NATIONAL
OPEN DISCLOSURE
PROGRAMME

National Open Disclosure Programme

Annual Report 2020

NATIONAL OPEN DISCLOSURE PROGRAMME

CONTENTS

Section	Title	Page
1	Mission, Vision and Values of the National Open Disclosure Office	3
2	Key Developments in Open Disclosure during 2020	4
3	Managing the impact of the Coronavirus Pandemic and Covid-19 Restrictions on the work of the National Open Disclosure Office and Programme throughout 2020	6
4	Update on the Operations Plan for the National Open Disclosure Office 2020	8
5	Update on the Implementation of the Recommendations from the report by Dr Gabriel Scally into CervicalCheck 2018	12
6	Update on the National Open Disclosure Training and Education Programme	15
7	Improving the Access to and uptake of Open Disclosure Training by Medical Staff	22
8	Governance	27
9	Performance Measurement	32
10	Partnering with Patients and Service Users	37
11	Stakeholder Involvement	39
12	Share the Learning Template and Guidance	42
Appendices:		48
Appendix A:	National Open Disclosure Office Organogram	
Appendix B:	Membership of National Open Disclosure Steering Committee	
Appendix C:	Membership of Performance Measurement Committee	
Appendix D:	2020 Training Report	

Section 1: Mission, Vision and Values of the National Open Disclosure Office and Programme

MISSION

Promoting and supporting a culture of honesty and transparency through compassionate and empathic communication with our patients, service users, their families and staff.

VISION

Everyone experiences open, compassionate and timely communication and will be supported when things go wrong, for whatever reason, in our services.

VALUES

Care
Compassion
Trust
Learning
Person Centred
Kindness
Empathy
Openness
Honesty

Section 2: Key Developments during 2020

Despite the redeployment of all the staff from the National Open Disclosure office to work on Covid 19 from March 2020 through to December 2020 (staff returned to work on Open Disclosure on a gradual basis from July 2020 to December 2020 with the team back to full capacity in December 2020) a number of key pieces of work were progressed by the National Open Disclosure team during 2020 as follows:

2.1: Launch of Module 1 of the Open Disclosure online training programme on HSELanD in April 2020

Prior to April 2020 briefing on Open Disclosure was delivered by trainers via 1 hour face to face information sessions. The face to face staff briefing programme was replaced in April 2020 by the launch of Module 1 of the online programme on HSELanD – "Communicating Effectively through Open Disclosure". This 40 minute module was developed by the HSE National Open Disclosure Office with Aurion and HSELanD. See Section 6 for further details on this Module.

2.2: Development and Publication of the first Annual Report of the work the National Open Disclosure Office and Programme for 2019

The National Open Disclosure Office was established in May 2019. The first Annual Report, which was informed by the work of the National Open Disclosure Office and Programme during 2019, was published in November 2020 following presentation to, feedback from and approval by the Board of the HSE. The report is available on the Open Disclosure website here.

2.3: Development and publication of Guidelines for HSE services and staff on maintaining the Principles of Open Disclosure during the Coronavirus Pandemic and associated Covid- 19 restrictions

This guideline was developed in response to feedback from services on some of the challenges services were facing in relation to managing the open disclosure process due to the restrictions imposed as a result of the Coronavirus pandemic. The guideline "*Open Disclosure: Maintaining the Principles of Open Disclosure during the Coronavirus Pandemic and Covid-19 Restrictions - A Practical Guide for staff"* provides practical guidance for staff and services on how to manage some of the communication challenges arising as a result of the Covid-19 restrictions such as how to manage open disclosure via telephone/video call, how to hold a face to face open disclosure meeting safely and how to manage open disclosure effectively when wearing Personal Protective Equipment(PPE). The guideline also stresses the importance of maintaining the principles of open disclosure of patient safety incidents throughout the pandemic situation and including the open disclosure of incidents relating to Covid 19. The impact of Covid-19 on staff is also included in the document with information on the staff support services available. This document is available here.

2.4: Improving access to and uptake of Open Disclosure training by Medical Staff

It is well established internationally that training for healthcare professionals is key to the successful implementation of any open disclosure programme and that without the necessary training and support staff may fear engaging in open disclosure, may not be as willing to engage in open disclosure or may engage in open disclosure with a low level of commitment or skill. See Section 7 for information on a number of measures taken by the National Open Disclosure office to improve the access to and uptake of training by medical staff.

2.5: The development and publication of the first National Open Disclosure Office Newsletter in December 2020

The first newsletter was circulated to all services and patient representative groups on 23rd December 2020. The purpose of the newsletter is to keep staff and services up to date on the progress of the work of the National Open Disclosure Office and programme and to inform them about new/upcoming resources and events. It is planned to provide an office newsletter on a quarterly basis going forward. The newsletters are available on the HSE website here.

2.6: The commencement of the Open Disclosure webinar series

The Open Disclosure Team commenced a series of webinars in September 2020 to maintain communication with Open Disclosure leads, trainers and staff working across all of our health and social care services. In total, the team delivered and presented on 11 webinars. See Section 6 for further information.

Section 3: Managing the impact of the Coronavirus Pandemic and Covid-19 Restrictions on the work of the National Open Disclosure Office and Programme throughout 2020

3.1: The Challenges presented by the Coronavirus Pandemic and Covid-19 Restrictions

The ethos of the HSE Open Disclosure policy is to ensure that the rights of all patients to be communicated with in an open honest, timely, compassionate and empathic manner are met when things go wrong, for whatever reason, during their health care journey and that this communication process is managed in a manner that is dignified and respectful.

During these current, challenging times of the coronavirus pandemic it is important that the principles of openness and transparency are maintained in relation to not only the management of and response to all patient safety incidents but also in relation to those affected by the coronavirus. Open disclosure must continue to be conducted as per the principles and provisions of the HSE Open Disclosure Policy, as far as it is reasonably practicable to do so.

The coronavirus pandemic and the restrictions imposed by Government in response to the pandemic has presented major communication challenges for staff in relation to communication generally and conducting open disclosure meetings. Whereas face to face meetings are the preferred option when conducting formal open disclosure meetings, these meetings are not always possible now due to restricted movement, visiting restrictions and the risks of exposure to Covid-19 for staff, in-patients and visitors.

In addition, personal distancing and the requirement for staff to wear Personal Protective Equipment (PPE) has created further communication challenges causing patients and their families to struggle to hear what is being said and to see who they are talking to. Staff are concerned that their humanity may be hidden behind the PPE and their inability to provide physical comfort such as holding a patient's hand. Conversations may be shortened. Patients, their families and staff have all been living with the fear of getting coronavirus, the consequences of the illness and dealing with the associated physical and psychological impact. Physical contact has been reduced to only necessary contact. In-patients/residents are not always able to have the support of a loved one present for open disclosure discussions. Patients who are ill and vulnerable may be limited to talking to their loved ones only by telephone with little or no physical contact. Patients are experiencing the loneliness of illness and isolation. Their families are living with anxiety and fear for their loved ones and distress due to not being able to be with them.

Families want to be contacted by the service, they want their messages passed on to their loved ones, they want to know that their loved ones are being cared for and supported, they want to be able to speak to their loved ones every day – they want to be able to see their loved ones even if it is by video call – those few minutes can make such a difference for the patient and their family. The role of the patient liaison service and advocacy services has been so important in these circumstances to assist in maintaining communication and human connection between patients and their loved ones.

Despite the challenges every effort must be made during this coronavirus pandemic to engage in meaningful open disclosure with patients and their families in a timely manner. Access to open disclosure training is important for staff and many services have had to suspend their face to face training programmes due to the Government restrictions.

Infectious disease outbreaks like coronavirus can be worrying for everyone including health and social care staff. The spread of coronavirus is a new and challenging event. Some people have found it more worrying than others. Most people's lives have changed in some way over a period of days, weeks or months.

The importance of support for staff from managers, supervisors, colleagues and peers in this pandemic situation should not be underestimated. Being available for colleagues and understanding the challenges they are facing is crucial and is especially important when things go wrong for whatever reason during the delivery of care and treatment to patients/service users. Staff require a safe and confidential space in which to talk openly about their experiences and feelings if they wish to do so. This can be very therapeutic.

3.2: How the National Open Disclosure Office has supported staff and services in managing the challenges presented by Coronavirus

The National Open Disclosure team recognised at an early stage the challenges which Coronavirus and the associated Government restrictions presented for staff and services. Staff from front line services contacted the National Open Disclosure Office to talk about the challenges they were facing in relation to managing open disclosure and maintaining on-going attendance at the national open disclosure training programme.

3.2.1: Development and publication of guidelines for HSE services and staff on maintaining the principles of Open Disclosure during the Coronavirus Pandemic and Covid 19 restrictions.

This guideline "*Open Disclosure: Maintaining the Principles of Open Disclosure during the Coronavirus Pandemic and Covid-19 Restrictions - A Practical Guide for staff",* published in May 2020*,* provides practical guidance for staff and services on how to manage some of the communication challenges arising as a result of the Coronavirus restrictions such as how to manage open disclosure via telephone/video call, how to hold a face to face open disclosure meeting safely and how to manage open disclosure effectively when wearing Personal Protective Equipment(PPE). The guideline also stresses the importance of maintaining the principles of open disclosure of patient safety incidents throughout the pandemic situation including the importance of open disclosure of incidents relating to Coronavirus. The impact of Coronavirus on staff is also included in the document with information on the staff support services available. This document is available here.

3.2.2: Development and publication of additional resources to support the Open Disclosure process during the Coronavirus pandemic.

In addition to the guidelines outlined in 3.2.1 above the national team developed more detailed guidance documents on the management of open disclosure by telephone and the management of open disclosure when wearing PPE. These resources are available here.

3.2.3: QI Talktime Webinar on Maintaining the Principles of Open Disclosure during the Coronavirus Pandemic in November 2020.

The National Open Disclosure staff facilitated a webinar, as part of the National Quality Improvement Team QI Talktime webinar series in November 2020, providing guidance on how to maintain the principles of Open Disclosure during the Coronavirus pandemic. A recording of this webinar is available here.

3.2.4: Launch of Module 1 of the Open Disclosure online education programme on HSELanD in April 2020.

In April 2020 the HSE National Open Disclosure Office launched, with HSELanD and Aurion, Module 1 of their online open disclosure education programme. Module 1 *"Communicating effectively through Open Disclosure"* is a 40 minute module for all staff. This module provides a general overview of open disclosure including the principles and the importance for all those involved in and/or affected by patient safety incidents. In the current pandemic situation the completion of Module 1 meets the mandatory training requirements for staff. The launch of this module was very timely in relation to the Coronavirus pandemic and associated restrictions when many services had to suspend face to

face training. See Section 6 for more details on this module. Open Disclosure trainers and leads were contacted and advised to promote the online programme in the absence of the face to face briefing presentations and skills workshops. 35,207 staff completed Module 1 in 2020. Work also commenced on the development of Module 2 of the online training and education programme.

3.2.5: Face to face training

Open disclosure trainers were contacted and advised that face to face training should only be facilitated when it is safe to do so and delivered in compliance with Covid-19 restrictions. The "*Guidance Document on Infection Prevention and Control Practices in Relation to Delivering Face to Face Education during the Global COVID-19 Pandemic",* developed by the Office of Nursing and Midwifery and the Antimicrobial Resistance and Infection Control (AMRIC) Team, was circulated to all open disclosure trainers and leads. It was recommended to trainers and leads that the focus should be on the promotion of the online programme during this pandemic situation.

3.2.6: Maintaining contact with Open Disclosure Trainers, Leads and Services

The Open Disclosure Team commenced a series of webinars on open disclosure related topics in September 2020 to maintain communication with Open Disclosure leads, trainers and staff working in HSE and HSE funded services and to keep the open disclosure message strong in the system. In total, the team facilitated 11 webinars in 2020. Trainers and leads were communicated with via email updates, virtual meetings and the office newsletter. See Section 6 for more details on the webinars facilitated in 2020.

3.2.7: Promoting the role of the Designated Person during the Open Disclosure Process

The role of the designated person has been so important in this pandemic situation to assist in maintaining communication and human connection between patients and their loved ones who have been involved in or affected by patient safety incidents and who have been experiencing many of the challenges outlined in section 3.1 above. The National Open Disclosure Team developed a guidance document and checklist on the role of the designated person which are available here. 2 webinars on the role of the designated person were also facilitated by the National Team as part of the Open Disclosure webinar series commenced in September 2020.

3.3: Redeployment of the National Open Disclosure Team to support Covid -19

The National Open Disclosure Team were redeployed in March 2020 to support Covid -19. The team gradually returned to the office between July and December 2020 with all team members back working on open disclosure on a full time basis in December 2020. The team were redeployed to provide support in the following areas:

(i) Contact Tracing Service
(ii) CMP Education and Resources Team
(iii) CMP - Moodle
(iv) CMP - Supervisor Role
(v) CMP – Development of Staff Support Resources
(vi) Supporting the Patient Advocacy Liaison Manager and Team at University Hospital Limerick.

Section 4: Update on the Operations Plan for the National Open Disclosure Office 2020

The table below provides a summary of the planned work for the National Open Disclosure Office for 2020 prior to the Coronavirus pandemic and the redeployment of the National Open Disclosure Team to work on Covid-19. The team worked actively on progressing as many of the work areas as possible although it was not possible to complete all of the planned actions and some work was deferred to the 2021 operations plan.

1. Establish and roll out a performance measurement programme for the national open disclosure programme taking into consideration current and pending legislation.
Update: The Performance Measurement group was unable to meet in 2020 due to the redeployment of staff to work on Covid 19. Work continued on the drafting of two potential KPIs and the development of a questionnaire to measure patient experience of open disclosure meetings, as required by the HSE Open Disclosure Policy.
Comment/Further Information: See Section 9 for further information on the measurement of the performance of the National Open Disclosure Policy and Programme during 2020.

2. Continue to support the delivery of the national open disclosure training programme.
Update: The Government restrictions imposed as a result of the Coronavirus pandemic led to the suspension of face to face training and a move to a virtual training model. Extensive work continued on the roll out of the national training programme including the launch of the first e-earning programme, the commencement of work on Module 2 of the e-learning education programme, roll out of the train the trainer programme, revision of current training and education resources, the development of new resources, the commencement of an open disclosure webinar series, the provision of updates for trainers and leads, the publication of training data and the maintenance of training databases.
Comment/Further Information See Section 6 for more detailed information on the rollout of the national training programme during 2020 and the changes/challenges associated with Covid-19 restrictions.

3. A Governance Framework for Open Disclosure must be put in place that includes evaluation and audit
Update: The responsibility for the implementation of the HSE Open Disclosure Policy lies at local level. The roles and responsibilities of managers and staff are set out in the HSE Open Disclosure Policy, 2019. The national OD team support the services by providing training. The policy also sets out the requirements in relation to evaluation and audit. Work continued throughout 2020 to support the governance of open disclosure nationally through work with Open Disclosure Leads and trainers, resource development, checklists, policy compliance self-assessment tools etc. The work of the National Open Disclosure Steering Committee continued and work was commenced on the revision of the HSE Open Disclosure Policy which includes a strengthened Governance section and application of the recommendations made in the Accountability Gap Analysis.
Comment/Further Information

See Section 8 for more detailed information on the governance of the National Open Disclosure Programme.

