

SHEF Annual Report

Health, Safety & Environmental Department

HM Naval Base Clyde
2007 – 2008



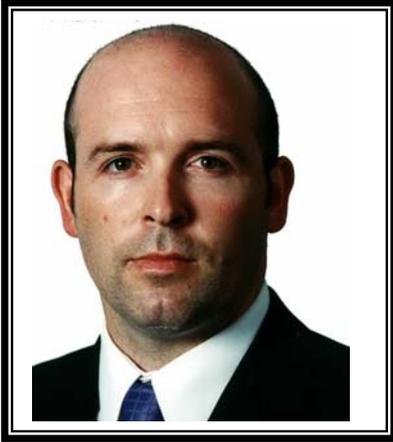
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MINISTRY OF DEFENCE



**FOREWORD BY MANAGING DIRECTOR BABCOCK MARINE (CLYDE) &
NAVAL BASE COMMANDER**



It is our pleasure to introduce HMNB Clyde's Annual Safety Report, for 2007-2008. This year you will also see a different style of report as we include sections on Nuclear Weapons Assurance and Nuclear Safety Events which means this report now captures 95% of all compliance outputs. HMNB Clyde set a number of challenging goals for 2007-2008 the most notable being the launch of 'Our Challenge on Safety'. An ambitious programme to change the safety culture throughout the Base. This programme recognised the need to create a unified Clyde safety culture that would embrace all aspects of work, including nuclear safety, underpinned and supported by an Incident and Injury-Free (IIF) programme. The basis of the programme was to develop our respective organisations bound by a single objective to make HMNB Clyde a safer place to work.

In addition to IIF we introduced a task based risk assessment process including 'point of work' checklist and continued to develop our control of work processes. Continued demonstration of process improvement and transparency of finding and corrective action have ensured ongoing certification to ISO 14001 LRQA. As part of our desire to eliminate the potential for accidents we have introduced Root Cause Analysis Training designed to provide our staff the tools and techniques for continued performance improvement.

This year also highlighted our need to continually review our assets and infrastructure against our evolving process control. To this end we are developing and hope to implement soon a continuous programme of Periodic Safety Review. This measure will demonstrate our ongoing commitment to ensure best practice against like industries.

Overall we have seen another successful year in reducing total accidents by 13% and reportables by 24%. The challenge for us in 2008-2009 is to continue this trend as we continue on our journey to achieve an Incident & Injury-Free work place.

The SHEF objectives set for 2008-2009 are equally, if not more, challenging and will seek to further underpin the cultural changes required. We have already commenced a programme whereby all Base employees will attend a 4 hour IIF Orientation work shop and all Team Leaders/Supervisors will attend the 1 day Supervisors Skills Work shops. It is intended to supplement this with establishing business unit Safety Leadership Teams and Time Out for Safety discussions (TOFS). We will develop our SHEF Training Strategy in line with our change in emphasis and, implement a single reporting/recording system, which will allow us to gain greater control over Contractors and align the Base Induction process.

This will be a challenging and exciting year in which we can all play a part in continuing to make the Naval Base a safer place to work and create an environment we can all be proud of.

A blue ink signature of Craig Lockhart, written in a cursive style.

Craig Lockhart
Managing Director Babcock Marine (Clyde)

A blue ink signature of Commodore Chris Hockley, written in a cursive style.

Commodore Chris Hockley
Naval Base Commander

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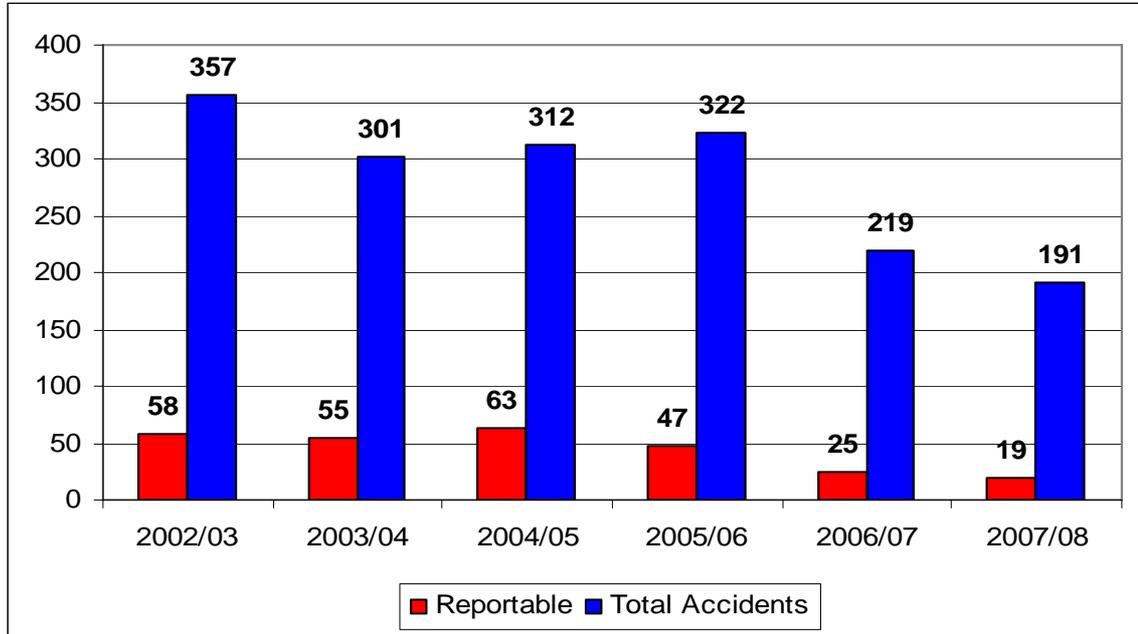
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1.0 INTRODUCTION

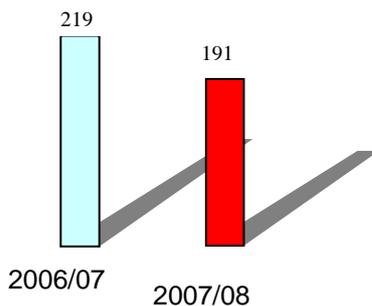
The total number of injury accidents recorded for HMNB Clyde continues to fall this years decrease was 12.8%. The number of reportables has fallen by almost a quarter (24%). Reportable major injuries accounted for 26% of all reportables.



1.1 Performance against targets

This section provides a summary of HMNB Clyde's performance during the past year against the targets set in our Annual Report for 2006-2007.

1.1.1 Reduction in work – related injuries

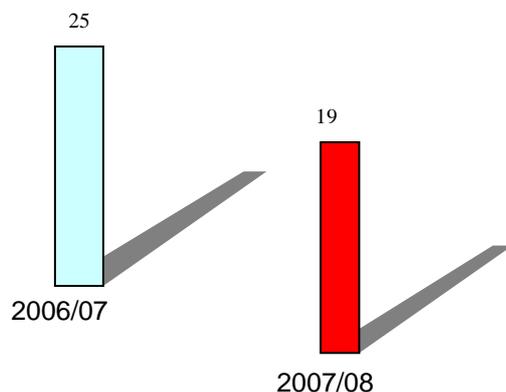


All-accident Numbers

A 12.8% reduction from the previous year was achieved.

Accident Frequency Rate (AFR)

A 24% reduction in reportable accidents was achieved.



- **Revise and implement a task based risk assessment including 'Point of Work' checklist** – The task based risk assessment process has been revised and implemented. The development and implementation of a 'Point of Work' process commenced trial in a number of areas in September 2007. Areas covered were Fleet Production, Estates, Nuclear Activities and latterly Logistics. The trial went extremely well and a user survey carried out early 2008 demonstrated that the process was proving valuable. There are a number of issues raised in the survey which require to be resolved before 'going live' Basewide, during 2008.
- **Re-energise Management/TU Health & Safety Inspection Programme** – this was completed with each Head of Department being measured on a monthly basis. Overall major progress has been made in this area however there is still room for improvement.

1.1.2 Promotion of a Positive SHEF Culture

- **Complete Re-organisation of SHEF Department to support business needs** – this is complete, there have been a number of departmental changes throughout the year that have assisted in the re-organisation to fully support the business needs across the Base and it's Outstations.
- **Establish the Safety Leadership Steering Group (SLSG) to take forward 'Our Challenge on Health & Safety' project** – the SLSG was established in August 2007 and is chaired by Managing Director Babcock Marine (Clyde) with representation from FASFLOT, DSA, SFM and DW.
- **Complete the Team Leader SHEF Awareness Programme** – this programme continues where Team Leaders spend two days in the SHEF Department working with the Safety Advisors, approximately 60% of Team Leaders have been through this programme to date.
- **Develop and maintain a robust interface with HMNB Clyde Outstations** – this is now well established for HMS Caledonia, Greenock Buildings and Oil Fuel Depots. All unmanned sites are visited at least once annually.
- **Implement programme of SHEF audits** – A programme of 13 audits were completed.

1.1.3 Reduction in Work-related Ill Health

- **Implement a work related stress policy** – this policy was issued in May 2007. It is supported by the BM (Clyde) Occupational Health Department, the Base Naval Medical Officer for Health, an Employee Assistance Programme through the BM (C) HR Department and the MoD Welfare Officer.
- **Continue the development of an Alcohol and Drugs policy** – an agreement was reached with the TU's that in the first instance we would implement an Alcohol Testing policy to cover the two following types of testing (1) for cause (with suspicion post incident), (2) rehabilitation (contract of commitment). This will come into force June 2008. The policy will cover 24hrs/365 and out of normal hours will be covered by OH and Safety staff. The site for the Drugs testing facility has been agreed. Opening discussions on the agreement and implementation of a Drugs policy will commence by mid 2008.
- **Develop and implement a more robust system for reducing sick absence** - the reduction of sickness absence, both long and short term, has continued with the

implementation of a much more robust system, this is detailed under 7.0 Occupational Health.

- **Devise and run a minimum of 6 Occupational Health promotions** – complete - covered a variety of topics e.g. mental health, back care, safe attitude to alcohol, men's health.
- **Complete review of HMNB Clyde work areas to ensure all health surveillance requirements are captured** – this is ongoing and will complete towards end of 2008. It has proved extremely valuable, not only in promoting Occupational Health but has generated a considerable amount of return visits to carry out localised health promotion, in particular skin care and musculoskeletal pain. The visits have also identified areas where health surveillance was not as robust as it could have been.

1.1.4 Safety Management System Developments

- **Complete roll out of CoSHH Management System SYPOL** – During 2007/08 additional training for Safety Admin staff and Site Safety Advisers took place in July 2007. Following on from this training a Sypol Awareness presentation was created and delivered to Team Leaders during September with follow on sessions in December 2007. Work has commenced with regard to creating new work areas for all the new and existing team leaders. This work was delayed by a systems problem in November which resulted in a loss of data. The Sypol CoSHH management will eventually be available to all Team Leaders at Faslane and Coulport following completion.
- **Complete review of risk management and roll out CMS Risk Assessment Module and revise Risk Assessor Training Course** – A revised Risk Assessment Policy was produced and is currently being amended to include Point of Work Checks. The Risk Assessment Process Map HSE-PM-001 was also amended during 2007.

An Electronic Risk Recording Module which is part of the Clyde Management System (CMS) was introduced during 2007.

A training package was delivered to Team Leaders to instruct them in the use of the CMS Risk Module during September. Further sessions took place in December to capture shift workers and those who missed the initial sessions. The Module is up and running and is being populated gradually. Team Leaders were instructed during the training that they should populate the Module as their existing risk assessments came up for review, take up has exceeded initial expectations with many areas populating in advance of planned review dates. The CMS Risk Recording Module has now generated approximately 400 Risk Assessments. Further training sessions are planned to include specialists and others who undertake risk assessments.

- **Implement a 5 Star Audit by the British Safety Council** – this has been rescheduled for the fourth quarter of 2008-2009.
- **Introduce and roll out a new incident reporting system** – the new incident reporting system, Event Management, Measurement and Analysis system (EMMA), was developed throughout the year. It provides a vehicle for the recording of all incidents and provides detailed analysis and trends. The training rollout for Senior Management, Managers, etc, commences in April 2008.
Neptune Regeneration Project (NRP) - The project is well underway with 9 out of 17 new accommodation blocks now occupied. A recent visit by the Armed Forces

Parliamentary Scheme went extremely well and they were impressed with the new blocks describing it as the best single living accommodation they had seen. It has not all been plain sailing however as it is a difficult build for Morgan Ashurst with personnel living in and around the construction site which makes securing the site difficult in relation to maintaining site safety. A good working relationship has now been established between Defence Estates, Morgan Ashurst and Babcock Marine staff where there are fortnightly site meetings which include a scheduled walkround of the site. This has led to improvements in site fencing and security arrangements, lighting and concrete pathways being provided across the site and issues being dealt with in a positive manner.

1.1.5 Environmental Management System (EMS) Developments

- **Maintain ISO 14001 registration** – the HMNB Clyde EMS continued to meet the requirements of ISO 14001 as verified by LRQA. During 2007 LRQA carried out a further two surveillance visits and on both occasions recommended the EMS for continuing registration
- **Obtain approved Pollution Prevention Control (PPC) permits for NUB and OFD Garelochhead** – The NUB was granted its PPC permit on the 14th March 2007 by SEPA. The PPC permit for the OFD was granted by SEPA on the 22nd August 2007.
- **Launch Utility Strategy across HMNB Clyde ensuring target of 1% reduction in energy consumption** – the Strategy was launched ensuring that energy consumption was a key focus across the Base achieving our target of a 1% reduction in energy consumption. A Utility Review Working Group meets on a monthly basis where projects involving energy savings are tracked.
- **Review EU Emissions Trading Scheme Management System** – a comprehensive management system is in place. The system has been verified on two occasions by Lloyds Register. Lloyds Register has also verified the final emission figures for 2007 which have been accepted by SEPA. Both Faslane and Coulport were under their agreed CO2 allocations.
- **Review Register of Environmental Legislation and Policy (RELP) to accurately reflect relevance to HMNB Clyde operations** – the RELP has been reviewed and expanded to include a brief summary of the legislation, our requirements as a base and the existing control measures we have in place. The action was closed by LRQA and the new RELP is available through CMS.
- **Develop Environmental Key Performance Indicators/Measures** – complete
- **Develop drum/material storage protocol for Faslane and Coulport** – bunded pallets have been put in place throughout HMNB Clyde to improve the storage of oils. This is in line with the Water Environment (Oil Storage)(Scotland) Regulations 2006.

1.1.6 International Safety Award

In May 2007, HMNB Clyde was awarded an International Safety Award by the British Safety Council for improving its health and safety performance during the period 2006-2007.

