

Date: 10th November 2021

Your Ref: Salcombe Harbour DP Audit

To: Salcombe Harbour Board members – by email.

Initial audit of Salcombe Harbour Authority PMSC.

Further to your instruction, I have completed an initial audit of Salcombe Harbour Authorities Port Marine Safety Code (PMSC) compliance system and associated documents.

To gain an understanding of the current situation I have spent some time assessing your system against the relevant sections of the Port Marine Safety Code and the Guide to Good Practice, as published by DfT. Documents were provided by the Harbour Master to reference, further details have been gathered from your website to gain insight as viewed by the public.

Overall, I feel that the Authority is justified in confirming compliance with PMSC as submitted by the Chairman of the board on 14th October 2020. Many elements of the code having been pieced together over the years by undoubtedly many different authors, essentially meet many of the requirements. However, I am not convinced that the spirit of the code is fully captured within the documentation provided.

Safety management systems are very powerful tools if applied correctly, I don't 'feel' the Authorities full ownership of documents or systems provided, many policies, procedures and routines appear to exist in isolation.

As an Auditor I always look for closed loop systems which are knitted together throughout, sadly this appears to be lacking.

SHB, SHDC and Salcombe Harbour management team are fully capable of achieving a good safety management structure, as is evidenced by your work elsewhere on SHDC resources, Specifically the Dartmouth Lower Ferry SMS which has transformed the operation from questionable to (according to a senior MCA surveyors' comment last week) "outstanding!" ... in a short time frame.

This report focuses on areas which I feel require attention in a series of recommendations, rather than the traditional non-conformances' and observations as the code is voluntary. These considered against the requirements of PMSC and general good practice for safety management systems.

It concentrates mainly on key elements at this time to provide a clearer picture, smaller details will come in time.

Yours Sincerely



Andi Lloyd

Salcombe Harbour Authority – Initial audit report by Designated Person.

1. The Duty Holder

I understand that the Duty Holders are currently The Salcombe Harbour Board (SHB) although this is up for discussion at the next SHB meeting later this month. SHB as duty holders is perfectly acceptable as members are all individually and collectively publicly accountable for marine safety.

I have been provided with a list of current members of SHB and was grateful to meet many of you at the harbour tour and the meeting that followed on 20th September, from the time spent with you I felt that you were a well organised board with a great deal of care and commitment to the management of Salcombe Harbour.

I am aware that much of the decision-making processes and decisions made are published in SHB minutes, however I could not find evidence of publishing a marine safety plan, setting of formal safety objectives, targets or reporting progress against the same. I also feel that PMSC issues should be a standing item on the agenda for future meetings.

PMSC 1.8 states *“The duty holder is responsible for ensuring that the organisation complies with the Code. In order to effectively undertake this role they should:*

- *be aware of the organisation’s powers and duties related to marine safety;*
- *ensure that a suitable MSMS, which employs formal safety assessment techniques, is in place;*
- *appoint a suitable designated person to monitor and report the effectiveness of the MSMS and provide independent advice on matters of marine safety;*
- *appoint competent people to manage marine safety;*
- *ensure that the management of marine safety continuously improves by publishing a marine safety plan and reporting performance against the objectives and targets set; and*
- *report compliance with the Code to the MCA every 3 years.”*

Recommendation 1:

The duty holder must be clearly stated, published and their terms of reference clearly identified. I suggest that an organogram is included in the Marine Safety Management System Manual incorporating that provided for the operational part of the Authority.

Recommendation 2:

Serious consideration should be given to appointing a member to the board who has relevant maritime experience and who can act as the initial point of contact for the designated person.

Recommendation 3:

Ensure that the management of marine safety continuously improves by publishing a marine safety plan, setting SMART objectives and targets, and reporting performance against the same.

Recommendation 4:

Ensure that the Marine Safety Management System (MSMS) is suitable and that techniques employed to assess and mitigate risks are as required by PMSC.

Recommendation 5:

Consider setting ‘Port Marine Safety issues’ as a formal standing agenda item for future SHB and SHA meetings.

2. Designated Person

You have appointed an independent designated person commencing formally in September 2021. To clarify the PMSC requires that I sit outside of management function of the Authority and provide assurance to the duty holders on the effectiveness of the SMS.

This will be conducted through audits of the safety management system and ongoing monitoring against objectives set to SHA. Outside of the formal arrangements I am available for, and welcome discussions with any member of SHA or SHB to discuss safety issues at any time. My fees are fixed and do not vary against findings or time spent.

It is a fundamental requirement of this role that I am informed of any serious incidents, occurrences, or complaints impacting safety within the SHA remit. I am happy to report that I am in regular contact with SHM and his deputies and they are informing me of key events dynamically and in a timely manner.

To complete my duties and measure the effectiveness of the MSMS it is essential that the aims and objectives of the SHB are clearly defined as detailed above, it is also necessary to have a robust risk assessment and mitigation strategy and accident, incident and near miss reporting system in place.

3. Risk Assessment and mitigation policies.

Considerable time has been spent looking at and considering the risk assessment register provided by the HM. The risks have been diligently reviewed year on year, but the methodology used isn't compliant with PMSC good practice.

The SHA MSMS provides considerable explanation of risk assessment methodology, which is not necessary in this document, it is also technically incorrect.

