



<b>Title:</b>	<b>Supporting Staff Involved in Incidents, Complaints, Claims &amp; Coroner's Inquests Policy</b>		
<b>Author(s):</b>	Katrina Keating, Risk Manager in conjunction with the Regional Working Group on Adverse Incidents		
<b>Ownership:</b>	Dr Nigel Ruddell, Medical Director Lynne Charlton, Director of Quality, Safety & Improvement		
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25.03.2021	1.0	Katrina Keating	Implementation of regional policy

## **1.0 INTRODUCTION / PURPOSE OF POLICY:**

### **1.1 Background:**

Arising out of the recommendations of the Regional Learning System Project Report (August 2015), it was agreed to develop a regional policy to support staff involved and leading on incidents, complaints, claims and Coroners Requests to be used by all Health & Social Care Trusts including the Northern Ireland Ambulance Service (NIAS) Health & Social Care Trust.

### **1.2 Introduction:**

When NIAS staff are involved and leading on in Incidents, Complaints, Claims or Inquests they can find this a very stressful experience. The Trust recognises this and is committed to supporting staff through these periods.

The organisation is committed to an open, honest and just culture so that it can learn from incidents and take action including changes in practice to reduce the risk of recurrence.

It also will ensure that staff feel able to talk to their colleagues and line management about any incident, are treated fairly, supported in making changes to their practice and held to account where necessary.

### **1.3 Purpose:**

The purpose of this Policy is to set out the framework for the provision of support and advice to staff prior to, during and after their involvement in Incidents, Complaints, Claims and Inquests as required by:

- Clarifying the availability of support for staff and management, in the event of them being involved or leading on a traumatic or stressful incident, complaint, claim or investigation;
- Identifying responsibilities for staff and managers in these circumstances;
- Providing guidance for managers supporting staff in these situations; and
- Providing staff with details of how to access the support available regardless of the extent of their involvement.

### **1.4 Objective:**

The objective of this policy is to ensure all staff and management are aware of the arrangements for seeking support when involved in incidents, complaints, claims or investigations.

## **2.0 SCOPE OF POLICY:**

2.1 This policy will apply to all staff employed within the Trust, including bank, agency and locum workers, volunteers and those on work experience.

2.2 This policy is specifically aimed at identifying ways in which staff and management are to be supported in relation to their involvement in Incidents, Complaints, Claims

and Inquests. As individuals, people can respond differently to situations. The application of this policy will take account of this and offer support that is appropriate for members of staff as individuals.

### **3.0 ROLES AND RESPONSIBILITIES:**

- 3.1 Chief Executive: is accountable for ensuring that systems, arrangements and resources for staff support are in place and provided for staff who are involved in an incident, complaint, claim or inquest.
- 3.2 Director of Human Resources: is responsible for ensuring that appropriate support is provided by the Trust to safeguard the health and mental wellbeing of employees who fall within the scope of this policy.
- 3.3 Director of Planning, Performance & Corporate Services: is responsible for ensuring that staff are provided with records relating to incidents which are the subject of a complaint, claim, Coroner's Inquest or legal case so that they can provide appropriate statements.
- 3.4 Assistant Director of Human Resources with responsibility for Wellbeing: is responsible for the overall Wellbeing Strategy, which includes ensuring that suitable corporate arrangements are in place to ensure that support is offered to all staff in order to safeguard the health and mental well-being of those who fall within the scope of this policy.
- 3.5 Assistant Directors / Ambulance Service Area Managers: are responsible for providing direct support to management and staff (e.g. attending court with staff as moral support) and / or referring them to a more appropriate person (e.g. an appropriate alternative line manager, counselling via Occupational Health or signposting for a self-referral).
- 3.6 All Staff with a Line Management Role: are responsible for providing immediate and ongoing support to management and staff who are involved in a stressful or traumatic event such as high impact incident / SAI etc. (where operationally possible). They must also take action to advise staff of the availability of Peer Support, Inspire Counselling Service via self-referral or via Occupational Health (OH) as appropriate.
- 3.7 Staff: it is the responsibility of all staff to make themselves aware of and adhere to the content of this policy. They should also:
  - Look after and maintain their own physical and mental health and wellbeing, making use of services such as Peer Support, Occupational Health, Staff Counselling Service etc.
  - Be supportive of colleagues reporting any serious incident or concerns to their line manager by respecting their privacy and confidentiality; and
  - Inform their manager if time is required away from the workplace to attend any meetings associated with the situation e.g. Court proceedings or counselling/support sessions.