To achieve the award HMNB Clyde had to submit to an external adjudicating panel evidence of the following:

- Key documents relating to health and safety in the organisation.
- Demonstration at board level of commitment to health and safety
- Details of significant health and safety advances in the organisation during the year



Picking up the International Safety Award for HMNB Clyde in May 2007 are, from left Capt. Mike Wareham, Supt. Fleet Maintenance, Mark Eltringham Health & Safety Manager, Donald Brown Amicus T.U Safety Representative, Liz Lovelock, HR Advisor, and Capt. Rob Wormald, Director of Safety Assurance HMNB Clyde.

1.2 SHEF Improvements

Our Challenge on Safety

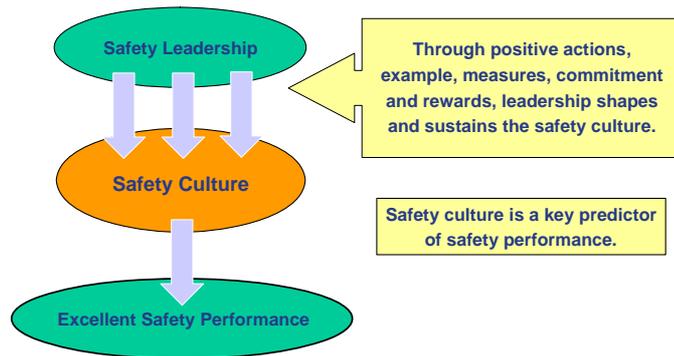
HM Naval Base Clyde embarked on an ambitious programme this year to change the safety culture throughout the Base. Under the banner of 'Our Challenge on Safety' the Clyde Safety Leadership Steering Group, (CSLSG), was established with responsibility for the implementation of a programme of continuous improvements that would lead, through time, to a positive change in the safety culture at Clyde.

The group is chaired by Craig Lockhart, Managing Director, Babcock Marine (Clyde), supported by Captain Mike Wareham, SFM; Captain Robert Wormald, DSA; Captain Steve Garrett, FasFlot; Doctor Neil Grant, Operations Director, Babcock Marine (Clyde) Tom Ward, Director Weapons; Ian Loveridge, Head of Health, Safety, Environment and Quality, and Alan Clisby, Project Manager. They will determine strategy and champion "Our Challenge on Safety" at corporate level and will seek to drive improvements in safety performance and support the individual and organisational commitments to eliminating incidents and injuries.

This strategy identified the need to create a safety culture that would embrace all aspects of work including nuclear safety underpinned and supported by an Incident and Injury-Free programme.

Effective health and safety management depends upon the safety leadership skills of team leaders and managers to determine the extent to which safety rules and procedures are adhered in reality. Team Leaders and managers are the interface between senior management and the workforce and are therefore the prime medium for communication. There are three core elements to effective safety leadership, namely: acting as a role model, motivating staff to work safely and monitoring performance.

This connection between Safety Leadership and Safety Culture is illustrated below:

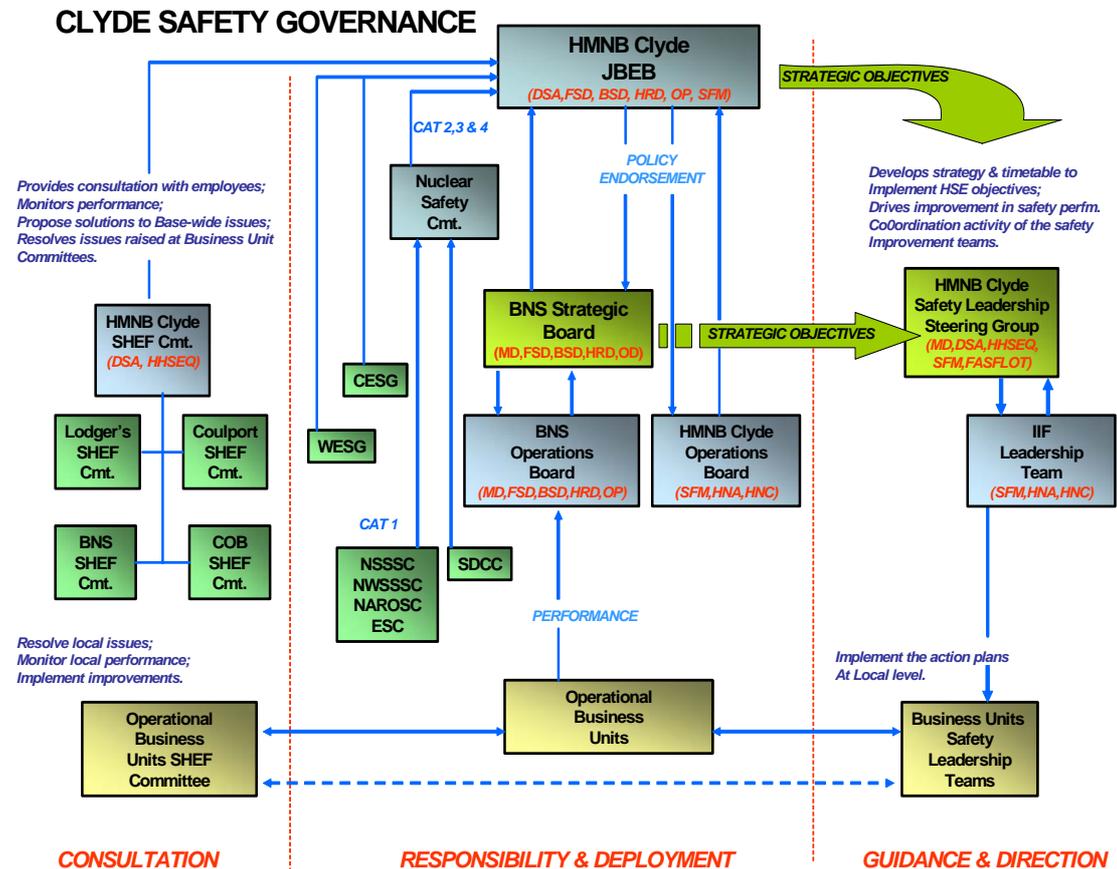


Key factors for a positive culture include:

- Open communications;
- Management commitment and leadership;
- Availability of resources;
- The balancing of production and health and safety goals.

Recognising this critical role of our leadership community, in establishing a safety culture that delivers results, our strategy was developed to align our leaders with the concept of an Incident and Injury-Free environment through an engagement programme delivered by JMJ Associates.

Fundamental to the management of our Strategy was a structured approach that embraces the appropriate level of support from all the major functions within HMNB Clyde. The arrangements for safety governance have been reviewed and developed in order that the appropriate level of guidance and direction is provided to support a programme of this magnitude.



- **Incident and Injury Free (IIF):**

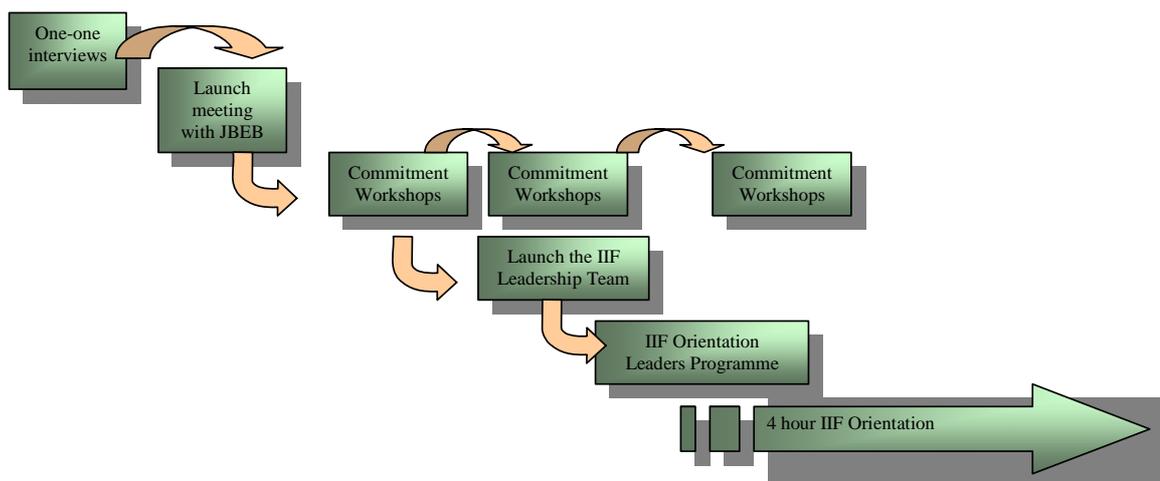
Instrumental in making a positive change to the safety culture is the roll-out of our Incident and Injury-Free programme (IIF). This programme is about ensuring safety is maintained as a core value in anything and everything undertaken at the Base with an ultimate aim to ensure that we establish an IIF working environment within HMNB Clyde.

HMNB Clyde's Incident and Injury-Free programme commenced in October 2007 with some 50 employees in the Base participating with our IIF partners - JMJ Associates, in a series of 'one to one' interviews. This involved a cross section of employees, BM (C) and MoD, and was undertaken in order to obtain as much feedback as possible on the perception of safety within HMNB Clyde. The findings from these interviews provided a valuable insight into how Base personnel perceive safety and were presented in a summarized form to the Joint Base Executive Board (JBEB) at the launch meeting.

November 2007 saw the first of the two-day Safety Commitment Workshops designed to create an environment where those participating could commit to generating the possibility of Incident and Injury-Free being established at HMNB Clyde. Following the success of the initial workshop a second was held during December with a third held in February 08. This resulted in some 150 employees having participated in identifying what it takes to implement an incident and injury free environment, ensuring that we have a substantial grounding for the roll-out of the programme to all personnel at HMNB Clyde.

An IIF Leadership Team was established from attendees of the Commitment Workshops and is representative of the Clyde community including Babcock Marine, MOD, RN and Trade Unions. The Leadership Team are responsible for driving the cultural change throughout HMNB Clyde.

During January 2008, 17 employees from HMNB Clyde volunteered to undertake an intense 3 day Orientation Leaders training programme where JMJ trained and developed them in the delivery of the 4 hour 'Introduction to Incident and Injury-Free Orientation' that will be delivered to all employees such that they are effectively introduced to the key aspects of Incident and Injury Free. This programme commenced in March 2008 for a 9 month duration. It will cover in excess of 3500 Base Personnel.



The final element of the IIF Programme will involve a series of 1 day Supervisor Skills Workshops. This will be delivered to those employees who direct people to work i.e. Team Leaders and will involve;

- Creating the possibility of Incident and Injury-Free performance;
- Assigning, Recognizing and Reinforcing Incident and Injury-Free work;
- Constructively correcting unsafe work.

As with the Orientation Programme we intend to train selected personnel, 8 off, from HMNB Clyde to deliver the Workshop to the Team Leaders.

The intended results from this 9 month IIF programme include;

- Senior Leaders holding themselves accountable for their workplace being IIF;
- Integration of nuclear and conventional safety processes i.e. incident reporting and investigation;
- Generation of an aligned, authentic commitment to IIF among individuals and at the site level;
- Transformation of the relationship of a critical mass of people to IIF so that it occurs as a real opportunity;
- Generate and nurture an environment in which IIF can be realised and people can continue to transform and develop their relationship to safety;
- Develop and nurture a relationship to safety in which individuals at Clyde hold themselves responsible for their own safety, the safety of each person in the organisation and the IIF performance of the entire organisation;
- Establish safety as Value-based at both the organisational and individual level so that being safe is not at hostage to events or circumstances;
- Create a condition that allows open, honest communication; surfaces the perceptions of the employees; and creates a dialogue that allows for the fulfillment of IIF;
- Establish an ongoing coaching relationship with the leadership and key management for the generation of an IIF workplace while enhancing the overall production goals;
- Develop a long term plan to sustain the work of IIF beyond the length of the engagement.

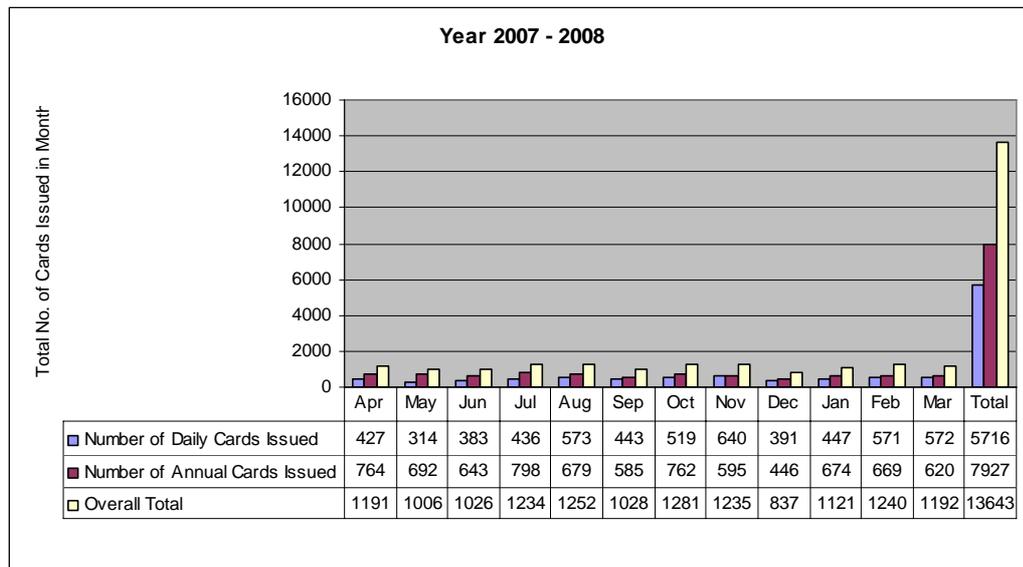
The overall intention is to create an engrained IIF culture at the Clyde, with a leadership and workforce conversant with the principles of IIF, as well as the ability to coach and lead new starters and sub-contractors in working safely. There will be a seamless nuclear and conventional safety culture with a common reporting, recording and investigation process and in particular a structured approach to control of work.

1.2.2 Visitor and Contractor Induction Centre (VCIC)

The Visitor and Contractor Induction Centre (VCIC) was established in September 2006 and is a purpose built induction centre for all visitors to the site.

This ensures strict entry control to the base for all visitors including contractors. The measures in place ensure that everyone is aware of their responsibilities and what action to take in the event of an emergency.

In the year 2007-08, over 13,500 induction passes were issued. This total number includes daily passes for one off visits and also annual passes for long term employees, contractors and visitors. The figures provided confirm that there is no established trend in respect of the inflow of visitors.



1.2.3 Diving Safety

This year the Diving at Faslane has been a large part of several initiatives on site. There have been no recorded accidents involving any of the diving teams over the past year.

As the contract side of the business is an integral part of our operations and the Health and Safety department have had an avid interest in the good management practices being maintained on site within this potential high risk work.

This led to interested areas having members of their team attend a course on Inshore Diving Contractor Management devised and run by National Hyperbaric Centre. This has led to a better general understanding of our duty of care within the contract side of the business and will lead to better management of the Diving.

