Science and Technology Facilities Council
Scientific Computing

SHE Improvement Plan 2026-2027

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.

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.

Safety tours were conducted and their results discussed, although reports were slow to be published. Significant efforts were made to improve housekeeping in R71 and R89, as a result.

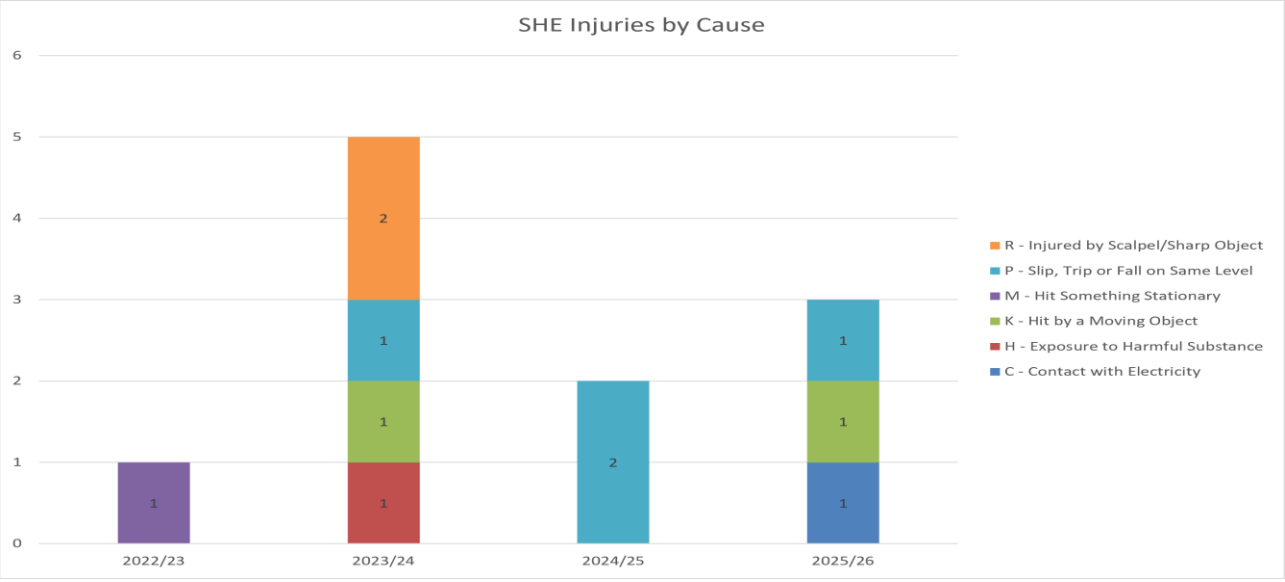
As a department SC continues to embrace a positive, pragmatic attitude towards safety, health, and the environment, borne out by receiving an incredibly rare SHE commendation.

