



## **EMPLOYMENT COMMITTEE: 21 MAY 2026**

### **OCCUPATIONAL HEALTH REPORT 2025/2026**

#### **REPORT OF THE DIRECTOR OF CORPORATE RESOURCES**

##### **Purpose of the Report**

1. The purpose of this report is to present to the Employment Committee with an overview of the Occupational Health Service provision between April 2025 and March 2026, as requested by the Committee at its meeting on 5 February 2026.

##### **Policy Framework and Previous Decisions**

2. The County Council is required, under the Management of the Health and Safety at Work Regulations 1999, to have in place an occupational health provider and to monitor the health of staff exposed to occupational hazards whilst at work.
3. The Council has appointed People Asset Management (PAM) to provide this service. They have been awarded the contract for two years with the option to extend a further two years. The contract commenced on 1<sup>st</sup> April 2025.

##### **Background**

4. Occupational health is a medical specialty that focuses on the health and wellbeing of employees in the workplace. Occupational health professionals ensure that employees are physically and mentally fit for their roles, and to prevent work-related illness and injury.
5. Occupational health can offer advice on ways to support and help employees to manage their health at work or to prevent sickness absence. The Service can help the employee and their manager to understand the impact of the employees' condition or any symptoms which may affect the ability to do their role and recommend reasonable adjustments. Occupational health can also support a return to work after a long-term sickness absence.
6. The Occupation Health Service provides the following services:
  - Pre Employment;

- Management Referrals;
- Health Surveillance;
- Workplace needs assessments.

### **Pre Employment**

7. East Midlands Shared Services (EMSS) provides transactional human resources services, e.g. payroll, on behalf of the County Council. The Employment Service Centre (ESC) Recruitment Team within EMSS will arrange for a medical questionnaire to be sent to the preferred candidate. Once completed, it will be returned directly to the Council's Occupational Health Provider for assessment. In some cases, the candidate may be required to attend for a medical examination. The ESC Recruitment Team will advise the recruiting manager of the outcome of the assessment. Unless a specific request is made, EMSS will not arrange a medical for a casual appointment.

### **Management Referrals**

8. A manager may refer an employee to the Occupational Health Service due to:
  - a current sickness absence;
  - a return to work from long-term absence;
  - concerns with an employee's behaviour or performance;
  - the need of advice on fitness to attend work;
  - the need to understand how to support an employee at work.

Following a referral, an appointment is arranged with the employee either in person or remotely. Following the appointment, a report is issued. The Council has established clear requirements of its expectation of the content of the reports and would expect the following:

- An independent, constructive report with advice;
- Fit to start date, if known;
- Clear guidance on how to support the employee to have a successful and sustained return to work or how to continue to support the employee in the workplace;
- Any barriers for the employee to return to work;
- Any reasonable adjustments or restrictions for consideration and recommended timescales;
- Suggested phased return to work plan;
- Any tools that the employee can use to assist themselves, such as signposting to other services (e.g. MIND, NHS etc.).

### **Health Surveillance**

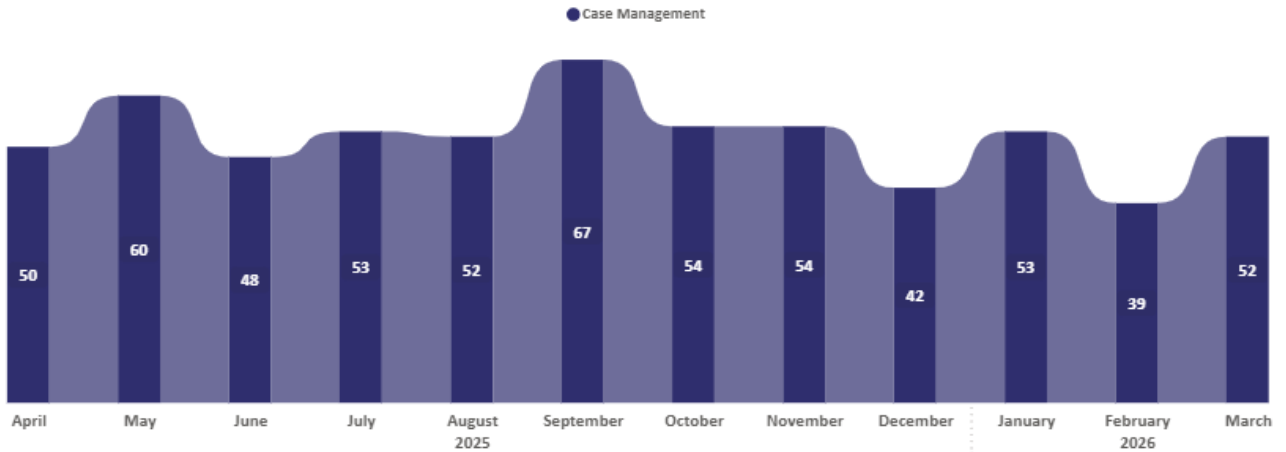
9. Health surveillance is legally required in the UK when employees are exposed to significant health risks that cannot be fully eliminated. Key regulations requiring health surveillance include:
- Management of Health and Safety at Work Regulations 1999: Requires suitable, risk-based surveillance for employees.
  - Control of Substances Hazardous to Health (COSHH) Regulations 2002: Required for exposure to chemicals, fumes, dust, and biological agents, often involving record retention for up to 50 years.
  - Control of Noise at Work Regulations 2005: Mandated for employees regularly exposed to high noise levels.
  - Control of Vibration at Work Regulations 2005: Required for employees exposed to hand-arm or whole-body vibration.
  - Ionising Radiations Regulations 2017: Covers workers exposed to radiation.
  - Control of Asbestos Regulations 2012: Requires surveillance for those exposed to asbestos.
10. Health Surveillance is undertaken within the Council's premises by mobile occupational health professionals. The surveillance will vary depending on the associated risks; however, an example is provided below for Highways Operations:
- Respiratory function;
  - Audiometry testing;
  - Blood Pressure;
  - Hand Arm Vibration;
  - Eye Test;
  - Skin Examination;

