

Louise Prince (pseudonym) -

Initial Assessment by Video

Date of birth: 25/07/1984

Referral received: 24/09/2022

Assessment: 27/09/2022

Report sent: 28/09/2022

From: Employer Name

Page: 1 of 4

Organisation: Organisation Name

Report recipients

This report contains confidential information. The recipients named below have a responsibility to process, secure and store this information in accordance with data protection law.

Name	Organisation	Email
Employer Name Status: Consent given	Organisation Name	employer@email.com
Employer Name Status: Consent given	Organisation Name	employer@email.com

Dear Employer Name,

Thank you for referring Louise Prince.

I can offer an opinion on this case based on my assessment of the individual and the information provided, and I have their consent to release this report to the agreed report recipients.

Reason for referral

Louise has been referred to Occupational Health in relation to her health issues which have been ongoing since Jan 2021.

Health background

In terms of medical history, Louise indicates that she has had family stressors over the years, she has had a period of depression in the past and stress last year as a result of family diagnosis and ongoing assessments. You are aware of the more recent family diagnosis too. Louise explains that she does have medication to help with this, over the years she has seen a private counsellor before and she is aware of further support she can access through work. Mentally, she doesn't feel depressed and feels able to cope with her current family stressors.

Louise explains that since Jan 2021 she has felt unwell. She was unable to eat at times and lost a lot of weight, she experienced fatigue and other gastrointestinal symptoms. This led her to seek medical support and investigations, such as her colonoscopy last year. In April 2022, she was diagnosed with Lymphocytic microscopic colitis (LC). LC affects the part of the gut known as the large bowel – the colon and rectum. When the colon is affected by LC, it can't absorb as much liquid from the waste. This can lead to an imbalance of certain chemicals in the gut and mean that even more fluid builds up, leading to diarrhoea. Louise is under the care of a specialist and has tried first line steroid treatment for her condition. Unfortunately, this was not successful in managing her symptoms. Her specialist has requested a further SeHCAT scan to check for complications such as bile acid diarrhoea and more blood tests. Her SeHCAT scan has been arranged for 07 Sep 2022 in Liverpool. Louise indicates that whether she is in work or off work, her LC symptoms are largely the same and so are her family stressors, therefore, she has remained in work.

Her LC is a long-term condition and whilst the diagnosis was a shock to her, she recognises that she needs to learn to live with and adjust to and part of this involves remaining in work with support. Louise explains that she has been experiencing an increase in perceived work stressors over recent months and that she has reported these to management.

Impact on work

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Louise indicates that she has remained in work and, with some flexibility, she has been able to continue to achieve her working hours. Louise indicates that her main symptoms include fatigue, pain prior to needing the toilet, increased urgency, more frequent need to use the toilet, this can include at night which then leads to issues with her sleep, and itchiness to her jawline and chin at times. Louise reports that her fatigue is a significant symptom. She appears to have energy early in the morning, feels increased fatigue towards lunchtime which requires her to have a rest and then she has a further burst of energy later in the day. Louise explains that this is why at times she has found it beneficial logging on in the evenings for a few hours. Louise also explains that her additional commute on office days further exacerbates her fatigue, and she can spend the rest of the week trying to get this to settle again.

The increase in perceived stressors, both family and work stressors have affected Louise emotionally. She does not feel depressed, however, they can affect her concentration at times and make her feel more emotional at times. Louise explains that her family stressors are manageable, some have been ongoing a long time and others she has experienced and managed before. The perceived work stressors could potentially have a negative impact on her LC and it would be beneficial to address these as soon as reasonably practical in order to minimise this risk.

Recommendations and responses to questions raised

Is the member of staff receiving appropriate treatment, will it aid their recovery and if so, when?

Louise is still having investigations to determine the appropriate treatment for her LC at present because her steroid treatment has not helped. She has a further scan and blood tests arranged in order to confirm whether there are any other conditions affecting her symptoms and to review appropriate next treatment options, which include the possible use of tablet form chemotherapy medications.

What reasonable adjustments can we consider putting in place for Louise when she works from home and when she works from the office?

Flexibility will be beneficial for Louise to help her carry out her working role and duties and is discussed further in other questions you have asked. This includes both flexibilities in working hours and work location where possible.

