



Health, Safety and Wellbeing Strategy

2025 - 2028



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Strategic Policy Statement

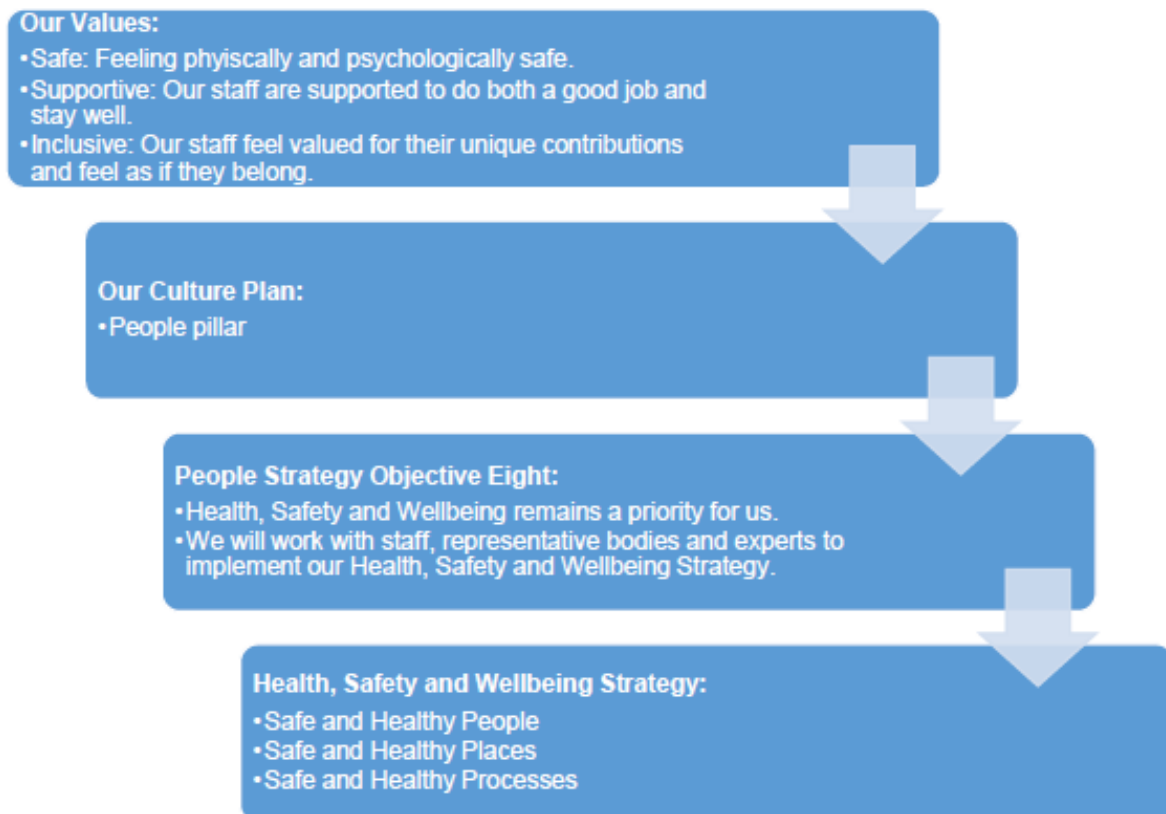
The 2022 – 2025 Health, Safety and Wellbeing Strategy set out three core aims: safe and healthy people, safe and healthy places, and safe and healthy processes. At that time this recognised the synergy and collaboration between the individual Health and Safety and Health and Wellbeing teams.

In 2024 following an internal restructure the full potential of that synergy was harnessed into the Health, Safety and Wellbeing Team. The holistic approach between the two disciplines set out in the previous strategy is now reflected in this new structure.

The three core aims remain relevant for the 2025 – 2028 strategy and dovetail well with the values of Our Culture Plan: safe, supportive and inclusive.

Context

The diagram below shows the relationship between organisational plans and strategies and the Health, Safety and Wellbeing Strategy and how through engagement with cultural change everyone with the organisation can affect health, safety and wellbeing outcomes be that their own, their colleagues or their team members.





Many external factors influence what we must do to in this area such as legislation, regulations and approved codes of practice. Whilst we strive to achieve legal compliance as a bare minimum, there are many influences on how we carry out our work in this area such as our health and safety management system, NFCC strategy, guidance and toolkits, Fire Standards, National Operational Guidance, academic research, best practice and / or assessment frameworks such as HMICFRS and the Mental Health at Work Commitment.

