



Fighting Fatigue

**Addressing shift work,
sleep and the public
health burden**

Wednesday 10 June 2026,
House of Commons Committee
Room 15



All-Party Parliamentary Group:

**Occupational
Safety & health**

Fighting Fatigue: Addressing shift work, sleep and the public health burden

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An All-Party Parliamentary Group on Occupational Health and Safety event to consider the impact of shift work and poor sleep on workforce participation, productivity, and long-term health.

The event brought together parliamentarians, clinicians, academics, employers, and trade union representatives, and was hosted by Ian Lavery MP, Chair of the APPG on Occupational Safety and Health.

The event was facilitated by the University of Warwick and the Society of Occupational Medicine and followed a webinar on Shift work, sleep and public health webinar which can be viewed [here](#):

Discussions highlighted the significant impact of shift work and poor sleep on worker health, safety, productivity, and economic resilience, while identifying key gaps in policy, research, and workplace practice.



Left to right: Prof Neil Greenberg (SOM), Luke Collins (Unite the Union), Dr Talar Moukhtarian (Warwick), Prof Michelle Miller (Warwick), Anna Vereker (RSSB), Dr Richard Onyon (CWPT NHS).

Current policy landscape and gaps

Ian Lavery, MP, reflected on the realities of shift work, and his experience in the mining industry. This highlighted the damaging effects of fatigue on physical health, mental wellbeing, and family life, with impacts extending beyond individuals to families, communities, and wider society.

Professor Neil Greenberg, SOM President, and Dr Talar Moukhtarian, assistant professor in mental health at University of Warwick, outlined the current policy, workforce, and economic context – see briefing in Annex 2. They emphasised that efforts to increase workforce participation and reduce economic inactivity cannot succeed if workers remain chronically fatigued. They emphasised that Fatigue management should be identified as a core component of the Government's *Keep Britain Working* agenda and wider employment and occupational health policy.

The recently enacted Employment Rights Act was identified as an opportunity to strengthen recognition of fatigue and sleep health within workplace protections. As guidance is developed to support implementation of the Act, including provisions being introduced over the coming years, with substantial changes expected in 2027, participants highlighted an opportunity to influence how employers and other institutions address fatigue, sleep health, and worker wellbeing in practice. Participants also called for the Health and Safety Executive (HSE) to place greater emphasis on ensuring workers receive sufficient quality sleep, particularly in safety-critical roles.

Participants also identified the National Institute for Health and Care Research (NIHR) as a potential commissioner of further workplace fatigue research, noting that significant gaps remain in the evidence base regarding the health, safety, social, and economic consequences of fatigue and sleepiness.



Discussion - How can we address the gaps

1. Addressing the “mismatch”

While substantial evidence exists on the causes and consequences of fatigue, a significant gap remains between research and implementation. Key evidence gaps include:

- Limited understanding of fatigue impacts beyond the end of a shift
- Insufficient data on the consequences of releasing fatigued workers into the wider community
- Limited evidence on impacts for families, communities, and public safety
- Limited consensus on definitions and measurement of fatigue across organisations and sectors
- Limited measurement of “circadian shock” and recovery between shift patterns

Participants noted that many individuals are unaware of the extent to which fatigue impairs judgement and performance, meaning self-management alone is insufficient as a control measure. Examples of fatigue-related risks beyond the workplace included road traffic accidents, risks during commuting, and impacts on family life. Discussion highlighted ongoing challenges in translating observed fatigue-related risks into quantifiable measures.

2. Highlighting the economic value

Participants argued that sleep should be recognised not only as a health issue, but as a strategic driver of economic growth, labour market resilience, and workforce sustainability. It was suggested that commercial pressures and cost-saving incentives can exacerbate fatigue risks. As a result, fatigue management should be embedded within wider business decision-making, emphasising the need for incentives that prevent organisations from gaining competitive advantage through unsafe working practices.

Participants noted a lack of national cost analysis. There is a need for robust data on organisational awareness of fatigue risk, its nature, scale and impact on outcomes (e.g., patient safety in NHS, retention/turnover, indicators of long-term health, cost to the system).

