re-design tasks and work flow. Identify hazards and incorrect unsafe working practices.
2. Risk assessments and updates	Team leaders/ managers are not reviewing every 3 months or after a change of circumstance (including HSE legislation).	Team leaders must spend time updating and reviewing every 3 months. Date and Sign. Consult with staff at ground level.	Employees are aware of risks and understand fully how to control them. Report changes to the leader who can update in response.
3. Near miss data and Design of task	Slow reporting system causes likelihood of re-occurrences. Team tasks are not being redesigned in response to the level of risk.	Consultations with staff on site and H&S representatives asap following an incident or near miss. Highlight near miss as urgent .	Fast response to near misses and incidents. On-site inspections and consultation with relevant staff to yield root cause and action plans. Re-design task.

4. Use of contractors	Heavy dependence on outside contractors causing increasing costs and inconsistencies in H&S standards and practices.	Promote CPD and further skills training for EFM staff so they can meet the demand of work with fewer contractors.	In-house workflows and employees are easier to manage and liaise with other Trust staff. Less problems with project flow and incidents on site, staff retention and motivation.
5. Stress management and HSE Standards	Few staff involved with stress support or monitoring. High risk to work teams of absenteeism and injury. Inflexibility in managing workloads or changing demands.	Trust surveys or HSE Stress Tool can be used to gather data on staff stress areas and impact on health and well-being.	Less absenteeism and fewer staff turnovers. Better communication between teams and management. Increase job satisfaction as staff receive support where they feel challenged.
6. Health surveillance and monitoring	Little or no referrals to OH of staff exposed to higher risks. Managers omitting on-the-job OSH metrics: MAC and RAPP limits: use of RPE and gloves. WEL tables omitted.	All staff who work with dusts (indoors or outdoors), those who use MH techniques or COSHH listed materials should be assessed by an OH professional as advised.	Better staff retention and more consistent levels of health and well-being. Confidence to work well, knowing they are safe and not building up potential health problems.
7. Safety culture	The safety culture is patchy across different teams. Catering and Hotel services is	More visibility of H&S materials and awareness by posters, first aiders contact list, H&S courses	A safe, inspired team of employees and contractors working with confidence, without fear of undue

	consistently good. Estate operatives and waste area services should refer to the above remedies. 1-6.	<p>offered beyond mandatory level.</p> <p>Include work stressors and triggers at meetings and how to mitigate them by adapting responsibilities or work demands. Promote positive interstaff communications.</p>	<p>pressures, unexpected incidents or feeling excluded. Staff who work to best practices available, can speak openly and have ownership of their work. A workplace where employees achieve their optimal performance and go home safe.</p>
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Appendix 2

Cost Centre	Conflict Resolution	Equality & Diversity	Fire	Health & Safety	Infection Control	Information Governance	Manual Handling	Safeguarding Adults - Level 1	Safeguarding Children	Resuscitation L1	Basic Prevent	Average
Domestic Ashburton 17510	100.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	36.36%
Staff Accommodation 17900	50.00%	100.00%	50.00%	75.00%	50.00%	50.00%	100.00%	100.00%	100.00%	50.00%	100.00%	75.00%
Catering - Management 17502	100.00%	50.00%	100.00%	50.00%	50.00%	100.00%	50.00%	50.00%	100.00%	100.00%	100.00%	77.27%
Waste Management 77050	90.00%	100.00%	70.00%	100.00%	70.00%	30.00%	90.00%	70.00%	90.00%	90.00%	100.00%	81.82%
Domestic Paignton 17545	75.00%	100.00%	100.00%	100.00%	75.00%	50.00%	25.00%	100.00%	100.00%	100.00%	100.00%	84.09%
Director of Estates & FM 18200	92.86%	78.57%	100.00%	78.57%	78.57%	85.71%	78.57%	78.57%	78.57%	100.00%	85.71%	85.06%
Direct Labour Organisation 76600	84.38%	87.50%	90.63%	87.50%	90.63%	71.88%	87.50%	87.50%	87.50%	93.75%	90.63%	87.22%
Grounds Maintenance 77030	100.00%	100.00%	75.00%	100.00%	75.00%	75.00%	100.00%	75.00%	100.00%	75.00%	100.00%	88.64%
Domestic Newton Abbot 17540	93.94%	93.94%	78.79%	90.91%	63.64%	75.76%	90.91%	100.00%	100.00%	100.00%	100.00%	89.81%
Catering - Bayview 17002	66.67%	77.78%	100.00%	88.89%	88.89%	100.00%	100.00%	77.78%	100.00%	88.89%	100.00%	89.90%
Estate Management 76200	91.67%	100.00%	91.67%	100.00%	91.67%	83.33%	83.33%	83.33%	83.33%	91.67%	91.67%	90.15%
Catering - Horizon Centre 17003	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%
Catering - Torbay 17001	93.55%	87.10%	93.55%	90.32%	100.00%	87.10%	93.55%	87.10%	93.55%	93.55%	96.77%	92.38%
Domestic Brixham 17520	100.00%	100.00%	86.67%	100.00%	73.33%	73.33%	93.33%	100.00%	100.00%	93.33%	100.00%	92.73%
Hotel Services - Mgmt & Admin 17000	100.00%	100.00%	83.33%	100.00%	91.67%	58.33%	100.00%	100.00%	100.00%	100.00%	100.00%	93.94%
Domestic Cont Torbay 17401	96.23%	94.14%	95.82%	97.49%	90.79%	92.89%	97.07%	95.82%	95.40%	98.74%	96.23%	95.51%
Portering - General 17301	98.00%	100.00%	96.00%	100.00%	100.00%	100.00%	86.00%	98.00%	98.00%	100.00%	100.00%	97.82%
Deep Cleaning/Night Teams 17416	100.00%	100.00%	89.47%	100.00%	94.74%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	98.09%
Domestic Supervision 17415	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%	100.00%	100.00%	98.48%
Domestic Totnes 17555	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	99.39%
Car Parking 17006	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Domestic Teignmouth 17550	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Linen & Uniform Services 75800	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Average 00.00% - 75.00%	RED
Average 75.00% - 85.00%	YELLOW