The HSE Diving Inspectorate conducted a general inspection of Diving within our site. This was, in the main, aimed at the Contract Management control of Diving. The outcome of this inspection was that there was some communication issues in need of attention and one of the control documents needed some amending to improve the control of contract divers. Shearwater Barge and the Northern Diving Group facility were inspected as a matter of courtesy by the Inspecting team. They were satisfied that what they had seen was to a good standard.

As a member of the Association of Diving Contractors we have a good source of up to date warnings and advice to ensure compliance of safe working practices by NDG and Shearwater. This will be verified in house over the coming year with Site Compliance Audit Checks.

1.2.4 Development of Incident Reporting Database

The requirement for a more sophisticated means of recording, measuring and analysing event data led to a search for a software system for managing event information. Safety Systems Software (SSL) Ltd was engaged to develop a new database for the recording and analysis of incident and Employer Liability Claims data. The new database was introduced in May 2007 a familiarisation programme to all Heads of Department, Managers and TU Safety Representatives is currently being carried out. The database provides a 'real time' reflection of event data and the facility to produce text based reports and graphs for specific management areas. The accessibility of this data will be part of the toolkit provided to assist managers in actively responding to the objectives to be set as part of the 'Our Challenge on Safety' campaign, monitoring incident rates and trends and proactively addressing areas for improvement. Nuclear Safety Event reports will also be included on the new database during 08/09.

1.2.5 Introduction of Incident Review Boards (IRB's)

Incident Review Boards were introduced as part of our initiative to improve accident investigation standards and to ensure that effective measures to prevent recurrences were implemented. Incident Review Boards (IRBs) are convened by Heads of Department for all injury accident and near misses of a significant nature. The purpose is to review the initial incident investigation and determine the root cause of incidents and whether there are any additional factors not already identified, which could prevent a recurrence. IRBs also identify issues that are suitable for site-wide dissemination of lessons learned.

2.0 STATISTICAL ANALYSIS - ACCIDENTS/INCIDENTS

The use of statistics provides an effective means of measuring our health and safety performance. Continuing improvement in health and safety standards requires knowledge of the effectiveness of existing arrangements.

The top three issues in relation to accident causation were once again – manual handling, slips/trips and falls, and striking against. Achievements have been made in reducing injuries from these types of event since last year with significant reductions in all of our top three accident causes.

2.1 Nature

The statistics show a significant reduction (**23%**) in lacerations/bruising/swelling, however disappointingly strains/sprains have seen an increase of (**10%**).

	MAJOR >3DAY		MINOR		TOTAL	
FRACTURES	3	2	0	2	3	4
LACERATIONS/BRUISING/SWELLING	3	10	89	109	92	119
STRAINS/SPRAINS	7	9	57	49	64	58
CRUSH	2	0	1	2	3	2
FOREIGN BODY (Eyes)	0	1	4	7	4	8
BURNS/SCALDS	0	1	9	7	9	8
MULTIPLE	0	1	0	3	0	4
OTHERS (Includes multiple, electric shock, dislocation, allergic reaction, temporary loss of sight and fainting/dizziness)	4	1	12	15	16	16
TOTAL	19	25	172	194	191	219

Note: figures in blue are for the period 2006/2007

2.2 Part of body:

Trunk/Back Injuries have shown a decrease of (**38%**), leg/ankle/knee by (**15%**) and Head/Face by (**43%**). Increase have occurred for arm/wrist by (**25%**) and Hands/Fingers by (**4%**).

	MAJOR >3DAY		MINOR		TOTAL	
HANDS/FINGERS	4	3	53	52	57	55
LEG/ANKLE/KNEE	3	6	31	34	34	40
ARM/WRIST	4	1	16	15	20	16
TRUNK/BACK	3	12	26	36	29	47
FEET/TOES/HEEL	1	0	3	5	4	5
EYE(S)	1	1	10	11	11	12
HEAD/FACE	0	2	16	26	16	28
NECK/THROAT	1	0	6	0	7	0
MULTIPLE	2	1	11	13	13	14
OTHERS (includes Entire Body, Ear/s)	0	0	0	2	0	2
TOTAL	19	25	172	194	191	219

Note: figures in blue are for the period 2006/2007

2.3 Cause:

The major cause of accidents continues to be related to manual handling, slips/trips and falls, striking against and struck by moving falling object. Efforts during the year to reduce these incidents has resulted in manual handling incidents reducing by (7.32%) slips/trips and falls by (38.5%), striking against (31.7%) and struck by moving falling objects by (70%).

	MAJOR >3DAY		MINOR		TOTAL	
Manual Handling	5	5	33	36	38	41
Slip/Trip/Fall on a Level	5	7	27	45	32	52
Fall from Height	1	1	6	2	7	3
Fall from Stairs/Ladder	1	1	5	3	6	4
Struck by Moving/Falling Object	1	4	8	26	9	30
Striking Against	2	2	26	39	28	41
Trapped/Crushed By/Between	2	1	0	8	2	9
Exposure to Hazardous Substance	0	0	0	0	0	0
Others (includes electrical short circuit, lifting operations/equipment, animal, collapsing structure/platform, confined space)	2	4	67	32	69	36
TOTAL	19	25	172	194	191	219

Note: figures in blue are for the period 2006/2007

2.4 Accidents by Directorate:

The majority of HMNB Clyde MOD and BM (Clyde) directorates achieved reductions in injury incidents. There were reductions in both Major and Minor categories across the board. It should be noted that the year on year comparators are affected by restructuring of the business which results in departments shifting to different directorates.

	MAJOR >3DAY		MINOR		TOTAL	
Business Services	0	0	0	0	0	0
HR & Crew Services	2	4	35	34	37	38
Fleet Services	8	13	68	80	76	93
Operations	8	6	48	55	56	61
Captain HMS Neptune	0	0	8	7	8	7
DW	1	1	9	12	10	13
Superintendent Fleet Maintenance	0	1	1	3	1	4
DSA	0	0	2	1	2	1
EDC	0	0	0	0	0	0
Clyde Strategic Programmes Director	0	0	1	0	1	0
TOTAL	19	25	172	194	191	219

Note: figures in blue are for the period 2006/2007

2.5 Dangerous Occurrences:

Three dangerous occurrences were reported which were reportable under RIDDOR.

Incident No.	Incident Date	Event
6164	13 May 2007	A catastrophic failure of a steam valve
6634	30 Nov 2007	A rupture of a gas main by a mechanical digger.
6655	15 Dec 2007	A chain block failure.

2.6 Near Misses:

Compared to last year there was a **31.2%** decrease in the number of near misses reported. This is disappointing as it indicates a high degree of under reporting when extrapolated against the accident triangle/pyramid which would expect around 600 near misses as a precursor to a major lost time accident or fatality.

	Number of Incidents 2007-08	Number of Incidents 2006-07
Unsafe loading/restraint	5	19
Machinery/Equipment	4	23
Utilising incorrect equipment/method of work/documentation	8	7
Striking Against	0	9
Building Defect	9	6
Traffic/Vehicle Related Incident	8	17
Potential Exposure to Hazardous Substances	4	6
Slips/Trips/Falls on a level	4	6
Falling Objects	10	9
Lifting Operations/Equipment	0	3
Fall from height	0	4
Collapsing Structure/Platform	0	3
Lighting	0	0
Other (various)	45	29
TOTAL	97	141

Note: figures in blue are for the period 2006/2007

It is clear that the lack of reporting of near misses is a major concern. There have been a number of campaigns run to increase awareness and every attempt has been made to make it easier to report i.e. telephone no. 7009 and no requirement to provide personal details.

Near misses provide the detail on possible areas of concern where action can be taken to prevent injury accidents. Clearly much more work requires to be done in 2008/09 to improve reporting.

3.0 ENVIRONMENT

3.1 Environmental Management System (EMS)

The HMNB Clyde Environmental Management System (EMS) continues to expand within the CMS system and provides environmental guidance and supporting documents which enable work to be carried out without adversely affecting the surrounding area. The EMS has been the main focal point for implementing environmental initiatives which have helped to improve the overall environmental performance at HMNB Clyde.

As part of our commitment to improving communications a quarterly newsletter (Eco-logical) was launched in October which will be used to highlight forthcoming environmental events and legislation as well as focusing on areas of best practice found within HMNB Clyde.

3.2 ISO14001 Certification

The HMNB Clyde EMS continued to meet the requirements of ISO14001 as verified by LRQA. During 2007 LRQA carried out a further two surveillance visits and on both occasions recommended the EMS for continuing registration to the ISO 14001 standard.

The Register of Environmental Legislation & Policy (RELPE) was further developed during 2007 and it now summarises the legislation relevant to HMNB Clyde. Further development is ongoing so the legislative summary will provide a link to the permits and licences held by the base.

To support this change the Aspects Register has also been developed to show how our legislative requirements affect the significance of the impacts the base has on the environment. The proposed changes were discussed and agreed with LRQA during their second surveillance visit.

3.3 Integrated Pollution, Prevention and Control (IPPC)

The NUB was granted its PPC permit on the 14th March 2007 by SEPA. Seven reports had to be submitted to SEPA during 2007 as part of the consent conditions and all were sent on time. Only one is an annual report with the rest having a frequency of every four years. The issue of the need for a chlorination unit remains outstanding and will be progressed in the coming year.

As part of the permit conditions we have to inform SEPA of any incident that occurs with the boundary of the permit. One incident fell into this category and SEPA were informed within the 14 days allowed. The incident happened when the underground storage tank was overfilled and the diesel contaminated the surrounding grassed area. SEPA was satisfied with the remedial work that was carried out to clean up the area and no action was taken by them.

The PPC permit for the OFD was granted by SEPA on 22nd August 2007. No reports were submitted during 2007 as part of this permit.

3.4 Land Quality Assessment (LQA)

MOD requires all establishments to have undertaken and maintain an up to date LQA. HMNB Clyde has engaged the services of the DE&S Environmental Science Group (ESG) to conduct these assessments. A Phase I LQA of Faslane was completed in April

2007 with no significant findings identified. ESG are to formalise an updated programme to cover the remaining HMNB Clyde sites.

3.5 **SEPA Site Visits**

The Operator Performance Assessment for 2007 was received during December and once again HMNB Clyde received a high score. The score is allocated on compliance noted at their inspections to the base throughout the year. This score will be used by SEPA to calculate the inspection frequency for this site during 2008. A copy of the report has been made available for our files as part of SEPA's aim to be a transparent regulator.

3.6 **HMNB Clyde Utility Policy and Strategy**

Energy consumption continued to be a key focus area during 2007. The Utility Review Working Group met on a monthly basis throughout 2007 and tracked those projects with energy savings. Following on from the foundations that were put in place during 2006 the milestones that were achieved during 2007 include:

- Sub-metering of the electricity – The survey of Faslane was completed during 2007 and the co-ordination of the implementation is ongoing.
- GPSS Biomass Boiler – Following a Carbon Trust recommendation a project was put in place during 2007 to install a biomass boiler at the GPSS. Work is due to be completed by 31st August 2008.
- GSB Boiler replacement – this was agreed during 2007 and the project is due to be completed by 30th June 2008.
- Condensate Pipework Refurbishment – This was another project started due to a recommendation by the Carbon Trust. During 2007 Zone 4 has been completed, Zone 1 design has been completed and Zone 3 is at the design stage and will be installed during 2008. Zones 2 and 5 will follow after this has been completed.

3.7 **EU Emissions Trading Scheme**

Two verification visits were carried out by Lloyds Register to finalise the emission figures for 2007. Once the report has been finalised the emissions will be entered onto the EA registry. The Faslane allocation was further increased as more of the plant rooms came on line as part of the Neptune Regeneration Project. For the first time both Faslane and Coulport are under their allocations so there will be no internal trading required for 2007.

Site	CO ₂ Allocation	Actual CO ₂ Emissions	Site Balance
Faslane	22,949 te	20,820.46 te	+2128.54 te
Coulport	13,206 te	7,677 te	+ 5529 te

Training took place during November on the EUETS and this was carried out by CICS. Further training sessions are planned for 2008.

3.8 **Defence Fuel Group Audit**

In line with JSP 317 - Joint Service Safety Regulations for the Storage and Handling of Fuels & Lubricants, all MOD fuel dispensing facilities are to be licensed by the Defence

Fuels Group (DFG). HMNB Clyde was subject to a re-licensing inspection in November 2007 that resulted in the issue of a qualified licence for each of the on-site facilities. An action plan has been agreed with the DFG to close out the findings identified during the inspection.

3.9 Water Environment Oil Storage (Scotland) Regulations 2006

Following on from the review of all storage areas at HMNB Clyde that took place in February 2007 an Action Plan was drawn up which highlighted those areas within 10m of controlled waters where work was required to ensure compliance by April 2008. Work is currently ongoing to ensure the MDP CMU at Coulport and the CMU petrol and diesel tanks and pumps at Faslane are compliant with the regulations.

3.10 Scottish Pollution Release Inventory (SPRI)

As one of the major industrial sites in the West of Scotland and a registered Class A site under the Radioactive Substances Act 1993, HMNB Clyde is required to complete an annual SPRI return. The SPRI is a public register of sites that release emissions to air, water, land or any combination of the three. The HMNB Clyde return was completed manually for 2007 due to problems with the electronic forms provided by SEPA. The information provided is on the public register and SEPA send the information to Europe as part of a wider pollution release report.

SEPA have indicated that they will now be auditing sites to ensure they can back up the information they supply in the returns.

3.11 JSP 498 Major Accident Control Regulations (MACR)

In order to comply with the requirements of JSP 498 Major Accident Control Regulations all qualified establishments are assessed on a five year periodicity. Given the complexity and the geographic layout out of HMNB Clyde, MACR certification is split into two areas. Faslane incorporating the Oil Fuel Depot (G) and RNAD Coulport.

Faslane & OFD (G) successfully retained MACR Certification in July 2007.

RNAD Coulport is currently engaged with the MACR Competent Authority to agree the closure of findings identified in the re-assessment dated December 2007.

3.12 Environmental Incidents

	No. of Incidents	
RELEASE OF SUBSTANCE TO LAND	14	11
RELEASE OF SUBSTANCE TO WATER	6	16
RELEASE OF SUBSTANCE TO AIR	1	0
MACHINERY/EQUIPMENT	1	2
POL PAINT OR OIL LEAK	4	10
OTHER (ANIMAL& HOUSEKEEPING	4	2
TOTAL	30	41

Note: figures in blue are for the period 2006/2007

There was a minor reduction in the number of environmental incidents during the reporting year 2007 -2008. The majority of incidents related to the release of substances (mainly oils) to land but in all cases the spill was cleaned up using the appropriate spill material which was then disposed of via the Material Assessment Centre (MAC). The main underlying cause of environmental incidents continues to be personnel failing to observe safe systems of work and ensuring that the equipment is in good repair and working order prior to commencement of their activities

3.13 Environmental Campaigns



Following on from the success in 2006 a further Energy & Environmental Awareness Campaign was held in October 2007. It was extended to four areas within Faslane and two within Coulpport. Free energy saving lamps were handed out as well as other items made from a range of recycled materials. There was also plenty of environmental information for people to take away and competitions with environmental themed prizes.

