

Occupational Health Report

Confidential

Company Name	
Referrer Name:	

Employee	
DoB	

Thank you for your recent referral. Following an appointment with one of our clinicians, please find below the report.

Summary

Date of consultation	
Date of report	

Type of consultation	OH Advisor Teleconsultation
Reason for referral	Long term absence
Outcome	Temporarily unfit
Anticipated return to work	Within 1 month
Disability legislation	Not likely to apply at this stage
Review/Recall	Review recommended
Consent	Employee wished to see email copy before released
Employee email	
Employee Address	
Street Address 2	
City	
County	
Postcode	

Background
<p>Thank you for your referral of the above-named employee whom I consulted today for an initial assessment. Ms X gave her verbal consent to the following information and is aware of the content of the report. They have requested to receive a copy of this report before their employer and will authorise me to release my report once they have reviewed it.</p> <p>The employee is a full time Deputy Special Educational Needs Coordinator who has been in post for the last 1 year and 3 months now. They were</p>

referred after initially being signed off work from the 3rd September to the 1st October 2018, due to an acute debility experienced while caring for their mother.

Fitness for work

The employee is still in bereavement following their mother's death and the events leading up to it; she is only having intermittent sleep due to their nightmares and although they are self-caring, they remain low in mood and physically and mentally fatigued as a result of all this.

The employee has not consulted with their own GP since leaving London but their family GP in Northern Ireland has extended their fit note from the 2nd to the 30th of October 2018, and they have discussed bereavement counselling with the district nurse who attended to their mother, and I have today advised the employee to contact the employment assistance programme (EAP) line, as in my opinion they will benefit from further counselling to help facilitate their recovery. The employee has agreed to review the service - <https://www.adhocoh.com/services/counselling> - and to inform management as to when they are happy to start the process.

Are there underlying health conditions accounting for this employee's absence(s)

The employee states that their current absence is not due to any underlying health condition and that it is wholly related to the trauma of caring for their terminally ill mother, and their passing away.

In your opinion are there any work related issues that may be a contributory factor

The employee perceives a work related cause as indirectly contributing to their psychological illness, at least in part, and mentioned interpersonal difficulties with their line manager initially in May-June 2018 when their mother became seriously ill and was hospitalised. I obviously cannot comment on the veracity of this account but reflect this back to you as their employer and I understand that mediation was already being planned to commence in September 2018, which did not happen for reasons outside of the employee's control.

I am mindful I do not have the employer's version of events and my outlining of the employee's perception should not be taken as independent validation of their perceptions. However, it would be prudent for their perceptions to be explored so they do not become a potential source of job dissatisfaction and disengagement with the employer. Such exploration is probably best managed by involvement of a neutral third party outside direct Line Management structure. If their perceptions are proven to be valid then appropriate steps to address them can then be taken. In my opinion the employee's perceptions are likely to be an obstacle to a safe and early return to the workplace if unaddressed.

In your opinion is the employee fit for their full duties

In my clinical opinion, which is based on the employee's current condition, the employee is unlikely to be fit to resume their full duties before the 30th October 2018 although they have stated that they do wish to resume work once fit. However, the employee is keen to commence bereavement counselling and I would recommend that once management have initiated this process, that they be referred back into occupational health for a repeat review by myself after this date, to establish their fitness for work and to determine a realistic return to work date with any adjustments or modifications, to ensure that their return to work is sustainable.

In your opinion is the employee fit to attend meetings

In my clinical opinion, the employee is medically fit to attend a meeting, based on my assessment that they are responsible for their own safety and will inform their manager if they feel that they are unable to do so safely, preferably before such a meeting is scheduled to take place. However, such a meeting in person is unlikely before the 30th October 2018 and I would suggest that a telephonic meeting would be appropriate while the employee remains at the family home but the employee has stated that they would be happier to meet face to face.

In your opinion is the employee likely to have further absences due to this illness

The employee should not attempt to return until the bereavement counselling is underway, since it will be supportive to their returning in a sustained way. Whilst it is impossible to predict the future and what will happen, it is the natural course of this condition to settle and not recur.