We will continue to review all these sources, and tailor to the needs of RBFRS.

We value the positive working relationship with our representative body health and safety representatives and will work hard to maintain this position.

Health, safety and wellbeing performance is reported regularly through Health Safety and Wellbeing Committee, Strategic Performance Board and Senior Leadership Team, with final scrutiny at the Fire Authority's Audit and Governance Committee.

Reporting in this area will also be included at the People Programme Board which will oversee progress against Our Cultural Plan.

Strategy

To meet our aim of safe and healthy people, safe and healthy places, safe and healthy processes the priorities for the duration of this strategy are detailed below. In a move away from providing detail on what is or has become business as usual for the Health, Safety and Wellbeing Team, the strategy sets out some ambitious, focussed pieces of work that we want to achieve by the end of 2028.

It is hoped that the combined effect of the focused pieces of work will be that individuals will be supported to own their own health, safety and wellbeing.

These are generally not new areas of work; the new strategy period presents an opportunity to prioritise and make some tangible progress. There are links between these areas and with other workstreams such as EDI. We will ensure that we are not working in isolation, and links are leveraged for maximum benefit.

The 2022-2025 strategy included a priority to support staff overcome the impact of COVID. What has become clear is that the legacy of the pandemic will be felt for some time, and it continues to present a challenge for the NHS to meet demand for both physical and mental health needs. Moving into this strategy period instead of a standalone priority we will consider each priority through the lens of the lasting impact of the COVID pandemic to determine whether any additional action is required.

Although not explicitly referenced in a dedicated priority the challenges faced by an ageing workforce will be addressed by activities within priorities 3 (fitness), 4 (women's health), 5 (long term health conditions). Further it is acknowledged that different staff groups may need different treatments due to the requirements of their roles, life or career stage.



We have built up the provisions and practice in this area over many years. Where in the past our response may have leaned towards reactive, over the next period we will attempt to be more preventative in our approach mental health and identifying and mitigating risks before they escalate.

There will of course be occasions where we must react to events in our community or society more widely e.g. conflict situations around the world or the civil disturbances seen in the summer of 2024. When these situations arise, we will work with colleagues across the Service to tailor an appropriate compassionate response to the needs of those affected.

With limited resources our staff must remain the main audience for our work. However, events at work can impact on home and events at home can impact on work. Families can be both a source of support during challenging times and source of stress for our staff, which can result in them taking time off from work. Where possible and appropriate we will extend our considerations and communications to the family of RBFRS staff. It is anticipated that NFCC campaigns will also take this approach to recognise the impact of family on wellbeing.

Similarly, we will, where opportunities present, consider how we can reach the retired RBFRS community as some risks to ill-health and poor wellbeing extend beyond their employment with us.

The priorities are numbered for simple reference and do not represent an order of importance.

1. Maintain a robust, high-quality health and safety management system.

To continually develop the above, we will:

- Continue our work around to contaminants to ensure the organisational risk and health and safety risks are managed in line with emerging research and best practice.
- As a team become more visible across all workplaces to raise awareness of individual and collective responsibility for health and safety.
- Improve understanding, with the team and RBFRS of human factors in health and safety behaviour. We will look these through the lens of inclusion especially in relation to neurodiversity and how that may impact on risk perception as an element of health and safety behaviour.
- Explore the benefits of introducing a hazard reporting system.
- Address drugs and alcohol misuse from a unified health, safety and wellbeing perspective.



2. Equip staff and managers with the necessary skills and tools to create psychological safety in the workplace.

Defining psychological safety at this point is crucial so that it is clear what we're trying to achieve. Psychological safety is the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes.

The work detailed below will feed into the Cultural Plan, which will be a key driver in creating a psychologically safe workplace.

To achieve this, we will:

- Focus on addressing the stigma around suicide. Specific activities will include raising awareness, suicide prevention and developing a postvention plan as well as considering training needs for staff and managers.
- Review the response to trauma provision and ensure that it is supported by a sound evidence base and appropriately supports staff across the Service who may be exposed to trauma through the course of their work.
- Target interventions to higher risk groups as identified by data analysis, such as Structured Professional Support.

Whilst taking a preventative approach to mental health, we will attempt to understand differing individual needs, for example neurodiversity, in the assessment, delivery and communication of interventions.

The main action plan will only report on the projects above; however, a more detailed mental health action plan will be maintained to show how we are progressing in respect of the recommendations of the Mental Health at Work Commitment which was signed in February 2022.

3. Support all operational staff to maintain fitness to the required standard to ensure a sufficient and effective operational response across the Service.

