



Science and
Technology
Facilities Council

SAFETY, HEALTH & **ENVIRONMENT** **IMPROVEMENT** **PLANNING**

Safety Code No 7

Issue No 1.5, April 2026

Revisions

1	Initial Issue	February 2007
1.1	Changed CCLRC->STFC	February 2011
1.2	Amendments to audit checklist	May 2013
1.3	Add Document retention policy appendix	December 2014
1.4	Very minor change to wording in Appendix 1	October 2016
1.5	Additional text was added regarding: • Supplying SHE Improvement Plans to SHE Group for review; and • Supplying Departmental Risk Registers to SHE Group for review. General formatting changes and grammatical errors were also addressed.	April 2026

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SHE Improvement Planning

1. PURPOSE

To define how STFC SHE Improvement Plans are prepared on a Council and Department basis to drive continuous improvement in SHE performance within the STFC.

2. SCOPE

All STFC operations/activities.

3. DEFINITIONS

3.1 SHE Improvement Plan

An annual documented programme of work drawn up for an organisational unit, for example Council, Department, Group, or Team, aimed at improving its SHE performance. Plans should include the qualitative goals/objectives and/or quantitative targets for SHE improvement and the plans to ensure these are achieved. Plans should be Specific, Measurable, Achievable, Realistic and Timed (SMART)

4. RESPONSIBILITIES

4.1 STFC Executive Chair (EC):

4.1.1 Shall ensure that an annual Council SHE Improvement Plan is established, consisting of qualitative goals and objectives and where possible quantitative targets to drive SHE performance improvement, and that sufficient resources are made available to ensure its delivery. Council improvement plans should take account of the activities planned for the year covered by the plan; and be based upon a documented assessment of current SHE performance (including injuries and near misses) and other information such as audit reports, the results in safety tours and incident investigations. Plans should be developed and be consistent with the financial year planning and budgeting cycle. Appendix 1 provides an outline of the format and content of SHE Improvement plans.

4.1.2 Shall ensure that the SHE Improvement Plans are communicated to Directors to establish the context for cascaded Department SHE improvement plans.

4.1.3 Shall ensure that the Council SHE Improvement plans are reviewed regularly, at least 6 monthly, understanding progress and as appropriate identifying additional goals and plans.

4.2 Directors:

4.2.1 Shall ensure that annual Departmental SHE Improvement Plans, consisting of qualitative goals and objectives and where possible quantitative targets for improving SHE performance, are established and plans to ensure their delivery are resourced. Departmental improvement plans shall take account of the forward work programme and be based upon a documented assessment

of current SHE performance including injuries, near misses, audit reports, safety tours, and incident investigations. Plans should be developed within and be consistent with the financial year planning and budgeting cycle. Appendix 1 provides an outline of the format and content of SHE Improvement plans.

4.2.2 Shall, as appropriate, promote the development of consistent and cascaded SHE Improvement plans at lower organisation unit levels within their areas of responsibility for example at Group level.

4.2.3 Shall ensure that the SHE Improvement Plans are communicated to employees such that managers may lead the development of cascaded SHE Improvement plans for their area of responsibility and that staff have the opportunity to contribute to the delivery of Departmental plans.

4.2.4 Shall ensure that a review of the SHE Improvement plans is conducted at an appropriate frequency, at least 6 monthly, understanding progress and as appropriate identifying additional goals and plans. The results of such reviews should be shared with staff to ensure understanding of progress and encourage further input.

4.2.5 Shall ensure their department supply SHE Improvement Plans to SHE Group on an annual basis, in order to allow SHE Group to review the plans and to communicate these plans through the SHE Website and other means.

4.2.6 Shall ensure their departments carry out an annual review of Departmental SHE risk registers and supply a copy to SHE Group for review. Objectives set in the SHE Improvement Plans should also take note of findings from departmental SHE risk registers.

4.3 Head of SHE Group:

4.3.3 Shall proactively review Departmental SHE Improvement Plans to monitor of progress in the delivery of Departmental SHIPs and/or the underlying metrics.

4.3.1 Shall review and monitor progress in the delivery of the Council SHE improvement Plan reporting progress to the EB SHE Sub-committee quarterly and to the Council and its audit committee quarterly.

4.3.2 Shall give relevant information and advice on the content of plans, the relative priority of different initiatives, successful approaches taken by other organisation, guidance from central government and HSE, and any other relevant issues, as requested.

4.3.3 Shall review and monitor Departmental SHE risk registers and use them as guidance when setting annual SHE Objectives within SHE Group.

4.4 All employees

4.4.1 Should participate in the consultative process for the preparation and implementation of the SHE Improvement Plans at Departmental or other levels.