- Notify their line manager of any ongoing difficulties and concerns they may be experiencing following a traumatic or serious incident;
- Make the Trust aware of the outcome of any process for which they have been supported.
- Co-operate with the complaints handling process;
- Co-operate with any serious incident investigation;
- Provide witness statements as and when required that are truthful, timely and accurate;
- Work in accordance with their own professional codes of conduct and practice;

All staff members are responsible for assisting the Trust in the investigation of any incidents and the defence of any claims against it.

3.8 The Occupational Health Service: is responsible for providing support, advice and guidance as appropriate to safeguard the health and wellbeing of employees falling under the scope of this policy. Staff can self-refer to Occupational Health or can be referred via their line manager. Staff also have the facility to self-refer to Physiotherapy Services.

3.9 Peer Support: The role of the peer support team is not only to support staff following traumatic incidents, but also to support individuals who are attending Coroners' court and other court proceedings which can be challenging. It has also recently been agreed that staff who are required to attend meetings concerning SAI's will be entitled to being accompanied by a peer support volunteer. It is important to note that in all the above instances the peer supporter is present in a neutral capacity, not to advise or counsel the individual. They are there as a listening ear and to comfort them if they become distressed. The peer supporter is bound by strict confidentiality and does not keep any written record of the occasion. They cannot be called upon at any point to ask for their opinion, or provide what may be deemed as evidence which may be used in forming a decision for or against the individual. The exceptions to this are if the staff member discloses any intention to harm them self or others, then a healthcare professional must be informed. Peer support can be reached via email: [staff.peersupport@nias.hscni.net](mailto:staff.peersupport@nias.hscni.net) or via a number of mobile telephone numbers available on SharePoint.

3.10 Confidential Counselling Service (Inspire): The Trust also has a Counselling service which staff can self-refer to on telephone number 0808 800 0002 (further information available on SharePoint or from your line manager). This service is also available to provide support and advice to line managers.

3.11 Human Resources: There may be occasions where, as well as Occupational Health, there is a requirement for involvement from Human Resources team e.g. specifically the case where a member of staff feels they are unable to return to their post (further information on redeployment options are covered separate procedures). In such cases the following policies may be used:

- Management of Attendance Policy; and
- Stress Policy (under review).

#### **4.0 KEY POLICY PRINCIPLES:**

##### **Definitions:**

4.1 Traumatic or stressful incident/complaint/claim/inquest: is defined as one which invokes unusually strong emotions which overcome normal coping abilities. Examples of such may include the following but note this is not an exhaustive list:

- Serious medication errors.
- Unexpected patient death or suicide.
- Allegations of negligence.
- Dealing with a major incident.
- Involvement in an incident of violence or aggression whether as a victim or witness; and
- Any other situation that the staff member considers to be of a traumatic nature.

4.2 Debrief: a meeting held between the manager and employee to gather information and details of the incident. This is primarily factual information, but will include questions about how the employee is feeling/coping to help ascertain what support is required.

##### **Policy Statement/Principles:**

When NIAS staff and management are involved in Incidents, Complaints, Claims or Inquests they can find this a very stressful experience. The Trust recognises this and is committed to supporting staff through these periods. This policy sets out how we fulfil this commitment by appropriate resourcing of structures, training and awareness and use of specialist support services

#### **4.3 Dealing with Traumatic/Stressful Incidents**

4.3.1 Immediate and on-going support may be required by staff and line management, when a traumatic or stressful incident occurs. Discussing incidents promptly, fully and compassionately helps support staff and line management when things go wrong. It is the responsibility of the line manager to provide staff with support and information on how to access the Trust support services. These may include Peer Support, the counselling service through Occupational Health, external counselling services such as Life Line or the Samaritans or professional bodies. Staff can self-refer to Inspire.