Participants highlighted the influence of financial incentives on fatigue-related decision-making. While wellbeing initiatives are often supported in principle, commercial pressures can limit implementation in practice. Businesses frequently face tensions between competitiveness, productivity, and worker wellbeing, while workers may take on additional shifts to support themselves and their families despite the associated health risks.





3. Workplace sleep health, fatigue management and policies

The discussion highlighted that organisational responses to fatigue are often fragmented and tend to place responsibility on individuals rather than addressing systemic factors such as work design, staffing levels, rostering practices, and organisational culture. Participants called for sleep health to be embedded within workplace standards, risk management systems, and return-to-work processes, particularly in high-risk industries.

Discussion focused on the need for more sophisticated fatigue risk management systems, noting that existing tools often rely on shift-based assessments and fatigue scoring that fail to capture broader impacts beyond working hours. Wider industry reform and nationalisation were identified as opportunities to strengthen health screening processes and improve shift scheduling arrangements. Questions were also raised about accountability where organisations are responsible for monitoring and managing their own fatigue risks as well as the respective responsibilities of regulators and duty holders in ensuring effective fatigue risk management, as currently policies on fatigue management are not required or reviewed by regulators. It was also noted that the 'Fatigue risk index calculator' was withdrawn from the HSE website.

The role of workplace rest facilities was also considered. While some organisations provide sleep facilities before travel home, uptake remains limited. Alternative measures including accommodation and transport solutions were discussed though it was noted these may transfer risk elsewhere (e.g. taxi drivers) rather than eliminate it.

4. Sleep health and prevention

Participants highlighted the need for a stronger focus on sleep health as a core component of workforce health and safety strategies. Discussion emphasised the value of routine sleep health screening, improved identification of sleep disorders, and clear referral pathways to appropriate support services. Participants also highlighted the importance of providing workers with access to evidence-based sleep education and behaviour change support to promote healthier sleep habits and improve recovery between shifts. Preventative sleep management programmes were identified as promising approaches for supporting workers before more serious health and occupational consequences become established. It was also suggested that sleep should be recognised and monitored as a key workforce health metric alongside fatigue, enabling organisations to take a more preventative and holistic approach to workforce wellbeing, safety, and productivity.

5. Workload and wider societal pressures"

Participants discussed the impact of organisational pressures, productivity demands, and overtime practices, particularly in the context of the cost-of-living crisis. While overtime can provide financial benefits, excessive working hours can worsen health and increase fatigue-related risks. Shift work was also recognised as placing significant strain on family life and social relationships.

Speakers highlighted the financial realities facing both employers and workers. Improving fatigue management may require increased staffing, creating cost pressures for organisations, while workers may feel compelled to work longer hours due to financial necessity, despite the associated health consequences.

Concerns were raised about the interaction between shift work, work intensification, anxiety, stress, and burnout. The discussion also considered broader societal trends, including 24-hour service expectations, workforce shortages, and increasing economic pressures, all contributing to fatigue risk.

Next steps

While awareness of fatigue as a workplace issue is growing, significant gaps remain between recognition and action. Key priorities identified included:

- Embedding fatigue and sleep health within government policies
- Enforcing fatigue management within workforce planning, shift design, and rostering practices
- Expanding research into the health, social, and economic impacts of fatigue (e.g., scale, trends, inequalities, factors behind prevalence, impact on both health and safety, economic analysis around cost of fatigue on delivery of services, health and wider economy, multidisciplinary ways to prevent).
- Increasing public and organisational understanding of fatigue-related impairment
- Encouraging major clients and contractors to drive improvements through supply chains factoring the human energy system into workplace energy policies.
- Promoting greater organisational accountability for fatigue management and preventing unsafe working practices from creating competitive advantage
- Establishing a clearer national definition of fatigue to support measurement, monitoring, and policy development

Participants agreed that sleep health, circadian wellbeing, and fatigue should be recognised as a core workforce resilience issue with implications for health, safety, productivity, and economic growth. Addressing this challenge will require coordinated action across government, regulators, employers, researchers, and workers. A systems-based approach was advocated, including clearer accountability, consistent standards, workforce education, improved data collection, and health surveillance to support the identification and mitigation of fatigue-related risks.

