Science and Technology Facilities Council
Scientific Computing

SHE Improvement Plan 2025-2026

1. EXECUTIVE SUMMARY

As in the previous year's reporting period, the total number of injuries within the Scientific Computing (SC) has remained very low. Recognising the one RIDDOR report was an unfortunate accident, the department's consistently low injury record is principally due to the nature of the work undertaken. However, the goal is still to reduce the total number of injuries to zero.

Compliance with mandatory training remains high and typically, in line with all organisational targets, which is most likely due to administration staff chasing non-compliance, and continued department wide reminders.

Safety is included the first agenda item on all department-wide webinars, which is helping to improve the safety culture of the department.

A significant proportion of the department staff continue to work in a hybrid manner and some staff working almost exclusively from home. With a significant number of working days spent at home, this poses some SHE challenges for staff working both onsite and within the home-office. SC continues to support staff hybrid working with equipment to ensure that their home workstations are suitable.

Near miss reporting has risen in recent years, demonstrating the departmental ethos for safety and wellbeing. Moreover, incident reporting (both near-misses and actual incidents) has also increased and is now closer to the pre-2020 normal levels.

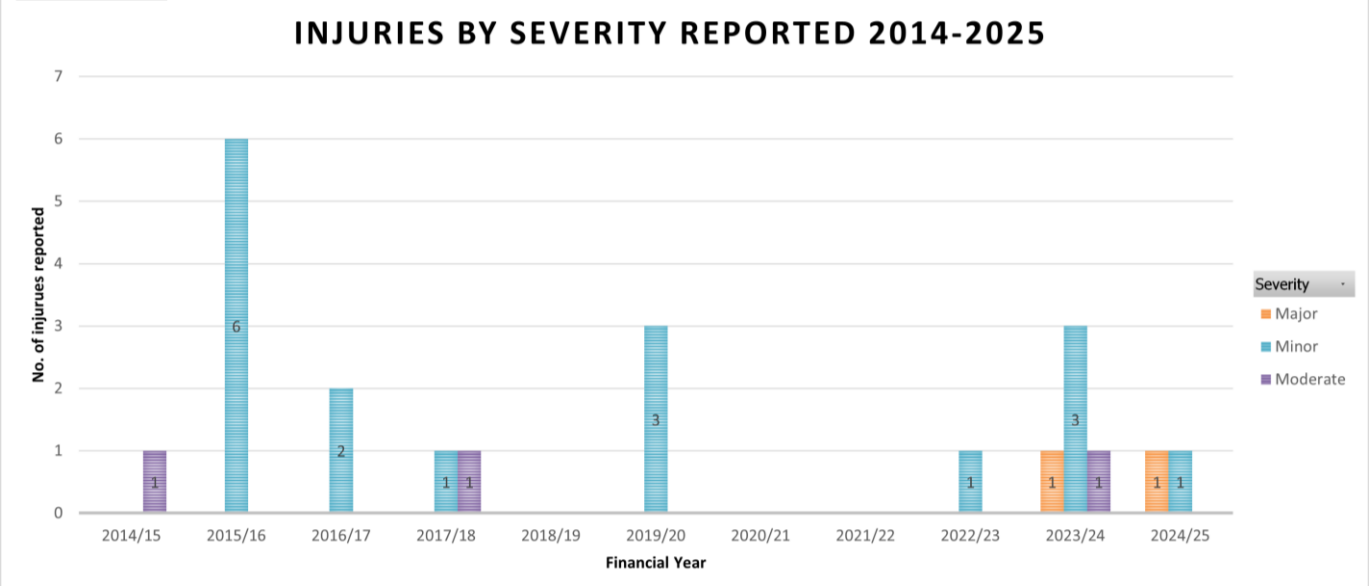
Safety tours are returning to normal with several undertaken in recent years.

2. REVIEW OF PREVIOUS YEAR

A review of both the lagging (output) and leading (input) measures of SHE performance is undertaken to monitor the effectiveness of the safety, health, and environment management and to drive improvement.