As part of the awareness week the film An Inconvenient Truth was shown at both Faslane and Coulpport. Those that attended said the film made them think about climate change and what they, as individuals, could do to reduce their impact on the planet.



3.14 Waste Management

A recycling event was held on the 5th of June 2007 to coincide with Environmental Awareness Day. Information was provided to everyone who attended at Coulpport and Faslane regarding what they can do to recycle and what new waste recycling schemes are due to be initiated. Since then the introduction of cans and plastic recycling has been rolled out throughout most of Faslane and some areas of Coulpport. This allowed the increase of cages to collect the recyclates and increased the capability of cardboard recycling.

As awareness and provision of facilities increased, the recycling of most waste streams have increased.

Increase on previous year

	Reduction
FOOD FATS	82%
PAPER	56%
CARDBOARD	19%
WOOD	61%
ELECTRICAL GOODS	126%

Scrap metal has decreased due to the reduced amount being produced. With the exception of scrap metal the overall increase in recycling of all other waste streams has increased by 15% since last year.

Babcock have committed to the MoD Policy to help to reduce waste throughout HMNB Clyde. Targets have been set to aim at increasing recycling to a minimum of 8% per year to meet a target of 40% by 2010 and 75% by 2020.

New initiatives are being investigated to increase the amount of waste that can be diverted from landfill in the coming year to meet or exceed our targets.

4.0 NUCLEAR SAFETY EVENT REPORTING

Reference(s)

- A. SJ-STAN-013 Base Standard 13 Nuclear Safety Event Reporting & Operational Experience Feedback Policy.
- B. NSA-PM-005 Investigation of Nuclear or Radiological Safety Events and Incidents.
- C. NSA-PM-006 Nuclear Weapon Safety Event Recording and Reporting.
- D. NSA-PM-001 Issue and Control of Internal Regulatory Improvement and Prohibition Notices.

Reference A is the HMNB Clyde's Policy for Nuclear Safety Event Reporting and Operational Experience Feedback. This Policy is applicable to all nuclear safety related incidents and events within HMNB Clyde Authorisee's delegation. It does not change reporting requirements stipulated by other Authorisees and other reporting systems, but does call for all incidents and events within the site or aboard vessels within a facility to be captured within HMNB Clyde's Nuclear Safety Event Report system. Thus an incident may be reported by more than one means but will normally be the subject of a single investigation. The reporting system is not a means for attaching blame to any person making a mistake which leads to an event. Nuclear Accident Arrangements are outside the scope of this policy.

The Nuclear Safety Event Reporting system is the means by which nuclear and radiological events and incidents occurring in HM Naval Base Clyde are recorded, investigated, assessed, findings actioned and lessons learned disseminated. The DNSR requires the Authorisee to define the arrangements under Naval Base and Nuclear Weapon Authorisation Conditions (AC7 and AC23). The processes are essential tools for continuous improvement and the maintenance of a robust safety culture.

HMNB Clyde has arrangements (processes) in place for the reporting, notification, investigation, review and assessment of nuclear and radiological safety related events. These processes are at References B and C.

The Nuclear Safety Assurance Manager (NSAM) is responsible for sponsoring and administering, in collusion with Base Quality Assurance (BQA), the Clyde Nuclear Safety Event Reporting System and the loss of shore supply reports. This includes assessing nuclear safety events and incident reports for bearing on nuclear safety.

4.1 Categorisation of Events

Events are categorised in accordance with their potential consequences initially by NSAM and the Nuclear Safety Assurance Section (NSAS) and then by a SQEP body, currently the Vessel Support Coordination Meeting (VSCM), such that appropriate depth and speed of investigation can be applied.

There are four categories used, A through to D and consequences are summarised below:

- A. High potential for or actual radioactive release to the environment.
- B. Actual or potential for a contained release within Building or submarine.
- C. Potential for future release by failure to adopt good practice and continuous improvement.
- D. No or little potential for release.

The reporting scales, notification and the level of investigation requirements are laid out in Reference A.

4.2 Investigating Officers

The Investigating Officer is to ensure that the event is investigated to the prescribed Level of Investigation, in the designated timescale, in the correct format and includes the appropriate detail i.e. stating the Immediate and Root Causes, recommendations and Corrective Actions required preventing recurrence. Where required, Investigating Officers are to be appropriately trained in Root Cause Analysis.

4.3 Findings

A target date of 6 months is set for the completion of all recommendations and corrective actions resulting from an investigation. Where this timescale is not achievable a SQEP review panel decides on the appropriateness of extending the deadline, the application of greater resource or regulatory censure (Reference D).

4.4 Operational Feedback, Experience, Reports and Trend Analysis

Lessons Learnt summaries and Site Incident Report Assessments are distributed to the principal Output Directors and their key managers for Line dissemination. CAPFASFLOT is included for all Events concerning submarines.

Summaries are copied to MOD Operational Experience Learning Groups (OELG) members (HMNB Devonport, DML, BAE, VULCAN, NRPA and NPOS SM) and the National OELG. Completed Nuclear Safety Event Reports (NSERs) are returned to the Reportee and copied to other Base departments involved in the event.

NSERs are reported routinely to the Nuclear Safety Committee (NSC) and to DNSR at the Site (Level 3) Regulatory Interface Meetings. Arrangements are in place to notify DNSR immediately for serious incidents.

In administering the NSER system, the AD monitors for trends that may require urgent corrective actions and provide appropriate warning/advice. NSERs are reviewed on a quarterly basis and trends reported to the CNSC in an annual report.

4.5 NSER Process Developments

It has been recognised that in many cases the actions raised against certain events cannot meet the 6 month target date. For various reasons these actions may require due process permissioning and authorisation as we are dealing with Nuclear Safety Implicated (NSI) assets and operations. Also the actions may have to engage with other base processes which can also impose time constraints and resource overheads.

To address this, the process (Reference B), is being modified to allow closure of the NSER where clear and unambiguous actions with expected outcomes clearly defined have been raised.

4.6 NSER Statistics 2007-08

- Ninety six (96) NSERs were raised in the period from April 2007 to Mar 2008.
- Fifty one (51) of these have been closed in this period April 2007 to Mar 2008.
- Forty five (45) of these remain open, either under investigation or awaiting confirmation that actions have been completed, of which ten (10) are overdue.

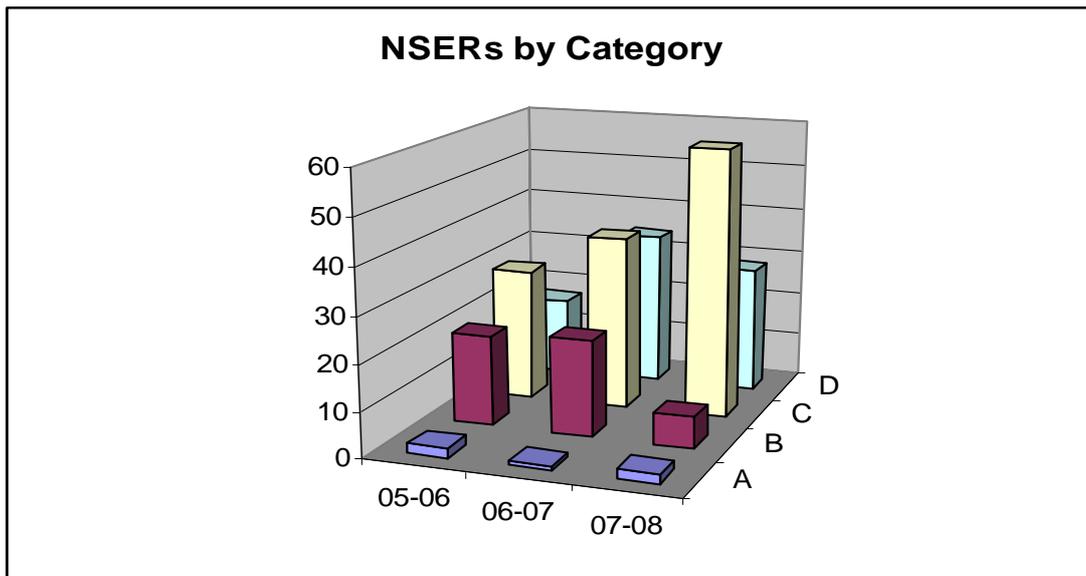
- Sixty (60) NSERs were carried over which remained open from previous periods.
- Fifty eight (58) of these were closed in this period April 2007 to Mar 2008.
- Two (2) of these still remain open, both are obviously overdue.

- A total of forty seven (47) NSERs are currently outstanding of which twelve (12) are overdue.

Breakdown of the NSERs raised

	Category								Total	
	A	B	C	D						
NUMBER	2	1	7	21	59	38	28	34	96	94
ASSOCIATED S/M IR	1	1	5	5	5	4	0	0		

Note: figures in blue are for the period 2006/2007



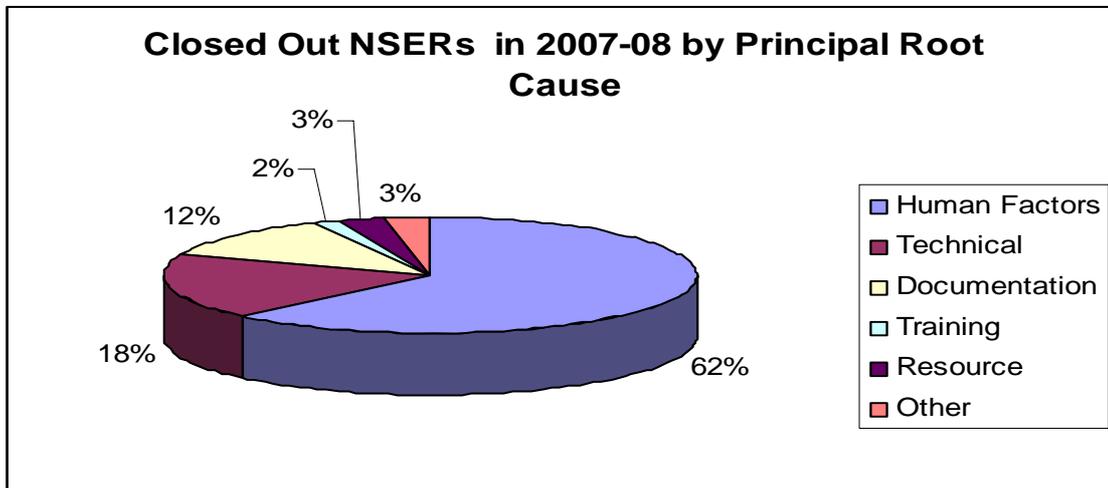
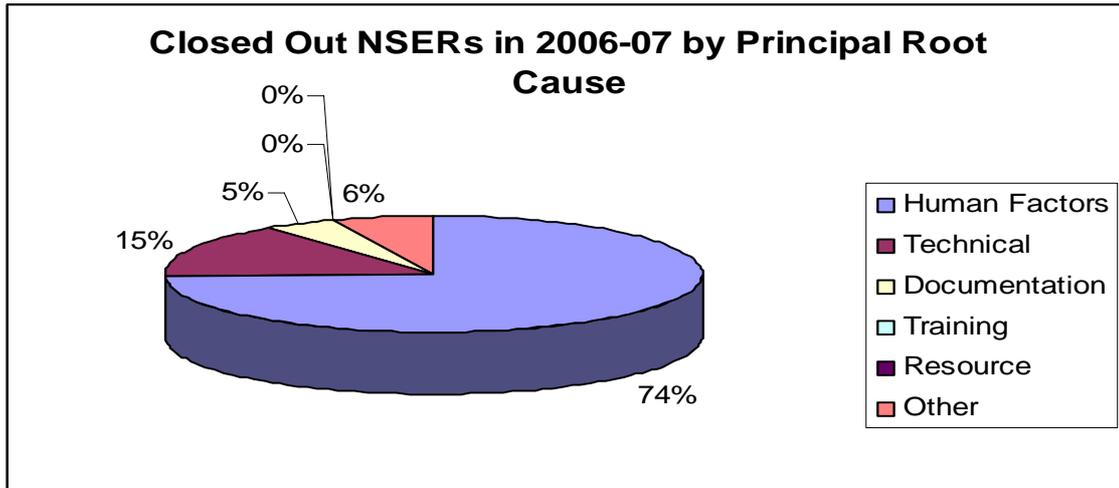
Root Causes

There is usually more than one root cause surrounding an NSER; the data below shows what was considered to be the Principal cause.

Breakdown of the Closed Out NSERs by Principal Root Cause

Root Cause Group	Human Factors		Documentation		Technical		Training		Resource		Other		Total	
Number	68	49	13	3	20	10	2	0	3	0	3	4	109	66

Note: figures in blue are for the period 2006/2007



Root Cause Groups above are a general heading for the root causes identified. The NSER system uses the detailed causes broken down and shown in the table below:

ROOT CAUSE GROUPS USED

Human Factors

Operator Error
Inappropriate Action
Non-Compliance with Process
Non-Compliance with Procedure
Poor Supervision of Work
Poor Supervision of Contractors
Programme Pressure

Technical

Equipment Failure
Equipment Fault
Equipment Design Inadequate

Documentation

Procedure Documentation Inadequate
Process Requires Improvement
Legislation Requirements
Responsibilities not defined

Training

Training Insufficient (Not Trained)
Training Insufficient (Refresh Required)

Resource

Lack of Resource (Personnel)
Lack of Resource (Equipment)
Lack of Resource (Finance)

Other

5.0 NUCLEAR WEAPON ASSURANCE

Although similar in concept to regulation of the Naval Nuclear Propulsion Programme, and also regulated by the Defence Nuclear Safety Regulator (DNSR), regulation of the Nuclear Weapons Programme has a number of differences that require a modified approach. JSP 538 is the Nuclear Weapon (NW) equivalent of the Nuclear Propulsion JSP 518 and defines how the NW programme is broken into 4 Life Cycle Phases, each of which has an Authorisee, with the Authorisee responsible for the activities undertaken in his, or her, area:

- LCP 1 Development, manufacture and assembly.
Managing Director Atomic Weapons Establishment (AWE)
- LCP 2 Transportation.
NWIPT Leader
- LCP 3 Naval Base Support
NBC(C)
- LCP 4 Deployment (onboard the SSBN at sea)
Chief Strategic Systems Executive

In addition, the Approving and Design Authority (ADA) will be accredited in a process akin to authorisation within the LCPs.