Annex 1

Schedule

- 17:00-17:15 | Arrival & networking
- 17:15-17:25 | Introduction: Current policy landscape & gaps
- Professor Neil Greenberg (President of the Society of Occupational Medicine)
- Assistant Professor Talar Moukhtarian (University of Warwick)
- 17:25-17:45 | How can we address the gaps?
- Ian Lavery MP, Chair of APPG for Occupational Health
 - Dr. Richard Onyon, Chief Medical Officer, Coventry, and Warwickshire Partnership NHS Trust
 - Anna Vereker, RSSB
 - Luke Collins, Unite the Union
- 17:45-18:15 | Plenary panel: Priority actions & next steps (all speakers plus members of the APPG on Occupational Health)
- 18:15-18:30 | Close & networking



Left to right: Prof Neil Greenberg (SOM), Dr Talar Moukhtarian (Warwick), Ian Lavery MP (Chair of APPG for Occupational Health).

Annex 2

Pre event briefing

Fighting Fatigue: Addressing Shift Work, Sleep, and the Public Health Burden

This briefing has been developed by researchers from the University of Warwick as a pre-parliamentary event brief, and incorporates contributions from the Society of Occupational Medicine, alongside insights generated through a preceding webinar “*Shift Work, Sleep and Public Health: From Evidence to Action*” and stakeholder discussions involving researchers, employers, occupational health professionals, trade unions, and individuals with lived experience of shift work. These events were made possible with the contribution of the Health Spotlight Programme at the University of Warwick.

Executive summary

Shift work is a cornerstone of the modern UK economy. More than one quarter of the workforce, approximately 8.7 million people, work evenings, nights, or rotating shifts across healthcare, transport, emergency services, logistics, manufacturing, and other essential sectors. These workers keep critical services operating around the clock, yet the health and economic consequences of shift work remain under-recognised in policy and workplace practice.

Evidence demonstrates that shift work, particularly night work, disrupts sleep and circadian rhythms, increasing the risk of cardiovascular disease, type 2 diabetes, mental health difficulties, sleep disorders, gastrointestinal conditions, fatigue-related accidents, and some cancers. The World Health Organisation has classified night shift work as “probably carcinogenic to humans.”

However, this is not solely a health issue. Fatigue and poor sleep affect workforce participation, productivity, recruitment and retention, workplace safety, and economic performance. Insufficient sleep is estimated to cost the UK economy approximately £40 billion annually through lost productivity, absenteeism, presenteeism, and healthcare expenditure.

Our recent webinar [Shift Work, Sleep and Public Health: From Evidence to Action](#) brought together researchers, occupational health specialists, employers, trade union representatives, and individuals with lived experience of shift work. Discussions highlighted broad agreement that fatigue should be treated as a predictable occupational risk rather than an individual failing. Participants emphasised that evidence-based solutions already exist, including healthier rota design, fatigue risk management systems, occupational health monitoring, sleep disorder screening, workforce education, and sleep interventions. The challenge is not identifying solutions, but implementing them consistently, as a prevention and at scale.

This parliamentary event provides an opportunity to explore how evidence can be translated into practical policy action. Improving sleep and fatigue management represents a low-cost, high-impact opportunity to support workforce sustainability, productivity, public safety, and population health simultaneously. It aligns closely with national priorities around prevention, economic growth, workforce participation, and the ambition to keep Britain working.



Key fact

Evidence and Implications

8.7 million UK shift workers

More than one quarter of the UK workforce work evenings, nights, or rotating shifts across healthcare, transport, emergency services, logistics, manufacturing, and other essential sectors. These workers are critical to maintaining 24/7 services and economic productivity.

97% do not fully adapt to night work

Research suggests that approximately 97% of night workers never fully adapt biologically to nocturnal schedules, resulting in chronic circadian disruption and sleep loss.

£40 billion annual economic cost and rising

Insufficient sleep is estimated to cost the UK economy approximately £40 billion each year through lost productivity, absenteeism, presenteeism, workplace accidents, and healthcare expenditure.

Increased risk of chronic disease

Shift work is associated with a 44% increased risk of type 2 diabetes and a 37% increased risk of heart disease, alongside increased risks of sleep disorders, gastrointestinal conditions, mental health difficulties, and some cancers.

Mental health and wellbeing impacts

Sleep disruption and circadian misalignment are associated with increased risks of depression, anxiety, burnout, reduced psychological resilience, and impaired emotional regulation.

