

Tina Matthews (pseudonym) - Initial

Assessment by Video

Date of birth: 01/01/1970

Referral received: 14/11/2023

Assessment: 16/11/2023

Report sent: 17/11/2023

From: Employer Name

Page: 1 of 3

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	Organisation Name	employer@email.com
Status: Consent given		

Dear Employer Name,

Thank you for referring Tina Matthews who is a full time Teacher.

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

Tina has been referred to Occupational Health for an update following previous Occupational Health assessments.

Please refer to Tina's two previous Occupational Health assessments (January 2021 and July 2021) along with the stress risk assessment document (September 2021) in conjunction with this report.

Health background

We discussed Tina's health as an update today - you will recall that she has a history of back/neck pain, type 2 diabetes and low mood, and these are explored further below:

In relation to her back/neck pain, you will recall that Tina has had ongoing concerns relating to her spine since childhood, and additionally she had two road traffic incidents many years ago. Her back and neck pain is a chronic condition, and she accesses regular chiropractic treatment when required. We discussed that she has not experienced any recent flareups in relation to her back/neck but the pain is always present at a low to moderate level. Tina explained that she was provided with additional equipment in the workplace and allocated one particular classroom, both of which were helpful. However, I understand her classroom was changed recently which meant accessing toilet facilities down two flights of stairs which could have aggravated her symptoms slightly.

In relation to her type 2 diabetes, you will recall that Tina was diagnosed with this condition in May 2021 and she is taking medication to control blood glucose levels. I understand that the medication did cause some gastric side effects (diarrhoea), and she sought advice from her General Practitioner (GP) who changed the medication to a slow-release brand. She tells me that her symptoms have improved now, and only affect her at home in the evenings. As part of her diabetic management plan, it is important that she attends her GP surgery for regular monitoring - her next appointment is in January 2022. She has also visited her optician and no complications relating to diabetes have been noted. Tina appears to have worked really hard on lifestyle changes (diet and exercise) and she has sought dietician advice privately. Overall, this condition appears to be well managed now but will require close monitoring to prevent other health conditions from developing.

In relation to her mood, I understand that there are a number of workplace factors, discussed further below, which are affecting her mood at this time, with Tina reporting she feels very tearful and exhausted currently. Tina has sought advice from her GP and, consequently, she had a recent stress-related absence from work for two weeks.

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Tina has previously accessed counselling through Smart Clinic and she has recently started NHS counselling.

In terms of her health in other ways, Tina was noted to have low iron levels and further investigations revealed a stomach ulcer - she is due to have a follow-up appointment on 24.11.2021 to discuss this further and to advise if further management of this condition is needed. We discussed some other blood tests which may be helpful to rule out other health issues. Tina also indicates occasional flareups of eye infection (called iritis) which is attributed to stress factors. I understand she has not had a flare-up of this condition since before the summer holidays in 2021. When this does occur, she is required to seek emergency assessment at the eye hospital.

Impact on work

We discussed how Tina has been managing at work in relation to her health conditions. In relation to her back, no current issues have been noted. In relation to her diabetes, it will be important that she has regular access to food at work when required. She indicates concerns with attending events at school in the evening due to disruption of her eating and medication regime. I understand that she is also concerned about COVID-19 vulnerability - and in my opinion, she is likely to be considered at higher risk due to her age, ethnicity, and medical history. Tina indicated that she remains concerned about meeting large household numbers at events such as open evenings.

As a result of her health conditions, Tina tells me she has general ongoing symptoms of fatigue, poor sleep, and occasionally affected concentration. We confirmed that there are no current mobility issues, no concerns driving, and she manages most tasks at home well unless fatigue is a factor when she returns home after work.

I understand that Tina has indicated some workplace concerns in relation to overall demand and lack of support within the school environment. Please refer to the stress risk assessment for further information in this regard as this comprehensively outlines the concerns. I understand that she approached HR prior to the September 2021 term to discuss her concerns with managing workload. She reports that no adjustments have been made as yet, her workload continues to be high, and she has a new subject to teach without access to resources or assistance. I understand the trigger to her absence in September 2021 occurred when she felt agitated about the workplace factors. Tina indicates that she felt she was taking a step forward by completing the stress risk assessment but she does not feel this has been acknowledged. I appreciate that these comments reflect Tina's view of the situation and that management may take a different view, however, it seemed important to set out the concerns so that you are aware of them.

Recommendations and responses to questions raised

Please provide details of any investigations and results received, and any investigations planned

Tina attends her GP surgery for medication reviews, diabetic monitoring, and for regular blood tests to check her iron and glucose levels. These are likely to be ongoing into the future. She also is required to attend annual optician checks. As indicated above, Tina is waiting for an appointment with the gastroenterology team to discuss her recent investigations. As far as I am aware no further investigations are planned aside from routine monitoring.

Are there any short-term accommodations to work tasks or environment to assist the member of staff in work or in returning to work? e.g. temporary amended duties, alteration to hours, a phased return plan?

I have not identified any short-term accommodations as any advice regarding changes to her job role are likely to be required in the long-term, and these are explored in the 'adjustments' question below.

However, in the short term, it is my opinion, that addressing and resolving the above workplace concerns is imperative to be able to move forwards. It is important not to medicalise this situation, and support/actions from management are more likely to be helpful to support her health, rather than medication or counselling alone. Her anxiety is likely to increase the longer the problem persists. I have reported a brief explanation of Tina's perception of the workplace concerns above, but further information is available from her September 2021 stress risk

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assessment document. It would be helpful to discuss the workplace stress risk assessment focusing on support/reducing demand in the workplace - considering any additional control measures that could be put in place to support her.

What is the up to date assessment of Tina's health?

Please see the information provided in Health Background.

What reasonable adjustments could the school put in place for each of her health issues

In relation to her back pain, I would recommend that management ensures manual handling, work at floor level, physical education and playground duties are reviewed in line with the school's risk assessments. If she indicates further issues with her back it may be helpful to refer her back to Occupational Health for a nurse assessment or a musculoskeletal assessment. This is not a current substantial concern for her.

In relation to her diabetes, I would advise continuing with the current adjustments in place - restricting break and lunch duty so she can eat regularly and restricting work in the evenings. In general, she will require regular breaks to eat and hydrate to manage her condition well. She may require support with time to access medical appointments in relation to this condition.

In relation to her mood, please see the advice above in relation to meeting to address her documented workplace concerns. Any action to remove or reduce workplace stressors could be helpful and this will be dependent on what accommodations the school can make. You may wish to consider such actions as reducing workload and providing regular support from management. Adjustments are at management discretion and dependent on operational feasibility.

Review

I have not arranged to speak with Tina again, but I would be happy to do so at any stage. Further sentence removed for confidentiality purposes. This is included in your subscription with Smart Clinic. 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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