

What is Occupational Health?..

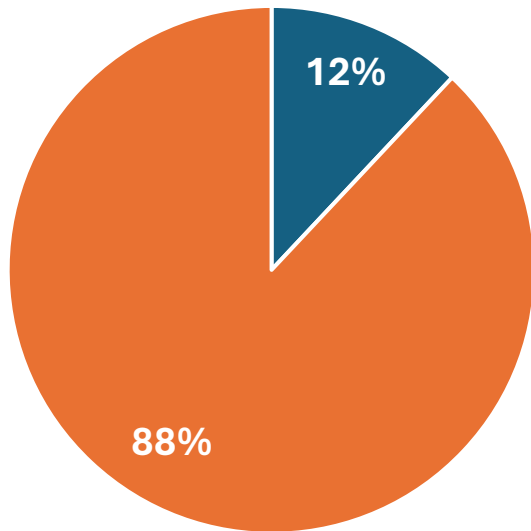
Ask the questions you were too scared to ask!

**SOM Occupational Health Awareness Week
(OHAW), 22-26 September 2025**

Dr Oli Chapman,
Consultant Occupational Health Physician
MFOM
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26 September 2025

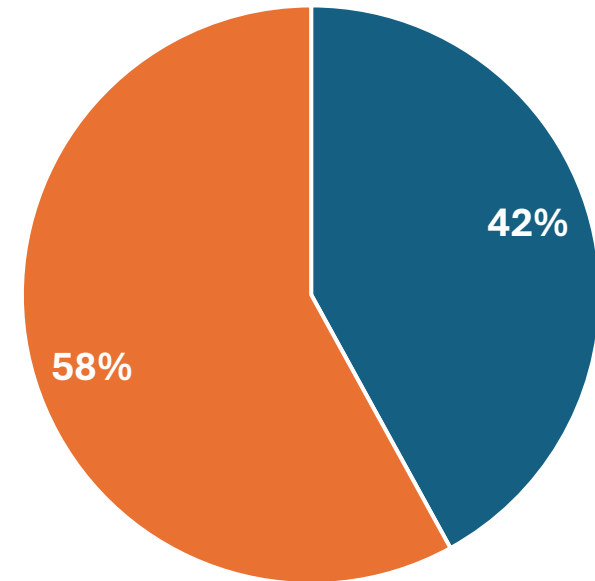
YouGov survey commissioned by the SOM, 2025

HR professionals selected “access to occupational health” as one of the top four drivers of good employee health.



- OH is one of the top factors contributing to employee health at work
- OH is not one of the top factors contributing to employee health at work

Use of OH to plan how to prevent ill health

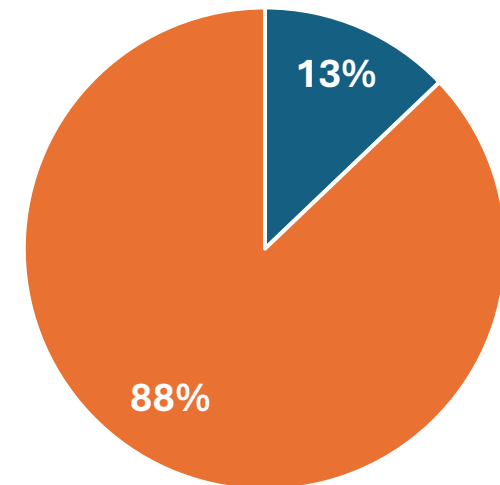


- Use of OH to plan how to prevent ill health
- No use of OH to plan how to prevent ill health

YouGov survey commissioned by the SOM, 2025

- Awareness gap:
 - 6% of HR are unsure if their organisation offered any OH support
 - 18% were not sure when OH referrals were made.
- Barriers:
 - 26% of HR reported no barriers to using OH.
 - Cost (22%) and lack of understanding of OH (13%) were cited as common obstacles

Referrals for Presenteeism



What is Occupational Health

- **WHO:** Occupational health is an area of work in public health to promote and maintain highest degree of physical, mental and social well-being of workers in all occupations.
- **HSE:** An important part of occupational health is concerned with how work and the work environment can impact on workers' health, both physical and mental. It also includes how workers' health can affect their ability to do their job. Put simply this means the effect of work on health and that of health on work.

What is Occupational Health

- **SOM:** Occupational health (OH) maintains the wellbeing of employees, preventing and removing ill-health and developing solutions to keep staff with health issues at work.
- **FOM:** Safe work is generally good for health; it provides purpose, boosts self-esteem, and enables financial independence
- Worklessness is associated with poor physical and mental health and increased risk of self-harm
- The risk of falling out of work increases with the length of SA:
 - After six months of SA, the probability of RTW is approximately 50%



OH -main considerations

Impartiality

Legal and ethical responsibilities

Confidentiality

Consent

Why Occupational Health Matters?