4. Implementation of Open Disclosure Legislation:
Update: Work continued in 2020 on the implementation of Part 4 of the Civil Liability Amendment Act 2017, the associated 2018 regulations and on preparation for the pending Patient Safety Bill. Information on the legislation is included in all face to face training programmes and staff are prompted to consider the legislation and directed to further information on the legislation in Module 1 of the Open Disclosure online education programme. The National Open Disclosure Team liaised with the National Patient Safety Office (NPSO) in the Department of Health in relation to the progress of the Patient Safety Bill and review of Part 4 of the Civil Liability Amendment Act. The NPSO were updated on the work of the national open disclosure office and programme.
Comment/Further Information: See Section 6 for more detailed information on current and pending Open Disclosure legislation.

5. Revise HSE National Open Disclosure Guidelines
Update: With the planned development of a National Open Disclosure Policy Framework by the National Patient Safety Office in the Department of Health, incorporating the recommendations of the Independent Patient Safety Council, the National Open Disclosure Guidelines will now be replaced by a more robust policy document and supporting tool kit. The national policy framework will inform the content of the current revision of the HSE National Open Disclosure Policy.
Comment/Further Information: Visit the Open Disclosure section of the HSE website here to access numerous resources which have been developed by the National Open Disclosure Office to support the management of the Open Disclosure process and the implementation of the National Open Disclosure policy.

6. Increase Involvement of patient representatives in National OD Programme.
Update: The National OD Office continued to engage with patient representatives in the on-going work of the office and programme throughout 2020.
Comment/Further Information: See Section 10 for more detailed information on how the National OD office engaged with patient representatives in 2020.

7. Continue to work with and support all relevant stakeholders
Update: The work of the National OD Office involves on-going communication and collaboration with a large number of internal and external stakeholders. This work continued virtually throughout 2020.
Comment/Further Information: See Section 11 for more detailed information on work/collaboration with internal and external stakeholders throughout 2020.

8. Improve staff support at service level
Update: The HSE National Open Disclosure Programme recognises the need for and promotes the support of all staff involved in and/or affected by patient safety incidents.
Comment/Further Information: See Section 6 for more detailed information on how the National Open Disclosure office and programme continued to provide support for staff throughout 2020.

9. Further development of the Open Disclosure website and Resources
Update: Work on the further development of the open disclosure website continued throughout 2020 involving website redesign, revision of existing resources, the development of new resources and new website pages. This work is on-going in an effort to improve access to information and to provide transparency in relation to the work of the office. The National Open Disclosure office developed a document referencing system and document archive. The office developed a logo and created a new standardised design for all resources. The design and logo are focused on communication and using colours associated with positive communication. The office runs reports on the number of hits to the website and the various resources available on the website.
Comment/Further Information: Visit the Open Disclosure website here to access information and extensive resources to support the implementation of the open disclosure policy and programme.

10. Implementation of the Scally Recommendations pertaining to Open Disclosure
Update: Work continued throughout 2020 on the implementation of the Scally recommendations.
Comment/Further Information: See Section 5 for more details on the implementation of the Scally recommendations pertaining to Open Disclosure.

11. Supporting the response to Covid -19
Update: The National Open Disclosure team supported the challenges presented to the HSE by Covid 19 in a number of ways as outlined in Section 3 of this report.

Section 5: Update on the Implementation of the Recommendations from the report by Dr Gabriel Scally into CervicalCheck ("Scoping Inquiry into the CervicalCheck Screening Programme" September 2018)

Scally Recommendation	Update on Implementation
28. The HSE's Open Disclosure Policy and HSE/State Claims Agency guidelines should be revised as a matter of urgency. The revised policies must reflect the primacy of the right of patients to have full knowledge about their healthcare as and when they so wish and, in particular, their right to be informed about any failings in that care process, however and whenever they may arise. The revision process should be overseen by a working party or committee with a minimum of two patient advocates amongst its members.	The HSE Open Disclosure Policy was revised in 2019 and launched on 12th June, 2019. The primacy of the rights of patients to have full knowledge about their healthcare as and when they so wish is included in the policy. The policy revision included consultation with patient representatives including members from Patients for Patient Safety Ireland and patients/families affected by matters arising in Cervical Check. A further revision to the policy was commenced in Quarter 4 of 2020 to align it with (i) The expert reference group Interval Cancer reports on CervicalCheck, BreastCheck and BowelScreen published in October 2020 (ii) Recommendations by the Independent Patient Safety Council to the Minister on the development of a National Policy Framework for Open Disclosure in Healthcare in Ireland (iii) Accountability Gap Analysis, (iv) The HSE Incident Management Framework and Guidance 2020,(iv) The Clinical Audit Report 2019 and (v) open disclosure programme developments nationally. This work is ongoing with a plan to launch the revised policy following consultation and sign off in 2021.
29. The option of a decision not to disclose an error or mishap to a patient must only be available in a very limited number of well-defined and explicit circumstances, such as incapacity. Each and every proposed decision not to disclose must be subject to external scrutiny and this scrutiny process must involve a minimum of two independent patient advocates.	This recommendation is addressed in section 3.15 of the National Open Disclosure Policy, June 2019. Note: Incapacity is not an indication not to disclose – patients with reduced capacity have the same right to open disclosure as other patients and should be supported to be involved in the process. Where the patient does not have any capacity, open disclosure to their relevant person must be considered taking into consideration the known will and preference of the patient in relation to sharing their information. This is outlined in the current National Open Disclosure Policy.
30. A detailed implementation programme must be developed that ensures the principles and practice of open disclosure are well understood across the health service. In particular, medical staff must be required, as a condition of employment, to complete training in open disclosure.	The HSE has an open disclosure implementation programme in place to include a national Open Disclosure Office, national lead, national training programme, Open Disclosure leads and trainers in all hospital groups, acute hospitals, CHOs, NAS, screening services and in voluntary agencies. A national steering committee with representation from across all service areas, including representation from external agencies, oversees the national programme of work. Open Disclosure training was identified by the Director General of the HSE in 2018 as mandatory training for all HSE staff and for staff employed in services funded by the HSE. An Open Disclosure e-learning programme was launched in April 2020 with a further module in development. (>35,000 staff completed Module 1 in 2020).

Scally Recommendation	Update on Implementation
	The RCPI have developed and launched a 4 module programme on communication and open disclosure in October 2020. This work was commissioned by the HSE. This programme titled "Gateway to Communication" was developed specifically for medical staff but can be accessed by other staff also. The National Open Disclosure Team provided input to the programme. For more information on this highly recommended programme click here. Extensive work has been undertaken by the National Open Disclosure team to improve access to and the uptake of open disclosure training by medical staff – see Section 7 for more details on this work
31. A Governance Framework for open disclosure must be put in place that includes evaluation and audit.	• The National Open Disclosure office was established May 2019 • A National Open Disclosure Steering Committee was established in April 2019. This committee oversees the national programme of work. • A Performance Measurement Committee, which is a sub-committee of the national Open Disclosure Steering Committee, was established in September 2019. • There are Open Disclosure leads and trainers in all areas. • There are Open Disclosure site leads in all hospitals. • The current National Open Disclosure Policy is clear that the primary responsibility and accountability for the effective management of patient safety incidents, including the open disclosure process, remains at organisational level where the patient safety incident occurs. The policy sets out the roles and responsibilities of HSE staff at corporate, managerial and individual staff levels. • The requirement to monitor performance in relation to open disclosure is included in the National Open Disclosure Policy. Compliance with open disclosure requirements is included in the IMF compliance self-assessment tool that is used for category 1 and category 2 reviews. Open disclosure is recorded on NIMS. The current revision of the 2019 HSE Open Disclosure policy has a strengthened section on Governance, Performance and Accountability and is aligned with governance arrangements in regard to incident management.
32. An Annual Report on the operation of open disclosure must be presented in public session to the full Board that is to be appointed to govern the HSE.	The first Annual Report of the work of the National Open Disclosure office and programme was developed and published in November 2020 following presentation to, feedback from and sign off by the Board of the HSE. This report is published in the HSE website and is available here.
33. The Department of Health should enter into discussions with the Medical Council with the aim of strengthening the guide for registered medical practitioners so that it is placed beyond doubt that doctors must promote and practice open disclosure.	This is an action for the Medical Council. The National Open Disclosure Office works closely with the Medical Council and Royal Colleges in relation to supporting the implementation of open disclosure.

Scally Recommendation	Update on Implementation
34. A statutory duty of candour must be placed both on individual healthcare professionals and on the organisations for which they work. **35.** This duty of candour should extend to the individual professional-patient relationship.	The Patient Safety Bill will legislate for Open Disclosure of certain patient safety incidents. The incidents are deemed of particular gravity by the legislator. Sanctions with non-compliance will be applied meaning that assurance with compliance needs to be robust. The National Open Disclosure training programme includes updates on Part 4 of the CLA Act 2018 and the General Scheme of the Patient Safety Bill in all of its training programmes and associated resources. Specific information sessions on the legislation have been delivered across the system.
48. NSS should consider, with external assistance, the relevance of the HSE policy on 'Open Disclosure' as it develops in light of this Scoping Inquiry, for all of its screening programmes.	Open Disclosure workshops have been provided for senior staff working in National Screening Services (NSS) NSS has an Open Disclosure Lead identified. An Open Disclosure lead has been identified in individual screening services. There are a number of staff trained as trainers in NSS with further staff due to attend the Open Disclosure Train The Trainer programme. Leads from NSS attended 1 day workshop for leads which was focused on implementation. Training was provided by the National Open Disclosure lead and team for all of the teams involved in the Communication of the RCOG review findings. There is representation from National Screening Services on the National Open Disclosure Steering Committee. As noted, the current draft revision of the HSE Open Disclosure policy has gone out to consultation and will incorporate feedback from the National Screening Service which highlights that the National Screening Service (NSS) has fully adopted the HSE Open Disclosure Policy for use in the case of any patient safety incident or unexpected adverse event. Communication of the limitations of screening has been recommended by three Expert Reference Group Interval Cancer Reports and is being taken forward by the NSS. All screening programmes in the HSE manage patient safety incidents or unexpected events in line with the HSE Incident Management Framework and the Open Disclosure Policy.

Section 6: Update on the National Open Disclosure Training and Education Programme

The National Open Disclosure Training and Education Programme continued throughout 2020. The Coronavirus pandemic and associated Covid-19 Government restrictions led to changes in how the training programme was delivered. Face to face training was suspended in March 2020 and training moved to a virtual platform predominately as from March, 2020.

During 2020 delivery of the National Open Disclosure Training and Education Programme included the following components:

- 1 hour face to face briefing sessions for all staff (January to March 2020).
- Launch of Module 1 of the Open Disclosure on-line training and education programme on HSELanD – *"Communicating Effectively through Open Disclosure*" in April 2020.
- Commencement of the development of Open Disclosure: Module 2: "Open Disclosure: Applying Principles to Practice". This will be available on HSELanD in 2021.
- 4 hour CPD accredited face to face skills workshops (January to March 2020).
- 2 days train the trainer programme (January and February 2020).
- Updates on Open Disclosure Legislation.
- Commencement of the Open Disclosure Webinar Series in September 2020.
- The maintenance of national training databases and provision of quarterly training reports.
- Update/information sessions for trainers and leads.
- Steps taken to improve the access to and uptake of Open Disclosure training by medical staff.
- The development of further open disclosure training and education resources.
- Presentations at training days, conferences, post graduate programmes etc.

Open Disclosure training was identified by the Director General of the HSE in 2018 as **mandatory training** for all HSE staff and for staff employed in services funded by the HSE. Completion of Module 1 of the e-learning programme met the mandatory training requirements for staff during 2020 when face to face training was suspended.

Open Disclosure Staff Briefing Programmes: Launch of Module 1 of Open Disclosure E-Learning Programme

Prior to April 2020 briefing on Open Disclosure was delivered by trainers via 1 hour face to face information sessions. The face to face staff briefing programme was replaced in April 2020 by the launch of Module 1 of the online programme on HSELanD – "*Communicating Effectively through Open Disclosure*". This 40 minute module was developed by the HSE National Open Disclosure Office with Aurion and HSELanD. The development of the module included oversight by and input from many stakeholders including staff from HSE services, patient representatives, RCPI, RCSI, General Practice and the State Claims Agency. On completion of this module staff will be aware of their responsibilities in relation to Open Disclosure in line with the HSE policy and processes and be able to contribute to an Open Disclosure conversation using the ASSIST model of communication. The module includes an extensive list of resources to support staff when engaging in the open disclosure process. The module was tested by a focus group of staff from multiple disciplines and their feedback considered and incorporated prior to the module being launched.
The launch of this module was very timely in relation to the Coronavirus pandemic and associated restrictions. The launch involved a full communications plan and the wide circulation of a poster to advertise and promote the programme. The module was awarded 1 continuing education unit (CEU) by the Nursing and Midwifery Board of Ireland initially (this was increased to 2 CEUs at a later stage) and 2 external continuing professional development (CPD) points by the Royal College of Physicians Ireland (RCPI). The uptake of this on-line training by staff across all

service areas has been impressive throughout 2020 with 35,207 staff completing the module from April through to December 2020 (an average of 800-1000 staff completing the module every week). The module requires that learners provide feedback prior to the issue of the certification of completion. This feedback has informed the development of Module 2. **37,810** staff completed an open disclosure briefing session in 2020 which included the 35,207 completions of the online module. Below are some of the comments received based on feedback provided by staff following completion of Module 1 of the on-line programme during 2020.

'Everything was relevant and broken down to easy chunks of learning".

' I find doing courses like this easier than reading realms of pages, and also good to recap on a regular basis"

"I found it very helpful and there are plenty of resources available to read up on in my own time".

"I found the programme very informative and well-pitched making it very user friendly for any member of HSE"

"I'm using this already in the hospital setting".

"I have only just started with the HSE and this course is very clear as to my responsibilities with regard to Open disclosure".

"It was well put together programme and lovely the way it was presented. VERY CLEAR and colourful."

"I thought the examples and videos were powerful"

"For me this program is perfect".

"It would be nice to have the time to complete these online courses in work".

I would like:

"some more video examples of scenarios"

"more examples for Disability providers and carers"

"some community setting examples would be good to mix it up"

"if there was an advance programme following this"

"There is nothing that I can see that I could improve on!"

"I wouldn't change anything. Excellent online learning experience."

"I thought it was very knowledgeable and interesting. This I can apply to my work".

