**STRICTLY PRIVATE & CONFIDENTIAL**

**Case Conference Report**

**Employee name**

|  |
| --- |
| **Employee details** |
| **Full name:** |  |
| **DOB:** |  |
| **Employee number:** |  |  |  |  |  |  |
| **Position title:** |  |
| **Contracted hours:** |  |
| **Place of work** |  |
| **Line Manager name:** |  |

Enter a date.

1. **INTRODUCTION**
	1. The purpose of the meeting is to consider the facts presented and to determine whether Employee name’s health is sufficient for him/her to be able to perform the full range of duties and responsibilities of his/her position.
	2. If the meeting concludes he/she is not fit to perform the duties and discharge the responsibilities, it will consider what has been done by the service to assist his/her to return to work, and what action should be taken now.
	3. The supportive options for action are as follows:
* Reasonable adjustments to current post
* Redeployment within Services
* Redeployment within the service
* Retraining
* Dismissal
	1. A copy of the Absence Procedure is attached.
1. **EMPLOYMENT HISTORY**
	1. Key dates are as follows:

|  |  |
| --- | --- |
| **Date of birth:** | Insert date |
| **Commenced employment with:** |
| **Local Authority on:** | Insert date |
| **Cumbria Fire & Rescue Service on**: | Insert date |
| **Current role on:**  | Insert date |

* 1. As a Job title is responsible for: see Unique Job Specification.

**Purpose of the role**

* 1. A copy of the job profile is attached.

**INFORMATION REGARDING SUPERVISION & MANAGEMENT**

Within the 12 months prior to the commencement of the current, ongoing absence Employee name participated in supervision(s) and appraisal(s) as follows:

**Supervision & Appraisal Record:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Type** | **Content** |
|  |  |  |
|  |  |  |
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1. **ABSENCE RECORD**

|  |  |  |
| --- | --- | --- |
| **Date** | **Number of days** | **Reason** |
|  |  |  |
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1. **WELLBEING AND ABSENCE, AND OTHER MANAGEMENT INTERVENTION AND/OR SUPPORT**

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| --- | --- |
| **Date** | **Action** |
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In addition to the above, a comprehensive Contact Chronology has been maintained by the Line Manager.

**AEP Job Search Support:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Supported by** | **Action** |
|  |  |  |
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1. **EFFECT ON SERVICE DELIVERY**

Detail here the effect the absence(s) has had on the service delivery. Examples as below (please delete if not appropriate):

The employee’s absence has had the following effect upon service delivery:

1. Additional workload for colleagues.
2. Disruption in continuity of care to Service Users.
3. Additional workload for Manager and/or Supervisor in relation to the implementation of the Absence Procedure.
4. Significant additional financial expenditure to provide necessary Job title cover.
5. **ACTION TAKEN**

Detail here all of the action taken. Examples as below (please delete if not appropriate):

1. Wellbeing Support Meetings conducted throughout the period of absence.
2. Occupational Health Service support and input.
3. Phased return to work and amended duties planned and agreed but not commenced.
4. Temporary variation(s) of contract
5. Redeployment within the service.
6. Ill Health Retirement consideration.
7. Significant additional financial expenditure to provide necessary cover.
8. **SUMMARY**

Complete summary of the case here

**Report completed by:**

**Signed:**

Enter a date.

**Case Conference Report – Appendices**

1. **Correspondence & Letters**
	1. Wellbeing Support Meeting Documents
	2. Other letters, notes and information relating to absence(s)
2. **Occupational Health and/or specialist**
	1. Referrals
	2. Reports
	3. Any supporting information
3. **Copies of any return to work forms**
4. **Copies of any fitness to work statements**
5. **Job profile/person specification**
6. **Contract of employment**
7. **Copy of Absence Procedure**