- Protects employees' health and wellbeing
- Supports ESG and HR strategy
- Increases workplace retention levels
- Helps in ensuring regulatory compliance related to employee health, safety, and legal obligations



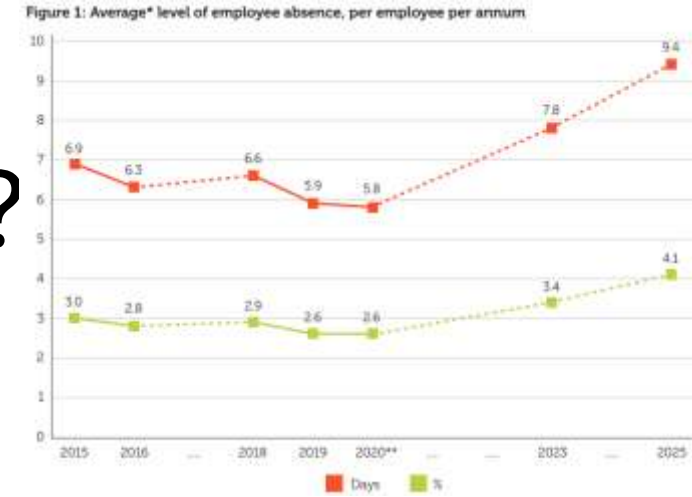
UK Legal Framework

- Health and Safety at Work Act 1974 (HSWA)
- Management of Health and Safety at Work Regulations 1999 (MHSWR)
- EA 2010
- GDPR UK
- Employer's duty of care and responsibilities
- Duty of care: employer vs employee
- Consequences of non-compliance



Why Occupational Health Matters?

- Reduces absenteeism, presenteeism and injury rates
- Supports compliance and risk management
- Improves morale and productivity



CIPD, 2025

Figure 3: The effect of workforce size on absence levels (%)

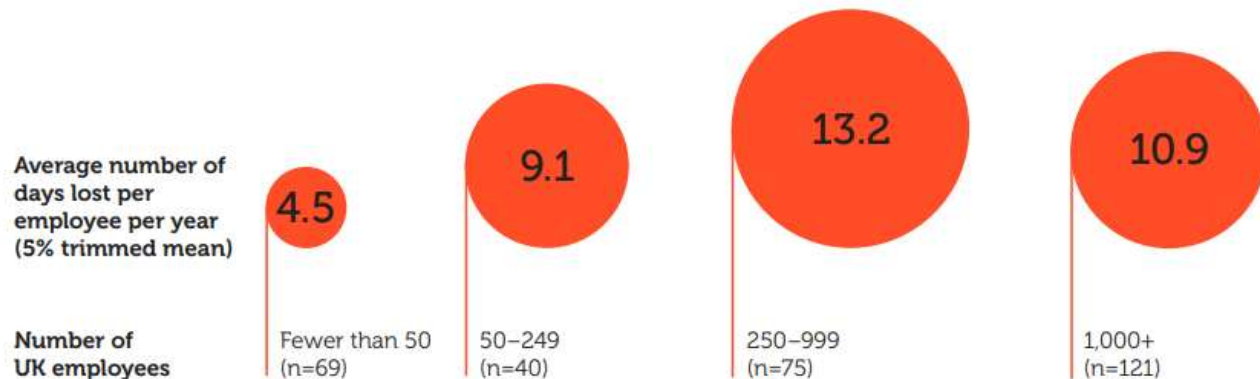
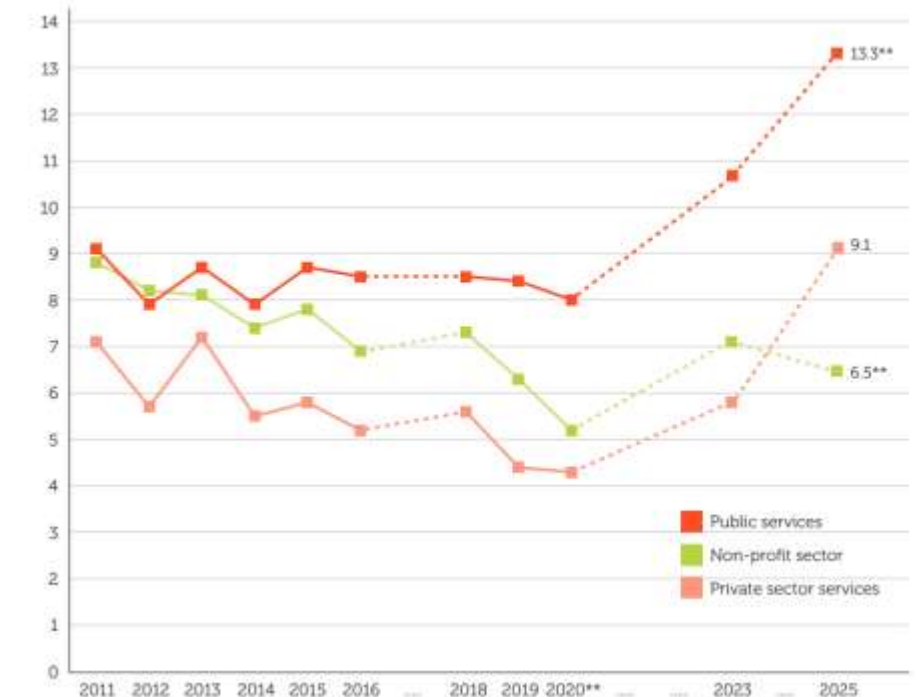