Average 85.00% - 100.00%	GREEN
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Appendix 3 Contractor activities: Lagging of leading indicators

PSPI examples cont^d



Activity:

- Contractor activities on site

Lagging indicator:

- Number of times contractors act unsafely or their acts impact adversely on operations

Leading indicator:

- % of contractors who undergo spot-check who understand the site rules & the hazards/risks relating to the work they are carrying out on site and who have also read, understood & signed the method statement relating to their task

Permit to Work PTW management

PSPI examples cont^d



Activity:

- Permit to work

Lagging indicator:

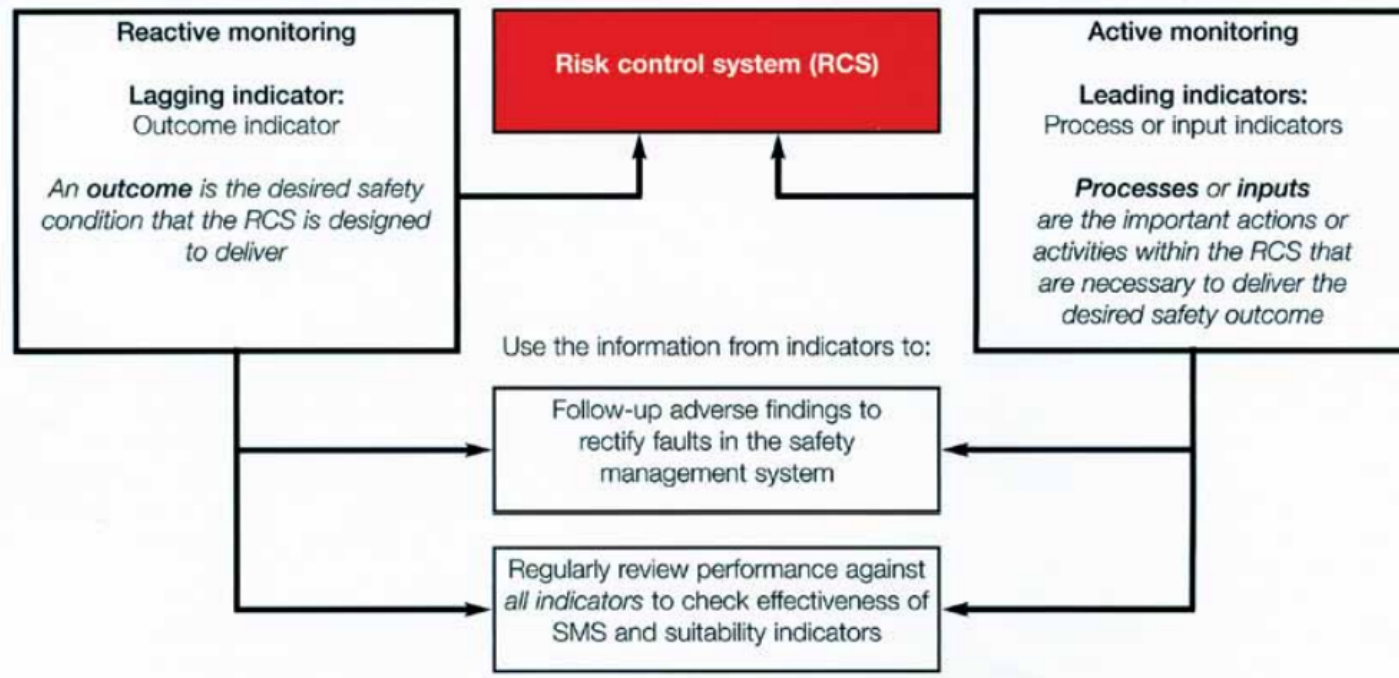
- Number of accidents/incidents that can be attributed to/occurs during non-routine work