The development of Module 2 of the online training and education programme

Additional skills training is recommended for those staff who may be involved in formal open disclosure meetings. Following the successful launch of Module 1 the staff in the National Open Disclosure Office have worked proactively to progress the development of Module 2. Module 2 *"Open Disclosure: Applying Principles to Practice"* is a follow on to Module 1 and is particularly aimed at staff (e.g. doctors, managers, patient liaison staff, QPS staff) who may have to be involved in formal open disclosure meetings with patients, service users and their families/support persons. The aim of Module 2 is to prepare staff for the management of a formal open disclosure meeting including some of the complexities that may arise. The aim was to progress this module and make it available in 2021 and at the time of writing this report it is available for staff on HSELanD

Open Disclosure 4 hour skills workshops:

The 4 hour skills workshops are aimed at all staff who may have to engage in formal open disclosure meetings e.g. all managers, medical staff, quality and risk staff, patient liaison staff, complaints officers. Face-to-face training was

suspended in March 2020 due to Covid-19 restrictions and services; open disclosure trainers and open disclosure leads were requested to promote Module 1 of the online programme. 317 staff attended the 4 hour skills workshop in 2020.

A revision of the 4 hour workshop was planned in 2020 but deferred to 2021 due to the redeployment of the staff from the National Open Disclosure office to work on Covid 19 and also due to the requirement to work with pilot site areas who were under additional pressure due to the Coronavirus pandemic. The 4 hour programme will be revised in consideration of the development of and to complement the on-line programmes. The current 4 hour workshop has been awarded 4 CPD points by RCPI and 4 CEUs by NMBI.

Open Disclosure Train the Trainer Programme (TTT):

In 2020, 70 people were trained through the National Open Disclosure Train the Trainer (TTT) programme and subsequently added to the Open Disclosure Trainer's Database. The train the trainer programme was stood down in March 2020 for reasons described earlier.

Up to the 31st December 2020 there were 374 trainers on the database representing Hospital Groups, CHO Areas, National Ambulance Service, National Screening Services, and the Federation of Voluntary Agencies. The National Open Disclosure Team delivered 3 train the trainer programmes in January/February 2020. The overall total of staff to date who have completed TTT is 543.

To access the TTT programme attendees must have completed a half day workshop which they aim to access locally. A nomination form must be completed and signed by the attendee's line manager. This form is then sent to the Open Disclosure lead for the area who will then review, prioritise (as appropriate) and forward it to the National Open Disclosure Office. The training recommendation is that all staff who attend the Train the Trainer programme must deliver a minimum of four half days training each year. This is important to ensure that they maintain competency and confidence as trainers. These staff, with the support of the local open disclosure leads and national office staff, must be committed to deliver the relevant training programmes to all staff to ensure compliance with the HSE Open Disclosure Policy and to meet service requirements.

The TTT programme will also be revised during 2021 to accommodate and complement the revised face to face programme and online programmes.

Information and Training on Open Disclosure Legislation: (i) Part 4 of the Civil Liability Amendment (CLA) Act 2017 (ii) The Civil Liability (Open Disclosure) (Prescribed Statements) Regulations 2018 (iii) The General Scheme of the Patient Safety Bill July 2018 and revised Bill December 2019.

Work continued throughout 2020, in limited capacity, on the implementation of Part 4 of the CLA Act 2017 and the accompanying regulations and on preparation for the pending Patient Safety Bill.

The Patient Safety Bill is being progressed by Government. This has been delayed due to Covid-19. Once Committee Stage has taken place, a revised version of the Bill, incorporating the amendments to the CLA 2017 and any further amendments made during Committee Stage, will be published.

Information on the legislation is included in all face-to-face training programmes and staff are prompted to consider the legislation and directed to further information on the legislation in Module 1 of the E-learning programme.

Open Disclosure trainers and leads from across all service areas were updated on the legislation via meetings, emails and webinars. Two webinars focused on Open Disclosure legislation were facilitated by the National Open Disclosure

Team in October and December 2020 and a further two webinars were facilitated by the team on the role of the designated person within the provisions of the legislation and HSE Open Disclosure policy. The office liaised regularly with the National Patient Safety Office (NPSO) in relation to the progress of the Patient Safety Bill and review of Part 4 of the Civil Liability Amendment Act. The staff in the NPSO were also updated on the work of the National Open Disclosure Office and programme.

The Open Disclosure website has pages dedicated to the legislation and containing links to (i) the legislation, (ii) HSE guidelines on managing the open disclosure process in line with the provisions of Part 4 of the CLA, (iii) the CLA forms and (iv) a FAQ document on the CLA Act and associated regulations. The HSE policy also provides information for staff on the protective provisions of the CLA Act 2017 and directs staff to these resources.

Commencement of the Open Disclosure Webinar Series

The Open Disclosure Team commenced a series of webinars on open disclosure related topics in September 2020 to maintain communication with Open Disclosure leads, trainers and staff working across HSE and HSE funded services and to keep the open disclosure message strong in the system. In total, the team facilitated 11 webinars in 2020 (494 people attended). These webinars were also attended by patient representatives. Details of webinars delivered by the team include:

Name of Webinar	Date	Total Attendees
Open Disclosure Update for Leads	29th September 2020	48
Open Disclosure Update for Leads, Trainers and QPS staff	14th October 2020	64
Open Disclosure Update NCCP	28th October 2020	17
Open Disclosure Update for Leads, Trainers and QPS staff (repeat)	29th October 2020	41
Maintaining the Principles of Open Disclosure during the Coronavirus Pandemic (QI Talktime)	3rd November 2020	44
Open Disclosure Legislation - Current Status	11th November 2020	89
Open Disclosure Update for Advanced Nurse Practice & Medicinal Prescribing Programmes	17th November 2020	14
Open Disclosure: Role of the Designated Person	18th November 2020	81
Open Disclosure: Role of the Designated Person (repeat)	3rd December 2020	47
Open Disclosure Update for Patient Advocacy Services and NAS	7th December 2020	18
Open Disclosure Legislation - Current Status (repeat)	8th December 2020	31

Webinar evaluation commenced in November 2020, with attendees from each webinar invited to complete a short survey immediately after the webinar. Averages were calculated across all evaluations. Of the webinar feedback received (**41 responses in total**):

% of Respondents who Agreed or Strongly Agreed that:	Average % based on completed evaluations
The content of the webinar was relevant to them	**97.7%**
The webinar has helped them to develop their knowledge and understanding of the subject area	**100%**
The subject area was presented effectively	**100%**
The pace of the webinar was satisfactory	**100%**
Plan to apply what they learned from the webinar in their work	**98.8%**

100% of respondents stated that the webinar met or exceeded their expectations. All respondents were invited to leave additional feedback / comments. Examples of some comments include:

"Many thanks for facilitating OD training on this platform. It is great to have a refresh on the various components of the OD process. Thanks to the presenters who have been great."

"I find these sessions very helpful and I learn a lot each time. Thank you"

"It remains challenging to get Clinical staff to attend workshops and support the Open disclosure process."

"Thank you ladies - most informative - look forward to receiving the slides"

"We don't have a designated ""designated person"" so it good advice - especially around dealing with the SC etc. for Risk Managers to have as they'll be asked for the advice."

All respondents were invited to make suggestions for future webinar topics. Below is an overview of suggested topics that were put forward for future webinars:

- Training in Open Disclosure in non-acute settings
- The Legislation and the Patient Safety Bill
- Completing the forms
- What a healthy and trustworthy culture looks like
- Support and training required for staff who are nominated as a Designated Support Person
- Open Disclosure within Mental Health Services
- Open Disclosure within ID Services

Maintaining a Record of Staff Attendance at Open Disclosure Training:

The National Open Disclosure Office provides a breakdown of training statistics for the programme on a quarterly basis. This report is issued to Chief Officers of the Community Healthcare Organisations, Hospital Groups Chief Executive Officers, Open Disclosure Leads, Open Disclosure Trainers and the National Open Disclosure Steering Committee.

It is the responsibility of each service to ensure that staff are trained in open disclosure and that a copy of the training certificate is maintained, so that individual services/organisations can ensure that their staff are compliant in completing open disclosure training.

This report provides data on open disclosure training uptake on an annual basis since the commencement of the open disclosure programme. The data for these statistics is generated through the National Open Disclosure Training Database, HSELanD and HSE Strategic Workforce Planning & Intelligence Unit. Data in relation to staff that have completed face to face training is logged onto the National Open Disclosure Training Database by the open disclosure trainer. Data in relation to staff that have completed online training is generated through a report run on HSELanD. Percentage of training uptake is then established by comparing these figures with staff 'headcount' data from HSE Strategic Workforce Planning & Intelligence, which provides data of staff on the 'payroll'.

This report can be used as a guide to inform services of training data available to the National Open Disclosure Office. The accuracy of the statistics run for different organisations is dependent on the correct data being entered on the system. For assurance purposes and to identify gaps in training it is essential that these records are accurately maintained by the services. This report provides an overview of activity and indication of percentage uptake. A reminder is sent to all open disclosure trainers to upload their training in advance of the publication of this report. The e-learning statistics are dependent on staff members identifying themselves as working in the correct services / organisations on HSELanD. It is important for staff to update their work location on HSELanD.

The National Open Disclosure Office strongly urges services to nominate a HSELanD Data Manager who can apply to have access to a detailed report (including individual staff details) of all HSELanD learning within their organisation. This data can be cross-checked with local HR files to identify staff that that have not yet completed the training module.

All training delivered by open disclosure trainers is logged on a national database of training (via Smart Survey). Trainers are also expected to maintain local training records. See Appendix D of this document for a detailed breakdown of training provided to date and in 2020 per area e.g. CHO, Hospital Group, National Ambulance Service, Screening Services, Voluntary Bodies and Corporate Staff.

Providing Open Disclosure Updates for Open Disclosure Leads and Trainers:

Open Disclosure Leads and Trainers were updated throughout 2020 on the programme and the status in relation to the redeployment of the National OD Team to work on Covid-19. Updates were provided by email, virtual meetings and webinars.

Improving access to and uptake of Open Disclosure training by Medical Staff:

A large programme of work, which was commenced in 2019, in relation to improving the access to and uptake of open disclosure training by medical staff continued throughout 2020. The on-going programme of work by the HSE and with various internal and external stakeholders throughout 2020 has led to a significant improvement in the uptake of training by doctors. See Section 7 for a detailed breakdown of the work undertaken.

Resources for trainers, staff and organisations: The Open Disclosure website hosts a large number of resources to support trainers, clinicians and organisations in the implementation of the national Open Disclosure Policy and

programme. Work continued on improving the website throughout 2020 to make it more accessible, transparent and to ensure that the website content is in line with current recommendations.

During 2020 the following additional resources were developed and published on the Open Disclosure website:

- "Open Disclosure: Maintaining the Principles of Open Disclosure during the Coronavirus Pandemic and Covid-19 Restrictions - A Practical Guide for staff"
- The Open Disclosure Patient Information Leaflet "Information for Patients and families when attending an Open Disclosure Meeting".
- Management of Open Disclosure by Telephone.
- Management of Open Disclosure whilst using PPE.
- Patient experience questionnaire post Open Disclosure meeting
- Disclosing a Patient Safety Incident Involving Another Team or Organisation

Resources for trainers are available on the website here
Resources for Clinicians and Organisations are available on the website here
Information and resources on Open Disclosure legislation are available on the website here

Section 7: Improving the Access to and uptake of Open Disclosure Training by Medical Staff

7.1: Background: In the summary findings in the report by the HSE Quality Assurance and Verification Division Healthcare Audit Team following an Audit of the implementation of the National Open Disclosure Policy in 4 selected acute hospitals during the period July 2016 – January 2017 it was noted that a concern was voiced by three out of 4 of the hospital sites about the lack of participation of medical staff on training programmes. One of the hospitals had recently trained two emergency department consultants as trainers and they anticipated that this would go some way to increasing medical staff attendance. Another of the hospitals reported that having support from the Master, who was also the clinical lead, was beneficial to medical staff engagement with open disclosure training. Training records from all sites demonstrated that a large number of staff from diverse disciplines had been trained, although this included a relatively small number of medical staff.

In addition, recommendation number 30 made by Dr Gabriel Scally in his report "*Scoping Inquiry into the CervicalCheck Screening Programme" September 2018"* states that *"A detailed implementation programme must be developed that ensures the principles and practice of open disclosure are well understood across the health service. In particular, medical staff must be required, as a condition of employment, to complete training in open disclosure".*

In February 2019 the National Open Disclosure programme commenced the collection of data on the number of doctors attending open disclosure training. See tables below:

Consultant and NCHD attendance at Open Disclosure Training February 2019 to December 2020

Consultants:

Total Attendance 1 hour face to face briefing	Total Attendance 4 hour Workshop	E-LEARNING	Total 2019/2020 CONSULTANTS
906	**235**	**377**	**1,518**

NCHDs:

Total Attendance 1 hour Face to Face Briefing	Total Attendance 4 hour Workshop	E-LEARNING	Total 2019/2020 NCHDs
542	**68**	**1,699**	**2,309**

From the outset of the programme in 2013 there has been very positive engagement with medical staff and predominately very positive feedback from doctors who have attended the open disclosure workshops and briefing sessions delivered in grand rounds, study days and conferences etc. The National Open Disclosure Team has engaged in a number of initiatives to improve access to and the uptake of training by doctors as outlined below.

7.2: Engagement and involvement of medical staff in the development and pilot of the National Open Disclosure Training Programme.

The initial development and roll out of the National Open Disclosure Training programme involved significant input by and feedback from doctors. The National Open Disclosure Leads met with and had training from senior Consultants from the Medical Protection Society (MPS) in relation to developing a programme that met the needs of medical staff delivered in a format, using mixed learning methods, to encourage attendance and provide a programme that was interesting, enjoyable and which met the learning needs of doctors. The HSE training programme was modelled on the MPS "Mastering Adverse Outcomes" training which was the only other Open Disclosure training programme available at that time in the Republic of Ireland. The reason for this was to ensure that messaging from both programmes was clear and consistent with the principles and practice of open disclosure.

Clinical leads were identified in the pilot sites and the Open Disclosure site leads worked hard to ensure that as many doctors as possible attended the training during the pilot and provided feedback on the training programme.
The feedback obtained from staff, including doctors, who attended training during and following on from the pilot programme has continually informed changes and improvements to the programme.