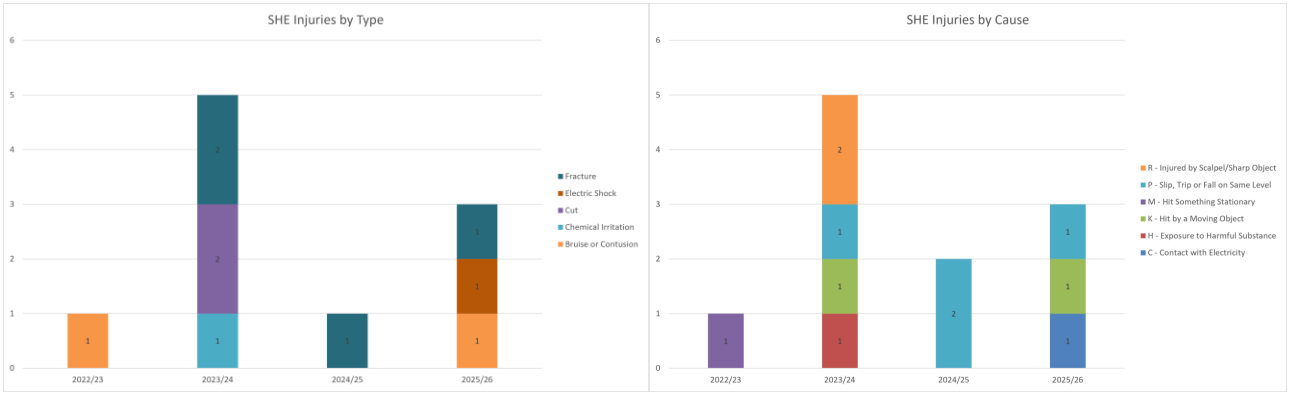
2. REVIEW OF PREVIOUS YEAR

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, is historically low, and there is evidence of a downward trend.





Moreover, as can be seen from the type and cause analyses, by their nature, there remains variability, but it is important to note that the number impacted is less than 10% of all Scientific Computing staff.

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	Safe Manual Handling	DSE Training	DSE Assessment	Asbestos Essentials	STFC H&S Management Arrangements	Electrical Safety
2025-2026	95%	96%	94%	96%	96%	87%	98%	86%
2024-2025	94%	94%	92%	88%	89%	96%	96%	96%
2023-2024	96%	94%	93%	96%	92%	97%	97%	97%

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

It is important to note that the dip for both Asbestos Essentials and Electrical Safety are due to SHEG amending the retraining cycle from 50 to 5 years.

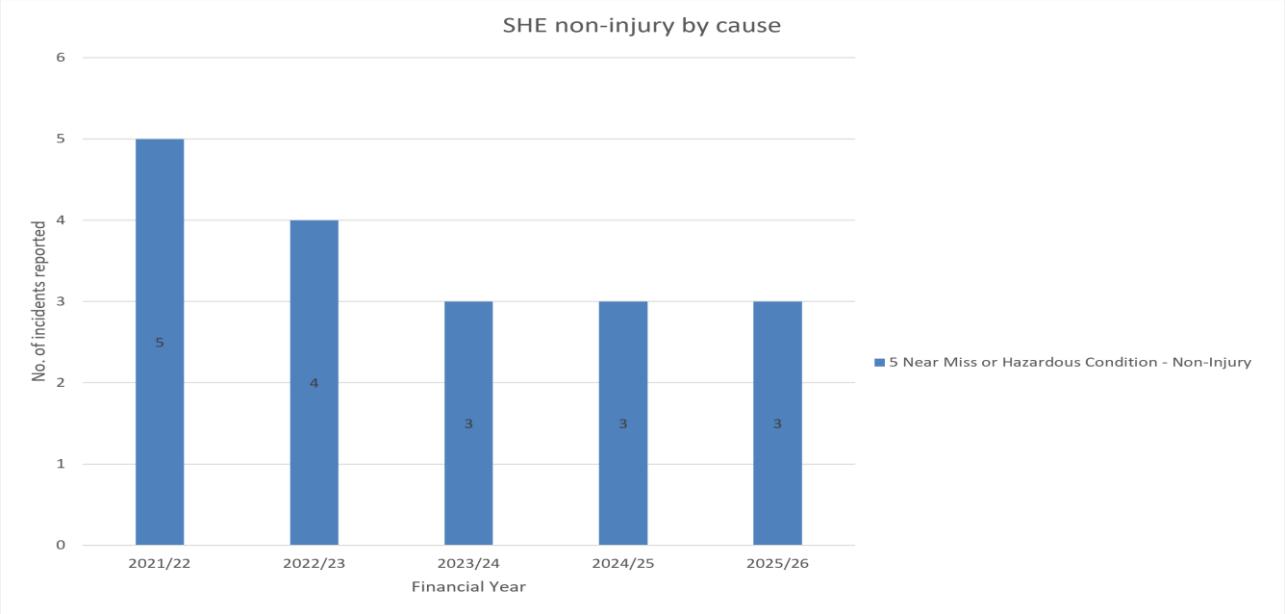
The action taken by DEB to require mandatory annual DSE assessments for those working three or more days a week at home has seen an improvement in the department's statistics and a greater awareness of all staff for the DSE assessment.

