# Business & Innovation Department SHE Improvement Plan 2024/25

**Document Change Record:**

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|---|---|---|---|
| 1.0 | 10/06/2024 | Initial draft | 2024-2025 SIP Draft for review |
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**Approval:**

| Position | Name | Signature | Date |
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| **BID Executive Director** | **Paul Vernon** | | |
| **BID SO/DSC** | **Mark Roberts** | | |

This document is created annually by the STFC Business & Innovation Directorate, to meet the requirements of SC07: SHE Improvement Planning.

https://staff.she.stfc.ac.uk/Pages/SC07-SHE-improvement.aspx

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# 1 Introduction

The Business and Innovation Department is subdivided into divisions that operate over the Daresbury, Harwell and ROE Campuses.
The basis for all safety management within STFC is the STFC Health and Safety Arrangements:

https://www.she.stfc.ac.uk/Pages/STFC_Health_and_Safety_Management_Arrangements.pdf

STFC Executive Board requires that all projects, activities and operations comply with the requirements of current health and safety legislation. 13 of the STFC Safety Codes were updated during 2023/24, and 1 new code, SC40 'Interlocks for Personnel and Environmental Protection', was released.

This SHE Improvement Plan meets the requirements of STFC Safety Code 7: 'SHE Improvement Planning' and sets BID specific improvement objectives for Health and Safety performance. The objective for the department is ultimately that our Staff, Tenants and Users and those who work on our behalf, do so in a safe manner and comply with STFC Safety Codes as required.

This BID Safety Improvement Plan has been updated, and complies with the requirements to be **reviewed annually** and, as necessary to take account of any policy changes within UKRI/STFC. Many BID staff work mainly in offices with some staff travelling within the UK and overseas therefore travel on behalf of the council will be a significant hazard. However, there are also BID staff who work in technical environments where they can be exposed to a wide variety of significant additional hazards. A continual focus is how we will continue to work safely, in a 'hybrid' model from home or directly on the STFC sites.

The Executive Director for BID is responsible for approving the SHE Improvement Plan and ensuring absolute clarity of management responsibility for Health and Safety within the Directorate. The department has one safety committee; the BID Safety Management Committee, which not only covers Business Incubation activities but also those divisions that are primarily office-based. This committee is expected to meet **quarterly**, and reports directly to the respective Site Safety Management Committees through the BID Safety Officer/Departmental Safety Contact (DSC).

The BID SHE performance is reviewed for the financial year 2023/24, and objectives are set for 2024/25, the current FY.

A documented SHE Improvement Plan is produced for each financial year and will be approved by the BID Senior Management Team prior to **circulation and communication to ALL BID staff**, and published on the SHE website. Some of the SHE objectives will be directly applicable for inclusion in staff APRs for the coming year.

All BID staff have a responsibility to familiarise themselves with the Health & Safety information published on the following address:

https://staff.she.stfc.ac.uk/pages/staff/home.aspx

There is also a new site for general Health and Safety information on UKRI's 'The Source':

https://ukri.sharepoint.com/sites/thesource-stfc/SitePages/STFC-Safety-Health-and-Environment.aspx

BID activities at ROE continue in relation to the Higgs Centre. Specifically, there will be incubation start-up companies resident on site, who in many cases will be using labs and equipment (both within the Higgs Centre and elsewhere within the UKATC on-site). There will also be a drive to make labs and the facilities they contain available to external organisations (principally SMEs) who will come on-site to either use the facilities themselves or work with UKATC technicians to do the work.

The ROE has a single Site SHE Management Committee that meets regularly. The BID Business Incubation Manager will be the BID representative at this committee and will monitor Higgs Centre BIC tenant activity and have an external facility-user SHE responsibility. The Higgs Manager will report on any issues needing support to the BID SHE representative. The Estates Manager on the other hand will have overall site-wide SHE responsibility. The oversight and management of SHE responsibilities will reside with BID staff at ROE, not the BID Safety Officer.

# 2 Executive Summary

The nature of the Business and Innovation Directorate (BID) operation means that we have to consider a wide range of hazards arising from our facilities and equipment, and from equipment brought onto site by our tenants and users in an ever-changing environment. It may include high voltage, radiation, chemical, compressed gases, lasers, biological agents and machine tools as well as those more commonly found in offices and general laboratories. We recognise that **Risk Assessment** is key to managing safety in this wide-ranging environment. Covid-19 infections are now typically of a low health risk, and treated much in the same way as influenza i.e. an endemic illness, potentially adding to increased lost time.

The number of reported incidents is of the same order as recent years. There was 1 major (SoPS) incident, 8 moderate incidents and 6 minor incidents recorded. **The department should have concerns over both the number and proportion of moderate severity incidents reported, and the distribution between our two main STFC sites.** The evidence is indicative of a cause of under-reporting of near-miss (minor) incidents, but this is also an organisation wide issue.

Incident reporting, especially near-misses, needs to be addressed within the department, both from an improving Health and Safety culture perspective, but also as opportunities to learn from such events and improve staff awareness.

The completion status for staff mandatory SHE training in 2023/24 was the maximum 100% across all training modules and represents **the fourth consecutive year of achieving full compliance**, setting the target for other departments to chase. The Totara training management system is set to issue automated reminders to staff a week prior to previous training expiry; and many staff comply without being further prompted by the BID Safety Officer.

There were 6 SHE Safety Code audits during the FY in which BID was in scope and participated. **From these audits there were a total of 7 actions (2 minor and 5 recommendations) for potential improvements. BID also received 2 commendations for good practices**. A significant number of audit actions had remained open from 2022-23, but these have now mostly been completed, so the department is in a good position in preparation for this year's audit programme.

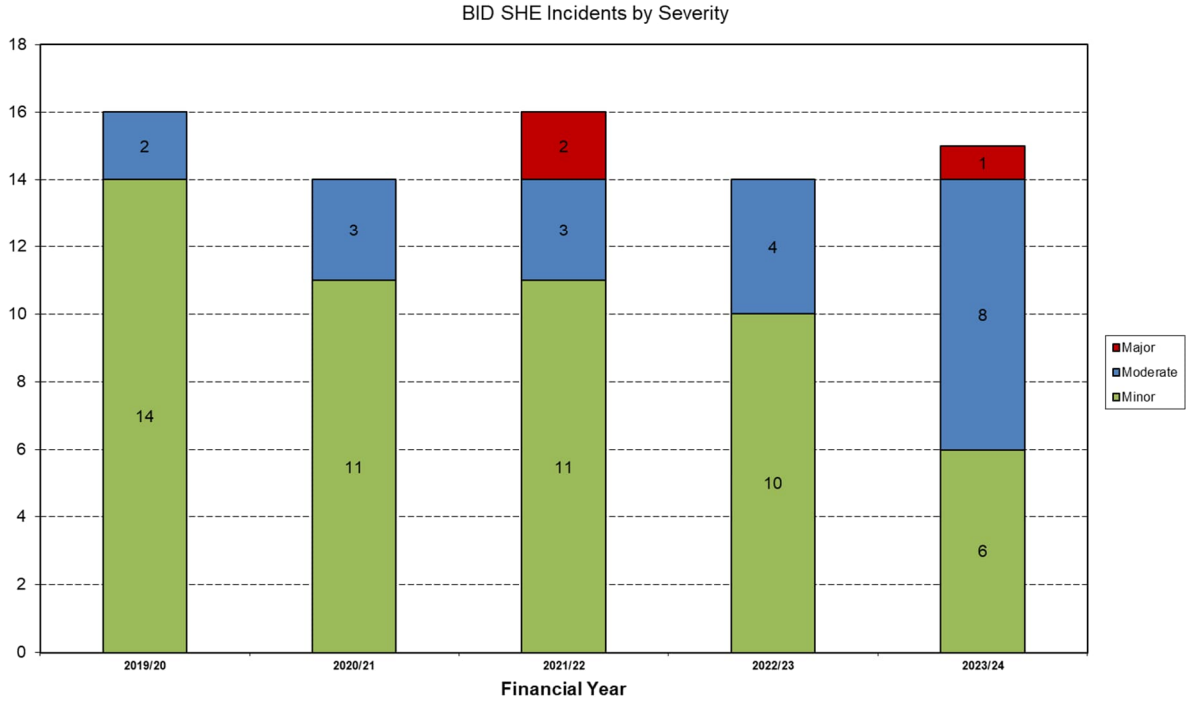
All BID staff should familiarise themselves with Health and Safety information published on the staff intranet; https://staff.she.stfc.ac.uk/pages/staff/home.aspx , and particularly the link for reporting incidents.

# 3 Review of 2023/24 SHE performance

Data is presented in graphical form with additional commentary as required. All graphs show information on incidents from STFC sites or if a member of BID has an off-site incident, and cover the financial year period 1st April 2023 to 31st March 2024.