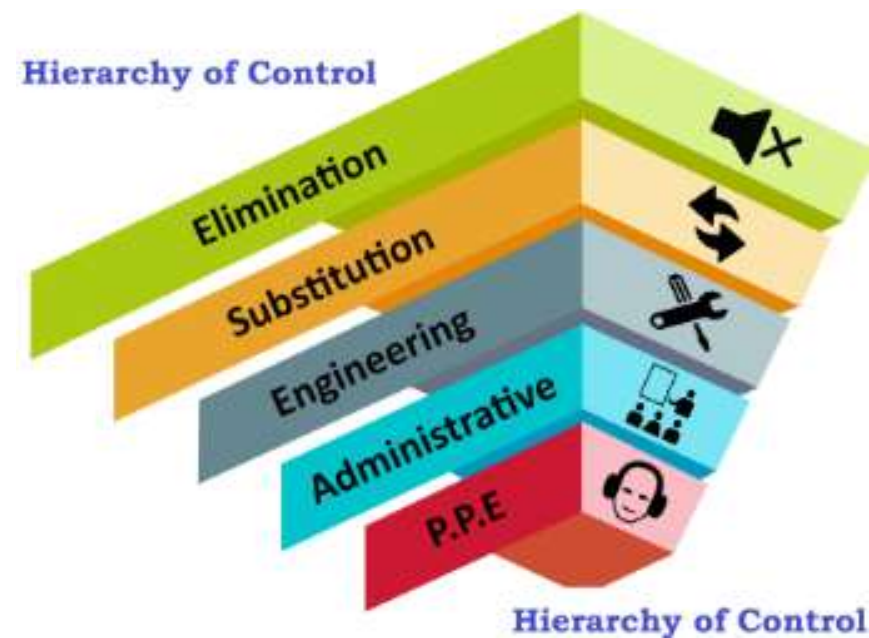
Figure 2: Average number of days lost per employee per year, by sector*





Workplace Health Risks

- Chemical Hazards: Toxic substances like bleach or ammonia.
- Physical Hazards: Machinery that can cause injury or accidents.
- Biological Hazards: Bacteria or viruses that can lead to illness.
- Ergonomic Hazards: Poor workstation setups that can cause strain or injury.
- Psychosocial Hazards: WR stress or bullying



What Occupational Health Matters?

- Offers expert advice on improving health and wellbeing in the workplace
- Enhances recruitment and retention strategies
- Enables efficient case management, return to work plans
- Provides recommendations on adjustments
- Provides health surveillance for high-risk roles