Authorisation for HMNB(C) covers both Faslane and Coulport, along with any SSBN (C) operating in the Clyde area, and November 2007 saw the culmination of Base-wide effort in the achievement of site Authorisation. All LCPs are now Authorised although the ADA has still to achieve accreditation.



Commodore Andrew McFarlane (DNSR) presents Commodore Hockley (NBC) with a revised Certificate of Authorisation watched by some of the key players associated with reaching this milestone.

Authorisation of Clyde brings self regulatory responsibilities as well as the requirement to close-out findings from the DNSR audits of the 36 NW Authorisation Conditions and completion of the Forward Action Plans developed to clear shortfalls in the Clyde Safety Management Arrangements. Continuous Improvement by Clyde is an additional regulatory expectation.

While Director Weapons is the lead output Director for NW activities at Clyde, Assurance is provided for NBC by Director Safety Assurance through a small group who will continue to audit the NW Authorisation Conditions and undertake a role very similar to that currently provided for Nuclear Propulsion.

6.0 FIRE

6.1 Organisation

In Sep 04 the Minister for the Armed Forces directed that the MOD Fire and Rescue Services, encompassing all the Civilian fire-fighters, RAF Trade Group 8 and RN Aircraft Handlers (RN(AH)), should be merged into a single, integrated and regionally based organisation to be known as the Defence Fire & Rescue Management Organisation (DFRMO). The formation of this organisation was to be achieved in two stages beginning with the Initial Operating Capability (IOC), on 4 Sep 06, followed by Full Operating Capability (FOC) in April 07.

The transition to the new organisation had little impact on the “customer base” other than new job titles for Fire Service staff. One of which was the change of the Area Fire Prevention Officer (North) (AFPON(N)) title, which has now become DFRMO Group Manager (Scotland), 51 (Scottish) Brigade.

6.2 Fire Risk Assessment

Since the implementation of the Building Co-ordinators it has become apparent that there is a shortfall in the fire safety management systems throughout HMNB Clyde. Previously this had been left to the Building Officer / Manager under the old MoD system and was never formalised with a lack of information, instruction and training.

With the change in legislation and DFRMO's structure the Building Manager and Health & Safety Department have been working very closely with the Station Officer to resolve this shortfall by introducing a comprehensive management system, the changes will include:-

- Fire Safety Policy
- Fire Safety Log Book
- Fire Evacuation Teams in each building
- Training for both Building Co-ordinators and Fire Evacuation Teams
- Building Fire Safety Toolbox Talk for building occupants

Fire evacuations will commence in April 2008 and will be conducted in a phased approach, as each evacuation is conducted the requirements for evacuation teams will be assessed and implemented on a lessons learned basis.

6.3 Fire Safety Management Plan (FSMP)

Breakdown of FSMP assessments delivered during 07/08 for HMNB Clyde and its outstations was:

Establishment	High	Medium	Low	Total
HMNB Clyde – Faslane	2	11	2	15
HMNB Clyde – Coulport	0	0	0	0
HMS Caledonia	0	0	0	0
Navy Buildings Greenock	0	2	0	2
Scottish NATO POL Depots	0	0	0	0

Note:

1. There were no FSMP's schedule for HMS Caledonia during 07/08.

6.4 Fire Incident - Statistical Analysis

	Fire Incidents	
	2007 - 2008	2006 - 2007
Fires	14	29
Fire False Alarm - Equipment	100	154
Fire False Alarm - Good Intent	12	26
Fire False Alarm - Malicious	22	14
Fire False Alarm - Unwanted	272	346
Total	420	569

There has been a **(26%)** reduction in Fire Incidents from the previous year. Actual fires have decreased by **(52%)** and of those **(43%)** could have been avoided through the adoption of safe practices.

Ongoing replacement of old fire detection systems and more rigorous controls regarding the occupation of living accommodation has resulted in a **(35%)** reduction in False Alarms due to Equipment. It is envisaged that continuing replacement of detection systems of transfer of RN Personnel to the new accommodation blocks will assist in further reducing Equipment False Alarms.

Unwanted False Alarms have seen a reduction of **(21%)** possibly due to increased awareness. Unfortunately Fire Alarms, due to maliciousness have increase by **(57%)**, this is an area where education or ultimately discipline will reduce this category.

The establishment of the Building Co-ordinator Organisation should assist in achieving further reductions in the future through better control of portable electrical equipment, better education of building occupants and Contractors. Also the improved liaison with DFRMO staff will assist in raising Fire Safety Awareness amongst Base Staff.

An analysis of the main causes of Unwanted False Alarms is provided below:

	Fire False Alarms - Unwanted - Causation	
	2007 - 2008	2006 - 2007
Steam/Dust/Gases/Aerosols	123	185
Accidental Damage/Activation	21	39
Cooking Processes	68	70
Smoking Materials	15	2
Exhaust/Cigarette Fumes	5	14
Machinery/Equipment	18	6
Hot Work	2	9
Heat from irons/fires/bulbs	5	3
Hot oil/fat (chip/bratt pans)	0	2
Other	15	16
Total	272	346

Release of steam/dust/gases/aerosols is the predominant cause of alarm activations and relates to steam leaks and sensitivity of detector heads to aerosol sprays and steam from showers in the living accommodation, there has been a **(35%)** reduction in this category. Occurrences of accidental activation by personnel working on alarm systems continues to be an issue, although there has been reduction of **(46%)** as does personnel leaving food unattended whilst it is cooking or carry out this activity in non food preparation areas.

7.0 OCCUPATIONAL HEALTH

7.1 Occupational Health – BM (C)

7.1.1 Management of Sick Absence

The reduction of sickness absence, both long term and regular short term, has continued to be high profile for Babcock Marine (Clyde) this year.

It is clear that an early intervention approach influences the frequency and length of absences more than a reactive approach (i.e. once the employee is off sick). Following a consultative exercise coordinated by the Head of Project Management and Planning, a multidisciplinary working group recommended the following initiatives which were implemented by Occupational Health:

- Dedicated phone extension number in OH for all BM employees to report on 1st day of absence.
- OH administrator will update IFS and AMS with relevant absence data.
- Automatic email will alert the relevant manager of their employee's absence.
- Professional OH triage of all absences at day 3 and 8 with implementation of early interventions as appropriate.
- OH prompt to relevant manager on day 14 of absence to initiate the formal referral process.
- Updated return to work form now an electronic wizard with no requirement for paper copy unless requested copy for employee.
- Relevant absence policy and process map updated on CMS.

7.1.2 Measures for Balanced Scorecard

As Occupational Health Department has taken the lead role in coordinating absence reporting and recording, the following measures are now produced monthly by Occupational Health:

- Long term absence
- 20% reduction in all absence
- Absence, lost time
- Return to Work Interviews not completed
- Notional attendance summary
- Potential man hours saved by OH services

7.1.3 Treatments

The total number of treatments on site for minor injury, incidental illness and primary care reviews (e.g. blood pressure checks, wound dressings), and physiotherapy was 2424, an increase of **(21%)** on previous year. Table 1 contains a breakdown of treatment services provided:

Table 1

	Treatment Type	
ACCIDENT ON DUTY	99	111
FITNESS FOR WORK	42	63
REVIEW	313	51
PHYSIOTHERAPY	1455	1147
INCIDENTAL ILLNESS	516	330
TOTAL	2424	2010

Note: figures in blue are for the period 2006/2007

NB. The category breakdown for gathering the above information was improved in 07/08 and accounts for the difference in some comparison categories.

7.1.4 Potential man hours saved

Occupational Health

It may be assumed that without the provision of onsite treatment employees would incur absence. The subjective and conservative estimate is that the employee would take either ½ day notional (4 hours) to see a practice nurse or a full day absence (8 hours) to see their GP. Using these timeframes it has been estimated that 4188 hours absence from work have been saved in 2007-08.

Based on a 40 hour working week for 46 weeks of the year, this equates to 2.3 employees being absent for 1 year each. Taking an average of £20 hour this equates to a monetary saving of £83,760.

Physiotherapy

The subjective and conservative expectation is that following the onset of musculoskeletal pain, an employee would take time off (2 days) to make arrangements to see a GP (16 hours) and a further ½ day notional (4 hours) for each treatment appointment. These timeframes equate to an estimated total of 8735 hours absence from work being saved.

Based on a 40 hour working week for 46 weeks of the year, this is equivalent to 4.7 employees being absent for 1 year at a cost of £174,700 utilising a £20 hourly rate.

Total Saving £258,460

7.1.5 Referrals

Although OH operate an 'open door' and self referral policy, there are times when a formal referral by line managers and/or HR is required. This is often as a result of long term absence, irregular attendance or fitness for work concerns. The total number of such referrals were 1091, an increase of **(82%)** on previous year. Table 2 provides a summary of referrals to the BM(C) OH Department:

Table 2

	Referral Type	
NEW ILLNESS	344	62
RECURRING ILLNESS	60	46
ATTENDANCE	40	38
FITNESS FOR WORK	38	33
REVIEW	142	91
LONG-TERM SICK	440	217
ACCIDENT ON DUTY	7	4
PRE-EMPLOYMENT	20	107
TOTAL	1091	598

Note: figures in blue are for the period 2006/2007

NB The introduction of early absence intervention at 3rd day of absence in addition to the close and timely management of long term absence accounts for the variance in these figures.

7.1.6 Physiotherapy

The introduction of a physiotherapy service has proved both popular and beneficial. The availability of an on site treatment service for a variety of work and non work related musculoskeletal conditions has assisted in either preventing and/or reducing absence periods. Statistical analysis has identified trends in particular working groups and the physiotherapist has taken the opportunity to visit the workplaces, provide specific training sessions and provide advice on working practices. Below are case studies illustrating the benefits of this service.

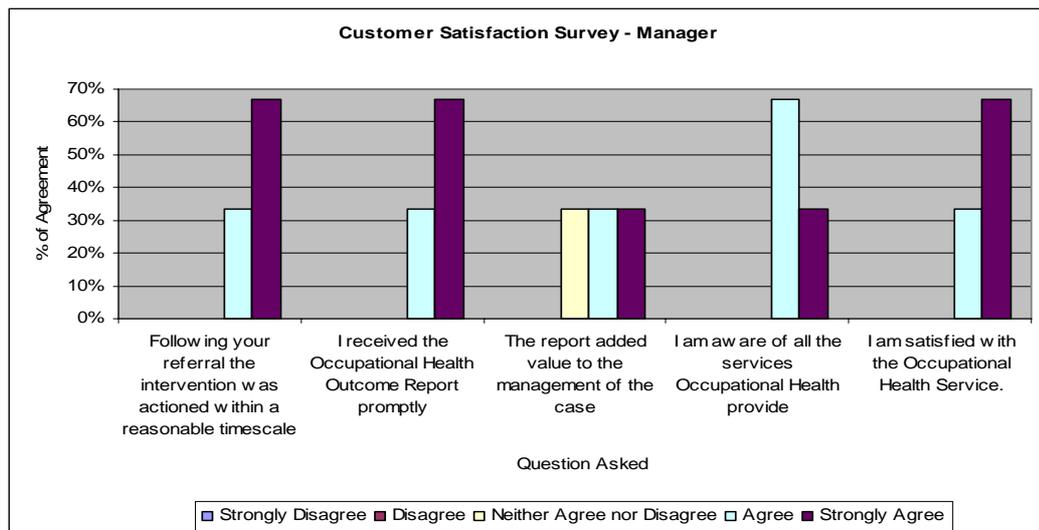
Case Studies

- A 40 year old employee presented with severe foot pain in October 2007, she has been attending physiotherapy on a weekly basis since the onset of her pain. Initially she was on the waiting list of 18 weeks for NHS treatment. Throughout the lady's gradual improvement she expressed that if it was not for the immediate and on going treatment she would have had no option but to sign off sick with her foot pain as it was largely affected by her work.
- A 53 year old employee with wrist pain - tendonitis. Was off sick for 6 weeks, managed successful return to work earlier, supported with physiotherapy treatment. Having progressed from working mornings only she is now working full days with acupuncture once a week for pain relief.

- 53 year old employee with sudden, insidious onset of pins and needles in left thumb and first finger, complaining of constant ache and heaviness in arm and reduced grip strength. Attended physiotherapy with worsening symptoms. Finding intricate activities increasingly difficult. On assessment employee had cervical and thoracic dysfunction in addition to increased neural tension. Employee's activities at work had a very high probability of aggravating these symptoms and physiotherapy was able to address this factor along with providing treatment and advice which settled employee's symptoms. Without physiotherapy intervention I would have anticipated that this employee's symptoms would have continued to worsen to the point that they were unable to carry out their full job role and potentially require sick leave. Attending physiotherapy has also increased this employee's awareness of the effects their daily activities has on the body and therefore future episodes are more preventable now.
- 43 year old industrial worker seen at physiotherapy after the removal of plastercast following a fractured distal radius and ulnar. It was immediately evident that the wrist joint had increased laxity. This was causing the employee problems on a daily basis both at work and home and the employee was finding his full job role particularly aggravating. Appropriate measures were taken to allow the employee to continue in employment but on lighter duties to reduce the risk of causing further damage to the wrist joint. This prevented a potential absence from work. Conservative treatment was also tried to assist in the recovery of this musculoskeletal condition, however it was not improving. The physiotherapist liaised with the employee's GP and the employee is now awaiting an orthopaedic review with the possibility of surgery. Should this course of action proceed, physiotherapy will then continue to ensure rehabilitation aimed specifically at returning this employee to function fully in his industrial job role.

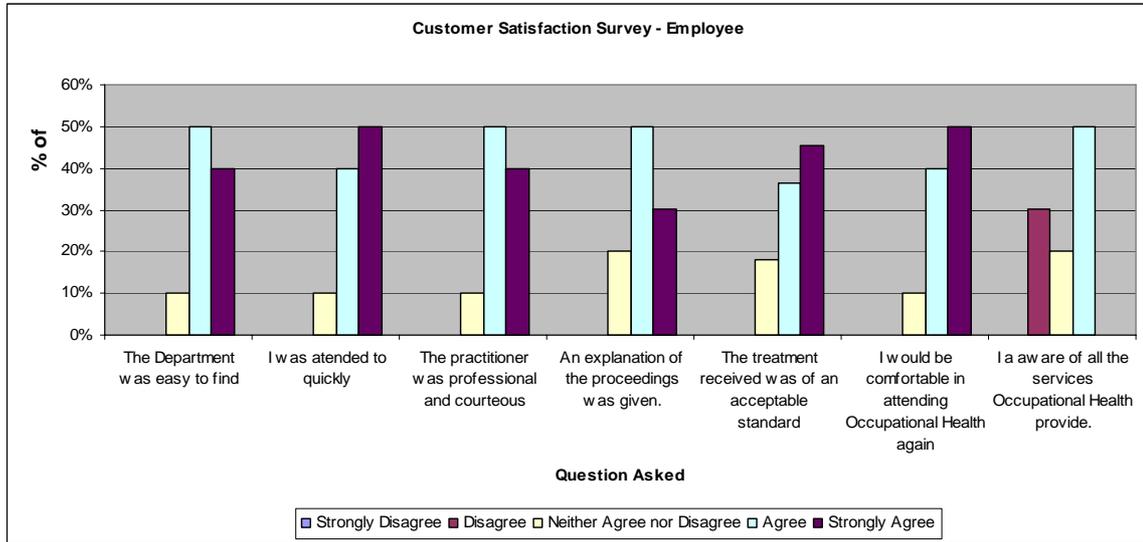
7.1.7 Customer Satisfaction Survey

Customer satisfaction questionnaires were distributed to a random selection of referring managers and employee end users of the OH service. The response rate was encouraging and positive and the results are illustrated in the following graphs:



Managers' Comments

- a) I have had reason to contact Occ Health on various occasions. I have found them extremely helpful with any queries being answered or dealt with promptly.
- b) I am very impressed with the service provided by Occ Health in particular with the role out of site visits (work place occupational health) Many thanks.