The organisation has continued with a hybrid structure of working following the return to 'business as usual' following the COVID-19 pandemic, with all staff expected to be operating on-site for a proportion of the working week. The number of incidents reported for BID was similar to previous years, however, there was 1 major (SoPS; **S**erious **o**r **P**otentially **S**erious) incident reported against BID.

## 3.1 Reported SHE Incidents



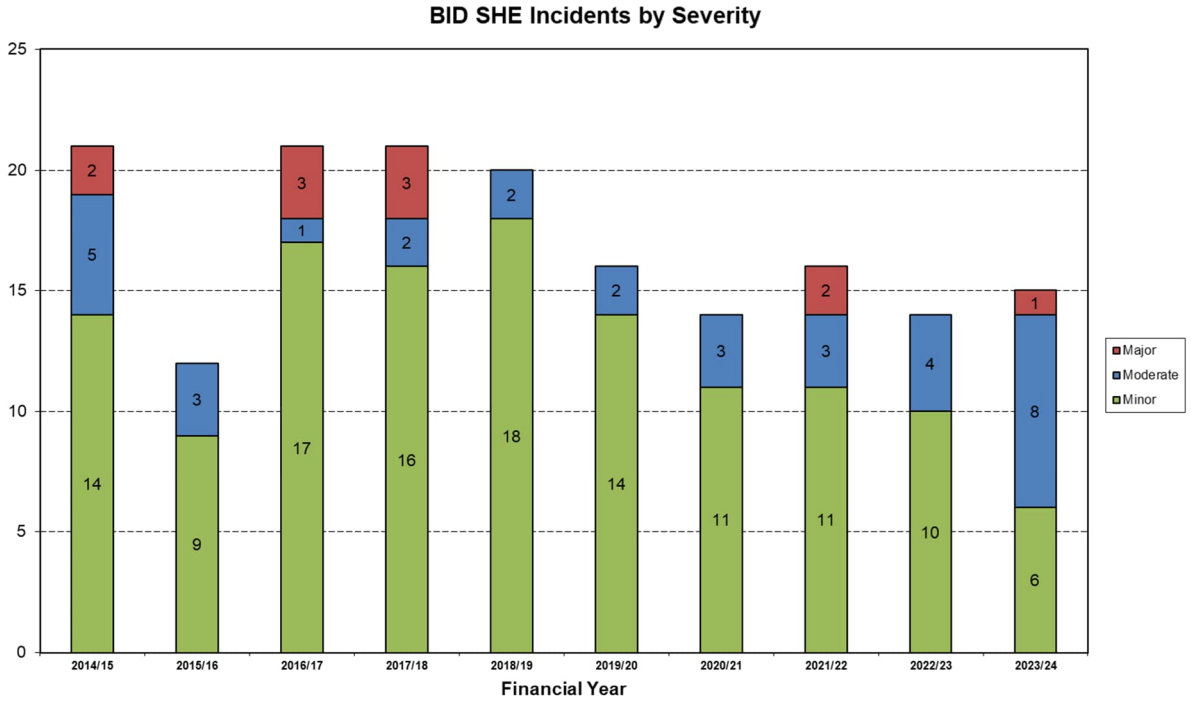

Reporting of incident numbers remained constant at 15 per year over the last 5 years. The incident numbers reported are typically quite low for BID, with an average of just over 1 per month across the year, so any analysis will involve the statistics of small numbers. BID does not typically have many incidents classified as 'Major', i.e. Serious or Potentially Serious (SoPS), however, the one that occurred in the last FY was from a piece of falling equipment (#I11656) and related to poor assessment, control and management of the activity.

The most obvious change in the data relates to the classification of the severity of the incidents reported. There was a doubling of those classified as moderate, and a corresponding halving of those assigned as minor. There could be a number of reasons for this apparent increase in severity level:

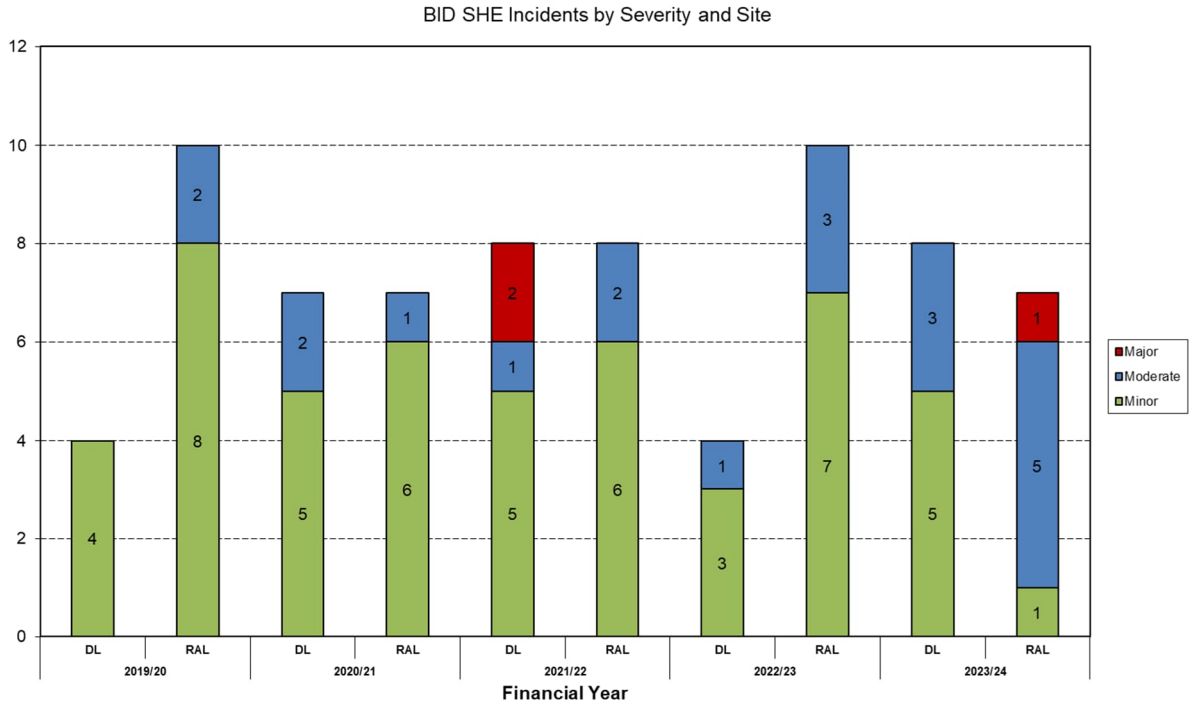
- Due to the activities within the department, the potential and realised risks have increased, but not adequately controlled;
- We are dealing with small numbers and the statistical significance appears greater;
- A change in SHE Group staff, coupled with an increase in more 'subjective' classification of severity;
- The department has been under reporting incidents, typically near-misses for a number of years;

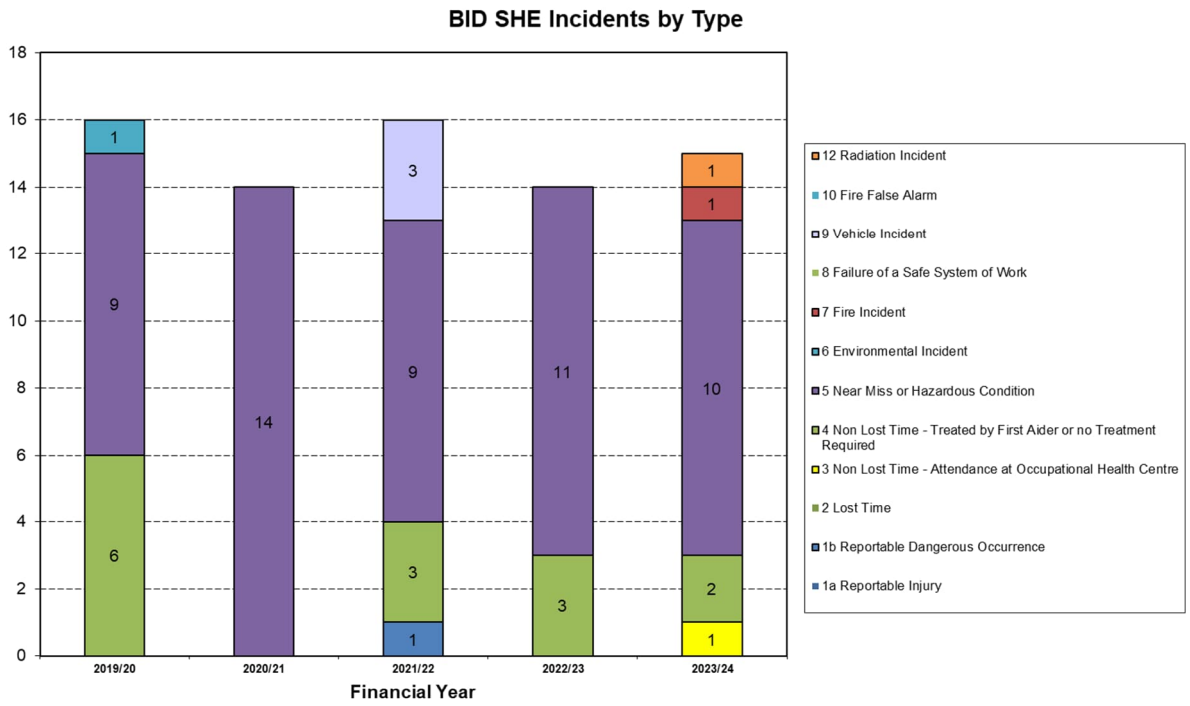
- Hybrid working may result in lower reporting of near-misses, due to less time on-site, increasing staff workloads and reduced levels of supervision resulting in less control of activities and hence more moderate severity incidents.