To achieve this, we will:

- Report on the strength standards trial by January 2026 providing sufficient information to enable SLT to reach an informed decision on the future inclusion in the fitness testing process.
- Provide fitness support to the positive action programme, including dedicated support to past candidates to maintain their engagement with RBFRS.
- Create evidence-based resource on sleep including links to risk of fatigue in the workplace.



4. Develop our work around women's health to increase awareness and understanding in the workplace to address any disadvantage.

NOTE: Whilst the above references women's health, we recognise that not everyone affected by is a woman. Many of the issues that will be addressed can affect our non-binary and trans colleagues too. When working on this priority we will maintain awareness that the gendered language used when talking about issues can be a barrier to some people being involved in the conversation and accessing support.

To achieve this, we will:

- Expand our work around menopause to female hormone health in general, including a broader range of conditions as well as fertility and pregnancy related issues.
- Ensure that our work around contaminants considers any ill-health effects specific to female physiology.

In a male dominated work place a natural question would be what are we doing for our male staff? In the UK, suicide rates are highest amongst men under age 54, through priority one we will address this significant men's health issue.

We will also continue our regular health promotion activities to raise awareness of male health issues such as Men's Health Week and Movember.

As the priority indicates this work is to address disadvantage and enable our staff that identify as female to feel comfortable in a workplace that understands and can accommodate the challenges female hormones can present for some, so that they can thrive and perform to the best of their ability.

5. Improve workplace support for staff living and working with disabilities and long-term health conditions and differing needs.

To achieve this, we will:

- Equip managers to confidently discuss health and wellbeing matters with their staff and plan adjustments.
- Improve manager's confidence to formulate a return-to-work plan that integrates their staff back into the workplace within an appropriate time frame.
- Ensure policy, procedures, guidance and tools are appropriate and easy to use.

Where there is an expectation for managers to take action, we will ensure that they are clear on what they need to do and engage with.



6. Support the financial wellbeing of our staff.

To achieve this, we will:

- Identify and promote suitable financial education opportunities, as per the point above.
- Build a benefits offering tailored to staff needs.
- Work to challenge the stigma around talking about gambling.

As we implement work in this area, we will take a career / life stage approach which recognises that there are different needs at different times and that individuals will transition through stages.

7. Strive for continual improvement to drive performance, productivity and / or efficiency.

To achieve this, we will:

- Review our processes to identify where we can improve using available technology.
- Share and welcome learning internally and externally such as audit findings.
- Develop a wellbeing impact assessment / risk assessment to inform change management. This would identify foreseeable risks to wellbeing and enable preventative measures to be put in place.

8. Use data to inform and drive our decision making.

To achieve this, we will:

- Automate our data generation where possible.
- Be curious and intelligently analyse our data, considering how it intersects with other departmental, organisational or sector data.
- Share our data and insights to inform wider organisational decision making.

We will use data to make the most well-informed decisions and evaluate impact across all priorities. Priority 8 therefore is more of a commitment to collecting, analysing and sharing the right data. As such it will not have an action plan but will sit as an area of work for each of the priorities.

Health, Safety and Wellbeing data will be presented through the quarterly dashboard.



The NFCC Health and Wellbeing Framework will be driving coordinated collection and sharing of health and wellbeing data, we will participate in this data sharing and seek to benchmark ourselves against similar services.

Evaluation

As mentioned above data will be used to evaluate the impact of our activity.

To help us achieve priority 7 (continual improvement) we will consult with various networks within the organisation and welcome feedback.

The staff survey includes questions in this area and responses are analysed by department and compared to previous years. The use of targeted mini surveys will be considered and coordinated with other surveys to avoid fatigue.

The stress indicator tool remains available to us and its use would allow us to comply with the requirement to assess the risk of work-related stress.

Action Plan

The Health, Safety and Wellbeing Service Plan will reflect the depth and breadth of work undertaken by the team including business as usual elements that will no longer feature in the action plan.

Examples of business-as-usual activities are routine six-monthly fitness testing, maintenance of up-to-date policy and guidance, accident investigation and absence management. Managing our health, safety and wellbeing contracts would be referred to as business as usual, and as such includes making sure that provisions are fit for purpose and represent good value for money.

An annual action plan will reflect the progress made in the focus areas of each priority.

Communications

Each year we will deliver a well thought out communications plan aligned to the priorities above. Where the subject matter allows messaging will include a health, safety and wellbeing strand.

All appropriate communications methods will be used. We will also explore more innovative ways to communicate with some of the harder to reach staff groups.