Employees' Comments

- a) Everyone at OH is very friendly and approachable; I have no hesitation in asking their advice and help.
- b) In response to statement – I am aware of all services OH provide – I was not aware of all services and am still not aware only word of mouth helps and this is small pieces of information. Perhaps more briefings or hand outs might help to inform people.

7.1.8 Clinical Audit

A random selection of clinical notes, management reports, assessment questionnaires and physiotherapy notes were selected from a 3 month period. The quality and accuracy of the content are measured against a clinical criteria and are graded A-C. A summary of the general findings, key points and improvement measures are provided to the professional staff for open discussion with a copy sent to Duradiamond Healthcare. Following this the 2nd audit showed significant improvement in the grades:

A	0%	40%
B	52%	31%
C	48%	29%

7.1.9 Health Assessment / Surveillance

A variety of health assessments, totaling 629, were carried out during the year. These included certain groups of employees, who, by the nature of their work may place themselves or others at risk if they develop certain medical conditions e.g. MHE drivers, radiation workers.

Table 3

	Health Assessment / Surveillance Type	
LIFESTYLE SCREENING	21	120
DISPLAY SCREEN EQUIPMENT	0	4
CONFINED SPACES/BREATHING APPARATUS1	120	66
AUDIOMETRY	134	18
LUNG FUNCTION	31	77
SKIN	147	2
HAVS	4	2
DRIVING / MHE	67	99
RADIATION	13	15
VISUAL ACUITY	95	135
NIGHT WORKERS	16	12
FOOD HANDLER	5	3
TOTAL	629	554

Note: figures in blue are for the period 2006/2007

NB Lifestyle Screening is offered on a 2 year Rota. Confined Space / Breathing apparatus have increased as Duradiamond advocate initial assessment prior to 1st training and at age intervals thereafter. Audiometry and skin assessments have increased significantly as a result of findings and recommendations following OH work place visits.

Note 1. Safety critical and confined space assessments include visual acuity and lung function and are not shown separately on the above table.

Note 2. Driving assessments includes visual acuity and are not shown separately on the above table.

7.1.10 Health Promotion

OH present a rolling program of health promotion topics that focus on the prevention/reduction of occupational diseases and personal risk factors. The promotions were delivered using a variety of media including, poster, leaflets, tool box talks and on site campaigns. The topics covered this year included:

- Mental Health Awareness
- Lifestyle Risk Factors
- Back Care
- Musculoskeletal Pain
- A Safe Attitude to Alcohol

2008/09 will continue to see promotions throughout the base resulting in the prevention of both occupational and personal risk factors. The occupational risks are being identified following the work place visits. The wellbeing topics will include; healthy heart, bowel cancer, foot care, sun awareness, men's health, sexual health, breast cancer and minor ailments (colds/flu).

7.1.11 Work Place Visits

It is a priority of OH to understand the specific work areas and practices on site. In order to achieve this we have commenced a proactive work place visit plan resulting in a comprehensive knowledge of working teams in all areas. The aim is for Occupational Health to compile a risk register, identifying potential health hazards and, following consultation with management and the Health and Safety Department, instigate health surveillance as appropriate. These changes are already having a positive impact on this year's statistics as per Table 3.

The areas visited included:

- Dangerous Goods Store
- Motor Transport Workshop
- Shiplift
- HMS Torbay
- Light Store
- Heavy Store
- GPSS
- Fieldhouse
- Building 1241
- NCF
- Workshops

7.2 Occupational Health - MOD

7.2.1 Organisation

The MOD Occupational and Environmental Health and Hygiene Department (OEHHD) is responsible for providing a comprehensive occupational health service to Service and MOD civilian personnel working at HMNB Clyde and to other MOD customers in the FOSNNI area. In addition to this, the OEHHD provides environmental health, pest control and occupational hygiene services to HMNB Clyde as a whole, including the commercial partner. Lead by a Consultant Occupational Physician, the department comprises of three specialist nurses, one occupational hygienist, two environmental health officers, a certified pest control officer, one first aid instructor and two administration staff

7.2.2 Noise at Work

Employees working in “hearing protection zones” identified by a noise survey receive regular health surveillance, having an audiogram every 2 years, or more frequently if required. In addition to the occupational hygiene section, the occupational health section of the OEHHD also supports the HS&E Department in their ongoing programme of noise assessments at HMNB Clyde.

The OEHHD is running the Medical Centre hearing conservation programme for all Servicemen and local MDPGA personnel as well as MOD civilian employees exposed to noise.

7.2.3 First Aid Training

The OEHHD provides a variety of first-aid training courses, including appointed person and emergency medical responder training. Table 1 shows the breakdown of this provision in terms of Base-Partnered areas and the remainder which will comprise, service personnel, Base lodger units and FOSNNI areas establishments. The ability to conduct internal First-aid courses rather than have an external supplier gives a considerable saving to both the Base and to MOD Establishments. Based simply on training costs per person, as supplied by St John’s Ambulance, this year’s outputs would have cost in the region of £79,000.

Table 1: First aid training outputs

	TRAINING OUTPUTS	
HMNB CLYDE AND PARTNERED AREAS	160	166
SERVICE PERSONNEL, HMNB CLYDE LODGER UNITS AND FOSNNI AREA ESTABLISHMENTS	190	130

Note: figures in blue are for the period 2006/2007

7.2.4 Health Surveillance

The OEHHDs health surveillance activities over the last year are summarised in Table 2:

Table 2: Statutory Medicals and Health Surveillance

	STATUTORY MEDICALS AND HEALTH SURVEILLANCE ACTIVITIES	
APPRENTICE	11	11
BASCCA	55	56
BLOODS	3	11
CONFINED SPACE	33	25
DF&RS	-	50
DIVING	17	17
ENG/MCA	99	105
EYE TESTING	99	105
FLT/MHE	67	127
FOOD HANDLING	-	2
HEALTH SURVEILLANCE (COSHH)	-	4
INITIAL HEALTH ASSESSMENT	11	13
JETTY CRANE	12	13
LGV/PCV	21	34
MEDICAL PRELIMS	122	135
OTTO FUEL/THALLIUM	18	12
OVERHEAD CRANE	11	28
SPIROMETRY/VITALOGRAPH	190	130

Note: figures in blue are for the period 2006/2007

7.2.5 Health Promotion

OEHHD maintains an active programme of health promotion activities as shown in table 3. This programme is co-ordinated through the Base Health Promotion Committee working closely with colleagues in other departments, both medical and non-medical and the BM (C) Occupational Health Department to maximise the impact of health promotion activities across HMNB Clyde.

Table 3: Health Promotion Activities 2007 -2008

	HEALTH PROMOTION ACTIVITY
APRIL	Health and lifestyle screening
MAY	Stress – presentations to senior management and toolbox talks
JUNE	Men’s health week
AUGUST	Sexual health week
SEPTEMBER	British Heart Foundation Campaign Mental health, Suicide Awareness week Workshop on understanding Self-Harm
OCTOBER	Chest Heart and Stroke Awareness week Breast Cancer Care
NOVEMBER	Diabetes UK
DECEMBER	Drink Aware

7.2.6 Departmental Activity Statistics

The activities of the OEHHD, other than health surveillance, for the last two years are summarised in Table 4:

Table 4 Summary of OEHHD Activity

	ACTIVITY	
FRESH CASES	252	445
TOTAL REVIEWS	336	330
RETURNS TO WORK	55	61
ACCIDENTS AT WORK	21	73
MDPGA	347	346
MDPGA (WORKING TIME QUESTIONNAIRE REVIEWS)	n/a	210
CONTRACTORS	273	156
AUDIOS	790	340
VACCINATIONS	36	54
HEALTH PROMOTION (NUMBER PERSONNEL ATTENDING)	37	109

8.0 OCCUPATIONAL HYGIENE

8.1 The Control of Noise at Work Regulations 2005 The Control of Vibration at Work Regulations 2005

Progression has been made in dealing with policy amendments in both subjects and SOH has supported these redrafting proceedings. The main block of noise area assessments was completed earlier in 2007 and present work activity is involved in minor re-survey work.

Although support has been given with regards to the purchase policy of low vibration plant and equipment, no actual monitoring of personal exposure to vibration was undertaken this year.

8.2 Dangerous Substances and Explosive Atmospheres Regulations 2002

Whilst MOD guidance has been issued under the JSP 375 umbrella, there is a lack as to the actual methodology for assessing and recording these risks. This is to be addressed in 2008 by a working group, headed up by the RAF.

With regards the HMNB Clyde area, a special training course delivered by BASEEFA was held in October 2007. SOH provided support for the procurement process for new small boat repair facility, in which the use of highly flammable substances was anticipated

8.3 Control of Substances Hazardous to Health Regulations 2002

These Regulations have promulgated a number of major changes with regards to the previous COSHH Regulations. For MOD, no publication of any amendments to the JSP 375 leaflet 6 and its associated annexes to support the changes in COSHH have yet occurred. However, some changes within the JSP system are expected for 2008.

Although the progression and implementation of the Sypol COSHH management system has been left to the Base Health and Safety Department to report on, SOH still provides professional support for Base COSHH activities

8.4 Workplace (Health, Safety and Welfare) Regulations 1992

As usual a number of visits were undertaken to address issues relating to general environmental conditions e.g. poor air quality, odour problems, thermal comfort, lighting levels, etc. These have shown no particular trends this year, but the evidence indicates that some office changes are made without looking at the likely habitation problems that come with these moves.

8.5 Training

No specific training output was achieved this year.

8.6 Performance 2007-08

The data for this annual report as shown in table 5 has been offered in a different format to previous years, so as to distinguish between the three recipients; the Base Partnered operations; external establishments; Base MOD-only operations and including MOD lodger units. In addition, rather than showing the outputs as a list of arbitrary designated

occupational hygiene tasks, the work has simply been broken down into advisory work, survey work, work comprising of meeting/discussions, etc. and any training output.

Table 5: OH Outputs

		OH OUTPUTS	
ADVISORY WORK			
Internal/Base	20	19	
External (MOD establishments)	15	8	
Internal (MOD Only)	16	7	
OH VISITS/SURVEY WORK			
Internal/Base	3	35	
External (MOD establishments)	6	17	
Internal (MOD Only)	4	7	
MEETINGS/DISCUSSIONS			
Internal/Base	20	25	
External (MOD establishments)	15	9	

Note: figures in blue are for the period 2006/2007

9.0 ENVIRONMENTAL HEALTH

9.1 International Health Regulations

Enabling legislation implementing the requirements of the International Health Regulations 2005 (IHR 2005) was introduced in England and Wales in June 2007 and similar legislation was introduced by the Scottish Parliament in December 2007.

This resulted in the Deratting Exemption Certificate, which vessels hold to indicate that they are free from rats, being replaced by a Ship Sanitation Control Exemption Certificate.

The Ship Sanitation Inspection (SSI) required prior to the issue of this new certificate covers food safety and potable water management, habitability, communicable disease control and pest control management.

Since June, the Environmental Health Department has been issuing the new certificate and educating the executive regarding their responsibilities; the new system is working well and appears to be well received as it involves fewer, more thorough visits.

9.2 Pest Control

Extensive demolition and construction work throughout Faslane has led to an increase in the sighting and reports of rodents. Independent research by this office has also seen rats down at the jetties, leading to the re-issue of an order for all vessels at HMNB Clyde to deploy rat guards whilst alongside. Rat control is a very high priority and all reports have been actioned and followed up promptly.

An ongoing control programme of pigeons and jackdaws in the Shiplift and under the jetties has reduced the amount of bird guano and subsequently the exposure of personnel working on equipment in these areas.

Fox control on MOD land continues in order to fulfil the MOD's vermin control responsibility to its tenant sheep farmers.

The humane dispatch of numerous animals throughout the base has re-emphasised the need for the pest control officer to hold a firearms and shotgun licence. As a consequence, two other members of the department applied for and now hold shotgun and firearms licences.

Amongst the list of animals were two very sick seals; and on each occasion the action taken was advocated by an SSPCA officer first. One seal body was taken away to Oban Seal Sanctuary for tests for Ocine Distemper Virus, which were thankfully confirmed to be negative.

An ongoing programme of lapine control at RM CONDOR has successfully lowered the population of rabbits to more acceptable levels, proving that money can be saved by establishments through the use of internal expertise.

Finally, the healthy cat population at Faslane appears to be stabilising following the re-homing of several young kittens during the year and the neutering of older cats before returning them to the base. The cats do not cause a problem and are enjoyed by many.

9.3 Food Safety

The majority of food safety inspections were undertaken in conjunction with the Local Authority EHO from Argyll and Bute Council. Several food safety spot checks have been carried out throughout Faslane and Coulport. In addition, a substantial amount of reactive verbal advice has been offered.

9.4 Water

The new Royal Navy Potable Water Management book of reference, BRD820, was published in July 2007. Issued to vessels in a CD format, this document is more concise and easier to use and has been well received. Consultation between the Institute of Naval Medicine (INM) laboratories and the EHOs resulted in a revised method of reporting results from vessels' obligation in accordance with BRD820, to conduct microbiological and chemical tests of their potable water. Consequently, this office has sent many signals throughout the year to ships, detailing the interpretation of the results and any required action.

Following the detection of E-coli and Legionella species in water at Defence Munitions Glen Douglas, several visits have been made to advise, investigate and conduct independent tests of the water.

9.5 Emerging Issues

Extensive building work throughout the base has led to a marked increase in the number of reported rodent sightings. The pest control officer has worked hard to ensure prompt action in each case and remains vigilant to respond to further incidents.

Populations of the Herring Gull and Black-back Gull have been increasing steadily, along with reports from individuals at the sharp end of dive-bombing and aggressive behaviour. The population will be closely monitored in conjunction with BM (C) building officers and additional controls maybe put in place to address the problem.