A further review of the data over a longer time period, 10 years compared to the typical 5 year period, is presented below:

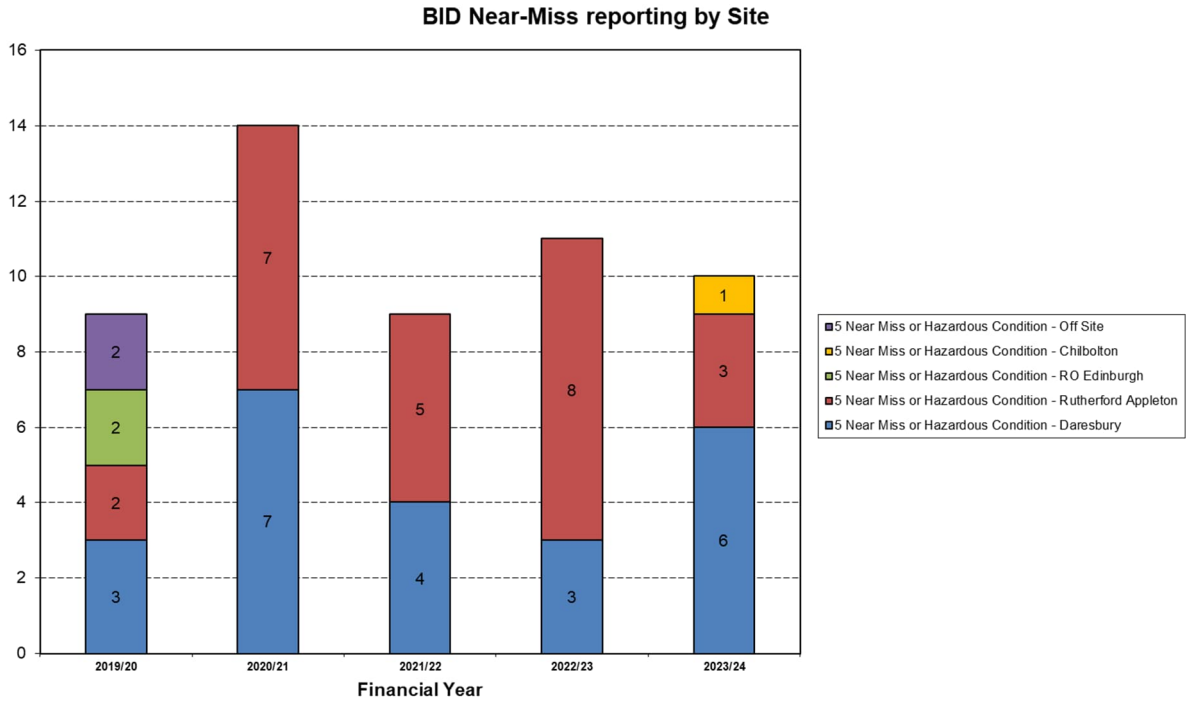



Even though the number of incidents reported for BID is small, the overall trend in the data above would indicate the proportion of moderate severity incidents is increasing while those considered minor correspondingly decreases. The distribution across the two main sites, below, further illustrates that minor (near-miss) reporting needs addressing, particularly at RAL.






Of the 15 incidents reported in the last FY, 10 were classified as near-misses of minor and moderate severity. There was a wider range of incident types reported, of particular note the radiation related incident at DL, and the R79 fire incident at RAL.




The near-miss reporting showed a decrease at RAL, to its lowest level since the start of the Covid-19 pandemic. The overall number of near-misses reported is typical for BID over recent years, but is still considered as being under-reported across the department.

The relationship between severe accidents, minor accidents and near misses is almost a constant ratio (Heinrich's Law, defined in the 1930s), further refined by Bird (1969) and serves as a visual representation of the relative frequency of different accident types, as below:

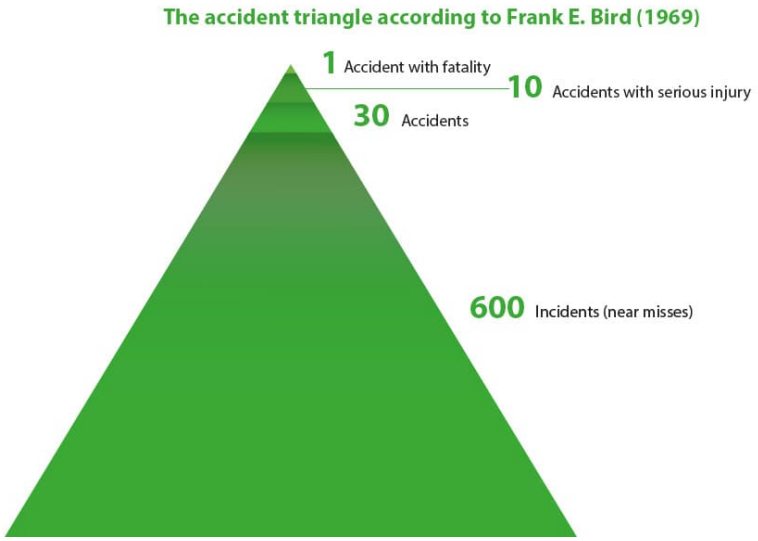
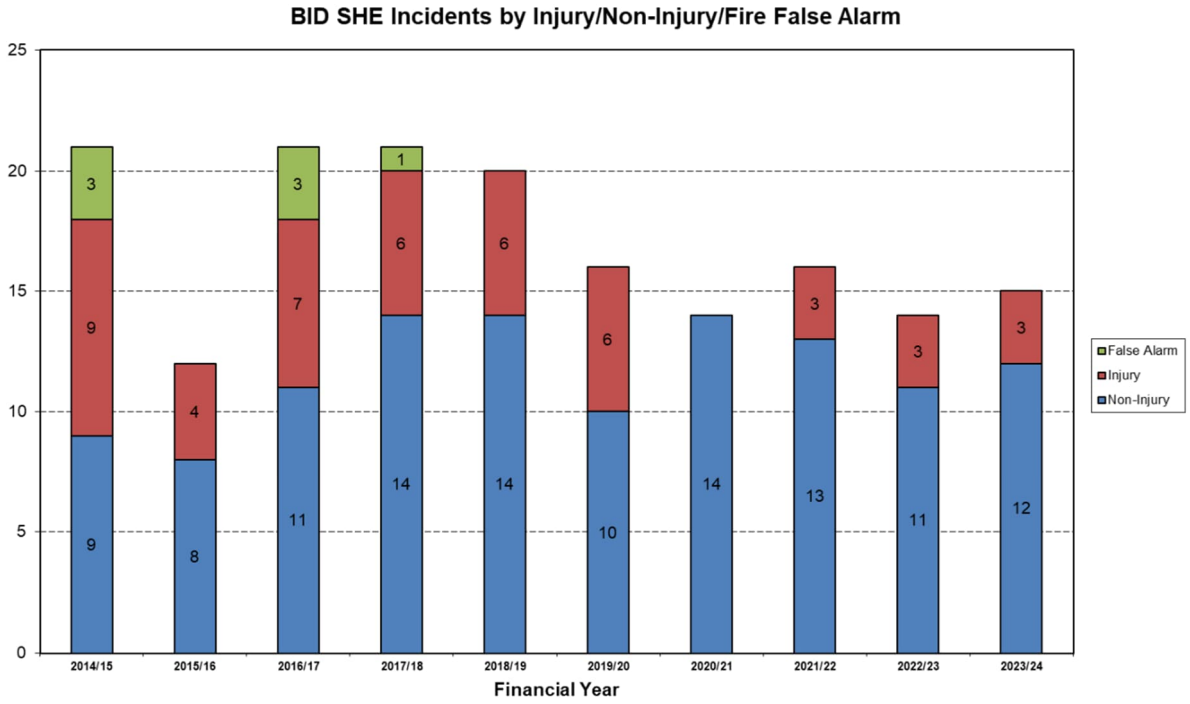