25-30% higher workplace accident rates

Workplace accidents are estimated to be 25-30% higher during night shifts. Fatigue contributes to workplace incidents, road traffic accidents, and reduced safety-critical performance.

WHO classification of night work

The International Agency for Research on Cancer classifies night shift work as “probably carcinogenic to humans” (Group 2A), reflecting growing evidence of long-term health risks associated with circadian disruption.

Fatigue affects workforce sustainability

Fatigue contributes to sickness absence, presenteeism, workforce attrition, reduced participation, and challenges in recruitment and retention across essential sectors.

Support remains inconsistent

Many organisations lack structured fatigue risk management systems, routine health monitoring, sleep disorder screening, or evidence-based sleep support programmes for shift workers

Evidence-based solutions already exist

Research supports healthier rota design, fatigue risk management systems, sleep and fatigue education, occupational health monitoring, sleep disorder screening, workplace environmental modifications, and preventative sleep interventions.

A major opportunity for policy action aligned with national priorities

(“NHS long term plan,” “Keep Britain Working Review”)

Improving sleep and reducing fatigue represents a scalable opportunity to improve workforce participation, productivity, public safety, population health, and economic growth while reducing pressure on public services such as the NHS.

Why this matters for the UK workforce and economy

The UK faces increasing challenges relating to workforce participation, recruitment and retention, economic inactivity, and growing demand for 24-hour services. Shift workers play a critical role in maintaining essential infrastructure and public services, yet the health impacts of non-standard working patterns continue to be underestimated.

Fatigue and poor sleep are increasingly recognised as barriers to workforce sustainability. Evidence presented during the webinar highlighted that fatigue contributes to:

- Reduced cognitive performance and productivity.
- Increased workplace accidents and safety incidents.
- Higher rates of sickness absence and presenteeism.
- Difficulties with workforce retention and participation.
- Poorer mental and physical health outcomes.

Sleep deprivation has significant economic consequences. RAND estimated that insufficient sleep costs the UK economy approximately £40 billion annually. In addition, evidence suggests that workers sleeping fewer than six hours per night take significantly more sickness absence than those achieving recommended sleep durations.

Importantly, emerging evidence suggests that sleep and mental health difficulties can develop within the first few months of shift work, highlighting a critical opportunity for early intervention before longer-term health and occupational consequences become established.

Addressing sleep and fatigue therefore represents a scalable and cost-effective mechanism for supporting economic growth, workforce resilience, and population health simultaneously.



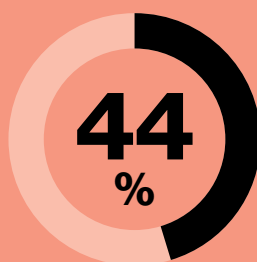


The health impact of shift work

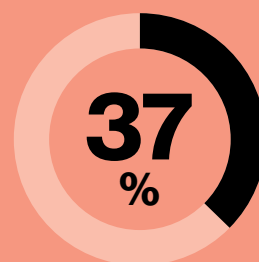
Sleep is a biological necessity that supports cognitive function, emotional regulation, metabolic health, immune function, cardiovascular health, learning, and safety-critical performance. The body's circadian system regulates many of these processes and is optimised for wakefulness during daylight hours and sleep during the night.

Research indicates that approximately 97% of night workers never fully adapt biologically to nocturnal schedules. Persistent circadian disruption and sleep loss can therefore accumulate over time, resulting in significant health consequences.

Evidence links shift work to:



increased risk of type 2 diabetes.



increased risk of heart disease.

- Increased risk of hypertension, stroke, obesity, gastrointestinal disorders, and sleep disorders.
- Higher rates of depression, anxiety, burnout, and psychological distress.
- Increased risk of some cancers, with night shift work classified by the World Health Organization's International Agency for Research on Cancer as "probably carcinogenic to humans".

The impacts extend beyond physical health. Stakeholders highlighted the effects of shift work on family life, caring responsibilities, social relationships, and opportunities for recovery. These factors contribute to reduced wellbeing and can exacerbate existing health inequalities.