7.3: Continuing Professional Development

The RCPI has been extremely supportive to the HSE in the roll out of the HSE's Open Disclosure Policy and programme and has awarded 4 external continuing professional development (CPD) points to the current 4 hour face to face skills workshop. In addition the RCPI has awarded 2 external CPD points for Module 1 of the online programme on HSELanD. This aids in attracting doctors to complete both programmes. CPD is also sought for Module 2 of the E-learning programme which will be launched in 2021.
The Open Disclosure team have liaised with the Medical Council in early 2020 with regard to the possibility of the inclusion of communication and open disclosure in mandatory CPD. At the current time the Council has requested Professional Competence Scheme (PCS) operators to encourage and track uptake in communications related CPD while work is underway to evolve the PCS model. More information on this is expected to be available towards the end of 2021. The Medical Council strongly supports the principles of Open Disclosure and The Medical Council Guide to The Professional Conduct and Ethics for Registered Medical Practitioners 2019 states that *"Patients and their families, where appropriate, are entitled to honest, open and prompt communication with them about adverse events that may have caused them harm".*

7.4: Analysis of the Inclusion of Open Disclosure in Third Level Programmes:

Consistent feedback received during the roll out of the National Open Disclosure training programme has demonstrated the need for the inclusion of education and training on this topic in undergraduate and postgraduate training programmes for all disciplines including doctors, nurses, midwives and allied healthcare professionals. The National Open Disclosure Office undertook a programme of work in 2020 to identify if open disclosure training is included in undergraduate curriculums throughout the various colleges/universities. The colleges/universities were previously contacted in August 2016 by the National Director of Quality Improvement outlining the importance of the inclusion of open disclosure in undergraduate and postgraduate programmes and providing an update on the HSE programme and the supports and resources available for colleges to access. All of the Heads of the Schools (36 schools in total), including Medical Schools, were contacted again in July 2020 and

(i) provided with an update on the Open Disclosure National Programme and training programme
(ii) advised of the importance of the inclusion of open disclosure as a course component in all undergraduate programmes and

(iii) provided with a return template to gather information on the current situation in relation to the inclusion of open disclosure in undergraduate programmes for doctors, nurses, midwives and AHPs.

As part of this analysis 34 colleges were contacted and of these 33 colleges have responded to date. Open disclosure is included in 88% of the relevant programmes. This includes nursing, medical, allied health, dental and psychology programmes. The final analysis report will be available in 2021. In those schools who stated that open disclosure was not included assurance was provided that it would be included in the next revision of the programme.

7.5: The inclusion of mandatory training for NCHDs on the Doctors Integrated Management E-System (DIME) and National Employment Record (NER)

Open disclosure training for NCHDs is now built into the National Electronic Record (NER) which is a module in the Doctors Integrated Management E-system (DIME) operated by the National Doctors Training Programme (NDTP). NCHDs are required to upload their certificate of completion of open disclosure training to the NER and evidence of completion of Open Disclosure training is now incorporated into the pre-employment screening documentation that NCHDs must provide prior to commencing a new post. Medical Manpower offices have been informed of this change. A request was also submitted to the NCHD Lead in the NDTP and subsequently agreed for the inclusion of information on open disclosure and open disclosure training in the induction booklet for NCHDs which is currently in development.

7.6: The inclusion of Open Disclosure Training in the National Intern Induction Programme

It was agreed at the Intern Networks Executive (INE) meeting on the 9th September, 2020 that the Open Disclosure Module 1: *"Communicating Effectively through Open Disclosure"* on HSELanD will be part of national intern induction e-learning as from the next intake of interns in July 2021. The module will be linked from the interns' bespoke e-learning platform 'The National NCHD Training Hub' and its completion will be mandatory and monitored.

7.7: Supporting the development of an undergraduate programme in Open Disclosure in NUIG via Dr DB

The HSE National Open Disclosure team have been involved in the development of a video on open disclosure which will form part of an undergraduate programme for doctors in NUIG. Further work will involve a recorded interview with a representative from the National Open Disclosure team and a patient representative on the topic, all of which will be included in the programme. The progression of this piece of work has been delayed as a result of Covid-19.

7.8: Involvement of doctors in the development and roll out of the Open Disclosure On-line Training and Education Programme on HSELanD.

The oversight group or reference group which was established for the development of both online modules included representation from the RCPI and RCSI who provided excellent oversight and guidance in relation to the content for both modules and the video content for Module 2. The RCPI and RCSI direct doctors to the online modules. The 4 module Communication programme "Gateway to Communication" which was developed by RCPI and launched in October 2020, contains a module on Open Disclosure and directs participants to the HSE online programmes and resources.

Two of the videos which were produced for Module 2 include input from and role play by an Emergency Department Consultant who not only played the role of the Consultant in both role plays but also provided input to the clinical scenario and the management of the same. The GP scenario used in Module 2 was provided by a GP.

The focus groups who tested the draft modules also included medical staff from RCSI, RCPI, NDTP and with feedback from 2 GPs also.

Following the launch of both online modules the medical training bodies/schools, IMO, IHCA, NDTP and Medical Council were contacted and provided with information on the availability of the modules and module content.

7.9: Launch of the Gateway to Communication programme by the RCPI in September 2020.

This course has been developed by the RCPI in collaboration with the HSE and postgraduate medical training bodies in Ireland. It has been specifically developed for doctors working in the Irish healthcare system and highlights additional training courses and modules that are provided by the HSE and medical training bodies. The course provides practical guidance on communicating with patients using a person centred approach. Doctors will learn how bias and health literacy can impact on communication and how to share clinical information in a busy team environment. The course also covers open disclosure and managing conflict and provides direction and links to the HSE open disclosure training and education programme and resources. The National Open Disclosure Team provided input to the Open Disclosure content for this programme. This programme can be accessed here.

7.10: Involvement of Medical Staff in the delivery of Open Disclosure Training.

33 doctors have completed the Open Disclosure Train the Trainer programme and there are currently 29 of these on the national trainer's database. The HSE is planning to move towards a model of face-to-face skills training which will be led by Open Disclosure trainers/facilitators and doctors. The current face-to-face training programme will be revised and a pilot programme has been agreed with Sligo University Hospital and CHO1. This work was put on hold in 2020 due to Covid-19 restrictions. However, a number of consultants have already agreed to participate in the pilot. This work is being progressed in 2021.

7.11: Medical Representation on National Open Disclosure Steering Committee

There are currently 5 medical representatives on the National Open Disclosure Steering Committee who represent a number of disciplines. Further medical representation for this committee has been sought to include a Clinical Director Representative, NDTP representative (the previous NDTP representative on this committee has since retired) and junior doctor representative.

7.12: Inclusion of Open Disclosure in the Medical Council Safe Start Programme for new registrants:

The Safe Start Guide has been designed by the Medical Council to help doctors who are new to practice or returning to practice in Ireland. It provides help to doctors in providing information on the general requirements when practicing medicine in Ireland and how to deal with some common clinical practice scenarios that may arise. Engaging in CPD relevant to the themes in the Safe Start programme can be used as part of maintenance of professional competence. Open Disclosure is included in the themes listed in this programme on the Medical Council website and new registrants are directed to training and education resources.

7.13: Building relationships and working with key stakeholders:

The National Open Disclosure Team work continually with and communicate with a number of stakeholders in an effort to ensure that all stakeholders are provided with up to date information on the programme and to ensure that Open Disclosure is promoted at every level internally and externally to the HSE. This includes:

- meetings with the Medical Council,
- meetings with and communications to Clinical Directors,
- the facilitation of Open Disclosure workshops in RCPI and RCSI,
- presenting at medical conferences (e.g. IMO, MPS, ICO, ICGP, College of Psychiatrists),
- presenting at Grand Rounds in acute hospitals,

- previous work with the Faculty of Radiologists on the development of Open Disclosure guidelines for radiologists,
- liaising with indemnifying bodies such as the State Claims Agency, Medisec and MPS,
- providing updates to trade union bodies on the national programme e.g. IMO and IHCA,
- submission to the annual report of the IHCA
- working with GP Trainers,
- providing access to HSE resources to all of the stakeholders as outlined above.

Section 8: Governance

Open disclosure is an integral component of the incident management process. The primary responsibility and accountability for the effective management of patient safety incidents, including the open disclosure process, remains at organisational level where the patient safety incident occurs. Effective governance arrangements are required to support timely and effective open disclosure. Central to this is an explicit management commitment to safety that promotes a culture of openness, trust and learning between persons who may be affected by patient safety incidents and those delivering and managing the services within which the patient safety incident occurs. The HSE Incident Management Framework and Guidance document was revised and re-launched in 2020.

Governance arrangements for open disclosure must clearly set out the roles, accountabilities and responsibilities of staff at all levels of the service. These accountability arrangements for open disclosure must be clearly defined and include details of delegated accountability, responsibility or authority. An organisation chart must be available setting out these arrangements. To underpin the effectiveness of these arrangements, explicit management commitment to the development of capacity and capability for the management of data and information relating to open disclosure is required and the consistent use of NIMS for recording this.

8.1: Accountability for Performance: The HSE Performance and Accountability Framework was updated in 2020 and sets out the HSE accountability structure and contains a list of the accountable officers per work area. The Performance and Accountability Framework clarifies;

- The named individuals who have delegated responsibility and accountability for all aspects of service delivery across the four domains of the National Scorecard (The four domains include (i) access to and integration of services, (ii) the quality and safety of those services, (iii)achieving this within specific Financial, Governance and Compliance requirements and (iv) by effectively harnessing the efforts of the workforce.

- That these named individuals are accountable and responsible for managing the performance of services within their allocated budget.

- For the named accountable officer, what is expected of them, what happens if targets are not achieved and in particular the nature of the supports, interventions and sanctions that will apply if these targets are not achieved.

Accountable officers are fully responsible and accountable for the services they lead and deliver. They are required to have formal performance management arrangements in place with the individual services they are responsible for, to ensure delivery against performance expectations and targets.

It is the responsibility of all managers to proactively identify issues of underperformance and to act upon them promptly and to the greatest extent possible to avoid the necessity for escalation within the organisation.

Table 1: The accountability structure for the HSE is set out below (as per the HSE Performance and Accountability Framework 2020):

1	Service Managers and the CEOs of Section 38 and 39 agencies **to** the Hospital Group CEOs and CHO Chief Officers.
2	Hospital Group CEOs, CHO Chief Officers, the Head of the NAS, the head of PCRS and Heads of other national services **to** the National Directors Acute Operations, Community Operations and National Services.
3	National Directors Acute Operations, Community Operations and National Services **to** the Chief Operations Officer.
4	The Chief Operations Officer **to** the Chief Executive Officer.
5	The Chief Executive officer **to** the Board.
6	The Board **to** the Minister.

8.2: Accountability Gap Analysis 2020

An accountability gap analysis which was undertaken in early 2020 made references to the Open Disclosure programme. The National Open Disclosure Office were represented on a workgroup set up to respond to the gaps identified and actions were taken to address these as tabled below:

Gap Identified	Response	Action
1. The reporting line of the Senior Accountable Officer is unclear. It is unclear as to whether or not the Senior Accountable Officer reports to the National Directors or how the two levels connect. The Policy does not set out what the escalation process is from management up or what happens upon escalation. We note that the Policy provides that the Senior Accountable Officer has "ultimate accountability" but there does not appear to be any indication of what happens when/if the Senior Accountable Officer has not acted in compliance with the Policy.	The HSE's Performance and Accountability Structure is set out in the HSE's Performance and Accountability Framework which was revised in 2020. This includes an outline of the performance escalation process.	1. Include a section on the HSE's Performance and Accountability Framework in the next revision of the HSE Open Disclosure Policy. 2. Align the roles and responsibilities of the Senior Accountable Officer (SAO) as outlined in the revised HSE Incident Management Framework 2020 with the role of the SAO in the HSE Open Disclosure Policy. Agreed by the National Open Disclosure Steering Committee on 25/08/2020. **Note:** A revision of the 2019 HSE Open Disclosure Policy commenced in September

Gap Identified	Response	Action
		2020 and will be completed in 2021.
2.The National Open Disclosure Steering Committee (NODSC) The NODSC does not appear to have any disciplinary/corrective authority in respect of a failure to properly implement the Policy. It is not clear what occurs when unsatisfactory/improper implementation is found.	The NODSC does not have any disciplinary/corrective authority. The overall purpose of the National Open Disclosure Steering Committee is to support and provide oversight of the National Open Disclosure Policy and Programme. The role of the National Open Disclosure Steering Committee is to oversee the progress of the Open Disclosure programme of work. In fulfilling this role, the National Open Disclosure Steering Committee will champion, advance, support and provide strategic advice on the on-going implementation of the National Open Disclosure Programme and policy. The Chairperson of the committee reports to the Chief Clinical Officer. The HSE's Performance and Accountability Structure is set out in the HSE's Performance and Accountability Framework which was revised in 2020. This includes an outline of the performance escalation process.	Agreed by the National Open Disclosure Steering Committee on 25/08/2020
3. Annual Reports: The Policy provides that it is the responsibility of management to prepare an annual report on the implementation of open disclosure within the service. However, it is unclear to whom these reports are presented or who is tasked with actioning any issues arising.	The Open Disclosure Performance Measurement Committee, a sub-committee of the National Steering Committee, sought to establish a performance measurement programme for open disclosure including the development of key performance indicators. This programme aimed to set out the measures that services will be expected to report against and work will continue into this over 2022 albeit via an updated project group. Open disclosure is also embedded in the IMF self-assessment audit tool	Further clarification will be provided in the roles and responsibilities section of the revised Open Disclosure Policy in 2021. An annual report on compliance with the National Open Disclosure policy will be provided in accordance with performance reports through the management structures as set out in the HSE Performance and Accountability Framework

Gap Identified	Response	Action
	designed for services for category 1 and category 2 incidents. The HSE (through the office of the Chief Clinical Officer) presents an annual report on the National Open Disclosure Programme to the Board of the HSE.	2020. Agreed by the National Open Disclosure Steering Committee on 25/08/2020
4.Escalation of Non-Compliance The Policy provides that it is the responsibility of management to escalate any incidents of non-compliance with the Policy. However, the Policy does not set out to whom non-compliance should be escalated or how such non-compliance will be dealt with. If it is the case that it is dealt with by way of the disciplinary procedure, the use of such language as "non-compliance" may be considered to be a pre-judgement of the issue.	The process of escalation is set out in the HSE Performance and Accountability Framework.	Further clarification will be provided in the roles and responsibilities section of the revised Open Disclosure Policy in 2021. Agreed by the National Open Disclosure Steering Committee on 25/08/2020
5. Link to the HSE Disciplinary Procedure The Policy is not explicitly linked to the HSE's disciplinary process/procedure. There is no clear indication given in the Policy that non-compliance may lead to disciplinary consequences/sanctions. This is possibly to avoid appearing punitive. However, reference can be made to potential disciplinary consequences / sanctions for failure to disclose/comply, while also making clear that there will be no punishment/penalisation to staff for making an open disclosure incident (without absolving such staff of responsibility and potential consequences in respect of the incident/event being disclosed). In terms of accountability, we suggest that it may be necessary to highlight potential disciplinary implications of non-compliance.	The HSE Performance and Accountability Framework 2020 sets out how under performance or poor performance is addressed through support, intervention or sanction. It highlights different levels of performance and accountability. It drills down to the CEO level as accountable officer for being accountable here but not the individual staff member.	Agreed by the National Open Disclosure Steering Committee on 25/08/2020. Further clarification on this observation will be provided in the OD Policy 2021.