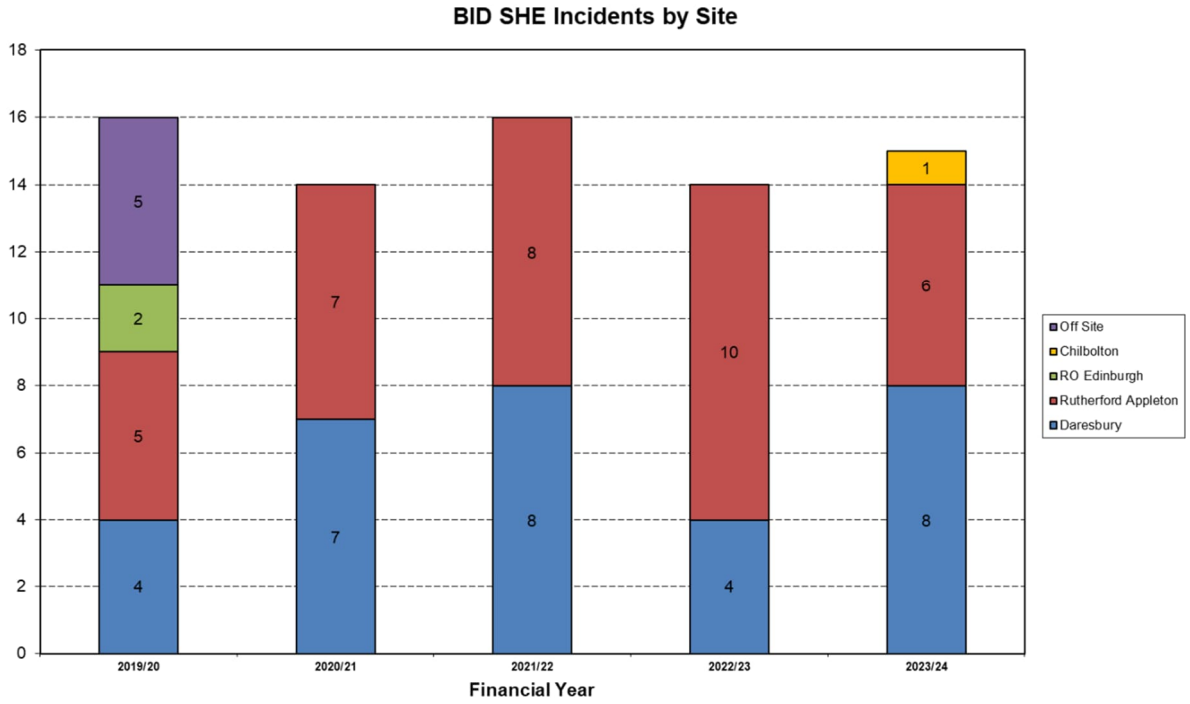

Image from Quentic

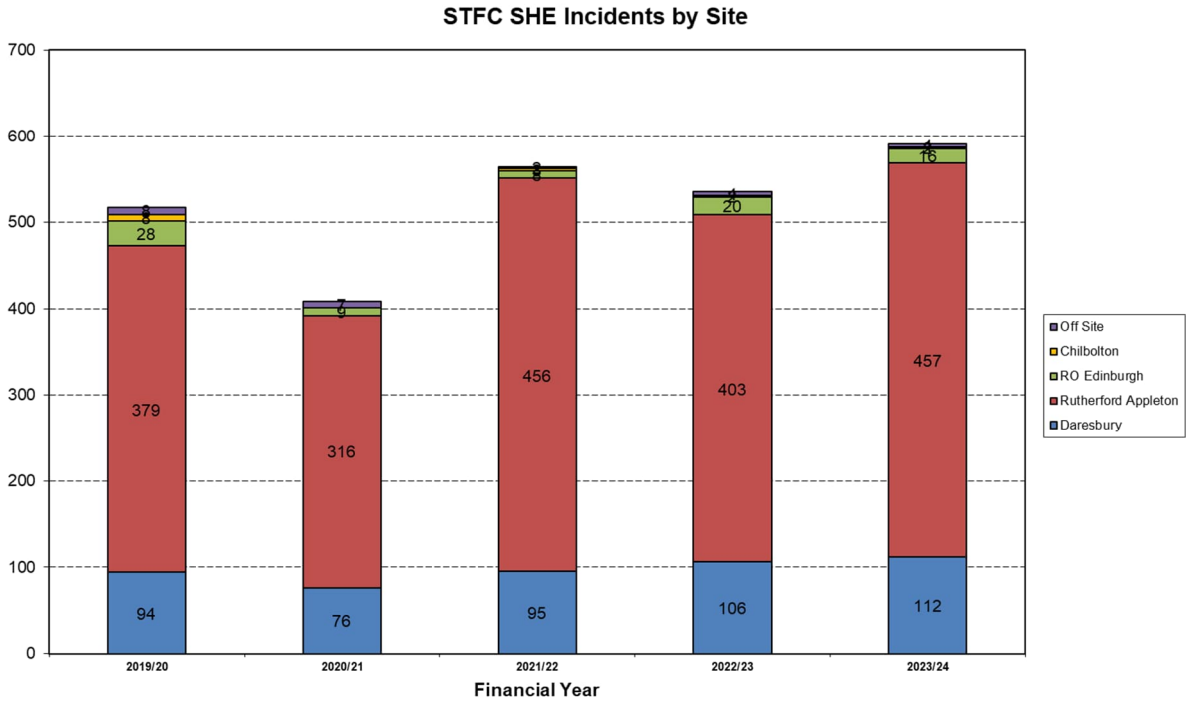
The expected incident ratio (**1 accident to 20 near-misses**), so there is a high probability that more 'minor' near-miss incidents have occurred but they have not been reported since no injury, ill-health or damage resulted. This seems to be a perennial problem across the organisation, not just for BID. **The ratio for BID is approximately 1:4, at best.**



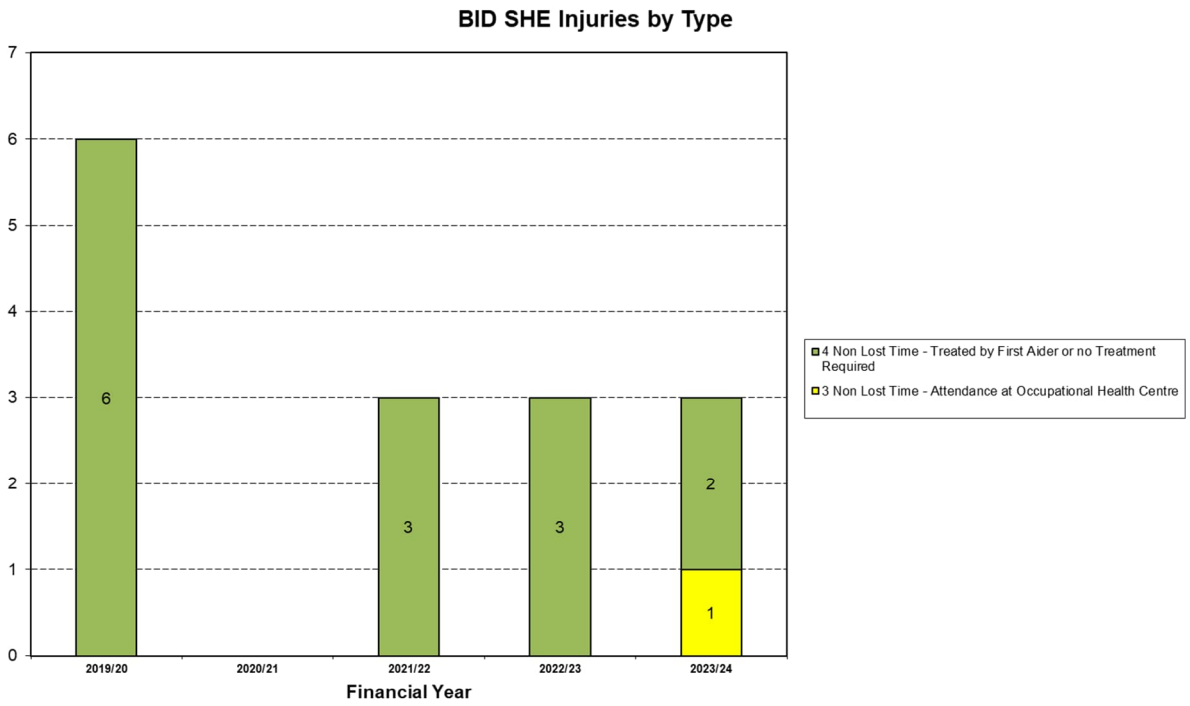

On a positive note, BID has not been responsible for any fire false alarms for a significant number of years.

A review of the incidents reported by site is shown below.

