

## Minutes

National Open Disclosure Steering Committee Meeting

Thursday 25<sup>th</sup> February 2021 from 10am – 11.15am

Meeting held online via MS Teams

<b>In attendance</b>	Dr. Philip Crowley, Cathal O'Keeffe, Dr Anne Gallen, Kate Killeen White, Bernadette O'Reilly, Professor John Hyland, Margaret Brennan, Loretta Jenkins, Irene O'Hanlon for JP Nolan, Angela Tysall, Kelly McDyer (minutes), Chinonyerem Enyoazu (UCD Intern for National Open Disclosure Programme)		
<b>Apologies</b>	Greg Price, Dr. Susan Kent, Martin Dunne, Eileen Ruddin, Dr. David Vaughan, Stephen Teap, Mary Samuel, Ann Marie Kiernan, Professor Ann O'Doherty	<b>Chair</b>	Dr. Philip Crowley
#	Item and discussion	Agreed Action / Decision	Responsible
1	<b>Welcome and Apologies</b> PC welcomed and thanked all members for attending, apologies were noted. PC welcomed 2 new members to the committee – Dr Anne Gallen and Loretta Jenkins.		
2	No conflict of interest declared.		
3	<p><b>National Minutes reviewed and agreed from last meeting 25<sup>th</sup> November 2020 – actions on agenda. Discussion on minutes as follows:</b></p> <ul style="list-style-type: none"> <li>AT referred to NODSC membership and actions taken to fill vacant positions: <ul style="list-style-type: none"> <li>AT confirmed request sent to NDTP for representative.</li> <li>PC sent request to CEO of CHI to request CHI representative, as well as hospital group CEO representative.</li> <li>JH confirmed he has stepped down as clinical lead and replacement should be sought from RCSI. PC acknowledged and thanked JH for his input.</li> </ul> </li> <li>AT confirmed that colleges report on the analysis of the inclusion of open disclosure in undergraduate programme was still in draft as still awaiting response from 2 colleges. Agreed that follow up would be complete, and final report would be circulated to committee ahead of next meeting.</li> <li>All other actions from previous meeting agreed as complete</li> </ul>	<ul style="list-style-type: none"> <li>AT/PC to write to Professor R O'Connell to request RCSI representative to replace J Hyland</li> <li>Circulate final report on the analysis of open disclosure in undergraduate programmes ahead of next meeting</li> </ul>	<p>AT/PC</p> <p>OD Office</p>

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4	<p><b>Terms of Reference</b></p> <p>Committee reviewed 2 sections in the TOR:</p> <ul style="list-style-type: none"> <li>• Section 6 (Reports issued by the committee) – committee agreed that reports to be issued by the committee are: 1) the annual report and 2) any additional reports/reviews as requested by the CCO</li> <li>• Section 7.3 (Committee Performance) – “An annual evaluation of committee objectives”. The committee agreed that this was happening through measurement of actions completed, and annual review of TOR. AT also referred to and discussed the development of the performance measurement guide for the office, and the development of 2 KPIs to measure the performance of the programme.</li> </ul>	<ul style="list-style-type: none"> <li>• Amend TOR as appropriate and upload to website</li> </ul>	OD Office
5	<p><b>2021 Ops Plan</b></p> <ul style="list-style-type: none"> <li>• AT provided an update on the 2021 Ops Plan and gave a high level overview for the following areas: <ul style="list-style-type: none"> <li>- Performance Measurement</li> <li>- Patient Rep Groups</li> <li>- Legislation</li> <li>- Training / E-Learning – Module 2 ready for launch March 2021</li> <li>- Revised face to face programme – pilot with Saolta / CHO1 – paused due to Covid19 restrictions</li> <li>- Training Resources – significant work put into new and revised resources</li> <li>- QA Document – work in progress by office</li> <li>- Update on access to and uptake of training by doctors</li> <li>- Annual Report</li> <li>- Revised policy</li> </ul> </li> <li>• MB referred to Performance Measurement and the challenges that arise in the development of KPIs from incident management. MB advised on input from front line. AT confirmed that KPIs will be tested for 1 year before going into National Service Plan. AT also confirmed that Performance Measurement Committee (sub-committee of NODSC) was in place and meeting due to take place in the coming weeks.</li> <li>• AT explained to committee that a lot of queries were coming to the office from the system about why open disclosure training is mandatory for all staff, using specifically non-clinical staff as an example. PC confirmed that this needed to be reviewed as a group</li> </ul>	<ul style="list-style-type: none"> <li>• Review mandatory training requirement for all staff</li> </ul>	