Gap Identified	Response	Action
6.Protections under the Civil Liability (Amendment) Act 2017 The Policy provides that, when making an open disclosure, the member of staff (who detected the patient safety incident), in consultation with the principal healthcare practitioner and/or health services provider should consider whether or not to avail of the statutory protections provided by the Civil Liability (Amendment) Act 2017	Part 4 of the Civil Liability Amendment Act 2017 relates to voluntary open disclosure of patient safety incidents. To avail of the protections of the Act is optional for services. There is no legal requirement for services to avail of the protections of the Act for all open disclosures. To place such a requirement on the management of all open disclosure discussions with patients and their families would not be practical, would create a huge administrative burden on services, could delay open disclosure and could negatively impact on the open disclosure process and experience of patients, families and staff.	Agreed by the National Open Disclosure Steering Committee on 25/08/2020.
Notes regarding Report	**Response**	**Action**
As noted at the beginning of the Policy, it will require further review following: (a) the development and publication of operational guidance for clinical audit of interval cancers in screening services by the Expert Working Group of the Clinical Audit of Interval Cancer in the Screening Programmes, and (b) the commencement of provisions for mandatory open disclosure in the Patient Safety Bill (published on 12 December 2019)	(a) The policy revision will reflect any relevant recommendations in the report of the Expert Working Group of the Clinical Audit of Interval Cancer in the Screening Programmes This Bill is pending and the HSE Policy will be revised to include the legislative provisions when the bill is enacted.	(a)The current work on the revision of the HSE Open Disclosure Policy will take into consideration the recommendations in the reports of the Expert Working Group of the Clinical Audit of Interval Cancers in the Screening Programmes in Ireland. (b)The HSE National Open Disclosure Policy will be revised again when the Patient Safety Bill is enacted.

Section 9: Performance Measurement

The National Service Plan

Open disclosure was included in the HSE National Service Plan (2020) as follows:

- Continue to support staff and services to comply with investigative reports, legislation, including the Patient Safety Bill, and policies relating to open disclosure, mandatory reporting, assisted decision-making and consent.

- Enhance the national support to ensure that effective open disclosure occurs in all instances of harm in our health services through the newly established national team. The national team will train trainers including medical personnel across the entire health system and will provide on-going support and mentoring to them as they in turn roll out open disclosure training in their local area.

Regular updates are provided to the CCO through the National Director of Quality Improvement on the work being undertaken by the National Open Disclosure Office and National Steering Committee to meet the provisions in the service plan.

The Open Disclosure Performance Measurement Committee

The Open Disclosure Performance Measurement Committee was established in September 2019 as a sub-committee of the National Open Disclosure National Steering Committee. The committee members were unable to meet in 2020 due to the impact of Covid 19 and the redeployment of staff.

The overall **purpose** of the National Open Disclosure Performance Measurement Sub Committee is to make a recommendation to the National Open Disclosure Steering Committee on the development of a measurement framework for the National Open Disclosure Policy and Programme. The objectives of the National Open Disclosure Performance Measurement Sub Committee is to provide strategic guidance on:

(i) The development of KPIs for Open Disclosure for the HSE Service Plan.
(ii) The development and implementation of the Open Disclosure Policy Compliance self-assessment tool
(iii) The measurement of patient experience in relation to open disclosure
(iv) A best practice approach to the measurement of the performance of the Open Disclosure programme and policy.

Current Performance Measures

a) Performance of the National Open Disclosure Office and Programme: The National Open Disclosure office has a detailed operations plan. This operations plan was aligned with the annual operations plan of the then National Quality Improvement Team and the annual operations plan for the Office of the Chief Clinical Officer.

Updates on the work of the office are provided to the National Open Disclosure Steering Committee who provide advice and guidance on the work of the office. An annual report is produced and provided to the full Board of the HSE.

b) Performance of the National Open Disclosure Training Programme:

Open Disclosure Training is mandatory for all staff with three yearly refresher training required. It is the responsibility of each service to ensure that staff are trained in open disclosure and that a copy of the training certificate is maintained, so that individual services/organisations can ensure that their staff are compliant in completing open disclosure training.

The National Open Disclosure Office produces and circulates a quarterly training report. This report is issued to Chief Officers of the Community Healthcare Organisations; Hospital Groups Chief Executive Officers; Screening Services; National Ambulance Service; The Federation of Voluntary Bodies; Open Disclosure Leads; Open Disclosure Trainers and the National Open Disclosure Steering Committee.

This report provides open disclosure training statistics since the commencement of the open disclosure programme. The data for these statistics is generated through the National Open Disclosure Training Database, HSELanD and HSE Strategic Workforce Planning & Intelligence. Data in relation to staff that have completed face to face training is logged onto the National Open Disclosure Training Database by the open disclosure trainer. Data in relation to staff that have completed online training is generated through a report run on HSELanD. Percentage of training uptake is then established by comparing these figures with staff 'headcount' data from HSE Strategic Workforce Planning & Intelligence, which provides data of staff on the 'payroll'.

This report can be used as a guide to inform services of training data available to the National Open Disclosure Office. The National Open Disclosure Office cannot guarantee accurate statistics in relation to the numbers and percentages of uptake of open disclosure training. This report however does provide a strong overview of activity and indication of percentage uptake.

The data provided in this report is dependent on the data entered by open disclosure trainers on the National Open Disclosure Training Database. This data can only be as accurate as the data recorded by trainers. A reminder is sent to all open disclosure trainers to upload their training in advance of the publication of this report.

Trainers are also required to maintain local training records and to adhere to local policies on the recording of training on local databases e.g. SAP, QPulse.

All open disclosure workshops are CPD accredited and include an evaluation process.

c) The development of Key Performance Indicators (KPIs): Two sample key performance indicators were drafted for consideration by the Performance Measurement Committee. These are being considered as part of on-going work into compliance measurement.

KPI DRAFT (1) relates to the measurement of the % of staff working in HSE and HSE funded services who have completed training in Open Disclosure.

KPI DRAFT (2) relates to Record of Open Disclosure following Category 1 Major/Extreme Incidents

d) Assurance: Policy compliance self-assessment tool: The HSE Incident Management Framework (IMF) compliance self-assessment tool of Category 1 and Category 2 incidents includes a question as to whether or not open disclosure was carried out in line with the HSE Open Disclosure Policy? This tool was available for all

services and is currently being further developed. This tool can be used by services to inform national and local healthcare/quality and patient safety audits and quality improvement plans.

Assurance: Healthcare Audit: A submission was made by the National Open Disclosure Office to the previous Quality Assurance and Verification Division (QAVD) Healthcare Audit Team for the inclusion of Open Disclosure in the healthcare audit schedule for 2020. This was approved. Unfortunately due to the redeployment of the healthcare audit team to work on Covid 19 it was not possible to conduct these audits and these audits have been deferred .

Assurance: National Incident Management System (NIMS) Data: Open disclosure data collection is included on the review screen on NIMS with details recorded as to whether open disclosure has happened and with a mandatory field to be completed to indicate why open disclosure has not occurred. Further work is required in relation to mapping the open disclosure process on NIMS to capture more detail around this and provide assurance to the HSE Board around compliance. The use of the review fields on NIMS and data entry are essential for this process and will inform relevant KPIs going forward. It is absolutely essential in particular if the Patient Safety Bill endorses sanctions for non-compliance.

(e) Measurement of patient experience: Patient experience tool: Work was undertaken with Patients for Patient Safety Ireland on the development of an open disclosure patient and family experience questionnaire. This questionnaire is now published and is available here. The HSE National Open Disclosure Policy includes the requirement for follow up with the patient/relevant person to establish their experience of the open disclosure meeting as follows:

"Following a formal open disclosure meeting the designated person will contact the patient or relevant person on a mutually agreed date and time to establish their experience of the open disclosure meeting in relation to the following:

- *Did the patient and/or relevant person feel that they were treated with dignity and respect during the open disclosure meeting?*
- *Did the patient and/or their relevant person feel that they were listened to and heard during the open disclosure meeting?*
- *Did the patient and/or their relevant person receive an appropriate and meaningful apology?*
- *Did the patient and/or their relevant person receive answers to their questions?*

This tool can be used by services to capture qualitative data on the experience of the patient/relevant person at open disclosure meetings and can inform local quality and patient safety, open disclosure and patient experience reports.

Measurement of patient experience: National Patient Experience Surveys: The Chairperson of the National Open Disclosure Steering Committee in 2020, Dr PC, wrote to Ms T O'C, Senior Programme Manager National Patient Experience Survey at HIQA in November 2019 to explore the feasibility of the inclusion of Open Disclosure in a broad sense in the National Patient Experience Survey. A subsequent meeting was held with HIQA in January 2020 to discuss this request. This was not progressed further during 2020 due to Covid 19 and was carried forward as an action to the 2021 operations plan for the National Open Disclosure Office.

(f) Implementation of recommendations from national reports and other documents. The current revision of the National Open Disclosure Policy which commenced in Quarter 4 of 2020 includes a revision of all sections of the policy in line with (i)The expert reference group Interval Cancer reports on CervicalCheck, BreastCheck and BowelScreen published in October 2020 (ii) Recommendations by the Independent Patient Safety Council to the Minister on a National Policy Framework for Open Disclosure in Healthcare in Ireland (iii) Accountability Gap Analysis (draft), (iv) National Review of Clinical Audit 2019 (v) The HSE Incident Management Framework and Guidance 2020, (vi) The Patient Safety Strategy 2019 - 2024 and (vii) open disclosure programme developments nationally. As noted this has gone out for comment which is being collated.

(g) The National Open Disclosure Steering Committee (NODSC)

The performance of the NODSC is measured in line with the Terms of Reference of the committee.
Note: The performance measures included in the Terms of Reference for the NODSC are as follows:

- Percentage of attendance at meetings by members.
- Completion of follow up actions.
- An annual evaluation of committee objectives.

2020 NODSC Performance Measures

Percentage of attendance at meetings	64%
Completion of follow up actions	There were 29 follow up actions of the committee in 2020 25 actions were completed = 86%
An annual evaluation of committee objectives.	The terms of reference for the committee were reviewed and updated in November 2020.

(h) Website Performance

Summary of Open Disclosure Website Usage in 2020

94,427	20,259	15,889
Total number of page views	**Total number of website session**	**Total number of users to website**

How did Visitors access the Open Disclosure Website in 2020?

The most common way visitors accessed the open disclosure website in 2020 was through an **organic search**, with **10,101** sessions.

How were Visitors referred to the Open Disclosure Website in 2020?

Most visitors came from:
1) **Google**: 9,420 sessions 2) **HSeLanD**: 5,561 sessions 3) **Direct access**: 2270 sessions

What was in the most viewed page on the Open Disclosure Website in 2020?

The **Open Disclosure Home Page** received **16,394 views**.

The most viewed pages following this were:

Overview of page	No. of Views
Open Disclosure Leads	6077
Open Disclosure Information for HSE Employees	4761
Open Disclosure Legislation	2012
Resources for Open Disclosure Trainers	847
HSE Open Disclosure Policy	599

What was in the most downloaded document from the Open Disclosure Website in 2020?

The **HSE Open Disclosure Full Policy 2019** had **2,269 Downloads**.

This was followed by:

Document	No. of Downloads
Open Disclosure Policy Summary 2019	1986
Open Disclosure Covid19 Guidelines	681
Open Disclosure Briefing Presentation for Trainers	284
Staff Support Booklet	113
Open Disclosure Workbook for Workshop	113

Section 10: Partnering with Patients and Service Users

In 2009 Don Berwick described Patient and Family Centred Care as *"the experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity and choice in all matters, without exception, related to one's person, circumstances and relationships in health care."*

Engaging and partnering with patients, service users and their families, patient representative groups and patient advocacy services is recognised as critical to the development and implementation of the HSE National Open Disclosure Policy and Programme. The overall philosophy and approach of the programme is based on patient rights, needs, expectations and preferences.

Examples of Patient Involvement during 2020:

National Open Disclosure Steering Committee: There are two patient representative members on the National Open Disclosure Committee.

The revision of the Open Disclosure Patient Information Leaflet: The Open Disclosure Patient Information Leaflet, which was originally developed in 2013, was revised extensively in 2020 in collaboration with Patients for Patient Safety Ireland, the chairperson of the Patient Council in University Hospital Limerick and with input from a former member of the council who worked in adult literacy services. This leaflet *"Attending an Open Disclosure Meeting: Information for Patients and Families"* was published on the HSE Open Disclosure website in December 2020 and is available here.

Patient participation and involvement in the oversight and development of Open Disclosure E-learning Modules on HSELanD. : Module 1 of the Open Disclosure E-Learning Programme *"Communicating effectively through Open Disclosure"* was launched in April 2020. This module includes a video of a patient representative, Ms Bernie O'Reilly, talking about her story and the importance of Open Disclosure.

Work commenced also on the development of Module 2 of the e-learning programme which again contains a home video provided by a patient representative, Ms Lorraine Reilly, talking about her story and the importance of open disclosure training for all staff.

There is a patient representative on the oversight group for the development of both Open Disclosure e-learning modules on HSELanD.

Webinars: Patient representatives are invited to attend all webinars facilitated by the National Open Disclosure Office. These webinars are regularly attended by patient representatives who engage proactively in the chat and question and answer sections of the webinars.

The role of the Designated Person: Patients who have suffered harm and their relevant person(s) will need practical, emotional and psychological support and this should arrive seamlessly. The early assignment of a named designated person (also known as the key contact person) is essential to ensure that the person affected/their relevant person and staff do not feel isolated. Their support and communication needs in respect of the plans for the management of the incident (including review) must be identified, communicated and addressed. The designated person will act as the liaison person between the service provider and the patient/relevant person.

The National Open Disclosure office developed and published a guideline (with accompanying checklist) on the role of the designated person in assisting patients and families pre, during and post open disclosure meetings. This involved input from Patient Liaison Services.

Two webinars were also facilitated in 2020 on the role of the designated person.

The development of a patient and/or family experience questionnaire: The patient experience questionnaire which was developed in 2019 was launched in 2020. The development of this questionnaire involved input and feedback from Patients for Patient Safety Ireland. This questionnaire was developed to accompany the revised HSE Open Disclosure Policy 2019 which provides for follow up with patients and their families post formal open disclosure meetings to establish their experience of the meeting. The questionnaire can be accessed here and can be utilised by services to collect qualitative data on the patient experience of formal open disclosure meetings and can be further used to inform quality improvement initiatives.

Patient Advocacy:

Two members of the National Open Disclosure Team successfully completed the Level VII Patient Safety Complaints Advocacy Course in 2020. The other 2 members of the team have registered to complete the course in 2021.

A briefing presentation on Open Disclosure and the national programme was provided to members of the Patient Advocacy Service.

The development of "*Open Disclosure: Maintaining the Principles of Open Disclosure during the Coronavirus Pandemic and Covid-19 Restrictions - A Practical Guide for staff.*

The development of this guideline involved input and feedback from staff working on the frontline and in patient liaison services based on their experience of managing the communication challenges brought about by Covid 19 and the associated restrictions and listening to the stories from patients and their loved ones.

The development of an "*Easy Read*" version of the HSE Open Disclosure Policy by St Michael's House:

The National Open Disclosure Team provided input and feedback to staff in St Michael's House on the development of an "Easy Read" Open Disclosure Policy for service users. This document is available here.

Crowe Survey: Consultation on a National Framework for Open Disclosure in Healthcare

The Crowe survey, when received by the National Open Disclosure Office, was forwarded to Patients for Patient Safety Ireland members. This survey was based on experience and views on Open Disclosure. Members of this group were also interviewed as part of the consultation process by Crowe.