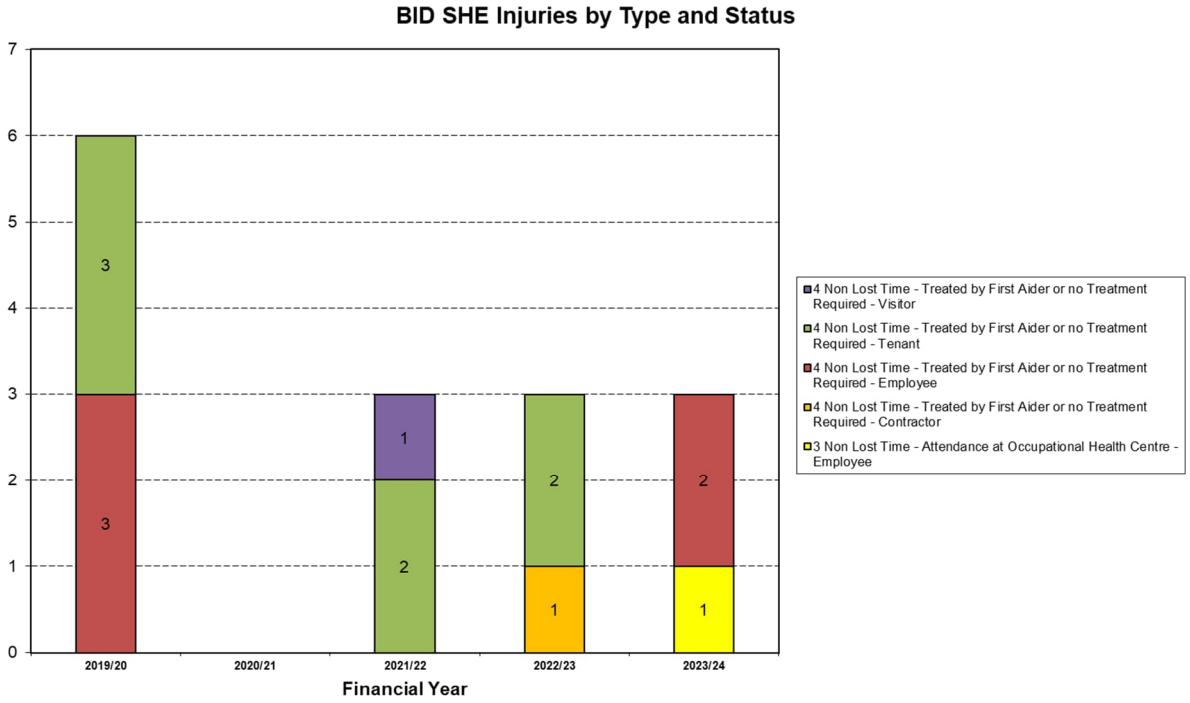



A comparative trend in numbers of reported site incidents, where BID has a presence, is made against the equivalent for STFC. Due to the different site and occupancy of DL and RAL, the larger site will always likely register more incidents; however, for the small number of reported incidents in BID, this does fluctuate. This can also be indicative of under-reporting near-miss incidents.



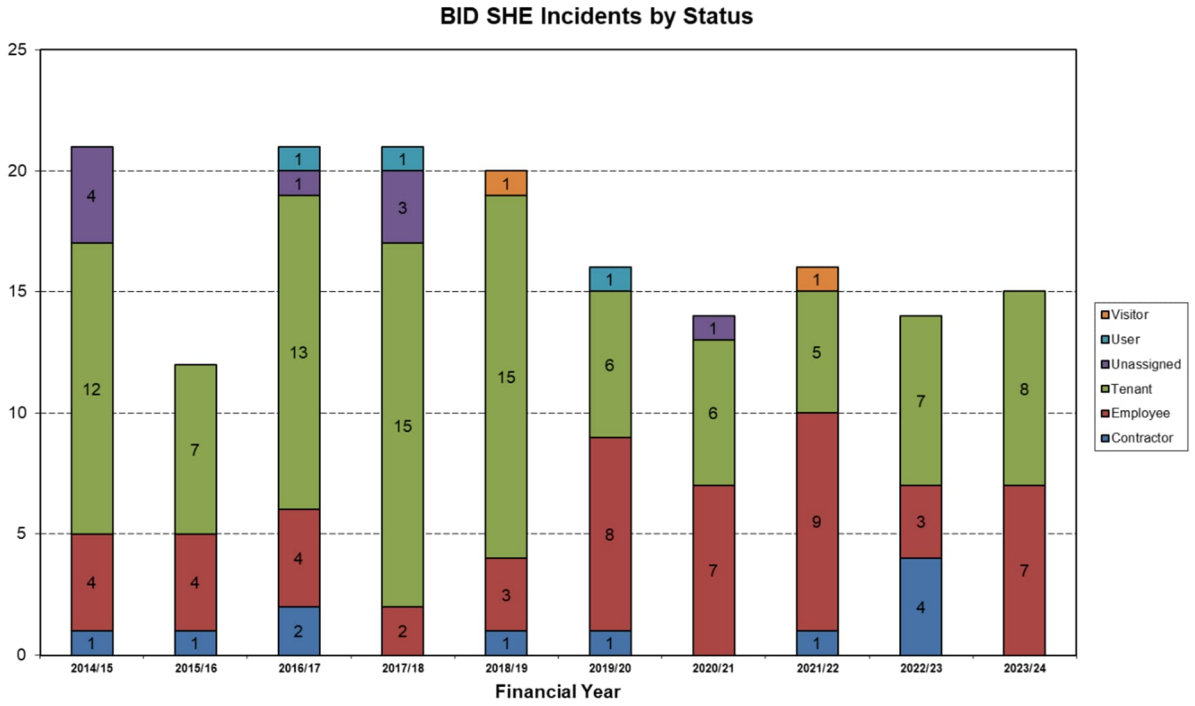

The small number of reported injury incidents resulted in no lost days. The number of minor injuries is very small, equating to about 3% of injuries reported in STFC.



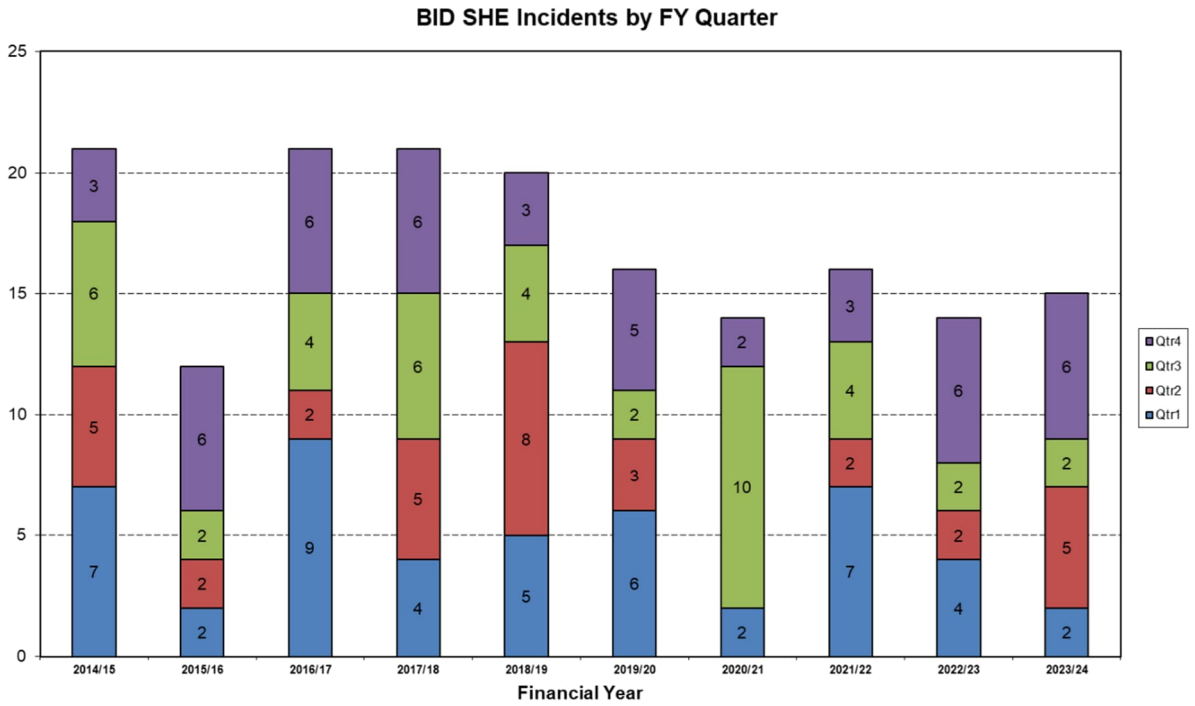

There has been a reversal of injuries over the last FY, with all occurring to staff.

The 3 injury incidents were: 1) a chair on wheels rolled away from the IP as they sat down causing them to hit the floor and bruise their coccyx; 2) a staff member was found unresponsive at their desk, due to exposure to solvents from Estates contractor activities; and 3) a deep cut to a thumb from using a piece of equipment that was unguarded.

The distribution of incidents by status i.e. staff, tenant, contractor etc. remains consistent.




In terms of when the incidents occur, there is no obvious pattern if the data is viewed per FY quarter.