4.3.2 Following the conclusion of a high impact incident such as an SAI, where operationally possible, the Trust will ensure a de-brief is offered where appropriate. As soon as managers become aware that one of their staff has been involved in a potentially traumatic or stressful event, they should offer support and reassurance to them. It is very important that the manager or on call officer provides close support in the immediate aftermath of an event. This is a vital opportunity to assist the individual involved in the situation, keep the

issues in perspective and not feel or become isolated. The manager or on call officer should ensure that:

- Where operationally possible a 24-48 hour debrief meeting is discussed and appropriate arrangements put in place;
- Any debrief is confidential and takes place in a suitable environment;
- The member of staff is given time to talk and is listened to and feels supported;
- Arrangements are put in place for the staff member to receive any required medical assessment or treatment e.g. if they are in shock or suffer from a pre-existing medical condition that may have been exacerbated by the event;
- Opportunity for referral to other sources of support is discussed and appropriate arrangements commenced, if required.

Senior management should also ensure that immediate line managers are supported.

4.3.3 Staff will be kept informed by their line manager of any actions and/or recommendations arising from the event.

4.3.4 Staff may decide that they do not wish to access support services at the time of the incident. However, there is a possibility that it may become apparent later that they require additional support and it is the responsibility of the line manager to ensure that they can access support services retrospectively.

#### 4.4 Staff who are involved in Complaints

4.4.1 At the beginning of the investigation of a complaint, any member of staff involved will be informed by their line manager of any allegations made against them.

#### 4.5 Staff Involved in a Litigation Claim

4.5.1 The Trust recognises the importance of ensuring that staff are appropriately supported during what can be a lengthy and stressful litigation process. Staff will receive the necessary support from their line manager and will be kept regularly informed via the Complaints and Litigation Department of any developments during the process.

4.5.2 Where staff are required to provide statements these should be factual. Help or assistance can be sought from line managers.

#### 4.6 Giving Evidence in Court

4.6.1 The Trust recognises that giving evidence in court can be a stressful experience. Where appropriate the Trust solicitor (arranged by the Litigation Department / provided by DLS) will brief witnesses involved in the case, either prior to or on the day of the Hearing, to ensure that individuals are aware of the proceedings and are clear on the legal process and what is expected of them. Where operationally possible a line manager and / Peer Support will accompany staff required to give evidence in court to provide moral support.

4.6.2 Ordinarily there will be no need for individual members of staff to be independently represented. However, if there is a conflict of interest between the member of staff and the Trust, staff may wish to obtain their own legal representation and should inform the Litigation Department of such a course of action.

4.6.3 Staff can be served a witness summons to attend court and it is a criminal offence not to comply with this. However, staff are required to assist the Trust in defence of any claim against it. If there is any uncertainty about a request to attend court, advice should be sought from the Complaints and Litigation Department or from the relevant defence organisation or professional body.

#### 4.7 Criminal Proceedings against a Service User/Non staff member

4.7.1 Where members of staff are called to give evidence in court in relation to a crime committed against the Trust e.g. fraud, assault, the member of staff does not require legal representation if they are not the accused.

#### 4.8 Criminal Proceedings against a Staff Member Acting In The Course of Their Employment

4.8.1 In extremely rare cases, an external authority may instigate criminal proceedings e.g. the Police Service of Northern Ireland or the Health & Safety Executive for Northern Ireland. The Trust is required to co-operate fully with any such investigations and must not seek to influence their outcome. An individual member of staff may wish to engage their own legal representation, particularly if there is a conflict of interest between the Trust and the employee e.g. it is believed that an individual has acted outside of normal protocol. Employees performing clinical roles are therefore strongly advised to have in place indemnity cover for costs arising from such representation.

#### 4.9 Inquests:

4.9.1 The coronial system is inquisitorial rather than adversarial. The duty of the Coroner is to investigate violent, or unnatural and sudden death of unknown cause. In certain circumstances, this can include consideration of potential system failures. Many deaths reported to the Coroner will lead to a post mortem, which shows the cause of death as natural. In such cases, the Coroner will be satisfied and will allow a death certificate to be issued without an inquest.

4.9.2 When all evidence has been presented, the Coroner will summarise the evidence and make a decision as to the cause of death. An inquest verdict cannot be framed in such a way as to determine either criminal blame on the part of a named person or civil liability.