2.1 LAGGING INDICATORS - INJURIES

As can be seen from the graph below, the total number of injuries is the broadly similar year on year and is generally historically low. In an ideal world the lagging indicators would be zero, but the statistics are based on those injuries reported, and therefore, zero may an unrealistic expectation.



3.2 LEADING INDICATORS

3.2.1 MANDATORY TRAINING

One of the leading indicators is compliance with mandatory training. The table below shows a 3-year comparison:

	SHE Induction/ Refresher	Fire Safety	Electrical Safety	DSE Training	DSE Assessment	Safe Manual Handling	Asbestos Essentials	STFC H&S Management Arrangements
2024-2025	94%	94%	96%	88%	89%	92%	96%	96%
2023-2024	96%	94%	97%	96%	92%	93%	97%	97%
2022-2023	98%	98%	98%	97%	93%	98%	98%	98%

(The colour coding is green if ≥90% compliance, amber if in the range 80-95%, and red if below 80%.)

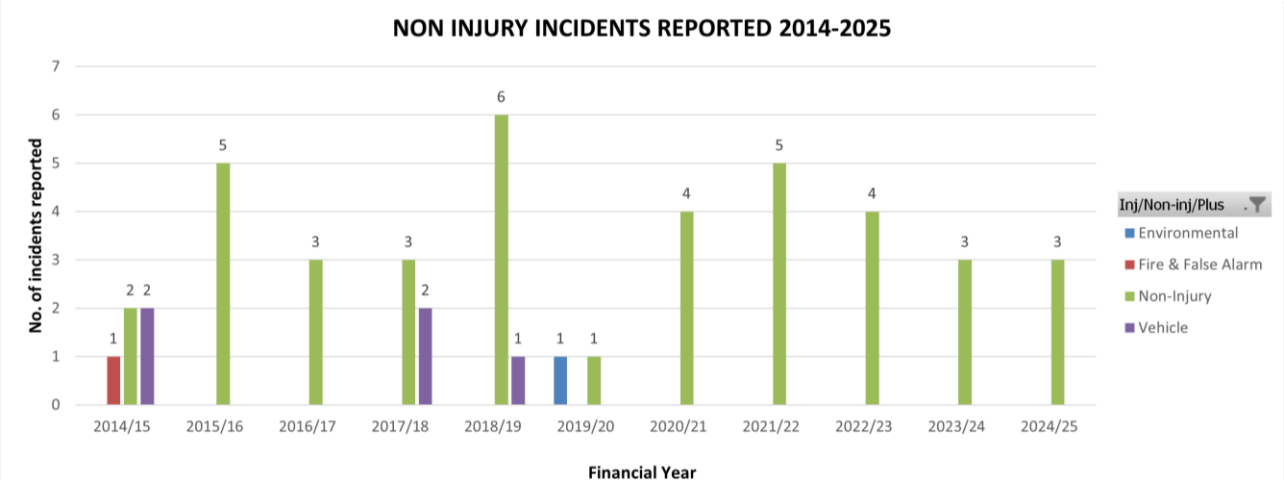
Compliance with mandatory training remains high, primarily due to the SC administration team actively following up with those people with outstanding mandatory training needs due to an EB focus on mandatory SHE training.

Recording the level of DSE assessment remains complicated by hybrid working for many staff, leading to an additional requirement for undertaking DSE assessments at home.

Theme and Programme Leads are reminded that it is each line manager's responsibility to ensure that their staff completes this mandatory training.

3.2.1 SHE NON-INJURY INCIDENTS

Identifying and investigating near-misses is a key element to finding and controlling risks before staff are injured. The information gathered through near-miss reporting is evaluated to determine root causes and inform hazard mitigation strategies. As can be seen from the below, the number of non-injury incidents reported remains low, with no emerging pattern.



3.3 CONCLUSIONS

Training completion levels remain high, largely due to the proactive actions of the department admin team

Reported injuries and non-injury related incidents remain low with no emerging pattern.