## 3.2 Mandatory Health and Safety Training

The data below represents the training completion percentage at the end of March 2024, according to information recorded separately by the DSC, but incorporating SHE Group data as appropriate. This is **fourth consecutive year** where BID has successfully achieved 100% compliance by the end of the FY. The percentage completion to achieve acceptable (green) compliance set by UKRI is set to 90%.

| Department | Staff Nos. | Induction/ Refresher | Fire | Manual Handling | DSE (Training) | DSE (Self-assessment) | H&S BiteSize | Asbestos Essentials |
|---|---|---|---|---|---|---|---|---|
| **BID** | **101** | 101 | 101 | 101 | 101 | 101 | 101 | 101 |
| % Completion | | **100** | **100** | **100** | **100** | **100** | **100** | **100** |

**Green** > 90%
**Amber** 80% > x > 90%
**Red** < 80%

| Site | Staff Nos. | % Completion |
|---|---|---|
| DL | 44 | **100** |
| RAL | 53 | **100** |
| ROE | 4 | **100** |

The overall BID average of **100%** completion of Mandatory training, is the highest average for any Directorate, or sizeable department/division, within STFC. This achievement continues despite a number of staff changes. The BID Safety Officer/DSC used the proven active plan to make early contact, within about a week, with new starters enabling them, in general, to complete the required training before their job activities demand more of their time.

The refresher training, required every 5 years, was initially managed through the DSC reminding staff of training being due; however, during the year the Totara system actively sent automated reminders to those staff. Some staff were more resistant to completing the training which resulted in escalation to Line Managers or Division Heads and reporting at the BID Operations meeting.

## 3.3 Progress made in 2023-24 SHE Improvement Plan

This section contains some comparative information of measures that can be made to give a breakdown of any improvements attained. Due to the comparatively low number of incidents reported statistical analysis will not provide any meaningful information, but review of trends may give an indication of progress.

Review of previous year SHE performance includes:

- relevant lagging and leading measures
- comparison with recent years
- conclusions

**Lagging, or output, measures of SHE Performance**

| **Measure** | 2021/22 | 2022/23 | **2023/24** |
|---|---|---|---|
| Nos. of reported incidents | 16 | 14 | **15** |
| Severity of incidents: | | | |
| • Major (SoPS) | 2 | 0 | **1** |
| • Moderate | 3 | 4 | **8** |
| • Minor | 11 | 10 | **6** |
| Status: | | | |
| • Employee | 9 | 3 | **7** |
| • Tenant | 5 | 7 | **8** |
| • Contractor | 1 | 4 | **0** |
| • Unassigned | 0 | 0 | **0** |
| • Student/User/Visitor | 1 | 0 | **0** |
| Nos. of injuries reported to HSE | 0 | 0 | **0** |
| Nos. of RIDDOR incidents | 1 | 0 | **0** |
| Nos. of injuries | 3 | 3 | **3** |
| Days lost due to injury | 0 | 0 | **0** |
| Nos. of fires | 0 | 0 | **1** |
| Nos. of fire false alarms | 0 | 0 | **0** |
| Nos. of environmental incidents | 0 | 0 | **0** |
| Nos. of vehicle incidents | 3 | 0 | **0** |
| Nos. of radiation incidents | 0 | 0 | **1** |

**Leading, or input, measures of SHE Performance**

| **Measure** | 2021/22 | 2022/23 | **2023/24** |
|---|---|---|---|
| Nos. of near-misses | 9 | 11 | **10** |
| Nos. of safety tours completed to plan | 9 | 13 | **22*** |
| Nos. of hazardous conditions identified during safety tours | 57 | 66 | **102** |
| Number and Completion rate of actions arising from audits | 24/54% | 5/40% | **23/82%** |
| Proportion of risk assessments reviewed within the last 2 years | 81% | 95% | **23%** |
| Nos. of new and/or revised STFC risk assessments completed | 13 | 58 | **5** |

* Individual tours are now recorded by building or area and treated as separate tours, but may be conducted sequentially over a few days.

| | STFC SHE Objectives 2023-24 | Performance |
|---|---|---|
| 1 | **Health and Wellbeing**<br>Directors to review the mental health and wellbeing challenges within their department and enact suitable intervention(s) to address them, with a particular focus on middle management capability to manage mental health and wellbeing and recognising their own health and wellbeing. | Completed.<br>During BID Safety Management Committee meeting the occupational health data, provide by SHE Group, is reviewed to identify any trends or issues arising. No management referrals were made during 2023. |
| 2 | **Contractor Management**<br>Departments review the implementation of SHE Code 15: 'Control of Contractors' in their areas, as necessary ensuring that they have sufficient trained Contract Supervising Officers to appropriately supervise their contracted operations. | Completed.<br>Most project/ maintenance activities managed through Estates, hence they expected to manage the contractors. Specialised equipment maintenance is through BID. |
| 3 | **Fire Safety Strategy**<br>STFC sites begin a prioritised programme to establish a consistent set of fire strategies and fire risk assessments for STFC buildings, addressing the fire issues that arise from them. Identify and prioritise scientific infrastructure/assets and establish controls to protect them from fire damage. | On-going.<br>Consideration of the assets to protect are being reviewed in light of the Building fire strategies and FRAs being developed.<br>The BID SO is now a member of the STFC Fire Safety Working Group. |
| 4 | **STFC Chemical Safety Management**<br>Establish a functional STFC SHE committee for chemical hazards to take a lead on COSHH code development. Improve quality of COSHH risk assessments, addressing specific deficiencies identified. | On-going<br>The BID SO is now a member of the STFC Chemical Safety Working Group.<br>The materials held/used by BID are on an inventory list, and COSHH assessments being reviewed to meet the current STFC COSHH assessment template. |

| | BID SHE Objectives 2023-24 | Performance |
|---|---|---|
| 5 | **Training:**<br>• To maintain annual 95%, or greater, of all refresher mandatory training.<br>• To achieve 100% compliance at the end of the FY.<br>• Review additional non-mandatory SHE courses for both technical and non-technical staff. | All 7 mandatory SHE courses 100% completed, and all DSE assessments for work and home, as required, completed.<br>Non-mandatory SHE courses completed by staff as required, based on the activities and hazard profile associated with their role. |
| 6 | **Risk Assessments:**<br>• Identify and complete any new Risk Assessments required.<br>• Ensure Tenants are aware of their responsibilities for Risk Assessment of their activities.<br>• Based on restrictions and guidance relating to coronavirus, review travel Risk Assessments. | Completed.<br>A spreadsheet list of departmental risk assessments is uploaded to the BID hub such that all BID staff can readily identify activities assessed.<br>Tenant Safety documentation reviewed as and when required by the BID SO. |
| 7 | **Safety Tours:**<br>• Ensure all areas of BID are toured at least annually.<br>• Complete to plan all actions arising from SHE tours, SHE audits and SoPS incidents. | Tours Completed.<br>22 areas/buildings were covered by BID Safety Tours in Q3. A small number of actions remain outstanding, but the majority are for Estates or SHE Group.<br>The number of outstanding audit actions has been greatly reduced. |
| 8 | **Tenant Data & Training** | The update process by Business Incubation Support (BIS) staff to update SHE Group has |

| | | |
|---|---|---|
| | • Actively maintain up to date information for Tenant company employees. | been modified to allow for more regular updating of information.<br>Tenant completion rate 98% at RAL, 96% at DL, 84% at ROE. SHE Group tenant data corrected on a regular basis.<br>100% Completion for tenant new starters. |
| 9 | **BID Safety Management Committee attendance**<br>• All Division Heads to attend at least one of the quarterly BID Safety Management Committee meetings during the FY. | The majority of Division Heads attended at least one BID SMC meeting. |

### 3.4 SHE Risk Register

The departmental SHE Risk Register was last updated in November 2023. The risk of tenants not completing mandatory training was removed since this problem was solved, and replaced by fire compliance issues, which are currently being addressed.

| Risk Areas | Assessment of gross risk | | | Assessment of net risk | | |
|---|---|---|---|---|---|---|
| | impact | likelihood | | impact | likelihood | |
| i) Staff Wellbeing - Staff focusing purely on work, isolated and poor communication channels for home working staff. | High | Likely | HIGH | Moderate | Unlikely | MEDIUM |
| ii) Travel - Travelling between sites, to conferences exhibitions and external collaborators in UK and abroad. Driving. | High | Likely | HIGH | High | Very Unlikely | MEDIUM |
| iii) Operation of facilities affected by fire compliance issues e.g. R1 cleanrooms and R79 resulting in threat to life from fire | Major | Likely | V. HIGH | High | Unlikely | MEDIUM |
| iv) Tenants - use of chemicals, COSHH Assessments, and hazardous waste processes | Moderate | Likely | MEDIUM | Moderate | Likely | MEDIUM |
| v) Tenants - knowingly, or unknowingly, breaching UK legal and licensing requirements | High | Unlikely | MEDIUM | High | Unlikely | MEDIUM |
| vi) Lone working - staff, tenants on-site; staff off-site | High | Unlikely | MEDIUM | High | Very Unlikely | LOW |

## 3.5 Conclusions

The number of reported incidents is similar to recent years, typically about 15. The incidents were classified as follows: 1 major (SoPS) incident, 8 moderate incidents and 6 minor incidents recorded. While BID only has a comparatively small number of incidents reported, and therefore assessing the meaningfulness of absolute numbers is statistically difficult, the overall trend illustrated by the incident data (graph 2) over recent years highlights the increasing severity of incidents, with more classified as moderate than minor for the first time since BIDs formation as a department. There is also a significant ratio imbalance between the two major sites, DL and RAL, with the latter only having 1 minor incident but 5 moderate incidents.