OH Trend Analysis

1st April 2024 – 31st March 2025

Clinician Identified Presenting Illness

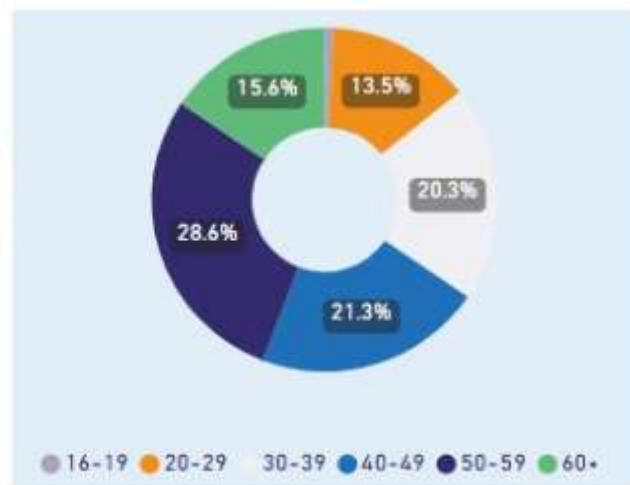
⊕ Mental Health	36.96%
⊕ Musculoskeletal	19.17%
⊕ Other Known Causes / Miscellaneous	10.53%
⊕ Gastrointestinal	4.08%
⊕ Genitourinary/gynaecological	3.97%
⊕ Nervous System Disorders	3.69%
⊕ Respiratory	3.47%
⊕ Heart, Cardiac Circulatory Problems	3.33%
⊕ Benign And Malignant Tumours, Cancers	3.06%
⊕ Headache / Migraine	2.65%
⊕ Endocrine / Glandular Problems	1.70%
⊕ Ear, Nose, Throat	1.68%
⊕ Eye Problems	1.37%
⊕ Covid	0.95%
⊕ Skin Disorders	0.91%
⊕ Pregnancy Related Disorder	0.88%
⊕ Blood Disorders	0.85%
⊕ Substance Abuse	0.42%
⊕ Infectious Diseases	0.23%
⊕ Dental And Oral Problem	0.07%
⊕ Burns, Poisoning, Frostbite, Hypothermia	0.01%

135,262

Completed Appointments

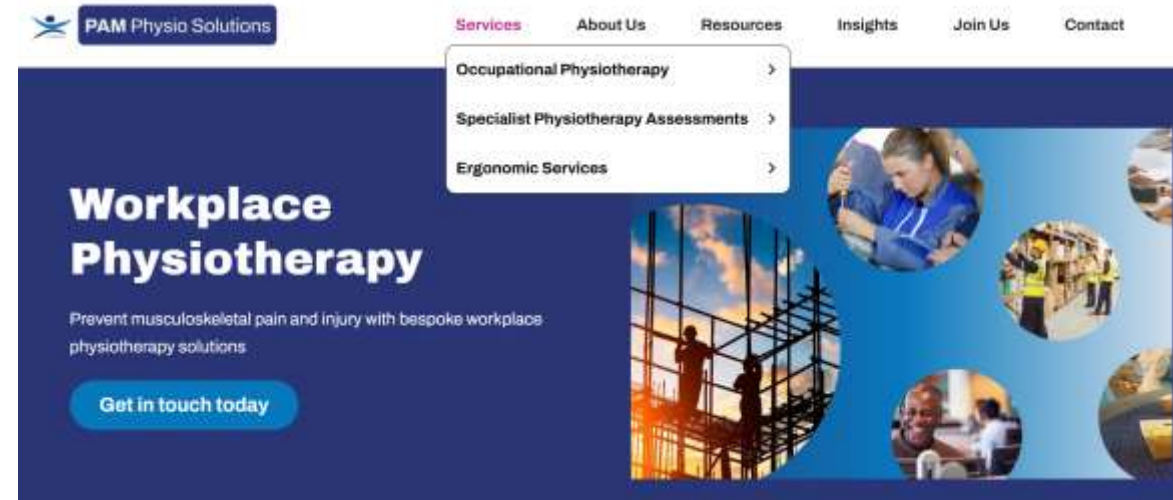
92,347

Employees



Why Occupational Health Matters?

- Provision of:
 - Psychological Services
 - Employee Assistance Programme (EAP)
 - Corporate Health
 - Neurodiversity Services
 - Trauma & Critical Incident Support
- International EAP
- Occupational Physiotherapy
- Specialist Physiotherapy Assessments
- Ergonomic Services
- Functional Capacity Evaluations



Prevention Strategies

- Risk assessments and audits
- Mental health support and wellness programs
- Training modules, awareness campaigns and health promotion
- Regular OH referrals and follow-up
- Workplace adjustments :
 - Ms B Khorram v Capgemini UK plc, 2024
 - Miss J Clifford v British Airways 2022 & 2023

**WHEN ARE
ADJUSTMENTS
UNREASONABLE?**

A graphic in the bottom right corner featuring a black rectangular box with the text "WHEN ARE ADJUSTMENTS UNREASONABLE?" in white, bold, sans-serif capital letters. The box is set against a background of red and beige geometric shapes.

Adjustments

- Think broadly – work patterns, educational, environmental, procedural, cultural
- Act early – talk openly with employees
- Small changes can make a big difference
- OH guidance isn't a suggestion; it's a legal and moral compass for supporting employees with disabilities.
- Reasonable adjustments aren't a favour - they are a right under the Equality Act.
- Reasonable adjustments aren't a burden – they are an investment in people, culture and reputation.
- When done right, everyone wins.
- It's not just compliance, it's compassion, equity, and enabling people to thrive.
- Many “reasonable adjustments” aren't adjustments at all - they're basic good leadership.