#### 4.10 Preparing a Statement for the Coroner

Staff may be asked to prepare a statement for the Coroner. Any such request should come via the Information Team. If you receive a request directly from the Coroner or the Police you should contact the Information Team before you take any further action.

Further advice will be provided in relation to preparation of your statement by the Information Team. NOTE PSNI should not be contacting staff directly.

#### 4.11 Attending the Inquest

A pre-inquest briefing with the Trust Solicitor/Counsel will be arranged by the Information Team / Medical Directorate either prior to the inquest date or on the morning of the inquest for all witnesses. This will go through the process of the inquest and what will be expected of witnesses. Where operationally possible, a line manager will accompany staff required to give evidence in an inquest to provide moral support.

#### 4.12 Tribunals

The Human Resources Department provides advice and support to staff having to attend employment tribunals as witnesses for the Trust.

#### 4.13 Guidance documents

Appendix 1 provides further guidance for managers in dealing with staff affected by incidents, complaints and claims. Appendix 2 details information on Coping with the Effects of a Traumatic Incident. Appendix 3 provides a Staff Support Checklist.

### **5.0 IMPLEMENTATION:**

#### 5.1 Dissemination:

This policy is applicable to all service areas within the Trust.

#### 5.2 Resources:

The Medical Directorate is responsible for organising and/or delivering awareness/training sessions for all relevant managers and staff in relation to this policy.

#### 5.3 Exceptions:

There are no service areas exempt from this policy.

### **6.0 MONITORING:**

An audit of the policy will be undertaken one year post implementation to ensure adherence to the principles and procedures outlined in this policy document. Changes will be made to the policy, as required.

### **7.0 EVIDENCE BASE/REFERENCES:**

- North Tees and Hartlepool NHS Foundation Trust
- Epsom and St Helier University Hospitals Trust
- Royal Cornwall Hospitals Trust
- Portsmouth Hospitals Trust
- Doncaster and Bassetlaw Trust



## 8.0 CONSULTATION PROCESS:

This procedure was developed by the Regional Adverse Incident Working Group chaired by the Assistant Director, Risk Management & Governance, South Eastern Health & Social Care Trust (attended by the Risk Manager). Regional consultation was completed via email with relevant Assistant Directors and staff within all organisations included in the working group. Consultation was carried out within NIAS with senior management and Trade Union colleagues during December 2020 and January 2021. The Policy was then agreed at Senior Management Team 16<sup>th</sup> March 2021, Safety, Quality, Patient Experience and Performance Committee 25<sup>th</sup> March 2021 and then Trust Board 19<sup>th</sup> August 2021.

## 9.0 APPENDICES:

Appendix 1 – Guidance for managers dealing with staff affected by incidents, complaints and claims.

Appendix 2 – Coping with the Effects of a Traumatic Incident.

Appendix 3 – Supporting Staff Checklist.

## 10.0 EQUALITY STATEMENT:

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this procedure should be subject to a full impact assessment was carried out on the 31<sup>st</sup> December 2020. The outcome of the Equality screening for this procedure is:

Major impact

Minor impact

No impact.



**Katrina Keating**

**Date: 19<sup>th</sup> August 2021**

**Lead Author**



**Dr Nigel Ruddell**

**Date: 19<sup>th</sup> August 2021**

**Lead Director**

## **APPENDIX 1 – GUIDANCE FOR MANAGERS DEALING WITH STAFF AFFECTED BY INCIDENTS, COMPLAINTS AND CLAIMS:**

When a staff member is involved in an incident, complaint or claim, they may require support as such events can be traumatic, stressful or both. This may be caused by fear of the unknown or fearing that they are alone in coping with the situation.

The first line for this support is the line manager who should be involved as soon as possible. Much of the reassurance required by staff can be provided by their manager talking to them, referring them to appropriate resources and informing them of the processes to take place where relevant.

In certain situations, e.g. with increasingly disruptive or uncooperative patients or relatives, the manager may be able to provide support during the incident. However in most cases, the manager will be required to provide support after a moderate or significant incident.