Focus on ensuring all incidents are reported is crucial to the accuracy of the data, its interpolation and moreover, to improve the safety of our staff.

Additional focus on achieving a minimum 90% compliance for both DSE training and assessments (both office and home related) is required during 2025-26.

3. SAFETY TOUR SCHEDULE

An annual cycle of safety tours is being embedded:

MONTH	LOCATION	SUPPORT TEAM PERFORMING REVIEW
MARCH	R61: Open Science offices and workspace	• A member of SC Executive Board • A Theme Lead working in the designated area under review • A union Representative • A SHE Advisor • At least one independent other from SC and/or DI
JULY	R89: First & second floors	
OCTOBER	DL Block B	
NOVEMBER	R71: Computational Maths offices and workspace	
JANUARY	R92: Computational Biology offices and workspace	

The reports from the tours are shared for comment with, and agreed by all attendees, prior to dissemination throughout SC via the departmental meeting schedule, and SC Hub.

4. FIRE SAFETY

SC spans two sites at DL and RAL and the fire management for each. At DL, the staff are located exclusively in B block where staff from other departments are also located. Consequently, the building safety, of which fire safety is a component, is managed centrally by estates and the SHE groups.

R89 is one of few buildings with fire suppression in the machine room, which is managed by DI.

BUILDING	BUILDING FIRE CO-ORDINATOR	FIRE WARDENS
R61	Feckson Kayumba	Foteini Karagianni
R71	- none listed in SHE Directory	- staffed by other departments
R89	Nick Hill Plus, DI Fire Co-ordinators	***First floor:*** Martin Bly Nick Hill Philip Jackson Peter Oliver Pam Slingsby
		Second floor: Alan Kyffin Plus, DI wardens
R92	Ryan Clark, RaCH	***Second floor, CCP offices & server room:*** Charles Ballard

Recent changes in guidance are reflected in the fire management strategy within SC. Each of the RAL buildings our staff occupy has a good coverage and complement of Building Fire Coordinators and Wardens, with the exception of R71.

The Building Fire Co-ordinators report to the STFC Fire Safety Committee, actively reviews the building fire risk assessment three times a year, and further to the launch of the new Fire Safety portal, will be required to submit written reports 11 out of 12 months.

5. OUTCOME OF SC07 CODE AUDIT

In February 2025, an audit of Code SC07 – SHE Improvement Planning was conducted. In its Executive Summary, the following requirements are noted:

- All STFC Departments are required to develop an annual programme of work aimed at improving their SHE performance. Plans should include qualitative objectives and quantitative targets for SHE improvement. Improvement action plans should be specific, measurable, achievable, realistic, and timed (SMART).
- All STFC Departments have SHE improvement plans in place. The scope and detail of the plans vary, but all meet the minimum requirements, and all Departments monitor their progress with their identified objectives.
- The plans are communicated to staff by various routes depending on the established departmental SHE communication streams.
- SHE Code 7 – SHE Improvement Planning, needs to be updated to encompass the additional processes, such as SHE risk registers, which have been introduced since the code was written.
- Copies of SHE Improvement Plans should be supplied to SHE Group for wider communication via the SHE Website, this process needs to be more robust as only half of departments have submitted them.

The following were the key findings for SC:

- The department has a SHE Improvement plan in draft.
- The plan is being developed by department safety contacts at each site and the Department Director.
- The finalised plan will be agreed by the Department Director.
- The development of the plan is considering – previous years plan; reviewing of other department plans for good practice; review of dept SHE risk register; previous incidents
- The finalised plan will be communicated to staff.
- Progress with the objectives will be monitored at Department safety committees.
- Progress on the plan is not specifically reported on. SHE highlights and priorities are communicated to all staff at monthly department webinars where SHE is a standing item.
- Depending on their role, some staff have an APR objective linked to an item in the improvement plan where relevant to them, including STFC SHE objectives.
- Suggested changes to SC7 - the policy does not need to change, but it was noted that as a department that runs a joint SHE committee with DI and Hartree, there are benefits to sharing the periodic reviews of SHE improvement plans, but the challenge that such reviews are not as focussed.