BID has a fairly consistent number of reported near-misses, around 10 per year, but fluctuates across sites, resulting in a ratio of 1 'accident' (injury, damage, environmental etc) to 4 near-misses, where the ideal ratio should be about 1:20. Therefore, this, coupled with the increasing severity of incidents, points squarely to under-reporting of near-miss (minor) incidents. This needs to be addressed within the department.

**Incident Reporting**

**It is important that ALL incidents are reported since they provide opportunity for wider learning and improvement in health and safety management.** More regular communication and reminders will be issued throughout this FY.

The following link allows any staff, tenant, and contractor etc. to report an incident via the open STFC Portal into Evotix Assure:

**https://app.uk.sheassure.net/ukri/p/STFC_Open_Z7GHXvqMA5**

The above link can also be found on the STFC SHE website, on the menu bar:

https://staff.she.stfc.ac.uk/pages/staff/home.aspx

Fortunately the number of injuries sustained remains small, averaging 3 per year, and resulted in no lost time. The injuries for the department equate to about 3% of those reported at STFC.

Documented Risk Assessments totalled 86 records in Evotix Assure at the end of the FY. A small number were new or updated, meaning there majority will be reviewed during this year, to meet the minimum 2 year review period. These assessments provide moderate assurance that we are identifying further requirements where significant hazards are identified, new equipment is installed, new processes adopted and new staff are employed.

STFC conducts audits related to the specific SHE Safety Codes. There were 6 SHE Safety Code audits during the FY in which BID was in scope and participated. From these audits there were a total of 7 actions (2 minor and 5 recommendations) for potential improvements. BID also received 2 commendations for good practices. A significant number of audit actions had remained open from 2022-23, but these have now mostly been completed, so the department is in a good position in preparation for this year's audit programme.

The staff mandatory H&S training goal of being **100% compliant** at the end of the FY was achieved again, now for a **fourth consecutive year**; so, well done to the department!

## 3.6 Tenant Safety Requirements

Tenants are expected to comply with STFC policies and procedures as explicitly state within their lease (Section 5.2(h) and Annex C) in relation to STFC as the Landlord. The Lease states that tenants shall cooperate in all matters relating to Safety, Health and Environment, and Radiation.

The **Tenant Safety Handbook** (3 site-specific variations), by the BID Safety Officer, contains all the SHE information that tenants are expected to follow. New tenant companies are provided with copies at the start of their lease.

The tenant areas are subject to SHE tours as identified on the Safety Tour schedules outlined for BID and **STFC SHE Group reserves the right to stop operations within any area of the accommodation if the activity represents a significant risk to the undertakings of STFC.**

Both new tenants to our STFC campuses and those renewing their leases are required to undertake the combined single SHE training course prior to being issued with a site pass.

Although Tenants are responsible for undertaking their own risk assessments, the BID Safety Officer will actively engage with the tenants such that their documentation is of a sufficient standard to meet legislative and STFC SHE requirements, and periodically review their documentation to understand the hazards introduced, utilising a hazard matrix, and particularly any impact on fire management controls and building fire risk assessment. Tenants will provide, through local BID management or directly, the BID Safety Officer copies of all their relevant safety documentation. Prior tenant risk assessments will be reviewed for any new occupancy on STFC sites, for which there is a Pre-Tenancy Safety Assessment form; after they have started their work, and again 6 months after they have been working on-site. Biannual reviews will then be undertaken, unless there are incidents, concerns over operating practices, changes in legislation etc., which would require a more frequent review.

The STFC Fire Safety Manager and site Fire Safety Officers are responsible for managing the STFC Building Fire Strategies and building Fire Risk Assessments (FRAs) process. Building Fire Managers (BFMs) are responsible for monitoring action completion and any activities that could have significant fire related implications. A new STFC Fire Safety Working Group has been convened, to which the BID Safety Officer is a member. **The tenants are required to complete a simple FRA template form**, with the BID Safety Officer consolidating the responses and distributing it to the Fire Safety Officers for inclusion in the relevant building FRA.

# 4 2024-25 SHE Improvement Objectives and Plans

The objectives identified below incorporate the STFC Health and Safety objectives for 2024-25. The objectives set also take into account the risks identified in the BID SHE Risk Register where practical measures can be taken to reduce the risks.

**Grey** text in the table below relates to STFC objectives and actions not directly within BID control.

| | STFC SHE Objective | Plan | Actions/Measurements | By who | By when |
|---|---|---|---|---|---|
| 1 | **Improve Mental Health and Wellbeing**<br>Directors to review their Department's mental health and wellbeing developing suitable intervention(s) to address them, with a particular focus on middle management capability to manage, and recognise their own, mental health and wellbeing. | Director and senior management team to identify any wellbeing challenges within Divisions. Review requirements for middle management training to enhance capabilities to manage mental health support. Staff to include a specific health and wellbeing objective in their APR. | Review any data and trends from information provided by SHE Group, and make intervention, if required, to improve staff mental health and wellbeing issues and reduce staff mental health absences.<br><br>Review and record progress with health and wellbeing objective in staff APRs. | BID Senior Management<br><br>All staff | March 2025<br><br>Quarterly |
| 2 | **Improve Contractor Management**<br>Undertake a review and audit of the implementation of SHE Code 15: 'Control of Contractors'. Ensure Departments have sufficiently trained Contract Supervising Officers to supervise contracted works. | BID areas employing contractors engaged in physical operations on site will undertake a documented review of their implementation of SHE code 15 and have implemented actions arising from it. | Decrease the number of reported incidents associated with **contractors managed by BID** and operating on STFC sites. | ALL BID Managers | March 2025 |
| 3 | **Fire Risk Management System**<br>Develop a Fire Risk Management System including policy, guidance and processes. Though specialist contractor support complete and refresh building fire strategies and fire risk assessments and a system to manage, prioritise and track emerging | Divisions to identify and prioritise scientific infrastructure/assets and propose controls or seek advice to protect them from fire damage. | Number, %, of prioritised and agreed scientific infrastructure/assets protected.<br>Improving trend in reducing building FRA actions outstanding. | STFC Fire Safety Management Team and Working Group; Estates; SHE Group; | March 2025 |

| | | | | | |
|---|---|---|---|---|---|
| | actions to improve life and asset/property fire risk management. | Building FRA actions primarily reside with Estates to complete. BFMs to encourage Estates for completion. R1 Building cleanrooms are primary concern. | | BID Senior Management; BFMs (MB, ND, DW, MR) | |
| 4 | **Improve Chemical Safety**<br>STFC Chemical Safety committee to continue to develop COSHH code to improve quality of COSHH risk assessments. Identifying where Respiratory Protection Equipment (RPE) is required and completing associated face fit testing and link to OH monitoring. Pilot the use of Sypol software as part of a solution to manage STFC's COSHH risk assessments. | Implement any process, documentation, responsibilities as defined by the STFC Chemical SHE Committee*.<br>BID SO to be a member of STFC Chemical SHE Committee. | Number and quality of COSHH risk assessments reviewed; both BID and tenant assessments.<br><br>(Sypol, if adopted by STFC, would not be applicable to the tenant community. The BID SO will assess tenant COSHH compliance). | SHE Group; STFC Chemical SHE Committee; BID SO | March 2025 |

* There is currently a Chemical Safety Working Group, but as yet no formal committee with ToR.