Section 11: Stakeholder Involvement

The HSE National Open Disclosure Team work proactively with many internal and external stakeholders, including patient representative groups, on an on-going basis as part of the implementation strategy for the National Open Disclosure Policy and programme. This work involves meetings, supportive communications, responding to queries, supporting local policy development, attending training days, delivering training and supporting the delivery of training, presenting at study days and conferences, attendance and presentations at grand rounds and providing feedback on work streams training programmes and documents.

The following is a list of *some* of the engagements in 2020 with various internal and external stakeholders:

Royal College of Physicians Ireland (RCPI)	• Open Disclosure workshop facilitated for NCHD's in RCPI by National Open Disclosure Lead. • Meeting with the RCPI and inclusion of recommendations made in relation to the content and training methods used in Module 2 of the Open Disclosure E-Learning programme. • Meeting with the RCPI in relation to the open disclosure content in the RCPI "Gateway to Communication" Programme. • The National Open Disclosure Team provided content for the Open Disclosure section of the RCPI Gateway to Communication Programme. • The National Open Disclosure Team promote the RCPI "Gateway to Communication" programme at all training and education events and via email/newsletter. • The RCPI award CPD for the Open Disclosure E-learning programmes, face to face skills training, webinars and train the trainer programme. • Members from the RCPI were included in the oversight group for the development of the E-learning programmes.
Royal College of Surgeons Ireland(RCSI)	• Full day open disclosure workshop for NCHD's facilitated as part of the RCSI Human Factors Programme. • The National Open Disclosure Steering Committee includes representation from the RCSI. • There is representation from RCSI on the oversight group for the open disclosure e-learning programmes. • Full day masterclass on Complaints and Open Disclosure in RCSI.
University College Dublin (UCD)	• Open disclosure workshop and assessments of candidates on the Graduate Diploma in Quality and Risk Management.
State Claims Agency (SCA)	• The National Open Disclosure Steering Committee includes representation from the SCA. • There is representation from the SCA on the oversight group for the development of the open disclosure e-learning programmes.
Irish Medical Organisation (IMO)	• Meeting with IMO to discuss Scally Recommendation Number 30 • Telephone/email communication to update on Open Disclosure Legislation and Open Disclosure training programmes

Irish Hospital Consultants Association (IHCA)	• Meeting to discuss Scally Recommendation Number 30 • A written update on the National Open Disclosure Programme was provided to the IHCA in January 2020. • Submission for IHCA Annual Report in September 2020
General Practice	• Input provided by a GP for E-learning Module 2
Medical Council	• Meeting with Dr Rita Doyle and staff at the Medical Council to: (i) Provide update on Open Disclosure Programme and legislation, (ii) Discuss training for doctors, (iii) Discuss Mandatory CPD. (iv) Explore opportunities to work together to advance open disclosure programme • Email communications to progress inclusion of Open Disclosure in Medical Council Safe Start Programme and to promote Open Disclosure Training programmes.
Federation of Voluntary Bodies (FedVol)	• The Federation of Voluntary Bodies are included in all general communications from the National Open Disclosure Office and are invited to all training /information events. • The National Open Disclosure website contains contact details for the Open Disclosure Leads identified across the various voluntary agencies.
Nursing and Midwifery Planning and Development Unit (NMPDU) **Centre of Nursing and Midwifery Education (CMME)**	• The National Open Disclosure Steering Committee includes representation from the NMPDU. • Open Disclosure training is delivered in various CNME's across the country.
Patients for Patient Safety Ireland	• Continuous communication with the chairperson of PFPSI. • Consultation and collaboration on the development of a patient/family experience questionnaire. • Representation of PFPSI on National Open Disclosure Steering Committee. • Representation of PFPSI on the oversight group for the open disclosure e-learning programmes.
National Patient Forum	• Included in circulations from National OD Office e.g. Newsletter
National University of Ireland, Galway (NUIG)	• Development of video on Open Disclosure to form part of Open Disclosure programme for medical undergraduates. • Open disclosure overview and update facilitated by OD team on NUIG Advanced Nurse Practice and Medicinal Prescribing Course.
University Hospital Limerick	• Presentation on Open Disclosure • Involvement of Clinical Staff in the development of eLearning Module 2 scenarios and video • Support by Open Disclosure Staff to PALS service
Letterkenny University Hospital	• Presentation on open disclosure and legislation at Quality Improvement Conference.

HSE National HR	• Open Disclosure Lead involved in workgroup to advance the recommendations of the Accountability Gap Analysis.
The National Doctors Training Programme (NDTP)	• The National Open Disclosure Steering Committee includes representation from the NDTP. • The NDTP continues to support the National Open Disclosure Team in promoting mandatory open disclosure training arrangements for NCHD's through the Doctors Integrated Management System / National Employment Record (DIME / NER).
National Screening Services (NSS)	• There is representation from NSS on the National Open Disclosure Steering Committee. • Open Disclosure team involved in receiving feedback on the communication of the RCOG results to the women and families involved.
Tusla	• Meeting with Tusla to discuss Open Disclosure and to provide an update on the HSE policy and programme.
National Cancer Control Programme	• Presentation to management team providing an update on open disclosure programme and legislation
St John of Gods Service, Dublin	• Delivery of open disclosure workshops and Train the Trainer Programme • Support for the development and attendance at launch of St John of God's Open Disclosure Policy
Patient Advocacy Service	• Delivered an update on Open Disclosure Programme and Legislation
Sligo University Hospital	• Commenced planning for new pilot Face to Face Skills workshop and Train the Trainer Programme. • Attended a meeting with key stakeholders including senior Quality, Management and Clinicians from Sligo University Hospital and CHO 1 to scope the project

Section 12: Share the Learning Template and Guidance

Introduction:

The National Open Disclosure Office prepared a Share the Learning Template and Guidance document. Open Disclosure Leads in all Services were asked to share examples of the management of the principles of Open Disclosure across the various settings in the HSE.

The following Share the Learning examples are taken from some of the scenarios shared with the National Open Disclosure Office. In this year the Covid 19 Pandemic presented additional challenges for services in regard to maintaining communication and arranging meetings within the IPC restrictions and these are referred to in some of the scenarios included.

All identifiable patient data has been removed to ensure confidentiality of the services and patients involved. These examples demonstrate many of the critical components involved in the open disclosure process and how this process contributes to learning and quality improvement. The National Open Disclosure Team wish to acknowledge all services who have shared their experiences to date and wish to continue to promote this practice to support continuous quality improvement in Open Disclosure practice and management.

Below are examples shared with the National Open Disclosure Office:

Example	Page
Example 1 Share the Learning: Acute Hospital	**43**
Example 2 Share the Learning: Acute Hospital (Paediatric Service)	**44**
Example 3 Share the Learning: CHO Service	**45**
Example 4 Share the Learning: Maternity Services	**46**
Example 5 Share the Learning: Virtual Meetings	**47**

Example 1 Share the Learning: Acute Hospital

Date Incident occurred:	June 2020	**Category of Clinical Incident:**	Category 2
Service	**Acute Hospital**		
1. Summary of incident – provide a brief description of the incident.	A patient complained that their GP had been notified that they did not attend for a CT scan appointment. The patient had attended but the scan was not done due to their renal function being abnormal. The patient had not been given a new appointment and this led to a delay in their treatment. When this omission was identified the patient was contacted, treatment arranged and the CT scan was done a week later.		
2. Who was involved in meeting the patient/ relevant person?	An open disclosure meeting was arranged following review of this patient safety incident. This meeting was attended by Consultant Oncologist, Consultant Radiologist, Radiology Services Manager and Patient Advocacy Liaison (PALS) Manager as designated person.		
3. What were the key issues that arose during the open disclosure process?	The patient was concerned that their GP was told they did not attend and their scan had not been rescheduled until they contacted the hospital. The patient was concerned that this had caused a delay in their treatment and may affect their outcome. The review of this patient safety incident highlighted that the radiology booking system did not have a facility to identify an abnormal blood result as a reason for cancelling a CT scan and this resulted in the patient not being rescheduled and incorrectly recorded as not attended.		
4. (a)What went well during the open disclosure process?	The PALS Manager provided support to the patient in arranging the meeting and highlighting their concerns to the team. The patient acknowledged that their complaint was responded to promptly and they did have their scan. The Consultant Oncologist reassured the patient that this delay did not impact on their treatment and outcome in this case. The Consultant Radiologist outlined what happened, apologised sincerely to the patient and outlined the steps taken to prevent this event happening again. All key people were present at the meeting and able to respond to the patient concerns and outlined the corrective measures already taken.		
4(b) What did not go well?	The patient was concerned that if they had not complained they would not have has their scan rescheduled when they did and the team acknowledged their concern and expressed their sincere apology for this.		
5. What was the learning/what changes in practice have been made?	1	A standard operating procedure was developed to advise staff of the process in the event of the cancellation of a CT scan due to abnormal kidney function levels.	
	2	The cancellation of a CT scan diagnostic examination due to the patient's kidney function levels has been added to the drop down menu of reasons for the cancellation of a radiology examination. This allows staff to quickly identify why a patient's diagnostic examination was cancelled and reschedule a patient where appropriate.	
	3	A review of the acceptable kidney function levels for proceeding with CT scan was undertaken by clinicians and parameters have been revised.	

Example 2 Share the Learning: Acute Hospital (Paediatric Service)

Date Incident occurred:	January 2020	**Category of Clinical Incident:**	Category 2
Service	**Paediatric Service**		
1. Summary of incident – provide a brief description of the incident.	A paediatric patient was given pain medication in theatre via the incorrect route in error. The error was identified immediately and a doctor removed the medication and checked the patient for any injury – none was identified. Following the procedure the Consultant Surgeon spoke with the child's parent and explained what happened and reassured them. The parents remained worried about what had occurred and the incident was reviewed.		
2. Who was involved in meeting the patient/ relevant person?	An Open Disclosure meeting was held following the review of this incident to discuss the findings. This meeting was attended by The Director of Nursing, Consultant Anaesthetist, ENT Consultant and Risk Manager with the child's parents.		
3. What were the key issues that arose during the open disclosure process?	The parents were provided with a detailed report of this incident which included what happened and actions taken. It was explained to them that the insertion of the medication in this way was not invasive and they were reassured that no damage to the child in this area was caused. An apology was given to the parents on behalf of the hospital for the distress and anxiety caused to them and their daughter as a result of this incident. They were given contact details of a designated person if they had any concerns and needed further assistance or information. The actions taken as a result of the incident were discussed and outlined.		
4. (a)What went well during the open disclosure process?	The parents were reassured by the Consultant Anaesthetist and ENT Consultant that their daughter did not sustain any harm or injury as a result of this incident. The parents were given a copy of the review report including findings and recommendations. The parents were informed that a number of corrective measures had been implemented to reduce the risk of a similar incident happening again.		
4.(b) What did not go well?	Overall the open disclosure meeting went well, a follow up letter including the key points discussed and an apology was sent to the parents after the meeting.		
5. What was the learning/what changes in practice have been made?	1	The open disclosure meeting was held promptly following review of this incident which led to a more satisfactory outcome for the parents of this child. This was important to acknowledge and address their concerns given the sensitive nature of this incident.	
	2	A post incident briefing session was held with the staff involved in this child's care to provide support and to discuss what happened.	
	3	A quality improvement plan was developed which included arranging refresher education sessions which were delivered to the nursing staff in this theatre area on the procedure for administering pain medication.	

Example 3 Share the Learning: CHO Service

Date Incident occurred:	March 2020	**Category of Clinical Incident:**	Category 2
Service	**CHO Service**		
1. Summary of incident – provide a brief description of the incident.	A Community Hospital resident had a fall in their bedroom and sustained extensive bruising to the right arm and hip. This resident had full capacity and was able to participate in all discussions in regard to the fall. All care was provided and they were reviewed by their GP and no further medical intervention was required.		
2. Who was involved in meeting the patient/ relevant person?	An Open Disclosure meeting was held with the Director of Nursing and the resident to discuss what happened the day after this patient safety incident. The Director of Nursing asked the resident if they would like to have a family member present for the meeting and they declined this and said they were happy to discuss this matter on their own.		
3. What were the key issues that arose during the open disclosure process?	The Director of Nursing acknowledged the distress caused to the resident and apologised to them for their experience. She listened to the resident's concerns and responded to all questions that they had. The resident's fall was discussed, factors that may have caused this and actions agreed to reduce the risk of further falls. The resident asked that this fall was not discussed with their family as they did not want to worry them and no harm had been done. The Director of Nursing confirmed that this request would be respected. A plan was agreed with the resident to reduce the risk of another fall and they agreed that they would review this plan together over the coming weeks. This meeting was documented in the resident's file including details of who was present, information and apology provided, agreed care plan and the residents response including their request.		
4.(a)What went well during the open disclosure process?	The resident was very happy to meet the Director of Nursing to discuss this fall in a timely way. The resident was involved in the solution to prevent further falls. The Director of Nursing respected her wish not to discuss this matter with her family and this was documented in the resident's file to support good communication with the team.		
4.(b)What did not go well ?	The Director of Nursing was concerned that the residents family were not informed and the challenge of all staff complying with this request.		
5. What was the learning/what changes in practice have been made?	1	It is important to meet the resident promptly and to be aware of their preference in regard to how this patient safety incident would be managed including the actions taken to prevent further falls.	
	2	Resident confidentiality must be respected and disclosure of information to an adult patient's family must only be undertaken with the consent of the patient.	
	3	Good documentation of open disclosure is a key part of this process to support good communication of all actions taken and agreed and the resident's will and preference is respected.	