The following was detailed as an action for the Director of SC, and therefore, the DEB and Departmental SHE contacts:

Ref	**Observation and its risk/implication** (including cross reference to relevant SHE Code clause)	**Recommendation**	**Category**
7.13.1	The departmental review of current SHE performance was not documented. SC07 Appendix 1 gives detailed guidance on what should be covered in the review which is used to inform the Departmental SHE improvement plan. The code recommends that the review should be documented. (4.2.1)	Consider how best to record the annual review of departmental SHE performance and if a single document would be beneficial.	**Recommendation**

SC notes this recommendation; both DSCs have input to this improvement plan and risk register and will report quarterly on the progress of the department's objectives and risk management.

6. SCIENTIFIC COMPUTING DEPARTMENT SHE IMPROVEMENT OBJECTIVES 2025-26

This year it is intended that the SHE improvement objectives will seek to address the issues recorded in the SC departmental SHE risk register (Appendix A), and as appropriate the STFC SHE objectives 2025-26 (Appendix B):

FOCUS	Assessment of control effectiveness	OBJECTIVE	Measurable	When
Home working (Isolation, mental health, musculoskeletal issues, etc.)	***Poor***	1. Embed the culture and practices that continues to support hybrid working, including both home working and flexible desking, to ensure the risk of muscular-skeletal issues is managed.	• Annual completion of home DSE assessment for those working 3 or more days per week at home, exceeds 90% • Annual training for DSE & DSE assessments exceeds 90%	• Quarterly review during 2025-26 • Annual review, April 2026
		2. Provide and share clear signposting to a. DSE training b. DSE assessment c. Wellbeing information	• Quarterly DSE training statistics reviewed and followed up when below 90% • DSE and wellbeing information signposted on SC Hub.	• Quarterly during 2025-26 • Information available to all by end of June 2025 • Email prompt circulated to all every six months
		3. Review the practice of team and one-to-one catchups to ensure that all staff are regularly engaged to reduce the risk of isolation or poor mental health.	• All theme & programme groups have catch-ups at least monthly. • All staff have the opportunity of a one-to-one catch-up at least monthly.	• Baseline data reviewed by end of June 2025 • Mid-year review data again by end of October 2025 • Annual review, April 2026

FOCUS	Assessment of control effectiveness	OBJECTIVE	Measurable	When
Wellbeing - Stress	***Medium***	1. Identify and train a minimum 28 Wellbeing Allies, 10% headcount of the department in line with STFC SHE objective 1, 2025-26, providing a good coverage across all sites.	• Identify 28+ members of staff across all themes for training. • 28+ staff are trained or scheduled to be trained.	• Identification complete by end of July 2025 • Review of training data, April 2026
		2. Provide and share clear signposting to a. Welling allies b. Wellbeing resources	• Wellbeing information signposted on SC Hub, and posters displayed.	• Information available to all by end of June 2025 • Email prompt circulated to all every six months
		3. Demonstrate the measures are supporting staff appropriately.	• Comparison of the UKRI people survey data shows a reduction on the previously reported 31% • Oracle absence data shows a reduction in stress-related staff absences.	• Review comparative People survey data by end of August 2025 • Review comparative absence data by end of April 2026

FOCUS	Assessment of control effectiveness	OBJECTIVE	Measurable	When
Contractor management	***Medium***	Noting that primarily, SC contractor management role is typically one of liaison in relationship with DI, Estates, and SHE, in line with STFC SHE objective 3, 2025-26: 1. Carry out training needs analysis (Appendix 2 of SC10) to correctly identify staff who manage or liaise with contractors. 2. Those identified review the text of SHE Code 15 (and/or use Appendix 6) and submit comments to DSCs e.g. a marked-up version. 3. Those identified as managing or liaising with contractor, to undertake relevant training and ongoing coaching, and where appropriate, provide formal CSO appointment and registration on the SHE Directory.	• DEB/DSCs perform training analysis to identify the correct staff. • Identified staff review SHE Code 15 and share comments with DSCs for a single department submission to the SHE group. • Identified staff undertake relevant training.	• Identification staff completed and documented by the end of July 2025 • Review submitted to SHE group by the end of September 2025 • Relevant training completed by 100% of staff identified by end of April 2026