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.

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 and maintaining a minimum 95% compliance for both DSE training and assessments (both office and home related), Asbestos Essentials and Electrical Safety is required during 2025-26.

3. SAFETY TOUR SCHEDULE

An annual cycle of safety tours is being embedded:

MONTH	LOCATION	SUPPORT TEAM PERFORMING REVIEW
JULY	DL Block B	• 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
AUGUST	R61: Open Science offices and workspace	
OCTOBER	R89: First & second floors	
DECEMBER	R71: Computational Maths offices and workspace	
FEBRUARY	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.

Recent changes in guidance are reflected in the fire management strategy within SC.

Due to staff changes, R89 remains the only RAL building that our staff occupy to have a good coverage and complement of Building Fire Coordinators and Wardens. SHE Fire team are aware of the changes and challenges and maintain a watching brief.

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.

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

Contingency planning is in place for the retirement of the current R89 Building Fire Co-ordinator in the summer, and for additional fire wardens to be appointed due the forecast increase in occupancy in R89.

5. SHE AUDIT COMMENDATION

In March 2026, further to SC taking on board the previous recommendations of SC07 audit and more broadly, its participation in the All-Codes review, the department were awarded a commendation as follows:

Through the awarding of recommendations, the STFC SHE Audit programme provides the opportunity for us to improve the SHE Codes so that they reflect both current statutory requirements and their function within STFC. They are a great way of us building on an established safety culture.

Occasionally, the audits award us with commendations for activities seen as 'Good Practice', exceeding the responsibilities prescribed within the SHE Codes. The recent All Code Audit is an example of this, emphasising the excellent work Scientific Computing undertake in managing the compliance with safety codes within STFC.

COMMENDATIONS –

- *Although many of the activities undertaken by the departments are low risk, it was pleasing to note that there is extensive use of Evotix Assure to store current and archived risk assessments. It is important that line managers are aware of the risk assessment process and those who attend the training for non – technical managers will benefit from the risk assessment module. As such, it was noted that within Scientific Computing there are 39 staff who have completed the half day non-technical manager's course. (7.1.2)*
- *Health and safety matters are discussed widely by managers and staff in local management meetings and all discussion of SHE matters is referred to the quarterly safety management committee meetings. (7.1.3)*

6. SCIENTIFIC COMPUTING DEPARTMENT SHE IMPROVEMENT OBJECTIVES 2026-27

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 2026-27 (Appendix B):

FOCUS	Assessment of control effectiveness	OBJECTIVE	Measurable	When
Home working (Isolation, mental health, musculoskeletal issues, etc.) **SHE Obj.3**	***Medium***	1. Further 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.	• Deliver awareness campaign promoting good posture, workstation setup, and exercise. • Improve reporting of muscular-skeletal issues. • Ensure new IT equipment is PAT tested in a timely manner.	• Quarterly poster for DSE assessment, exercise and posture. • Bimonthly review of DSE assessments.
		2. Maintain programme of annual home DSE	• Ensure home workers complete annual DSE to above 90%	• Monthly monitoring of completion and training records.
Wellbeing – Stress **SHE Obj.3**	***Medium***	1. Seek to train and appoint an additional 10 wellbeing leaders from Theme & Programme Leads, and DEB	• Review coverage of senior staff. • Encourage Theme & Programme Leads and DEB in appropriate venues.	• Bimonthly monitoring of training records .
		2. Maintain signposting to wellbeing allies and resources	• Monthly well-being emails, regular posters communicated via email and at SC monthly webinar.	• Monthly monitoring emails sent. • Anecdotal feedback received via catchups.