Numerous SSIs have been carried out on vessels this year, largely in response to requests from ships before they deploy. Many signals detailing the results of ships' potable water sampling have been issued in addition to the requirements for annual potable water testing of both biological and chemical parameters.

The relationship between the Royal Fleet Auxiliary's Fort Class vessels and the Environmental Health Department has been further strengthened this year, with 3 Ship Sanitation Inspections and two 'de-rats'. HMS ALBION was treated for an infestation of tobacco beetles whilst alongside for Exercise Neptune Warrior.

An occupational hygiene survey was conducted on HMS IRON DUKE out of hours in response to a request from the Medical Representative. This office has also been requested to inspect the new DARING class Type-45 ship prior to its commissioning.

9.6 Other Activities

In May 2007 this section hosted a very successful visit by the Chartered Institute of Environmental Health Special Interest Group consisting of some 50 EHO delegates. The visit included a guided tour of the base and the shiplift followed by presentations in the WO and SRs' Mess.

9.7 Future Activities

A number of activities affecting the whole of the department that could have effects on the outputs are as follows:-

- Memo of understanding (MoA) between OEHH Dept and DMC Crombie will bring the current work activity for that establishment under recognised control.
- Other MoAs are likely to be sought from other establishments throughout the FOSNNI land area as changes in the MOD structure filter through the system.
- Internal and external audit for clinical and professional governance of the department
- Provision of additional work activity to the Base and others were this may involve non-traditional OEHH departmental work e.g. DSEAR assessments.
- Levels of man power for the various sections which may feed into the department as a whole.

9.8 Statistical Summary of Environmental Health Activities

	ACTIVITY	
SHIP SANITATION INSPECTIONS ¹ – SHIPS	6	4
SHIP SANITATION INSPECTIONS ¹ - SUBMARINES	4	2
SHIP SAFETY AND READINESS CHECKS (SARCS)	2	5
DERATTING EXEMPTION INSPECTIONS ²	8 (19)	24
FOOD SAFETY INSPECTIONS – SHORE ESTABLISHMENTS ³	4	5
FOOD SAFETY SPOT CHECKS	3	4
PEST CONTROL VISITS ⁴	249	180
REACTIVE VISITS– SHIPS	3	4
REACTIVE VISITS – SUBMARINES	2	4
REACTIVE VISITS – SHORE ESTABLISHMENTS	10	2
POTABLE WATER SAMPLING – SHORE ESTABLISHMENTS ⁵	5	6
LECTURES AND PRESENTATIONS	13	18

Note: figures in blue are for the period 2006/2007

1. Formerly Naval Medical Officer of Health (NMOH) Inspections. Since June 07 NMOH inspections have been combined with deratting exemption inspections under the new title of Ship Sanitation Inspections (SSIs).
2. Up to June 2007, after which these are included under SSIs, therefore total equivalent is 19.
3. Conducted alongside Local Authority EHOs
4. Follow-up visits excluded
5. Routine water sampling on ships and submarines has now been delegated to the medical representative onboard

10.0 CARRIAGE OF DANGEROUS GOODS

10.1 Organisation

In Feb 07, the Dangerous Goods Safety Adviser (DGSA) role transferred from the HS&E Department to the Logistics Department. Alan Stevenson officially assumed responsibility for all DGSA functions in March 07.

10.2 Volumes of Dangerous Goods Transported

Below is a breakdown of all dangerous goods shipped by HMNB Clyde and its outstations on public roads during 2007.

Oil Fuel Depots	Class 3 (Flammable Liquids)	5090000 litres
RNAD Coulport	Class 1.1 (Explosives)	24980 kg
	Class 1.3 (Explosives)	3 kg
Medical Centre	Class 6.2 (Clinical Waste)	851.9 kg
Rosyth (RS 29)	Class 2.2 (Non Flam Comp Gas)	2100 litres
	Class 2.2 (Refrigerant)	4000 kg
	Class 3 (Flammable Liquids)	325 litres
	Class 5.1 (Oxidizers)	60 kg
	Class 8 (Corrosive Solids)	100 kg
	Class 8 (Corrosive Liquids)	130 litres
	Class 9 (Miscellaneous)	5500 kg
GPSS	Class 2.1 (Flammable Gas)	120 kg
	Class 2.2 (Refrigerant)	2100 kg
	Class 2.2 (Non Flam Comp Gas)	4700 litres
	Class 3 (Flammable Liquid)	1500 litres
	Class 4.3 (Dangerous When Wet)	3 kg
	Class 5.1 (Oxidizers)	2000 kg
	Class 8 (Corrosive Liquids)	8000 litres
	Class 9 (Miscellaneous)	19000 kg
Nuclear Compliance	Class 7 (Various isotopes/UN Nos)	3.72E+11 Bq
NSRS	Class 2.2 (Non Flam Comp Gas)	3600 litres

10.3 Dangerous Goods Incidents

Two dangerous goods incidents (near misses) have occurred in 2007-2008, one of which after investigation was categorised as an unsafe load. This represents a 50% reduction compared to 2006-2007.

- Incident No 5900 - The cylinder in question was not pressurised in excess of two bars and therefore fell outwith dangerous goods legislation. However the investigation proved to be fruitful as minimum standards for the movement of gas have been created and implemented as a result.
- Incident No 6088 - This shipment involved 10 x 25 litre drums (secured to a pallet) of corrosion inhibitor, a class 6.1 toxic liquid being shipped from Portsmouth to Rosyth.

Prior to offloading at Rosyth, staff noticed that the pallet had fallen within a wooden cage pallet to an angle of approximately 40 degrees. As well as the obvious loading violation, it was noted that there were deficiencies with regards to the paperwork and labelling of the pallet. Action was taken by the DGSA, in conjunction with DGSA Portsmouth, TL Freight & Distribution & TL MT to ensure that all participants involved were made aware of their legal responsibilities.

10.4 Training

A comprehensive review of dangerous goods training within the logistics department has been completed, although we have adequate numbers in key positions it has been recognised that improvements can be made to enhance our capabilities. ADR driver training & consignor training will continue to be provided by commercial providers.

10.5 Audits & CMS

HMNB Clyde (excluding RNAD Coulport) has recently undergone an audit on its activities involving dangerous goods on the public highway. No major compliance issues were identified during the said audit, awaiting official report. The dangerous goods policy, process map and supporting documentation have been amended to reflect changes in legislation and have been renumbered as follows:

DGS-POL-001	Carriage of Dangerous Goods Policy
DGS-PM-001	Carriage of Dangerous Goods by GB Roads
DGS-FM-001	ADR Safety Checklist
DGS-SD-001	Packing, Marking & Labelling
DGS-SD-002	Determination of Load Limits
DGS-SD-003	Classes of Dangerous Goods
DGS-SD-004	Stowage and Segregation

10.6 Legislation

The carriage of dangerous goods by road is regulated in this country by CDG Road 2007 and ADR. The new addition of ADR comes into force for international journeys Jan 2009 and should be made applicable to domestic traffic in EU Countries by 1 July 2009. The main changes that will or are likely to impact on HMNB Clyde activities are outlined below:

- Changes regarding the provision and contents of instructions in writing (known as Tremcards). The responsibility for providing Tremcards has previously been that of the consignor, this will change to that of the carrier/operator. UN Working Party 15 has agreed to replace the existing system with a single ADR specified instruction. The new system is more aligned to ADR driver training.
- New criteria and marking requirements for environmentally hazardous substances across all modes. Additional marking will be required on combination packages containing inner receptacles exceeding 5 litres or 5 kilograms.
- New "Exempted Quantity" criteria which is in addition to "Limited Quantity" criteria. The new criteria will be subject to the relaxation of certain requirements.
- New "Limited Quantity" marking requirements (black writing 65mm high placed on a white background) for transport vehicles exceeding 12 tonnes when carrying dangerous goods in excess of 8 tonnes.
- With effect from April 2007 the Vehicle Certification Agency (VCA) has undertaken responsibility for the issuing of certificates for UN packaging; this was previously done by PIRA.

- Extension of the requirement for drivers of vehicles under 3.5t to receive appropriate training and hold ADR vocational training certificates if required transporting loads in excess of ADR load thresholds. **(Not a new requirement but worth reiterating).**

11.0 SHEF TRAINING

11.1 Breakdown of Training

Safety, Fire and Environmental Training was provided to 2630 HMNB Clyde Civilian and Service employees during 2007. This comprised 114 training courses/sessions delivered against the pre-planned programme.

The chart below gives a breakdown of the numbers attending the various courses.

COURSE TITLE	NUMBER OF COURSES	NUMBERS TRAINED
HMNB Clyde Safety for Managers & Supervisors	9	78
Safety Passport Alliance (SPA)	35	446
IOSH Managing Safely	10	125
Managing Contractors	3	22
IOSH Workplace Assessor	9	113
Asbestos Awareness	6	82
Environmental Awareness	1	7
Environmental Management	2	15
Basic Fire Awareness	2	15
Hot Work Operator & Sentries	1	2
Building Fire Managers	2	3
Accident Incident Investigation	4	57
Manual Handling	8	74
Manual Handling for Managers	1	5
Explosives Safety	-	-
Pristine Condition Ltd – Manual Handling	3	348
Risk Assessment	1	21
Stress Management	1	8
Oil Spill Training	4	49
COSHH Awareness	1	16
Health & Safety Representatives	1	12
NEBOSH Certificate	1	10
HASTAM – Root Cause Analysis Training	3	23
HINDSIGHT – Ken Woodward	6	743
CBT Fire Awareness	-	137
CBT Safety Courses	-	195
CBT Environmental Courses	-	24
TOTAL	114	2630

Figures provided are for courses delivered between 1 Jan 07 – 31 Dec 07.

11.2 Clyde Manual Handling Project



The feedback relating to Manual Handling presented by Pristine Condition Ltd. has been very positive and indicated that the instruction, as intended, was particularly relevant to their roles and areas. The intention of this course was to ensure Risk Assessments were adequate, updating them if necessary, and train staff and line management (utilising the equipment used in those areas) with a view to line management ensuring ongoing training for their areas was maintained.

11.3 Root Cause Analysis

Root Cause Analysis delivered by HASTAM was a new course introduced during 2007 to assist in developing the HMNB Clyde Safety Culture. Feedback received from attendees was positive and the course was deemed “thought provoking”.

12.0 REGULATORY AUTHORITIES

12.1 HSE Visits

	Reason for visit	Outcome of visit
22 Jun 07	HSE FoD Inspector followed up on Notifiable Reportable Injury, Incident No: 6163	HSE reviewed details of investigation undertaken and remedial actions taken to prevent re-occurrence.
17 Dec 07	HSE FoD Inspector followed up on Notifiable RIDDOR Reportable Incident No: 6597. HSE Inspector also attended IIF presentation along with other Regulatory Authorities	HSE reviewed investigation undertaken and independent report on the equipment being used at the time of the incident. No action taken.
20 Feb 08	HSE Diving Inspectorate conducted a site visit of Diving Operations within HMNB Clyde – Faslane	Diving Inspectorate wrote to NBC / HHSEQ with a number of observations during the visit.

Enforcement notices are a legal procedure by which regulators require us to improve an operation in an agreed time-scale if there is thought to be a potential significant safety risk. During the period **NO** notices were received from the authorities.

12.2 SEPA Visits

Faslane

	Reason for visit	Outcome of visit
Jan 07	Routine sampling/inspection against permit conditions	No adverse findings
Mar 07	Routine sampling/inspection against permit conditions	No adverse findings
May 07	Routine sampling/inspection against permit conditions	No adverse findings
Sep 07	Routine sampling/inspection against permit conditions	No adverse findings
Oct 07	Routine sampling/inspection against permit conditions	No adverse findings
Nov 07	Routine sampling/inspection against permit conditions	No adverse findings
Dec 07	Complaint was received by SEPA regarding the handling of waste in the MAC/segregation.	No adverse findings
Mar 08	Routine sampling/inspection of Sewage Treatment Works and visit to NUB to carryout check against PPC permit conditions.	No adverse findings

OFD Garelochhead

	Reason for visit	Outcome of visit
4 th Jan 07	Routine sampling/inspection re waste management	No adverse findings
14 th Oct 07		
26 th Mar 08	Routine visit to check conditions of PPC permit conditions	No adverse findings

Coulport

	Reason for visit	Outcome of visit
	No visits were carried out by SEPA.	

12.3

Environmental Health

	Reason for visit	Outcome of visit
Jul 07	Routine inspection of the Wardroom Galley. Records examined included HACCP, temperature monitoring and cleaning schedule.	The premises were considered satisfactory.

13.0 AUDIT AND VERIFICATION

A total of 13 SHEF audits were conducted from April 07 to March 08. The internal audits completed were manned by multi-disciplined teams from Babcock Marine, MoD Civilian and Naval employees.

Lifting Equipment/LOLER Regulations

The audit concluded that adequate arrangements were not in place to meet the requirements of ISO 9001:2000 and the LOLER Regulations. A total of 16 Corrective and Preventative Action Reports (CPARs) were raised during the audit, of these CPARs 8 were raised at category C and 8 were raised at category B. Thirteen CPARs have been closed to date. The main issues identified relate to inadequate resource within the STAT Test section and Inadequate Risk Assessments.

Vibration

The audit concluded that arrangements for the management of HAV risks do exist but require review, amendment and re-promulgation. Implementation of the arrangements proved to be poor and this has resulted in widespread non-compliance with statutory requirements. The audit found a range of non-compliances which resulted in 4 Category B and 2 Category C findings. Five CPARs have been closed so far. The main issues related to inadequacies with the safety policy and content of risk assessments.

Manual Handling

Although some enhancement of the planned arrangements, in the form of CMS documentation was required, they met the requirements of legislation, namely the Manual Handling Operations Regulations 1992 (as amended). Only two areas visited (MTW and Module D6 of the GPSS) were found to be non compliant with HMNB requirements and these are reflected in the two Cat C findings being raised, both relating to Risk Assessments. One CPAR has been closed so far.

Storage and Handling of Industrial Gases

The aim of this audit was to measure the Coulport and Faslane sites against two specific aspects of JSP 319: Refrigerant gas handling, management and storage of containers and Storage areas for gas cylinders. A total of 9 CPARs were raised, 2 Cat B and 7 Cat C findings. Six CPARs have been closed so far. Findings related mainly to the need for a standard process of weekly inspections being implemented across our sites.

Noise

The audit identified several areas of non compliance with regard to regulatory standards. A total of 20 Corrective and Preventive Action Reports (CPARs) were raised. The key Category B findings which emerged from the audit were the lack of demonstrable evidence of compliance with Noise & Hearing Conservation Policy, at 1109 Joiners Workshop and the lack of implementation of controls in an identified Hearing Protection Zone (HPZ) including failure to provide audiometry. In 1241 workshop the failure to take action following the specialist noise assessment carried out in October 2005 has resulted in a Category B finding. The audit also identified 12 Category C findings which related to failure to comply with Noise & Hearing Conservation Policy, HSE-POL-040. Sixteen CPARS have been

closed to date. The issues identified the requirement for a Policy Review and identified inadequacies in Instruction & Training for Hearing Protection.