If the event is a complaint or claim, support is needed after the event. The staff member will need to be informed of the content of the complaint or claim as they may be unaware that a complaint or claim has been made. They will also need to be informed of the possible actions which need to follow.

For staff appearing as a witness, the support needs to be given before, during and after the appearance at the hearing.

In all cases the support given should be documented on the Staff Support Checklist (Appendix 3).

### **Factors to Consider When Giving Support**

#### **Immediate Support**

1. Be aware of the natural response to trauma and thus be able to reassure staff that what they are experiencing is normal.
2. In all cases ensure that the initial appraisal of the incident takes place in a confidential manner and in a suitable environment.
3. The staff member needs to be given time to talk and the manager should listen and reassure staff that they are committed to ensuring that they are supported.
4. The initial 'debrief' should enable the manager to assess the level of support needed and the types of intervention that may be useful to the staff member immediately following the event.
5. Arrange for any medical assessment or treatment necessary for shock or if the employee is distraught. This may also be necessary if they suffer from any pre-existing medical condition which could be exacerbated by the situation.
6. Assess the fitness of the staff member to undertake or continue their full range of duties. Temporary adjustments to duties or responsibilities should be considered where necessary. A discussion about their feelings should take place enabling risk assessment of their competence to take place.
7. Temporary redeployment should be considered if the staff member would find it challenging to work in the same environment or with others involved in the same incident, complaint or claim.

8. A referral can be made to the Occupational Health and/or staff Counselling department if required. (Note the staff member may refer themselves for staff counselling and need not disclose this to their manager).
9. Where a written statement is required, assistance with statement writing will be offered to the employee.

## Ongoing Support

Staff may need further support from their manager on a 1:1 basis and further opportunities to talk about the event.

Although counselling may not have been required earlier, it may still be helpful at a later date. Encouragement to access counselling support or help from external agencies such as professional bodies and Unions should be given.

Staff may require to be phased back into their full duties after a significant event. Regular communication to discuss progress and discuss further support needs is essential.

## Signs and Symptoms Associated with Traumatic Events

When someone experiences a traumatic event their body responds to help them cope with the situation. It may take a few moments to recover, but can also take several days or even weeks. Everyone reacts differently, but common reactions in the immediate aftermath of a traumatic event can include:-

- Feeling shocked and numb – unable to believe what has happened.
- Euphoria or being ‘hyped up’ and energised to rush around doing practical tasks.
- Shaky, nauseous, tearful – this can happen straight away or sometime later, it varies from person to person.
- Angry – at the event or those who have caused it.
- Anxiety or panic – at the thought of breaking down or losing control.

These symptoms may occur in the immediate aftermath, or develop and recur in the following weeks or months. In addition the following physical and emotional symptoms may occur:

- Loss of appetite;
- Sleep problems;
- Headaches and muscular tension;
- Nausea and diarrhoea;
- Nightmares or flashbacks about the incident;
- Inability to relax or concentrate;
- Hyper-vigilant, feeling constantly on edge;
- Feeling unsafe and vulnerable; and
- Emotional and tearful.

These are all **normal** reactions to an **abnormal** event and it is important for managers to be able to identify them and ensure appropriate support is offered to the staff member.

## **APPENDIX 2 – COPING WITH THE EFFECTS OF A TRAUMATIC INCIDENT:**

### **What is a 'Traumatic' Incident?**

A traumatic incident is a sudden, distressing, threatening and violent event, outside your normal range of experience.

Whether you are directly involved, or a witness to the event, it is quite natural to experience a range of response, including fear, anger, guilt, shame, panic and sadness. These are all **normal** reactions to a traumatic incident.

Sometimes people are almost as distressed by their response to the event, as by the event itself. They feel out of control, fearing that they will never get back to normal. They may experience a sense of shame, judging their feelings as evidence of weakness or a failure to cope.

Understanding the normal range of responses to an abnormal event helps begin the process of recovery.

### **How do people react after a traumatic incident?**

When we feel threatened our body immediately and automatically produces a complicated biochemical response designed to help us deal with the situation. It may take anything from a few moments, to several days to recover from this.