	<p>and consideration should be made to specifically who it should be mandatory for. It can then be brought to the CCO for consideration from a clinical perspective. AT explained how training is recorded.</p> <ul style="list-style-type: none"> <li>• KKW queried to what extent the open disclosure programme has reached out to the Voluntary Agencies. AT responded to confirm there are a number of open disclosure trainers and leads across the voluntary agencies. She also confirmed that there is a focus on community services in the current webinar plan for 2021, with input directly from the services.</li> <li>• AT referred to the “Just in Time” training resource which was developed to provide staff with a quick overview on how to conduct a formal open disclosure meeting, which ideally should be used as a refresher. This was circulated to the committee and feedback was welcomed. PC asked the committee to provide any feedback to AT on this resource.</li> <li>• COK queried what on the ground support is available to staff who need to engage in open disclosure meetings, and if there is an awareness of the resources that are available to support open disclosure. AT confirmed that this is done through the Open Disclosure Leads and trainers through all the services, AT also confirmed that Module 2 will assist with this type of training/support.</li> </ul>	<ul style="list-style-type: none"> <li>• Send KKW a list of current leads in place for Section 38s &amp; Section 39s</li> <li>• Committee members to provide feedback on “Just in Time” resource</li> </ul>	<p>Open Disclosure Office</p> <p>NODSC</p>
#	Item and discussion	Agreed Action / Decision	Responsible
6	<p><b>Building the National Open Disclosure Office</b></p> <ul style="list-style-type: none"> <li>• AT confirmed that, following a submission by PC to increase staffing levels for National Open Disclosure office, a GM and Grade VII post have been approved to supplement current staffing levels and will go out for advertisement through HR. AT confirmed that the DOH are keen to see that the office is resourced appropriately ahead of the roll out of the revised Patient Safety Bill</li> </ul>		
7	<p><b>2021 Service Plan and Open Disclosure</b></p> <ul style="list-style-type: none"> <li>• AT referred to the launch of the National Service Plan for 2021 and where open disclosure fits into this. AT confirmed that the work of the programme is aligned with the National QI Team, which is aligned with the office of the CCO</li> </ul>		

#	Item and discussion	Agreed Action / Decision	Responsible
8	<p><b>Revised National Open Disclosure Policy</b></p> <ul style="list-style-type: none"> <li>AT discussed the draft policy which is being revised in line with the Byrne Wallace Report and the Interval Cancer Report. AT referred to the piece of work being conducted by the Patient Safety Council – the recommendations for a new framework and how this will also impact the policy. AT confirmed the next policy revision is due in June 2021, but that the current changes are significant. AT confirmed that the committee previously agreed that they would sign off on the policy, but as a result of it undergoing significant changes, should this now go out for wider consultation. The committee agreed that it should have a more comprehensive consultation as a result of it being a more significant review.</li> <li>COK queried whether the work of the Patient Safety Council has been published, in context of the revised policy. AT confirmed her understanding is that the recommendations have gone to the Minister for review and if approved will go back to the NPSO who will be developing the framework document. AT confirmed that she contacted the NPSO to request involvement in the framework development process.</li> <li>COK recommended getting the sequencing of timing right for the revised policy, in the context of the new framework. AT confirmed that the Byrne Wallace report, and Interval Cancer reports led to the current revision of the policy and wants to avoiding adding any delay to the new revision. AT confirmed that she asked the NPSO for a copy of the recommendations for the framework when available, and the NPSO have requested to see the revised policy.</li> <li>AT provided an overview of the revised draft policy, in that the programme would no longer need the guidelines as the majority of the guidelines has now been transferred across into the policy, the policy will link out to a number of other resources/tools.</li> </ul>	<ul style="list-style-type: none"> <li>Revised policy to go out for wide consultation as per previous policy revision</li> </ul>	
9	<p><b>SLA's</b></p> <ul style="list-style-type: none"> <li>AT queried when the HSE has agreements with private organisations, where does the responsibility of the governance of open disclosure lie. The committee discussed this,</li> </ul>	<ul style="list-style-type: none"> <li>KKW / LJ / AT to look at SLA agreements between HSE and private organisations / services</li> </ul>	

	<p>and felt that this can be dependent on whether the organization was a direct care provider. COK proposed that it would be worth finding out where the responsibility of incident management lies, as open disclosure is within this. KKW and LJ agreed to do a bit of work on this to revisit this at the next committee meeting.</p>		
10	<p><b>Rollout of Patient Safety Bill</b></p> <ul style="list-style-type: none"> <li>AT discussed resourcing requirements ahead of the roll out of the Patient Safety Bill. AT discussed concerns that open disclosure was only 1 part of the Bill, and there needs to be a bigger response so the onus of the work doesn't lie solely with the open disclosure office. The committee agreed that there needs to be a wider stakeholder approach to the rollout of the Bill.</li> <li>AT advised the committee of the feedback from the Leads in relation to the rollout of the Patient Safety Bill and revised CLA and how this might be best managed. AT confirmed that this was shared with the National Patient Safety Office. AT also confirmed that, where possible, resources were being aligned with the impending changes.</li> </ul>		
11	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>COK asked about on-going review of Scally Recommendations. AT said that Scally recommendations remain on the 2021 Ops plan, and recommendations are revised and updated regularly with the OPS plan.</li> <li>Nothing additional added</li> </ul> <p><b>Next meeting scheduled for 26<sup>th</sup> May 2021 at 10am</b></p>		