Leading indicator:

- Number of times when work under a permit is checked to establish that it is being carried out in accordance with the permit
- Number of times when the PTW form is not correctly handed back within the designated time period

§ Leading Safety Performance Indicators result from Active Monitoring (PSPIs)

§ Lagging Safety Performance Indicators result from Reactive Monitoring (Incident Reporting)

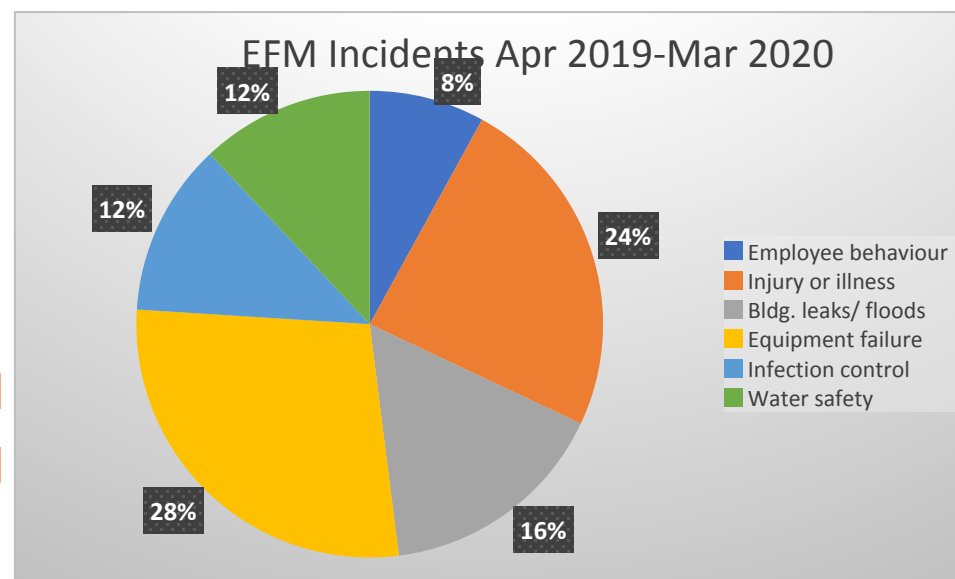


Appendix 4

Incidents for EFM April 2019 - March 2020

Incident type	No. of events	Summary by	EJ Lynes	July 7th 2021
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Employee behaviour	2
Injury or illness	6
Bldg. leaks/ floods	4
Equipment failure	7
Infection control	3
Water safety	3
Total	25



Appendix 5

Inspection methodology, site and topic selection

- The targeted inspection method used for this project is a relatively common approach within HSE. It is particularly appropriate where the sites have complex processes and well-developed management systems.
- Targeting specific H&S topics and processes of interest allows for a more in-depth assessment and makes best use of the time spent on site.
- The site areas chosen for activities of interest were Torbay Hospital, the estates offices and workshops in Building Block 17.00, The Energy Centre 14.00, D.H.W.S Boiler Room, Rooftop Plant Room 5.00, Catering and kitchens Block 8.00, Theatres Block 3.00, Kier site Block 23.00, Waste recycling 20.00, Environmental services 39.00, SSEP Kitson Hall Block 22.01, Newton Abbot Hospital, Totnes Hospital, Sherborne House, Belmont Court
- In order to test how the Trust managed contractors, particularly those contractors doing work under CDM Regulations 2015, I requested that they identify the contractors involved in Capital Projects from June until September 2021. The project manager made arrangements for the contractor's site manager to be available during our visit. I requested to have any OH service providers they use to attend site during the visit period.
- Although the main focus of the inspection visits was control of workplace hazards and risks, inspectors are expected to deal with any other matters of high concern. These can be H&S issues which were either observed or brought to my attention by the workforce or their representatives. This practice follows HSE standard operating procedures for inspections and investigations.
- A control visit using a site checklist was carried out to set a baseline for other zone visits. This pilot visit standardized the inspection conditions for the weather, indoor temperatures, number of employees on summer leave and the presence of COVID-19 level restrictions and precautions on site.