4.4.2 Should review their possible contribution to SHE Improvement Plans during their Annual Performance Review (APR).

4.4.3 Should help with Departmental risk register review processes, as and when appropriate.

Appendix 1: Format and content of SHE improvement plans

The following guidance applies equally to consideration of safety, health and environmental (SHE) performance and improvement. The balance between safety, health and environment issues in SHE plans will depend on the hazards faced by the organisation.

Targets

Relevant measures should be established to monitor the effectiveness of the safety, health and environment management, to drive improvement in performance or to monitor maintenance of current performance. Wherever possible these measures should be quantitative so that progress can be reviewed unambiguously and targets established for their performance.

These measures should include both leading and lagging indicators of performance. The following lists are not intended to be exhaustive but provide a basis for consideration.

Examples of **lagging**, or output, measures of SHE performance include:

- Nos. of injuries reported to the HSE (RIDDORS);
- Nos. of injuries – categorised by their severity, lost time, hospital treatment, first aid treatment, etc.;
- Days lost due to injury;
- Nos. of reported instances of occupation ill health;
- Nos. of attendances at Occupational Health;
- Days lost due to occupational ill health;
- Nos. of fires;
- Nos. of environmental incidents;
- Nos. of prosecutions for breach of environmental consents;
- Nos. of breaches in environmental consents;
- Volume of hazardous waste;
- Volume of non-hazardous waste;
- Utility usage e.g. water, electricity, gas/oil, etc.;
- Settlement costs for health and safety claims;
- Radiation exposure levels; and
- Radiation exposure above established controls.

Examples of **leading**, or input, measures of SHE performance include:

- Nos. of HSE reportable dangerous occurrences (RIDDORS);
- Nos. of SHE near misses (assessed by their severity);
- Nos. of safety tours completed to plan;
- Nos. of hazardous conditions identified during safety tours;
- Completion rate for actions arising from safety tours;
- Emergency exercise completed to plan;
- Actions arising from emergency exercises;
- Completion rate for actions arising from emergency exercises;
- Nos. of SHE code audits completed to plan;
- Nos. of deficiencies raised during audits;
- Completion rate of actions arising from audits;
- Days spent in SHE training;
- Completion rate for refresher SHE training;

- Nos. of failures in registered equipment items e.g. lifting equipment, pressure vessels, local exhaust ventilation systems;
- Proportion of risk assessments reviewed within the last 2 years; and
- Nos. of risk assessments completed.

Plans

Based upon the measures employed to monitor SHE performance and performance targets plans should be developed. Plans should be SMART describing how, when and by whom the activity will be achieved.

Format of Departmental SHE Improvement Plans

1. Executive Summary

- Overview of the previous financial year's SHE performance, key learning, and the objectives and targets established for the forthcoming financial year.

2. Review of previous year SHE performance

- Relevant lagging and leading measures;
- Comparison with recent years;
- Conclusions.

3. SHE improvement targets and plans for forthcoming year

- Based upon the review of previous year SHE performance, establish the objectives and/or targets for the coming financial year;
- Identify the SMART actions that need to be planned to deliver the objectives and/or targets.

Appendices

- All basic data upon which the review, conclusions and improvement plans are based included for reference.

Appendix 2: Audit Checklist

Ref.	Item	Rating	Comments
1 (Section 4.1.1)	Is there a SHE improvement plan for the STFC reviewing past performance and establishing objectives for the coming year?		
2 (Section 4.1.2)	Has the CEO approved the plan and shared with Department Directors?		
3 (Section 4.1.3)	Has progress in delivering the STFC SHE Improvement plan been reviewed 6 monthly?		
4 (Section 4.2.1)	Are there SHE improvement plans for all BU/Departments reviewing past performance and establishing objectives for the coming year and consistent with the STFC objectives?		
5 (Section 4.2.3)	Has the Director approved the plan and communicated the plan within the Department?		
6 (Section 4.2.4)	Has progress in delivering the Department SHE Improvement plan been reviewed 6 monthly?		
7 (Section 4.4.1) (Section 4.4.2)	Are staff within the Department aware of the Department SHE Improvement plan and their contribution?		
8 (Section 4.4.2)	Are there examples of SHE APR objectives related to the Department SHE improvement plans?		

Appendix 3: Training

There are no specific training requirements for this Code other than a detailed understanding of the Code itself by those who own and implement it.

Appendix 4: Document Retention Policy

Records Established	Minimum Retention Period	Responsible Record Keeper	Location of Records	Comments/Justifications
STFC SHE Objectives	Current + 5 years	SHE Group	Local Records System	
Departmental SHE Improvement Plans	Current + 5 years	Line management	Local Record System	
Staff APR Records	Current + 5 years	Line Management	Local record system	