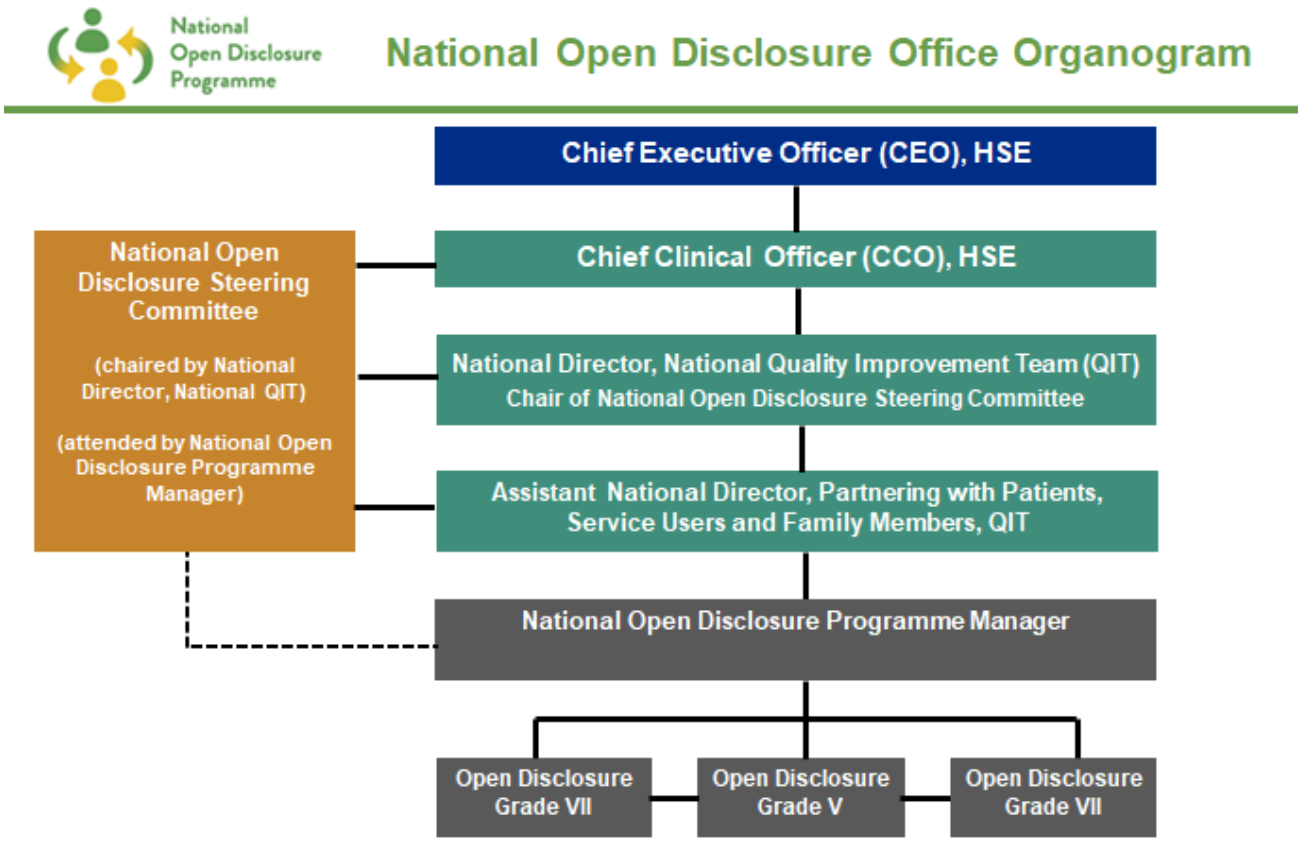
Example 4 Share the Learning: Maternity Services

Date Incident occurred:	May 2020	**Category of Clinical Incident:**	Category 2
Service	**Maternity Services**		
1. Summary of incident – provide a brief description of the incident.	The patient sustained a vaginal tear during a forceps delivery of her baby. This incident occurred as a result of a staff accident in the environment at the time of delivery. The patient was transferred to theatre and a surgical repair was carried out.		
2. Who was involved in meeting the patient/ relevant person?	Consultant Obstetrician, Midwife, the patient and her partner were present when the meeting took place at the patient bedside within 24 hours of the incident.		
3. What were the key issues that arose during the open disclosure process?	A review of the incident took place. An explanation was given regarding exactly what happened following the delivery of the patient's baby. The patient and her partner were given the opportunity to ask questions which were answered and they were reassured regarding her on-going medical condition. The incident was identified as an accident and the patient and her partner accepted this explanation.		
4.(a)What went well during the open disclosure process?	The Consultant accepted responsibility for the incident that occurred. He apologised and this apology was accepted. The patient and her partner were reassured that the incident was being reviewed and steps were being taken to reduce the risk of this type of event happening again.		
4.(b)What did not go well ?	Due to the confined physical space other patients had to be asked to leave the room while the Consultant and midwife spoke to the patient and her partner so that this meeting could be held confidentially as soon as possible.		
5. What was the learning/what changes in practice have been made?	1	This scenario demonstrates the importance of the timely open disclosure of an incident, the apology, explanation given and the measures put in place to prevent it happening again. The patient and her partner's trust and confidence in the service were maintained.	
	2	Being able to participate in the open disclosure process in an open and timely way supported the staff member, who did not intend to cause harm to the patient, in coping with this event. The support of a colleague during this process was very important	
	3	The full review of this patient safety incident supported learning for staff and this organisation.	

Example 5 Share the Learning: Virtual Meetings

Date Incident occurred:	November 2020	**Category of Clinical Incident:**	
Service	**All services**		
1. Summary of issue	Some open disclosure meetings had to be held virtually following patient safety incidents during the COVID 19 pandemic.		
2. Who was involved in meeting	Meetings were held by many Teams in different services using secure virtual platforms such as MS Teams.		
3. What were the key issues that arose during the open disclosure process?	The IT virtual platform was considered less personal. This resulted in communication challenges and staff were concerned that it was difficult to demonstrate an empathic and human approach to the patient and family. Some challenges arose with technical connection and participants found it difficult to hear and see who was involved. This was more difficult with a larger number of participants involved in different locations. Staff had concerns about the security of the IT meeting platform and about the potential for recording these meetings.		
4.(a)What went well during the open disclosure process?	When conducting virtual meetings all the principles of the HSE Open Disclosure Policy 2019 were complied with. The virtual platform was only used when all face to face options were not possible. Preparation for the virtual meetings was led by patient preference which was coordinated by the Designated Person. The Designated Person discussed with the patient who they wanted to have involved in the meeting, being respectful of their confidential information and what may be discussed. They encouraged the patient to have a family member/ support person with them in the room when possible, while the meeting is taking place and advised them to avoid having multiple family members in various locations participating as this may make communication more challenging.		
4.(b)What did not go well ?	The virtual platform resulted in the meetings being less personal, there were challenges with technology and poor connection and sometimes it was difficult to hear all participants. Some meetings were difficult to manage due to the numbers of people joining.		
5. What was the learning/what changes in practice have been made?	1	It is essential to have a practice run to check that the technology is working well for all participants. A pre meeting of the Open Disclosure Team is essential to ensure all staff are clear about their roles in the meeting.	
	2	At the beginning of the virtual meeting it is important to outline the structure of the meeting, using the ASSIST model of communication so that everyone is clear about how the meeting will be conducted. It is important that the patient/relevant person and support person knows that they will be given time to tell their story and to ask questions.	
	3	It is essential to ensure that the meeting is held in a professional, open manner according to HSE Open Disclosure Policy and to advise the patient that they will receive a written record of the meeting.	

Appendix A: National Open Disclosure Office Organogram 2020



Appendix B: Membership of National Open Disclosure Steering Committee 2020

Name	Role	Membership Date
Dr. Philip Crowley (Chairperson)	National Director	30/04/19
Mr Greg Price	Assistant National Director, National Quality Improvement Team	30/04/19
Eileen Ruddin	A/AND of Performance and Contracting	30/04/19
Margaret Brennan	National QPS Lead Acute Operations	30/04/19
Cathal O'Keeffe	State Claims Agency, Head of CIS	30/04/19
Professor Ann O'Doherty	Clinical Director, BreastCheck	30/04/19
Anne Marie Kiernan	Quality, Risk & Patient Safety Manager, NSS	30/04/19
Martin Dunne	National Director, NAS	30/04/19
Margaret Casey	Acting Area Director, DML / Director, Nursing and Midwifery Planning and Development Unit - Midlands	04/12/19
Mary Samuel	Development Manager, National Health and Social Care Office	30/04/19
Cornelia Stuart	Assistant National Director, Quality Risk & Safety, QAVD	30/04/19
JP Nolan	Head of Quality and Patient Safety Community Services	30/04/19
Professor Frank Murray	Director, National Doctors Training & Planning	30/04/19
Dr. Susan Kent	National HR	30/04/19
Colette Cowan	CEO University Limerick Hospital Group	30/04/19
Bernadette O'Reilly	Patient Representative	30/04/19
Stephen Teap	Patient Representative	30/04/19
Dr David Vaughan	QPS Lead, Children's Group	02/07/19
Professor John Hyland	RCSI	04/12/19
Kate Killeen White	Chief Officers	19/12/19
TBC - Nomination sought	RCPI	
Attended by: Angela Tysall	Programme Manager, Open Disclosure Office	
Note taker: Kelly McDyer	Administrator, Open Disclosure Office	

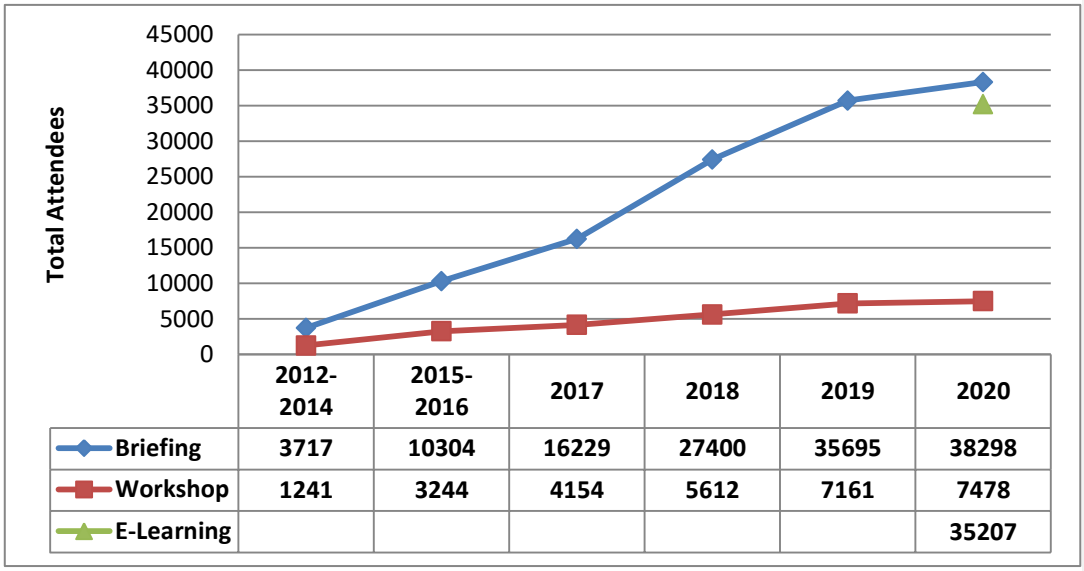
Appendix C: Membership of Performance Measurement Committee

Name	Role	Service
Angela Tysall	National Open Disclosure Lead	National Open Disclosure Office, NQIT
Mary Friel	Trainer and Educator	National Open Disclosure Office, NQIT
Catherine Hand	Trainer and Educator	National Open Disclosure Office, NQIT
Gareth Clifford	Quality, Standards and Compliance Officer	Acute Operations
Irene O'Hanlon	General Manager QPS	National QPS, Community Operations
Margaret McGarry	Office of Quality, Risk & Safety	Quality and Verification Division
Dr Susan Kent	National OD Steering Committee Representative	National HR
AnneMarie Kiernan	Quality, Risk & Patient Safety Manager	National Screening Services
Annemarie Oglesby	QPS Lead	NAS
Carley Impey	HSE Business Intelligence Unit, Team Lead	HSE Business Intelligence Unit
Brid Ann O'Shea	NIMS, Office of Operations	Quality Assurance and Verification Division
Dr Jennifer Martin	Evidence for Improvement Lead	National Quality Improvement Lead
Ann Duffy	Senior Clinical Risk Manager	State Claims Agency

Appendix D: 2020 Training Report

Section 1: Overall summary of training to date within services

Cumulative Number of Staff trained on Open Disclosure

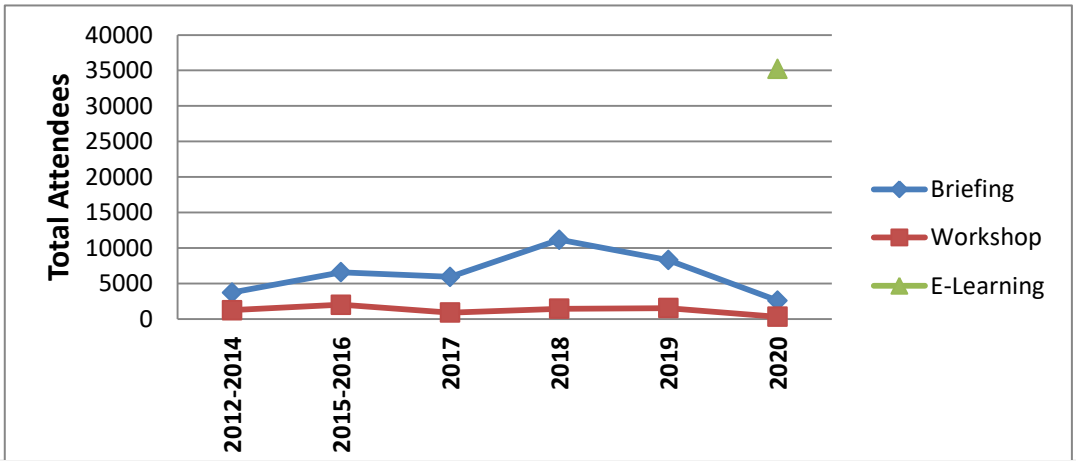


	2012-2014	2015-2016	2017	2018	2019	2020
Briefing	3717	10304	16229	27400	35695	38298
Workshop	1241	3244	4154	5612	7161	7478
E-Learning						35207

Number of staff trained on Open Disclosure grew from a total of 4,958 (end of year 2014) to 80,983 (as at 31st December 2020)

Total trained: 80,983

Number of Staff trained on Open Disclosure per year



The online training module was launched in April 2020 and now replaces the face to face briefing session.

Number of staff who attended workshops in 2020 decreased as a result of Covid-19 restrictions.

There has been significant uptake of the e-learning programme.

1.1: Overall Summary of E-Learning Completion

- The open disclosure e-learning module 'Communicating Effectively through Open Disclosure' was launched on HSELanD on 6th April 2020.
- As at 31st December 2020, there were **35,207** completions on the open disclosure e-Learning module, of which 11,558 of these were completed in Quarter 4.
- Based on a headcount figure of 144,113 this is a **24.4%** uptake of Module 1 across the HSE & HSE funded services. (Note uptake rate up from 16.6% in Q3)

Average e-learning uptake rate:

CHO Average Uptake Rate: 26.2%

Hospital Group Average Uptake Rate: 20.5%

1.2: Training provided / facilitated by the National Open Disclosure Office

1.2.1 Total training delivered by the National Open Disclosure Office: 4976

	2020 BRIEFING	2020 WORKSHOP	2020 TOTAL BRIEFING / WORKSHOP	TOTAL BRIEFING TO DATE	TOTAL WORKSHOP TO DATE	OVERALL TOTAL WORKSHOP / BRIEFING
Training delivered by the National Open Disclosure Office	0	84	**84**	3551	1425	**4976**

- The data above includes train the trainer programmes delivered by the National Open Disclosure Office and also presentations on Open Disclosure at conferences, grand rounds, study days etc.

1.2.2 National Open Disclosure Train the Trainer Programme

- In 2020, 70 people were trained through the Train the Trainer (TTT) programme and subsequently added to the Open Disclosure Trainer's Database.
- The train the trainer programme was stood down in March 2020 due to Covid 19 restrictions and redeployment of the staff in the National Open Disclosure Office.
- The overall total of staff to date who have completed TTT is 543.