| | Directorate SHE Objective | Plan | Actions/Measurements | By who | By when |
|---|---|---|---|---|---|
| 5 | **Training:**<br>• To maintain annual 95%, or greater, of all refresher mandatory training.<br>• To achieve 100% compliance at the end of the FY.<br>• Review additional non-mandatory SHE courses for both technical and non-technical staff. | Quarterly review of Learning and Development plans to recognise on-going safety training requirements from significant hazards their staff are exposed to.<br>Identify staff where department would benefit from attendance of:<br>• Non-technical managers;<br>• Technical managers, training course. | Division Heads to request their staff to review SHE training requirements record on Learning and Development plan. | Ric Allott<br>Barbara Ghinelli<br>Massimo Noro<br>Colin Cooper<br>Mark Roberts | Quarterly |
| | | DSC to maintain an overview of training completion. | DSC to provide updates to Departmental Director at Management meetings. | Mark Roberts | 6-weekly |
| 6 | **Risk Assessments:**<br>• Identify and complete any new Risk Assessments required.<br>• Ensure Tenants are aware of their responsibilities for Risk Assessment of their activities.<br>• Based on restrictions and guidance relating to coronavirus, review travel Risk Assessments. | Identify requirement for any new Risk Assessments. | Division Heads to identify any additional areas requiring Risk Assessment. Staff to forward drafts to BID Safety Officer for review.<br><br>Finalised Risk Assessments to be uploaded to Evotix Assure. | Division Heads, Line Managers, staff,<br>Mark Roberts | On-going |
| | | Monitor Tenant Risk Assessments as being 'suitable and sufficient'. | Tenants to provide, through local BID management, Risk Assessments as and when required by the BID Safety Officer. | Mark Roberts | Quarterly |
| | | Monitor UK and overseas travel guidance from UK Government and STFC, applicable to business travel. | Identify any additional measures required to travel, particularly abroad, and update/distribute Risk Assessment.<br>Particularly important for new starters who will travel on STFC business. | Division Heads, Mark Roberts | Monthly |
| 7 | **Safety Tours:**<br>• Ensure all areas of BID are toured at least annually.<br>• Complete to plan all actions arising from SHE tours, SHE audits and SoPS incidents. | Review Safety Tour schedules for ALL areas of BID.<br>Safety tours to be arranged and added to Outlook calendars. | All BID areas to be identified and added to a schedule programme.<br>Any additional areas added during reviews.<br>• I-TAC/ITAC-Bio at DL<br>• I-TAC MNT (Clean Rooms)<br>• Other Tenant Labs/offices | Line Manager, SHE Group, Mark Roberts | Annually |

| | | | | | |
|---|---|---|---|---|---|
| | | | • Atlas building<br>• R103 at RAL<br>• R104 at RAL<br>• CTH at DL<br>• AVO at DL<br>• BID staff offices<br>Particular attention to chemical inventories, fire safety, legionella sources, and tenant equipment requiring statutory inspection to be made. | | |
| | | Safety tours to be formerly recorded in Evotix Assure. | The Tour Leader will be responsible for entering tour findings and agreed actions in Evotix Assure. | Tour Leader | Quarter 4 |
| 8 | **Tenant Data & Training**<br>• Actively maintain up to date information for Tenant company employees. | Identify changes to tenant company employees, informing SHE Group and the BID Safety Officer.<br>As required, reconfirm employee names with the Tenant companies.<br>Define process of SHE Group/BID/Tenant communication. | Business Incubation Support (BIS) staff to keep an active list of changes to Tenant employees within companies, and comply with GDPR requirements.<br>DSC to initiate periodic check; BIS staff to perform the checks and return data to the DSC.<br>Tenant training compliance achieved through single online training course which is coupled to issuing a site pass. Numbers completing the course to be documented. | Mark Roberts<br>Claire Dalton & BIS staff | 6-monthly |
| 9 | **BID Safety Management Committee attendance** | Director and all Division Heads to attend at least one of the quarterly BID Safety Management Committee meetings during the FY. | Director and Division Heads to agree to attend **at least one** BID Safety meeting.<br>DSC to remind Division Heads of upcoming meetings. | Director<br>Division Heads<br><br>Mark Roberts | Quarterly |

# Appendix 1: SHE Audit Statistics

## "Rolling" Summary of SHE Audit Responses by Department and Audit

| Department | Hazardous substances | H&S management system | Management of contractors | Buildings and premises | COSHH | Lone working | Legionella | Radioactive waste | Electrical safety management | Controlling Pollution | Controlled and hazardous waste | All codes - Boulby Mine | Fire and Emergency Management | DSEAR | ING | CDM | Work at height | Manual Handling | PUWER | Pressure and Vacuum | Radiation at work | Swindon Office | Cryogenics | Confined spaces | Risk Management |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Report Issued | Mar-19 | Mar-20 | Aug-20 | Aug-20 | Feb-21 | Apr-21 | May-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | May-22 | Aug-22 | Aug-22 | Jan-23 | Feb-23 | Feb-23 | May-23 | Jul-23 | Sep-23 | Nov-23 | Nov-23 | Jan-24 | Mar-24 | Mar-24 |
| CLF | 0/0 | | 2/2 | 2/2 | 3/3 | 7/7 | 1/1 | | 2/2 | | 7/7 | | 2/2 | 0/0 | | 0/0 | 6/7 | 2/2 | 1/2 | 0/0 | 1/1 | | 2/2 | 1/3 | 0/2 |
| ISIS | 1/1 | | 1/1 | 1/1 | 1/1 | 7/7 | 3/3 | 4/6 | 2/2 | | 15/15 | | 8/8 | 2/2 | | 0/0 | 1/1 | 2/2 | 2/2 | 0/0 | 4/5 | | 2/3 | 0/2 | 0/8 |
| Digital Infrastructure | | | 8/8 | | | 7/7 | | | 4/4 | | | | | | | | | | | | | | | | 0/7 |
| Estates | 6/6 | | 18/18 | 20/20 | | 12/12 | 12/12 | | 13/13 | 3/5 | 13/13 | | 9/9 | 0/2 | | 7/7 | 4/6 | 2/2 | 2/2 | 2/2 | | | 1/5 | 2/6 | 0/14 |
| HR | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHE GROUP | 5/6 | 44/46 | 6/7 | 1/2 | 2/4 | 11/12 | 21/23 | 5/5 | 17/18 | 5/6 | 16/17 | 0/0 | 6/21 | 6/18 | | 6/7 | 4/4 | 2/7 | 1/1 | 3/3 | 6/6 | | 0/1 | 0/4 | 0/15 |
| TECHNOLOGY | 2/2 | | 1/1 | | 5/5 | 6/6 | 6/6 | 1/1 | 1/1 | | 12/12 | | 5/5 | 0/0 | | 6/6 | 1/1 | 1/1 | 2/2 | 2/2 | | | 3/7 | 1/2 | 0/7 |
| RAL SPACE | 0/0 | | 1/1 | 0/0 | 2/2 | 7/7 | 1/1 | | 2/2 | | 3/3 | | 7/7 | 4/4 | | 1/1 | 9/9 | 3/3 | 1/1 | 6/6 | | | 0/0 | 0/2 | 0/4 |
| ASTEC | 0/0 | | 3/3 | | 2/2 | 8/8 | 1/1 | | | | 1/1 | | 4/4 | 1/1 | | 0/0 | 4/4 | 0/0 | 2/3 | 1/1 | 0/0 | | 0/2 | 0/0 | 0/4 |
| UKATC | 0/0 | | 3/3 | 1/1 | 2/2 | 5/5 | | | 1/1 | 3/3 | 3/3 | | 3/3 | 2/2 | | 0/0 | 0/0 | 0/0 | 1/1 | 0/0 | | | 0/6 | 0/0 | 1/2 |
| SO - Programmes | | | | | | | | | | | | | | | | | | | | | | 5/10 | | | |
| Strat Plan & Comms | | | | | | | | | | | | | | | | | | | | | | | | | |
| PPD | | | | | | 6/6 | | | | | | 0/0 | | | | | | | | | 3/3 | | | | |
| SCIENTIFIC COMP. | | | | | | 7/7 | | | | | | | | | | | | | | | | | | | |
| FINANCE | | | | | | | | | | | | | | | | | | | | | | | | | |
| RCaH | 1/1 | | 2/2 | | | 16/16 | | | | | 6/6 | | 2/2 | 5/5 | | 0/0 | 0/0 | 1/1 | 0/0 | 0/0 | | | 2/3 | 0/0 | 0/4 |
| Cockcroft | 0/0 | | 0/0 | | | | | | | | | | | | | | | | | | | | | | |
| BID | 0/0 | | 2/2 | | 0/0 | 7/7 | 4/4 | | | | 7/7 | | 4/4 | 1/1 | | 7/9 | 0/0 | 3/3 | 1/1 | 0/1 | | | 0/0 | 0/0 | 0/2 |
| ING | | | | | | | | | | | | | | | 11/37 | | | | | | | | | | |
| Hartree | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bulby Mine | | | | | | | | | | | | 5/13 | | | | | | | | | | | | | |
| NQCC | | | | | | | | | | | | | | | | | | | | 0/3 | | | 0/1 | 0/0 | 0/5 |
| TOTALS | 15/16 | 44/46 | 47/48 | 25/26 | 17/19 | 106/107 | 49/51 | 10/12 | 42/43 | 11/14 | 83/84 | 5/13 | 50/65 | 21/35 | 11/37 | 27/30 | 29/32 | 16/21 | 13/15 | 14/18 | 14/15 | 5/10 | 10/30 | 4/19 | 1/74 |

| Shaded audit titles: | Coloured numbers: |
|---|---|
| Green - Substantial | Red - Awaiting management response |
| Yellow - Moderate | Amber - In progress with some actions remaining outstanding |
| Orange - Limited | Green - Completed |

There were 6 audit reports released covering BID operations during the FY, resulting in an additional 7 actions (2 minor, 5 recommendations), as well as 2 commendations.