Is this condition likely to be considered a disability as described in the Equality Act 2010

The employees emotional condition is unlikely to have a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities without treatment at this stage, although ultimately this would be a legal and not a medical decision.

What is the likely return date to work

In my opinion, the employee is unfit for work at present. I am unable to predict a likely return to work date at the moment. However due to their current symptoms they are unlikely to be fit to resume work in the next 3-4 weeks.

The employee is keen to commence bereavement counselling however, and I would recommend that once management have initiated this process, that they be referred back into occupational health for a repeat review by myself after this date, to establish their fitness for work and to determine a realistic return to work date with any adjustments or modifications, to ensure that their return to work is sustainable.

Upon returning to work are there any restrictions on their ability to carry out their duties and for how long

I cannot comment on any restrictions on the employee's ability to carry out their duties at this stage, and I would recommend that they be referred back into occupational health for a repeat review by myself after they have commenced bereavement counselling, to establish their fitness for work and to determine a realistic return to work date with any restrictions, to ensure that their return to work is sustainable.

Do you recommend any modifications or adjustments to the workplace and for how long

I cannot comment on any restrictions on the employee's ability to carry out their duties at this stage, and I would recommend that they be referred back into occupational health for a repeat review by myself after they have commenced bereavement counselling, to establish their fitness for work and to determine a realistic return to work date with any adjustments or modifications, to ensure that their return to work is sustainable.

The school needs to communicate with Heidi by phone at least to maintain contact and as well demonstrating its duty of care.
X refusal to call from her employer is highly irregular because she is being paid sick pay by school. This is a point that needs to be addressed.
She is now in mourning therefore the telephone counselling may help her as well as talking through her issues with her line manager.
One question that needs to be asked is, will X be coming back to work?
Her absence is causing some strain on her Inclusion colleagues.

The employee states that their Union representative and not their GP had advised that they not take phone calls from work since this was contributing to their stress at the time they were caring for their terminally ill mother. They have confirmed that they are now happy to communicate via telephone with management as per the school's attendance policy.

I have today advised the employee to contact the employment assistance programme (EAP) line, as in my opinion they will benefit from further counselling to help facilitate their recovery. The employee has agreed to review the service - <https://www.adhocoh.com/services/counselling> - and to inform management as to when they are happy to start the process. Management can now initiate this process online via the following link: <https://www.rightsteps.co.uk/referral-form>.

The employee perceives a work related cause as indirectly contributing to their psychological illness, at least in part, and mentioned interpersonal difficulties with their line manager initially in May-June 2018 when their mother first became ill. I am mindful I do not have the employer's version of events and my outlining of the employee's perception should not be taken as independent validation of their perceptions. However, it would be prudent for their perceptions to be explored so they do not become a potential source of job dissatisfaction and disengagement with the employer. Such exploration is probably best managed by involvement of a neutral third party outside direct Line Management structure. If their perceptions are proven to be valid then appropriate steps to address them can then be taken. In my opinion the employee's perceptions are likely to be an obstacle to a safe and early return to the workplace if unaddressed.

In my clinical opinion, which is based on the employee's current condition, the employee does wish to resume work once fit to do so. However, the employee is keen to commence bereavement counselling first and I would recommend that once management have initiated this process, that they be referred back into occupational health for a repeat review by myself after this date, to establish their fitness for work and to determine a realistic return to work date with any adjustments or modifications, to ensure that their return to work is sustainable.

Recommendation

It is my recommendation that management now engage with the employee to discuss commencing counselling and I would recommend that once management have initiated this process, they be referred back into occupational health for a repeat review by myself after this date, to establish a date for an initial discussion regarding joint mediation and to determine a realistic return to work date with any adjustments or modifications, to ensure that their return to work is sustainable.

In the meantime, I do hope the above information has been of assistance to you. However, please do not hesitate to contact me should you wish to discuss this report further.

Yours sincerely



Nic Lee
Occupational Health Advisor
RGN (SCPHN OH)
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