Reactions vary from person to person, but it is likely that you will experience some of the following responses:-

- Shocked and numb – unable to believe what has happened.
- Hyped up, even euphoric – rushing around busying yourself with practical tasks.
- Shaky, nauseous and tearful – some people feel this immediately, others not for some time.
- Angry – at what has happened, at whoever caused it or allowed it to happen.
- Anxious and panicky – at the thought of breakdown of 'losing control'.

### **In the following days and weeks.....**

Sometimes these responses emerge during the crisis, or they may develop days, weeks or months after the event. You may experience both physical and emotional symptoms:

- Loss of appetite and sleep problems, nausea and diarrhoea, headaches and muscular tension;
- Nightmares and flashbacks about the incident;
- Inability to relax or concentrate, hyper-vigilant, feeling constantly on edge; and
- Feeling unsafe, vulnerable, being emotional and tearful.

These are all **normal** reactions to an abnormal event, which are grouped together as **post-traumatic stress**.

### **How can I help myself and my colleagues?**

A traumatic incident is a dramatically unusual event in the life of an ordinary person. Those who have experienced such events benefit from understanding this, and from recognizing the importance of expressing, rather than suppressing, their feelings about what has happened. People are often shocked at the intensity of their feelings. While we are all different and deal with things in our own individual way, there are certain things which most people find helpful:

- talk about what has happened;
- try to avoid isolating yourself and allow others to support you;
- give yourself time – don't expect yourself to 'return to normal' immediately;
- take care of yourself by getting enough sleep and eating well;
- be careful – accidents are more common after severe stress; and
- ask for further help, particularly if symptoms persist or appear or recur later.

### **When to seek further help?**

Most people feel they are beginning to get normal within a few weeks. If, after a month, you are still preoccupied by the event and are still experiencing symptoms, you may be developing post-traumatic stress disorder (PTSD). It is important that you seek help.

Get in touch with Occupational Health Department or Staff Counselling Service or go to your General Practitioner.

Counselling can help by:

- providing a safe, neutral setting for you to talk through your experience and make sense of what happened;
- offering information and guidance on coping with trauma; and
- referring you to an external specialists, where appropriate.

No experience is too trivial to warrant seeking help. If you feel distressed, talking through your experience sooner, rather than later, is likely to be the best way to deal with it.

**APPENDIX 3 – STAFF SUPPORT CHECKLIST:**

**STAFF SUPPORT CHECKLIST**

**Please see section 2 for staff support for witness appearances  
To be retained by manager / copy to Operational HR Team**

<b>Name:</b>	
<b>Designation:</b>	
<b>Directorate:</b>	
<b>Ward/Department/Facility:</b>	
<b>Date of incident:</b>	
<b>Reason for support:</b>	

<b>Section 1 – to be completed by line manager</b>		
<b>Please answer Yes, No or N/A</b>		
<b>1</b>	Was immediate support/debriefing offered?	
<b>2</b>	Was a copy of relevant internal and external support agencies highlighted to the employee(s)?	
<b>3</b>	Was referral to the Occupational Health and Safety Service discussed with the employee(s)?	
<b>4</b>	Was counselling support discussed and offered to the employee(s)?	
<b>5</b>	Have temporary role adjustments, redeployment or reassignment of duties been considered?	
<b>6</b>	Has a second debriefing (24 – 48 hours) been offered and held with the employee(s)?	
<b>7</b>	Has further support been offered to the employee(s) (e.g. supervisor of midwives, chaplaincy, Trade Union)?	
<b>8</b>	Has the need for ongoing or long term support been discussed?	
<b>9</b>	Has (have) a referral(s) to Occupational Health been made for assessment about fitness to return to work?	

<b>Section 2 – Witness appearances only. To be completed by line manager</b>		
<b>Please answer Yes, No or N/A</b>		
<b>Has (have) the employee(s):</b>		
<b>10</b>	Been briefed about the process?	
<b>11</b>	Been offered support in statement writing?	
<b>12</b>	Been offered support in preparation for appearing as a witness?	
<b>13</b>	Have arrangements been made to ensure that the employee will be supported on the day of the hearing?	
<b>14</b>	On conclusion of the case, was the employee debriefed (if the information was in the public domain)?	
<b>Any other comments:</b>		

**Completed by:**

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Date:** \_\_\_\_\_