- Tailoring the inspection to each site ensured the inspection findings and feedback to EFM managers was relevant to that site and therefore more useful in addressing H&S compliance. The findings have been presented qualitatively in this report to avoid any conflict of interest with EFM Performance and Compliance records. Comparison of performance data with H&S compliance has been detailed in paragraphs 48 and 54 as inconclusive.

Appendix 6 Letter from HSE inspection 25th May 2021 ref: 4679822

MATERIAL BREACHES – NOTIFICATION OF CONTRAVENTION

Health and Safety at Work etc. Act 1974, Section 2(1)

Our visit to the Trust was prompted by a number of outbreaks of COVID-19 affecting staff members which occurred in October 2020. This can be considered to be during the second wave of the Pandemic. Our enquiries have identified that management arrangements in place at the time were not as robust as they needed to be in order to reduce the risk of transmission to staff in the workplace. Specifically (but not exhaustively):

- Investigation of individual cases of COVID was not robust
- There was no clear picture re which cases were work related and therefore needed to be reported under RIDDOR
- There were concerns that community hospitals were being used for COVID patients before they had been properly set up to do so – i.e. there was no one way system at Brixton, communication wasn't as clear or timely as it should have been
- Due to space restraints, staff were not always able to social distance during breaks
- In some areas, allocating space for safe donning and doffing of PPE was an issue
- Although face fit testing was carried out, the RPE supply chain was inconsistent and there was some confusion amongst staff about which RPE they had been tested for. This led to some occurrences of the wrong RPE being used.

On a positive note, the Trust have used the outbreaks to review their procedures and from what we saw on the day of our visit, the shortfalls highlighted above have been dealt with. We saw some examples of good practice like risk assessments being displayed on walls, mobile computing stations and virtual ward rounds. This is borne out by fewer staff being affected during further outbreaks in January. It should be noted that our visit was undertaken during a period of low infection rates and as such, we could only judge what we saw on the day against the current level of risk. The Trust needs to satisfy itself that if the situation escalates again, its management arrangements are robust enough to cope.

References

1. [Health and safety regulation... a short guide HSC13 \(hse.gov.uk\)](#)
2. [Legal duties – Managing health and safety at work - HSE](#)
3. [Health and Safety Policy.pdf \(torbayandsouthdevon.nhs.uk\)](#)
4. [Key Actions in Supervising for Health and Safety Contractors Effectively \(hse.gov.uk\)](#)
5. [Working safely during the coronavirus \(COVID-19\) pandemic \(hse.gov.uk\)](#)
6. [EH40/2005 Workplace exposure limits \(hse.gov.uk\)](#)
HSE Books 2005 (Fourth Ed.) ISBN 978 0 7176 6733 8
7. [WD0 COSHH essentials for woodworkers \(hse.gov.uk\)](#) Advice for managers
8. [Woodworking - COSHH e-tool \(hse.gov.uk\)](#)
9. [CIEHF-Working-from-Home-Infographic.pdf \(ergonomics.org.uk\)](#) pamphlet
10. [Blood-borne viruses in the workplace INDG342 \(hse.gov.uk\)](#)
HSE Books 2001 ISBN 978 0 7176 2062 3
11. [Control of substances hazardous to health \(COSHH\). The Control of Substances Hazardous to Health Regulations 2002 \(as amended\). Approved Code of Practice and guidance L5 \(hse.gov.uk\)](#) Sixth Ed. 2013 HSE Books ISBN 978 0 7176 6582 2
12. [hsg48.pdf \(hse.gov.uk\)](#) Reducing Error and Influencing Behaviour (Second Ed. 1999) HSE Books ISBN 978 0 7176 2452 2
13. [Managing for health and safety \(hse.gov.uk\)](#) Third Ed. 2013 HSE Books ISBN 978 0 7176 6456 6
14. [HTM_07-01_Final.pdf \(england.nhs.uk\)](#)
15. [Books, tools and software to educate and protect employers and workers \(hse.gov.uk\)](#)