**WHEN ARE
ADJUSTMENTS
UNREASONABLE?**

A graphic in the top right corner featuring a large, stylized 'X' shape. The 'X' is formed by two intersecting diagonal bands, one red and one dark blue. Overlaid on the center of the 'X' is a black rectangular box containing the text 'WHEN ARE ADJUSTMENTS UNREASONABLE?' in a bold, white, sans-serif font.

Scenario - Supporting Employee Wellbeing

- Emma, a new team member, reports chronic headaches and eye strain due to long screen hours and poor lighting.
- What actions should HR take?
 - What should happen next?
 - Who should be involved?
 - Is policy change needed?

Do's & Don'ts

Engage early

Good quality ManRef

Honesty & Transparency

Trust OH advice

Act accordingly

OH referrals – quick guide

- Early Warning Signs:
 - Frequent short-term absences
 - Behavioural changes impacting work
 - Performance changes without a clear cause
 - Employee disclosing workplace health concerns
- Crucial Moments:
 - Long-term absence (4+ weeks)
 - Return to work after serious illness/surgery
 - When workplace adjustments might be required
 - Mental health concerns
 - Following workplace accidents/injuries



Case Study 1 - R v Wm Morrison's plc [2024]

EWCA Crim 627

- Matthew Gunn, employed by Morrison's Supermarkets stacking shelves on the ground floor
- Epilepsy, seizures without prior warning
- Regular occupational health assessments
- June 2014 - mother, accompanied him to an assessment, along with the store personnel manager, raised concerns about her son's safety.
- Daily requirement to place personal belongings in a locker on the first floor, accessible by a staircase with a large void
- The OH adviser - an adjustment to move the locker to the ground floor. Not done
- 3 months later, the employee fell from the stairs into the stairwell and suffered a fatal injury.
- Employer conviction in the Crown Court of offences under the HSWA 1974 and the MHSWR 1999 and fined £3.5 million.
- An appeal to the Court of Appeal Criminal Division was unsuccessful
- The employer's duty in criminal law to do what was reasonably practicable to ensure the health, safety and welfare at work of all its employees meant that they had a duty to make reasonable adjustments to ensure Matthew's safety. Occupational health had confirmed that there was a risk and recommended moving the locker to the ground floor, which on the evidence was feasible.

Case Study 2 - Gallop v Newport City Council, 2013

- Gallop was employed by Newport Council from April 1997, eventually becoming a Technical officer in February 2004.
- Several periods of SA due to stress-related illness
- Few referrals to OH
- On multiple occasions, OH reported, without giving reasons, that the Disability Discrimination Act did not apply to him
- RTW returned to work, accused of bullying by other members of staff , and dismissed.
- Tribunal proceedings for unfair dismissal and disability discrimination.
- The Court of Appeal held that the issue was whether the employer had actual or constructive knowledge
- Court ruling - opinion of OH was 'worthless' in this case
- Employer relied only on OH advice with no critical evaluation
- Outcome: Tribunal ruled in the employee's favour

Case Study 3 – Heathrow Express Operating CO Ltd V Jenkins

- An employee working on a railway in a safety critical environment
- SA due to stress-related illness
- Referral to OH before RTW
- OH found Unfit
- Two specialists, psychiatrists stated that FTR
- Dismissal, as none of adjustments identified would have achieved the objective of getting her back to work
- The Employee appealed
- The EAT outcome – employee was entitled to rely on the decision and follow the OH opinion rather than specialists' opinion. Dismissal although disability related was justified

Key Takeaways - Occupational Health: Empowering Safer Workplaces

- Occupational Health supports wellbeing and compliance
- OH protects people and organisations
- Prevention strategies reduce risks and costs
- Proactive strategies outperform reactive fixes
- Collaboration is essential
- HR has a central role in implementation



Call to Action for HR Teams

Review	Review existing OH protocols & processes
Review	Review your reasonable adjustments process
Embed	Embed OH in onboarding and training
Partner	Partner with providers for continuous support
Stay	Stay updated on legal rulings

Future is bright 😊

- 10-Year Health Plan for England:
 - Prevention at the heart of health reform
 - OH is named as a key enabler
- Investment in OH is recognised as a cost-effective prevention tool
- Better support for workers to stay healthy and in work
- NHS sickness rates (currently 5.1%) are targeted for reduction, and OH services will be essential to deliver that
- National OH Service?

Q&A Session

Thank you for your attendance, attention, and participation! 😊

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Safe workplaces start with informed teams!