### **Workplace Needs Assessment**

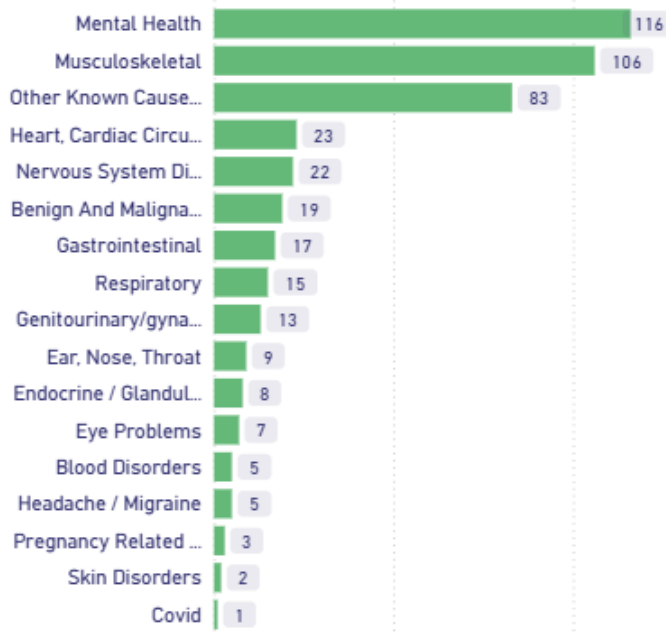
11. A Workplace Needs Assessment is a tailored, confidential assessment designed to identify practical, reasonable adjustments that enable an employee to work effectively. It focuses on removing barriers related to disability, neurodivergence, or health conditions to boost performance and wellbeing.
12. Since April 2025, three assessments have been undertaken.

### **Occupational Health Referral Data**

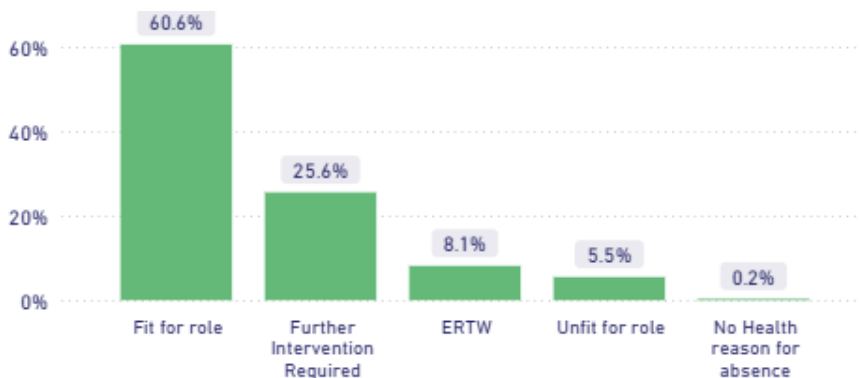
13. The graph below provides an overview of the number of management referrals from April 2025 to March 2026.



14. The graph below provides a breakdown of the ‘Clinician Identified Presenting Condition’ during management referrals from April 2025 to March 2026.



15. The graph below provides a breakdown of the outcomes following management referrals from April 2025 to March 2026.



**Recommendations**

16. It is recommended that the Employment Committee note the content of the Occupational Health Report 2025/2026.

**Background Papers**

17. None.

**Circulation under the Local Issues Alert Procedure**

18. None.

**Equality Implications**

19. There are no equalities implications arising directly from this report.

**Human Rights Implications**

20. There are no human rights implications arising directly from this report.

**Officer(s) to Contact**

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