APPENDIX A: SUMMARY OF Departmental SHE Risk Register 2025-26

Risk Areas	Assessment of gross risk		Assessment of control effectiveness	Assessment of net risk		Assessment of control effectiveness
	Impact	Likelihood		Impact	Likelihood	
i) Home working (Isolation, mental health), musculoskeletal issues, etc.)	**H**	**VL**	Very High	**Mo**	**VL**	***Medium***
ii) Wellbeing - Stress	**H**	**L**	High	**Mo**	**L**	***Medium***
iii) Contractor management	**Mo**	**L**	Medium	**Mo**	**U**	***Medium***
iv) Extensive workstation use	**Mo**	**L**	Medium	**S**	**L**	***Low***
v) Business travel	**Mo**	**L**	Medium	**Mo**	**U**	***Medium***
vi) Work in Data centres	**Mo**	**L**	Medium	**S**	**L**	***Low***

Harm / impact					
	Major	High	High	V High	V High
	High	Med	Med	High	V High
	Moderate	Low	Med	Med	Med
	Slight	Low	Low	Low	Low
		Very Unlikely	Unlikely	Likely	Very Likely
		Likelihood			

APPENDIX B: PROPOSED STFC SHE OBJECTIVES 2025-6

Theme	Target and associated KPI
1. Improve Mental Health & Wellbeing	1. Departments to nominate and train a minimum of 10% Wellbeing Allies in accordance with department numbers.
2. Improve COSHH compliance - controlling exposure to respiratory hazards	The term Local Exhaust Ventilation (LEV) systems encompasses a family of engineering controls which are commonly used in workshops and labs to control exposure to respiratory hazards. It includes, for example, flexible capture hoods (Nederman arms), receiving hoods (canopies), down draft tables, partial enclosures (spray booths, fume cupboards, microbiological cabinets). Used correctly they can be very effective, but each type has its limitations. 1. 100% of users of LEV to complete the online training on Local Exhaust Ventilation Systems on Totara. 2. Line Managers to identify all COSHH assessments where RPE is required as an additional control to supplement other control measures, specifying RPE in terms of protection factor and type of filtration required. - 100% of relevant line managers to read the guidance of the selection use and maintenance of RPE (SHE SharePoint) - 100% of relevant line managers and RPE users to complete training on RPE face fit testing (as identified) - 100% of relevant line managers to confirm that 100% of RPE users have been face fit tested (as identified).
3. Contractor Management	SC15 is being reviewed by SHE Group to evaluate its effectiveness. The review would benefit greatly from departments reviewing practices within their area of operation and providing commentary on what works and what needs improvement. 4. 100% of departments who manage contractors review the text of SHE Code 15 (and/or use Appendix 6) and submit comments to SHE Group e.g. a marked-up version. 5. 100% of departments that use contractors to carry out training needs analysis (Appendix 2 of SC10) to correctly identify staff who manage contractors. 6. 100% of staff who are identified as managing contractor, to undertake relevant training and ongoing coaching, and provide formal CSO appointment and registration on the SHE Directory.
4. Risk Assessment	1. 100% of moderate and SoPS rated incidents to result in a review of relevant risk assessments, e.g. activity, COSHH, etc. and these reviews to be documented on the risk assessment form or review section of Evotix Assure. 2. % of staff who are line managers to have (in date) in-person risk assessment awareness training (valid for 5yrs). Note: staff who have completed the 3-day SHE Tech Managers course have satisfied this objective.
5. Tenants, Users, Visitors	1. 100% of Tenants, Users and (unescorted) Visitors to have completed the relevant site and laboratory inductions. 2. 75% of staff who manage tenants to complete the SHE 3-day Technical Managers or half day Non-Technical Managers course depending on the hazard profile of their Dept.