Fatigue, Safety and Public Risk

One of the most immediate consequences of insufficient sleep is fatigue. Research consistently demonstrates that fatigue impairs alertness, reaction time, decision-making, memory, and emotional regulation.

The webinar highlighted evidence showing that being awake for approximately 17 hours can impair performance to a degree comparable with exceeding legal blood alcohol limits. Prolonged wakefulness, chronic sleep restriction, and night work are all associated with increased risk of errors and accidents.

Consequences include:

- Workplace accident rates approximately 25-30% higher during night shifts.
- Increased risk of road traffic accidents and fatigue-related commuting incidents.
- Reduced patient safety and increased clinical errors within healthcare settings.
- Higher rates of occupational injury and safety incidents across safety-critical sectors.

These risks affect not only workers themselves, but also patients, passengers, customers, and the wider public.



Key messages from the webinar and stakeholder discussions

1. Fatigue should be managed as a systems issue.

A consistent theme across expert presentations and stakeholder discussions was the need to move beyond approaches that place responsibility solely on individual workers. Fatigue and sleepiness are a predictable consequence of certain working arrangements and should therefore be managed as an occupational health and safety risk.

2. Evidence-based solutions already exist.

Research and stakeholder experience suggest several approaches can improve outcomes:

- Forward-rotating shift schedules.
- Limiting consecutive night shifts.
- Adequate recovery periods between shifts.
- Fatigue risk management systems.
- Sleep and fatigue education.
- Sleep disorder screening and referral pathways.
- Improved workplace lighting and rest environments.
- Preventative and personalised sleep interventions.

3. Access to support remains inconsistent.

Despite the growing evidence base, many shift workers report receiving little or no support for sleep-related difficulties. Barriers include lack of awareness, competing work demands, limited occupational health provision, and the normalisation of fatigue as simply “part of the job”.

4. Collaboration is essential.

Participants emphasised that effective action would require collaboration between policymakers, employers, occupational health professionals, researchers, trade unions, and workers themselves. Sustainable change is unlikely to be achieved through isolated action by any single stakeholder group.



Areas for parliamentary consideration

Embedding sleep and fatigue within work and health policy

Sleep and fatigue remain largely absent from many workforce, occupational health, and public health policy frameworks despite their substantial impact on health and productivity.

Consideration could be given to:

- Recognising sleep and fatigue as workforce sustainability issues.
- Embedding sleep health within occupational health frameworks.
- Including fatigue management within mandatory workforce wellbeing standards.
- Supporting preventative interventions during the early stages of shift work.
- Developing cross-sector guidance on evidence-based fatigue risk management.

Strengthening standards for shift scheduling

There is an opportunity to establish more consistent standards around evidence-based rota design, including forward rotation, limits on consecutive night shifts, and adequate recovery periods, beyond existing and dated Working Time Regulations from 1998.

Expanding fatigue risk management

Formal fatigue risk management systems remain uncommon across many sectors despite increasing evidence of benefit. Greater adoption could support both worker safety and organisational performance.

Improving occupational health provision

Routine health monitoring, sleep disorder screening, mental health support, and occupational health services could help identify problems earlier and reduce long-term health consequences.

Supporting prevention and early intervention

Preventative, multicomponent sleep management programmes and personalised behavioural interventions are showing increasing promise and may offer scalable approaches for supporting workers before health problems become established.

Improving evidence and accountability

Enhanced monitoring of fatigue-related harms, implementation outcomes, and economic impacts would strengthen the evidence base for future policy development and organisational decision-making.

Conclusion

Shift workers are essential to the functioning of modern society, yet they continue to experience disproportionate health, wellbeing, and safety risks. The evidence presented during the webinar demonstrates both the scale of the challenge and the availability of practical, evidence-based solutions.

Improving sleep health and reducing fatigue among shift workers represents a rare opportunity to deliver simultaneous gains across health, workforce participation, productivity, public safety, and economic growth. As the UK seeks to address workforce shortages, economic inactivity, and increasing demand on public services, sleep and fatigue should be recognised not as peripheral wellbeing issues, but as fundamental determinants of workforce sustainability and national productivity.

The upcoming parliamentary discussion offers an important opportunity to consider how research, lived experience, occupational health practice, and policy can be brought together to support a healthier, safer, and more sustainable future for the UK's shift-working workforce.

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