- Reviewing absence triggers relating to her LC may be beneficial.
- Ensuring regular breaks, including consideration of a longer lunch break when Louise is most fatigued. It would also be beneficial to allow Louise to pace her activities both at home and in the office to minimise unnecessary extra stressors.
- Regular welfare meetings to discuss any worries or concerns.
- Review any further support available to Louise in line with caregivers' policies.

In relation to her perceived work stressors, it would be beneficial to minimise these where possible because increased stressor is likely to further impact her LC symptoms. Louise indicates that the caseload is not causing her stress, only the targets that are applied to them. Therefore, it would be beneficial to consider:

- Reviewing her stress risk assessment and continuing to do so at set intervals or whenever there has been a significant change would be beneficial.
- Louise may benefit from clarification on what her performance targets are because at present it appears there are two different criteria of case numbers, one being 180-200 and the other being 200-220. With Louise's case numbers being 172, this discrepancy could potentially exacerbate her perceived work stressors.

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- Key perceived work stressors appear to be related to how performance is measured as it appears linked to settlement pack and bundles and how many cases are at a certain point, and this does not always consider the case complexity or how much work has been put into activities to date. Louise also explains that certain risk cases were transferred to colleagues to help her however, it appears that these cases were ones that were nearly completed and she had put a lot of work into. So, this could possibly reduce her target numbers further unintentionally and may be beneficial to consider when reallocating work. Whilst I appreciate these comments reflect Louise's view of the situation and that management may well take a different view, but it seemed important to set out his concerns so that you are aware of them.

- Review if there are any additional resources or support that could help Louise achieve her targets and minimise her perceived work stressors.

Please note that accommodations are at management discretion and dependent on operational feasibility.

Are her current working hours suitable, we have discussed the option of submitting a flexible working request to change her working hours if this helps her

Given the nature of Louise's symptoms it appears that her condition at this time is not likely to be fully compatible with core working hours. Therefore, it would be advisable to consider allowing Louise flexibility in working hours and work location.

Flexibility in hours- this may vary day to day dependent upon whether she has a good day or bad day in terms of symptoms along with considerations for childcare and family responsibilities. This may be starting earlier than 0800 or working later than 1800. This would be beneficial to discuss with Louise, however, it is important to note that changing to a different set working hour pattern may not always work, because this depends on her symptoms on the day and how they are affecting her.

Flexibility in her work location would be beneficial for Louise. This is because if she has days when she experiences significant gastrointestinal symptoms, she may prefer to be at home for privacy, dignity and comfort reasons. If there is a requirement to work from the office and home, it may be beneficial to look at Louise undertaking half days, which will then allow her to continue her afternoon rest. Unless there are provisions in the office that would allow her to achieve this within the office building.

What are the long term effects of her medical condition and what affect do these have on her ability to carry out her role?

Louise has a long-term condition, the intention is to find a treatment that controls her symptoms and minimises any flare-ups. Louise is still at the early stages in finding appropriate treatment. In the interim, she will benefit from support, understanding and flexibility during these flare ups. As you are likely to be aware, given the long term nature of the condition and the impact that the symptoms can have on Louise's daily activities, it is likely that the Equality Act applies to her case.

Once she is on effective treatment, this will hopefully reduce the impact at work and her condition may become in remission but this cannot be guaranteed.

Are there any triggers to her uncreative colitis we need to be aware of that impact the severity of her symptoms day to day?

Louise explains that her main triggers are stress and ibuprofen, which she avoids taking.

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Is the work that she currently carries out manageable for her or do we need to consider adjusting her role/tasks/duties?

From my discussion with Louise, it is clear that she enjoys her job and has a lot of knowledge and experience in her working role. She explains that she works on challenging older cases, which she enjoys with her background with Compliance and PI work and then there are new cases she is involved with. Louise's main issues appear to be trying to work flexibly around her symptoms, particular her fatigue and gastrointestinal symptoms and her perceived work stressors. Louise indicates that the caseload is not causing her stress, only the targets that are applied to them.

Review

I have not arranged to speak with Louise again, but I would be happy to do so at any stage. If we can be of any further assistance, please do not hesitate to contact us.

I hope you find this report helpful. We are open office hours Monday to Friday and we can be contacted on 0800 862 0142 if you require any further assistance.

Clinician Name

Occupational Health Nurse

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