Ionising Radiation Detection and Monitoring Equipment

The purpose of the audit was to assess the levels of compliance against the requirements of the Legislative, Departmental Procedures and Locally developed processes. The Audit concentrated mainly on the continuing development of the Radiation Calibration Facilities at HMNB Clyde. The requirement to formalise a number of issues concerning documented procedures need to be affected and consequently full compliance could not be demonstrated at the time of audit. No formal CPARs were raised.

LRQA 14001

The audit team concluded that the EMS is capable in demonstrating each of the policy commitments, including those related to pollution prevention and the provision of continual improvement. The organisation demonstrated continual improvement via the ongoing environmental awareness campaigns that are commendable, continued measures to segregate & recycle waste & energy reduction projects, including planned biomass boiler, & other projects. A total of 3 Cat B and 22 Cat D CPARs were raised, Sixteen CPARs have been closed off so far.

The following areas are of significance for follow up or require resolution

There is a paramount need to clarify within top level documentation & supplementary EMS elements the scope of the Faslane & Coulport EMS. In other words, what is within the direct management control of the Commodore;

- There is a paramount need to clarify within top level documentation & supplementary EMS elements the scope of the Faslane & Coulport EMS. In other words, what is within the direct management control of the Commodore;
- Continue with the revisions to the register of legal & other requirements;
- Complete the planned environmental aspects/impacts rationalisation & simplification;
- The EMS has various management review mechanisms that contribute to compliance with ISO14001, however these could be improved to better demonstrate compliance;
- PCB management needs to be reviewed to ensure the EMS is capable of providing for legal compliance;
- Ensure that actions arising from emergency exercises are completed in a timely & demonstrable manner.
- Demonstrate effective measures are being taken to monitor the integrity of Coulport B220 bulk storage tanks.

HSEQ

The audit reviewed aspects of the Health, Safety, Environment and Quality Departments process and procedures within HMNB Clyde and evaluated the effectiveness and the efficiency of those processes. The auditors identified areas of strength and weakness; In general the team were impressed by the motivation and honesty of staff interviewed over the two days, including openness and the genuine desire to make the audit function better. In particular; there was good evidence of SHEF Communication & Consultation being

generated; the Active Monitoring Programme is moving forward; waste management processes are sound and Duty of Care responsibilities being discharged; Energy Management initiatives being taken forward in support of base strategy and the new initiatives in the QA department audit programme which are driving positive change. These are great strengths, and credit is due to the people who are striving to make a difference. The main weaknesses identified, relate to minor compliance with process maps; the most significant finding referred to the failure to follow procedures for close out of CPAR's. The audit identified one Cat B non-compliance report and 9 Cat C findings. Nine CPARs have been closed so far.

Control of Contractors

As a result of the introduction of the VCIC (recommendation from earlier audit) there is evidence of improvement in the knowledge and understanding of individual contractors sampled. However there was widespread ignorance and, consequently, non-compliance with the policy requirements. The failure to implement the requirements of the policy and legislation only served to highlight the lack of line management ownership in many work areas. The audit has identified that planned arrangements are not adequate and they are not being effectively implemented. As a result of the audit the following 3 Cat B and 2 Cat C CPARS were raised: The main weaknesses identified were the lack of demonstrable evidence of compliance with Control of Contractors Policy, and the failure of the Policy to meet the needs of the disparate organisations and departments within the Base as a whole.

Caledonia EP Review

The audit concluded that adequate management arrangements are not in place to satisfy the requirements of an EMS as described in JSP 418. With regard to implementation there was no evidence of a formal Environmental Programme, however, there was evidence of selective and reactive measures in place in support of environmental compliance. A total of seven CPARs were raised and agreed. The two most significant findings relate to a failure to demonstrate legislative compliance with the Fluorinated Gas Regulations 2006 and the discharge of Duty of Care responsibilities pertaining to waste management as laid out in EPA 1990. With regards to the development of an EMS there is a need to establish a formal Environmental Programme to provide the overarching framework for taking implementation forward. One CPAR has been closed so far.

Calibration Services

The audit concluded that adequate arrangements were in place to control Calibration activities associated with the requirements of T2387 (Management and Operating instructions for the UK SWS Calibration Operations) and JSP425 (Examination and Testing of Ionisation Radiation Detection and Monitoring Equipment). The NCF and the NCL were able to demonstrate adequate control and implementation of their respective calibration processes, although it was recognised that the NCL should introduce more formal written procedures to communicate and capture certain activities as identified within this report.

Waste Management

The audit concluded that the arrangements in place are not completely adequate to satisfy the requirements of ISO 14001. Implementation of these arrangements also proved to be inconsistent. Consequently compliance was not fully demonstrated and assurance cannot be provided that all areas of waste management are fully compliant with the requirements of ISO 14001. A total of 18 CPAR's were raised and agreed. The most significant related to a

failure to comply with our Duty of Care as laid down in the Environmental Protection Act 1990 section 34 and failure to comply with the Special Waste regulations 1996 as amended. In addition there is a need to address and develop a training strategy to support the waste management activities. One CPAR has been closed so far.

Asbestos

The audit concluded that arrangements for the management of asbestos at HMNB Clyde are not adequate. In particular, a number of the findings made have the potential to place the Duty Holder and NBC at risk of enforcement action. The audit found a range of non-compliances which resulted in 15 CPAR's (3 Category B, 11 Category C and 1 category D). The most significant findings included the fact that the Base still does not have an adequate "written management plan" as required by the Control of Asbestos Regulations 2006 (CAR 2006). The asbestos management plan should be the principal instrument for the co-ordination of the management of asbestos in any organisation. It was found that the extant Asbestos Management Plan document (AMP) had not been revised since 2004 and is the same version criticised in the last asbestos management audit in February 2005. In addition the audit identified a failure to monitor the condition of Asbestos Containing Materials (ACMs) at Coulport (and parts of Faslane). There was also a failure to provide information on ACMs at Faslane to the Defence Fire and Rescue Service.

CPAR Management

A total of 133 CPAR's (Corrective/Preventive Action Reports) were raised as a result of these audits. The outstanding CPAR's are being monitored by Responsible Persons who review progress and objective evidence for closure with actionees.

CPAR trends are monitored through the Balanced Scorecard which is reviewed at Board level and is now being broken down by Directorate and Department. There are two measures which are our current focus:

- Show a continuous reduction in Overdue actions to achieve a sustained 80% close out within agreed timescales
- Reduce the age of CPARs on the CMS by 30% from a Jul 07 Baseline

Performance against these measures at the end of March showed some areas across HMNB Clyde were close to or had met these targets. However, overall performance which includes all areas at Clyde showed that 31% of CPARs were OVERDUE, so hadn't achieved the 80% close out target.

139 (49%) of current CPARs are SAFETY related issues and 43 (53%) of OVERDUE Findings are SAFETY related.

Audit Planning & Resourcing

We are commencing on the third year of our three year rolling programme of audits. The three year programme was based on a formal risk assessment of what areas needed to be audited and how often.

We are utilising a team of twenty five 'active' auditors and have commitment this year to have four new Lead Auditors and four new Internal Auditors trained and available to take part in audits.

Our current team of auditors met at an Auditor Forum in January 2008 in order to commit to the 2008 programme, identify areas where we could improve on audit performance and to share ideas and coaching amongst the team. This was received positively and will be held every six months.

Conclusion

The audit programme continues to be effectively implemented and the output from our audits, continue to identify objective evidence of compliance and areas which require improvement to our Management Arrangements and their implementation.

There is a continuing commitment from both Babcock Marine and MoD areas of the business to man our audit teams in order to deliver the programme effectively.

14.0. SELF REGULATION NOTICES (Internal Enforcement Notices)

During 2007-2008 2 Prohibition Notices and 14 Improvement Notices were issued. A summary of these is detailed below.

Details of the 2 Prohibition Notices and 14 Improvement Notices issued are as follows:

Reference Number	Date of Issue	Issued to	Brief Description
CA/INT/K/21 Prohibition		Head of Estates Management	Unsafe access to plantrooms in new accommodation blocks
CA/INT/K/22 Prohibition		Head of Project Management and Planning	Following failure of a chain block in use (incident 6655) All Morris chain blocks to be withdrawn from service and checked. No reinstatements until maintenance issues are resolved.
CA/INT/J/66 Improvement		Head of Fleet Production	Defective service brows
CA/INT/J/67 Improvement		Head of Estates Management	Unsafe access to plantrooms in new accommodation blocks
CA/INT/J/68 Improvement		Head of Nuclear Activities	No evidence of LEV maintenance or testing lifting equipment requires stat testing.
CA/INT/J/69 Improvement		Estates Director Clyde	Sceptic Tank over flowed discharging raw fluid into the Gareloch.
CA/INT/J/70 Improvement		Hi Tech MD (Contractor)	Hose being used to remove sewage waste ruptured discharging a quantity of waste onto the berth
CA/INT/J/72 Improvement		Estates Director Clyde	Window restrictors were over ridden resulting in a window falling.
CA/INT/J/74 Improvement		Head of Estates Management	The quality of accident investigation does not reach the required standard despite coaching and one to one meetings with Team Leader and the BSSL Manager.
CA/INT/J/75 Improvement		Head of Estates Management	Unsafe installation of heating equipment in Dangerous Goods Store. Unsafe Installation of Diesel Tank to feed heating equipment
CA/INT/J/76 Improvement		Head of Logistics	Unsafe installation of heating equipment in Dangerous Goods Store. Unsafe Installation of Diesel Tank to feed heating equipment.
CA/INT/J/77 Improvement		Head of Fleet Production	Safety Advisers observed LEV being used by workers in the workshop area, as a control measure when conducting welding activities.
CA/INT/J/78 Improvement		Head of Nuclear Activities	Following the initial investigation into incident 6655 it was discovered that the chain block had failed due to it being incorrectly reassembled following the last intrusive maintenance.
CA/INT/J/79 Improvement		Head of Project Management and Planning	Maintenance records for the chain block involved in incident 6655 could not be produced for the last 2 annual maintenance periods.
CA/INT/J/80 Improvement		Head of Project Management and Planning	Review maintenance and statutory testing for all makes of Hand Chain Hoists (Blocks) within HMNB Clyde.

15. LEGAL CLAIMS

15.1 Babcock Marine (Clyde)

There were 11 new claims against Babcock Marine during this period which represents a 50% decrease from the previous year. 11 claims have been settled during 2007-08 to a value of £55.8K, equating to an average cost of £5580 per claim. This compares to an overall payment of £43.4K for the 8 claims which were settled in the previous year at an average cost of £5412 per claim.

At the time of writing this report, 21 claims were awaiting closure and the outstanding reserve value of these claims equates to £355.5K.

Below is a departmental breakdown of claims brought in 2007-08, detailing their status and value and a further table providing details of all outstanding claims in the department:

Departmental Breakdown of Claims 2007-2008

Directorate	Total No of Claims	Settled	Pending	Repudiated	Paid (£k)	Outstanding (£k) (Reserve)
Fleet Services	6	0	6	0	0	52K
HR & Crew Services	2	0	2	0	0	35K
Operations	3	0	3	0	0	100K
Total	11	0	11	0	0	187K

Departmental Breakdown of All Outstanding Claims 2007-2008

Directorate	Total No of Claims	Settled	Pending	Repudiated	Paid (£k)	Outstanding (£k) (Reserve)
Fleet Services	12	4	8	0	24.3K	75K
HR & Crew Services	8	3	5	0	17.5K	145K
Operations	11	4	8	0	14K	135.5K
Total	31	11	21	0	55.8K	355.5K

Of the 11 claims reported in 2007-08, the following breakdown of causation is as follows:

Cause	Number of Claims
Slips, trips and falls	5
Strike Against Object	2
Fall From Height	1
Electric Shock	1
Manual Handling	1
Crush Injury	1
Total	11

13.2 Ministry of Defence

There have been 2 new claims against the MOD. One was as a result of the IP being struck by a moving object and the other was as a result of the IP falling through a manhole cover. The outstanding claims and cost element information is not available.

Public Liability

There have been 2 public liability claims during the reported period.

- 1) IP caught her shoe in the runner of partition door and fell over causing bruising and a cut on her nose.
- 2) Forklift truck ran over IP's foot.

Investigation into these incidents are ongoing.

16.0 OBJECTIVES AND TARGETS FOR 2008 – 2009

Introduction

The objectives and targets for 2008 – 2009 will continue to build on the successes already achieved whilst concentrating on those areas where improvements need to be made in managing safety and reducing workplace injuries and ill health. As stated earlier in the report the Naval Base has embarked on an ambitious programme to change the safety culture throughout the Base under the banner of 'Our Challenge on Safety'. The objectives and targets set will be monitored through the Safety Leadership Steering Group.

16.1 Requirements

- Agree Periodic Safety Review Strategy
- Establish a Just Culture
- Integration of Lodgers and Contractors into IIF programme
- Establish Directorate safety leadership Teams

16.2 Learning and Development

- Deliver 4hr IIF Orientation programme covering FASFLOT, BM and MoD employees
- Deliver 4hr IIF Orientation programme covering Lodgers and Contractors
- Complete delivery of Accident Investigation Leadership Toolkit (Root Cause Analysis)
- Deliver IIF Supervisors Skills Workshop
- Develop and deliver training programme for Directors and Senior Managers
- Base Induction programme to be aligned to IIF

16.3 Combined Nuclear & Conventional Safety Culture

- Single incident reporting and recording system
- Instructions to persons on site – AC9
- Base-wide lessons learned process
- Integrated Annual Report

16.4 Communication

- Develop communications strategy
- Develop Safety Website
- Enhancement of Base-wide communications

16.5 Process Initiatives

- Time Out For Safety (TOFS)
- Launch Point OF Work (POW)
- Control of Contractors Phase 2
- Roll out of EMMA Incident Reporting system
- Complete rollout of CoSHH Programme (SYPOL)
- Produce updated Induction video
- Improve reporting of Near Misses

16.6 Behavioural Safety

- Develop & launch a Recognition & Reward Scheme
- Develop a Behavioural Safety Strategy
- Undertake Pulse Surveys

16.7 Environmental

- Certificate renewal of ISO 14001
- Develop the waste & recycling strategy in line with the MOD targets
- Develop process to ensure compliance with Phase II of the EU Emissions Trading Scheme
- Implement programme to install electricity meters at individual buildings as per roll out plan.
- Organise the 3rd Energy & Environment awareness week.

16.8 Occupational Health

- Complete programme of workplace visits
- Carry out a minimum of 6 health promotions
- Implement e OPAS Occupational Health software system
- Implement a drug and alcohol policy
- Continue implementation of First Aid requirements
- Continue development of a robust system for reducing sick absence

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