The PMSC prescribes a specific risk assessment methodology which considers not only risk to persons but also to environment, business reputation and infrastructure. By using the prescribed methodology risks not previously considered will, without doubt be revealed.

I am looking for a closed loop system here where risks are assessed, consulted on and policies and procedures produced and implemented which mitigate the risks to acceptable levels.

As an annex to the risk assessments the management team have produced method statements for many of the routine tasks which they undertake, this is an excellent piece of work and further evidence of what the Management team are capable of. There are unfortunately no direct references to these within the risk assessments or the MSMS.

The risk assessments tending to focus on mitigating risks mainly through instruction and PPE rather than referencing policies and procedures produced.

I have provided HM with a template for risk assessment in the correct format, the PMSC GtGP provides a great deal of further information on the process to be followed.

The Risks assessed for the port provide the very backbone of PMSC compliance and it is from here that all policies and procedures should be developed to mitigate the risks identified. Those provided by SHA are not joined up. I could find no evidence that the risk assessments or their associated procedures have been consulted upon.

Recommendation 6:

Risk assessment policies and procedures should be revisited in the MSMS.

Recommendation 7:

Risk assessments provided by SHB and SHA should be fully reviewed against the criteria set out in PMSC and the GtGP.

Recommendation 8:

Risks that have not been mitigated to As Low As Reasonably Practical (ALARP) should be clearly identified.

Recommendation 9:

When in position to do so, risk assessments and associated procedures should be consulted upon by ALL interested parties including SHA staff and port user groups.

4. Marine Safety Management Manual

SHA's Marine Safety Management Manual (MSMS) is titled SEMS (Safety and Environmental Management System) a copy of version 1.5 dated as last reviewed October 2020 was provided for background reading by the HM.

The MSMS provided is a difficult read, unnecessarily wordy with lots of scrolling back and forward through the document to find relevant compliance areas.

I do not believe this document achieves the aims of a Safety Management Manual which should provide a framework to achieve the objectives set by SHB and the PMSC in a clear and coherent manner.

Many of the components of the PMSC are not fully completed and, as an auditable document, which should be in the public domain, the SEMS spends too much time discussing theory rather than SHB and SHAs own policies and procedures in many areas.

There was no evidence of consultation on the contents of the SMS (SEMS) provided.

When viewing the Port Marine Safety Code area of the website only a image of DfT's PMSC is provided.

The SMS is directly linked to the objectives set by SHB and the risk assessments of SHA.

In plain English, the Marine Safety Management Manual is the 'say's what we do document' against which all other elements of the PMSC system are confirmed and audited and it should be reviewed in its entirety in conjunction with recommendations 1,3,4,6,7,8 and 9.

It is important that the MSMS is kept succinct and to the point, it is acceptable to refer to policies outside of this document so long as these policies are directly referenced.

Recommendation 10:

Marine Safety Management manual should be reviewed in its entirety.

Recommendation 11:

Marine Safety Management System should be consulted on with all key stakeholder groups.

Recommendation 12:

MSMS and/or a safety plan should be published on the relevant part of SHA website.

5. Accident, incident and near miss reporting

The current accident reporting system in place was examined, although no usable data has yet been provided for the 2021 season. This vital information will hopefully identify emerging incident trends however, when looking at i) byelaws, ii) SEMS and iii) incident reporting form on the website it is not felt that the system is reaching its full potential.

Whilst it is understood that the byelaws compel reporting of accidents, for example in the case of collisions or obstruction of the navigable channel, there are many other situations for which would be desirable to receive data.

SHB, SHA and DP all rely on this data as a measure to assess the effectiveness of the MSMS and associated risk assessments. The current reporting form published, and policies for incident reporting do not encourage reporting of incidents which have not resulted in being categorised as or considered major.

The anatomy of a serious accident suggests that previously there have often been multiple near misses and incidents of a similar type which may not have been acted on. Broadly this correlation can be considered as a triangle with near misses at the bottom, rising to incidents and less serious accidents before fatalities.

This is known as the Heinrich triangle, illustrated below.



Clearly it is desirable to deal with the unsafe acts and near misses' elements of the triangle before the upper sections are reached. Suitable and sufficient risk assessments, policies and procedures are a key element to this but without

monitoring the resultant data correctly, we have no way of measuring the results or knowing that our systems are working.

Recommendation 13:

Review incident, accident and near miss policies to ensure that so far as practical the required incident data is captured, and the resultant trends are correctly analysed.

Recommendation 14:

Remove byelaw reference from incident reporting form.

Recommendation 15:

Actively encourage all staff, stakeholders, and harbour users to report everything from unsafe acts, near misses, safety critical observations to accidents or incidents of all types.

Summary

Clearly there is a great deal of work recommended above for all involved but by setting a new course at SHB level and providing the necessary resources much of the documentation and procedures already in place can be tailored to improve the SHA safety management system.

None of the recommendations made are criticisms of SHB or SHA, indeed there is evidence of very good and impressive work undertaken throughout the documentation provided, including the dedication of SHB members noted and recent work undertaken to compile SHAs oil spill response plan and many method statements produced by the current SHA management team.

The recommendations are a fresh set of eyes looking at a system which has evolved over many years, and which may have lost its way.