FOCUS	Assessment of control effectiveness	OBJECTIVE	Measurable	When
Business Travel **SHE Obj.4**	***Medium***	1. Review travellers from 2025-26 and ensure all have completed International SoS training	• Encourage training at SC Monthly Webinars. • Review training statistics held by contract managers to identify those individuals who should complete the training.	• Quarterly review statistics related to forms submitted for travel.
		2. Introduce a programme for all remaining travellers to complete the International SoS training.	• Deliver training and information sheets on how to access the training without additional costs.	• Quarterly review of risk assessments and RA extracts of forms submitted for travel.
Contractor management **SHE Obj.1**	***Medium***	1. Embed practices adopted by maintaining a register of designated individuals and training completed.	• Record of number of designated individuals and training levels.	• Quarterly review of training records and register. • Six-monthly review of needs assessment with Theme Leads.
Risk Management **SHE Obj.2&5**	***Low***	1. Review general risk measures and associated assessments for non-travel related activities, including COSHH	• Monitor incidents. • Review COSHH assessments for supplies held in stationery cupboards and kitchens. • Educate purchasers to download and share the data sheet and RA for products at the point of purchase.	• Quarterly review of COSHH files held in each SC building. • Quarterly review of COSHH files on Evotix.
		2. Review event risk assessments and practice to ensure future compliance with Martyn's Law	• Workshop with events coordinators to ensure practice reflects legislation. • Share guidance note for all SC staff to adhere to.	• Workshop by end of September. • Quarterly review of event risk assessments.
		3. Undertake a full review of SHE Directory to ensure more than 90% of safety roles are filled and deputised.	• Check SHE roles in department are assigned and people are trained.	• Review up to end of September 2026 with Quarterly checks thereafter.

APPENDIX A: SUMMARY OF Departmental SHE Risk Register 2026-27

Risk Areas	Assessment of GROSS risk			Assessment of Control Effectiveness	Assessment of NET risk		
	Impact	Likelihood			Impact	Likelihood	
i) Home working (Isolation, mental health), musculoskeletal issues, etc.)	**H**	**VL**	Very High	**SATISFACTORY**	**Mo**	**VL**	***Medium***
ii) Wellbeing - Stress	**H**	**L**	High	**SATISFACTORY**	**Mo**	**L**	***Medium***
iii) Business travel	**Mo**	**L**	Medium	**PARTIALLY SATISFACTORY**	**Mo**	**U**	***Medium***
iv) Contractor management	**Mo**	**L**	Medium	**PARTIALLY SATISFACTORY**	**Mo**	**U**	***Medium***
v) Risk management	**Mo**	**L**	Medium	**SATISFACTORY**	**Mo**	**L**	***Low***
vi) Extensive workstation use	**Mo**	**L**	Medium	**SATISFACTORY**	**S**	**L**	***Low***
vii) Work in Data centres	**Mo**	**L**	Medium	**SATISFACTORY**	**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: STFC SHE OBJECTIVES 2026-7

SHE OBJECTIVES 2026/27

Science and Technology Facilities Council



1. **Improve Contractor Management**: A new half day contractor management course has been developed for staff who manage contractors carrying out short-duration work on site, such as chiller servicing, routine maintenance, inspections, or minor repairs.
   - 100% of staff in each department who require this training identified
   - Once identified, these staff are registered with SHE Training to attend the next available course.



2. SHE Directory and Resilience: Depts to review SHE Directory to check it is up to date with all current staff. Review 100% of roles to ensure there is suitable cover for safety roles, and that appropriate deputies are in place.



3. **Improve Mental Health and Wellbeing**: Departments to have a goal of 10% Wellbeing Allies trained in accordance with department numbers with a focus on senior management.



4. Overseas Travel Compliance: Ensure that 100% of staff travelling outside of the UK on work business complete the new Overseas Travel Approval Form. This will include downloading and registering on International SoS, ensuring a risk assessment is in place and giving Digital Infrastructure sufficient notice to provide temporary IT equipment which staff will test before travelling.



5. Improve Risk Assessment: 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.