As of 31st December 2020 there are 374 trainers on the database representing Hospital Groups, CHO Areas, National Ambulance Service, National Screening Services, and Federation of Voluntary Agencies.

1.2.3 Additional Training & Educational Programmes provided / facilitated by the National Open Disclosure Office

- The Open Disclosure Team commenced a series of webinars in September 2020 to maintain communication with Open Disclosure leads, trainers and staff working across all of our health and social care services. In total, the team delivered and presented on 11 webinars to various groups of staff, students and patient representatives on a range of open disclosure topics - total attendees across all webinars = **494**. Details of webinars delivered by the team include:

Name of Webinar	Date	Total Attendees
Open Disclosure Update for Leads	29th September 2020	48
Open Disclosure Update for Leads, Trainers and QPS staff	14th October 2020	64
Open Disclosure Update NCCP	28th October 2020	17
Open Disclosure Update for Leads, Trainers and QPS staff (repeat)	29th October 2020	41
Maintaining the Principles of Open Disclosure during the Coronavirus Pandemic (QI Talktime)	3rd November 2020	44
Open Disclosure Legislation - Current Status	11th November 2020	89
Open Disclosure Update for Advanced Nurse Practice & Medicinal Prescribing Programmes	17th November 2020	14
Open Disclosure: Role of the Designated Person	18th November 2020	81
Open Disclosure: Role of the Designated Person (repeat)	3rd December 2020	47
Open Disclosure Update for Patient Advocacy Services and NAS	7th December 2020	18
Open Disclosure Legislation - Current Status (repeat)	8th December 2020	31

- Webinar evaluation commenced in November 2020, with attendees from each webinar invited to complete a short survey immediately after the webinar.
- Averages were calculated across all evaluations. Of the webinar feedback received (**41 responses in total**):

% of Respondents who Agreed or Strongly Agreed that:	Average % based on completed evaluations
The content of the webinar was relevant to them	**97.7%**
The webinar has helped them to develop their knowledge and understanding of the subject area	**100%**
The subject area was presented effectively	**100%**
The pace of the webinar was satisfactory	**100%**
Plan to apply what they learned from the webinar in their work	**98.8%**

- **100%** of respondents stated that the webinar met or exceeded their expectations

- All respondents were invited to leave additional feedback / comments. Examples of some comments include:

"Many thanks for facilitating OD training on this platform. It is great to have a refresh on the various components of the OD process. Thanks to the presenters who have been great."

"I find these sessions very helpful and I learn alot each time Thank you"

"It remains challenging to get Clinical staff to attend workshops and support the Open disclosure process."

"Thank you ladies - most informative - look forward to receiving the slides"

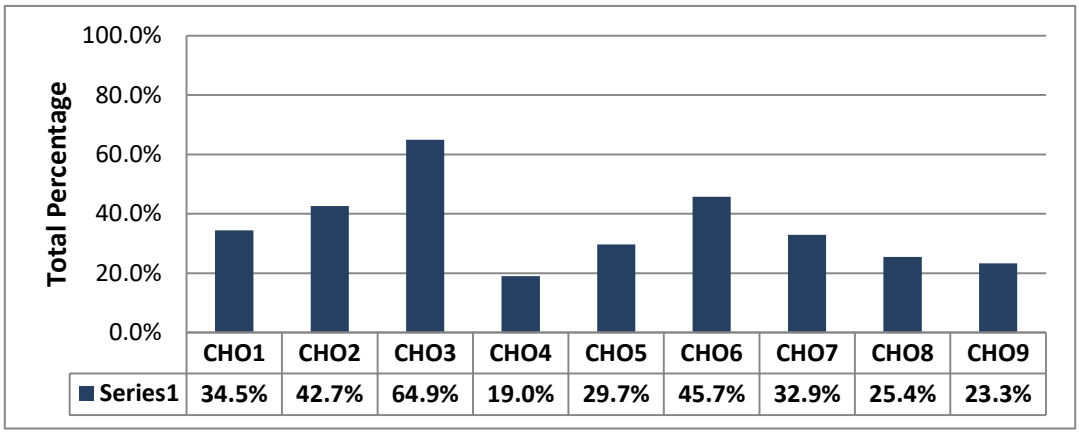
"We don't have a designated ""designated person"" so it is good advice - especially around dealing with the SC etc. for Risk Managers to have as they'll be asked for the advice."

- All respondents were invited to make suggestions for future webinar topics. Below is an overview of suggested topics:
    - Training in Open Disclosure in non-acute settings
    - The Legislation and the Patient Safety Bill
    - Completing the forms
    - What a healthy and trustworthy culture looks like
    - Support and training required for staff who are nominated as a Designated Support Person
    - Open Disclosure within Mental Health Services
    - Open Disclosure within ID Services

Section 2: HSE Community Healthcare Organisations

2.1: Face to Face Training Overview

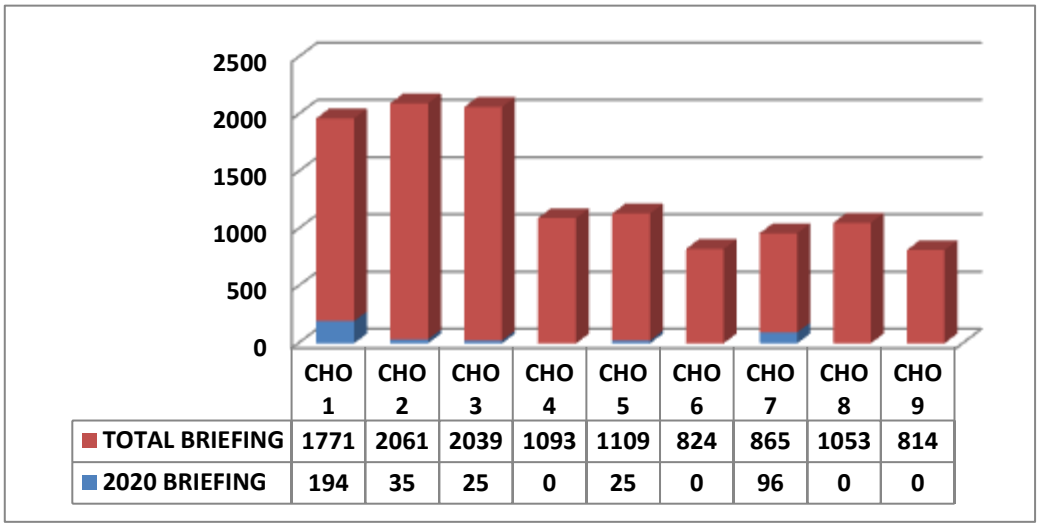
CHO Area - % completion per headcount as at 31/12/2020



	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9
Series1	34.5%	42.7%	64.9%	19.0%	29.7%	45.7%	32.9%	25.4%	23.3%

In total there has been 14,157 staff who have attended a briefing and/or workshop in CHO Areas. Based on a combined headcount* of 43,376 for CHO Areas this is an average of **32.6% completion rate for CHO Areas**. Breakdown of completion per CHO Area is outlined in the figure to the left. Note this is for face to face training only.

Total Attendees BRIEFING per CHO Area

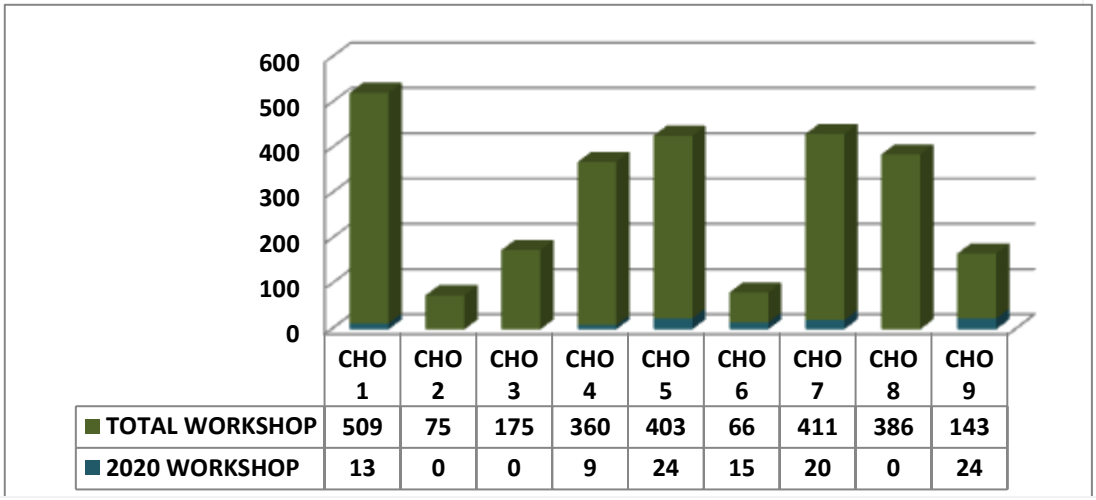


	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
TOTAL BRIEFING	1771	2061	2039	1093	1109	824	865	1053	814
2020 BRIEFING	194	35	25	0	25	0	96	0	0

Total number of staff who attended a briefing in a CHO Area for 2020 and overall total.

Note this is for face to face training only. See data below for e-learning uptake.

Total Attendees WORKSHOP per CHO Area

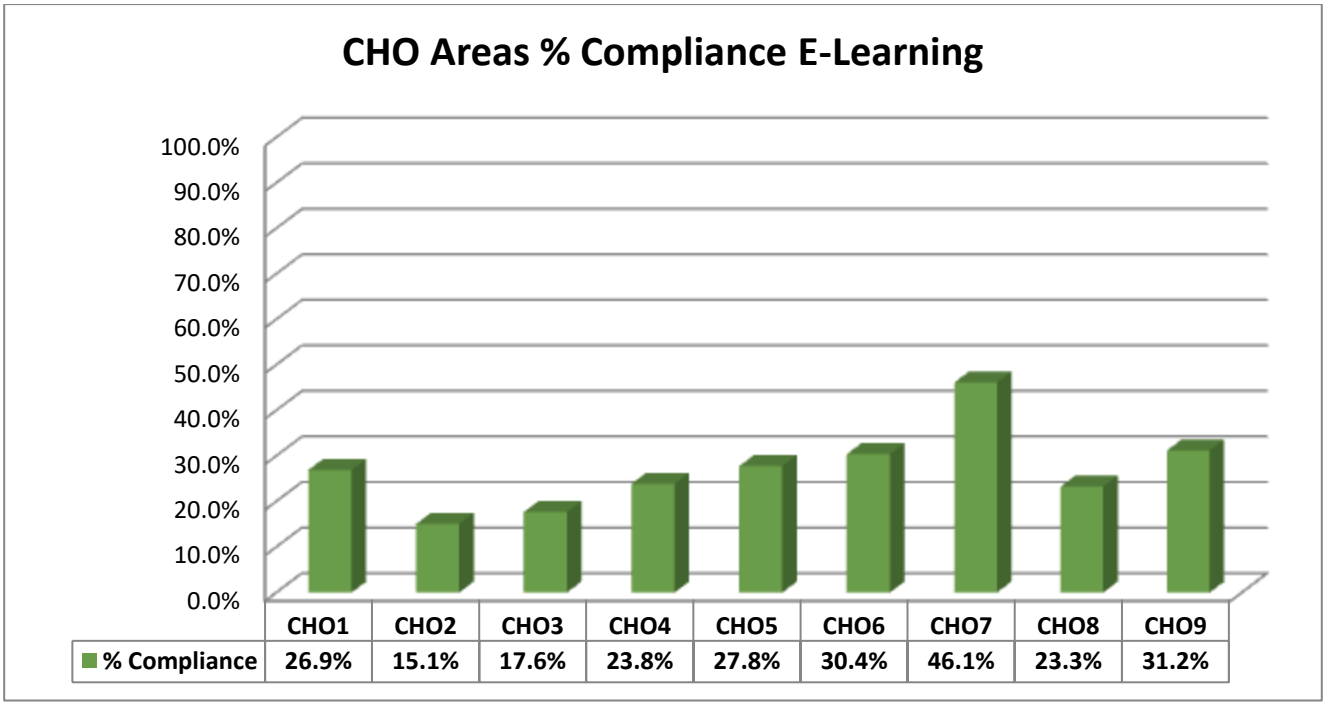


	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
TOTAL WORKSHOP	509	75	175	360	403	66	411	386	143
2020 WORKSHOP	13	0	0	9	24	15	20	0	24

Total number of staff who attended a workshop in a CHO Areas for 2020 and overall total

(*Headcount figures extracted from Employment Data Report provided by Strategic Workforce Planning and Intelligence, National HR Directorate)

2.2: Community Healthcare Organisations – E-Learning



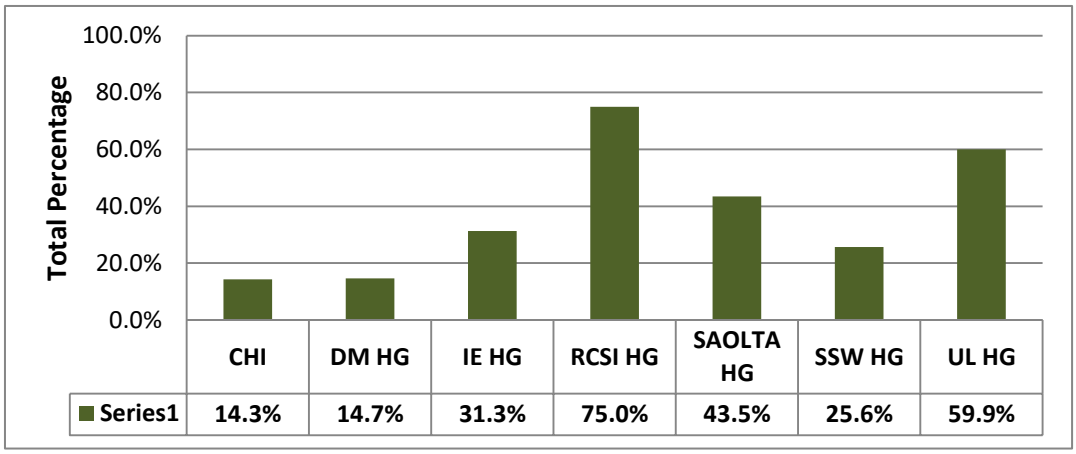
CHO Area	Total Completions	% Uptake
CHO1: Donegal, Sligo-Leitrim-West Cavan, Cavan Monaghan	1780	26.9%
CHO2: Galway, Roscommon, Mayo	754	15.1%
CHO3: Clare, Limerick, North Tipperary-East Limerick	602	17.6%
CHO4: Kerry, North Cork, North Lee, South Lee, West Cork	1826	23.8%
CHO5: South Tipperary, Carlow Kilkenny, Waterford, Wexford	1415	27.8%
CHO6: Wicklow, Dun Laoghaire, Dublin South East	592	30.4%
CHO7: Kildare-West Wicklow, Dublin West, Dublin South City, Dublin South West	1788	46.1%
CHO8: Laois-Offaly, Longford-Westmeath, Louth-Meath	1316	23.3%
CHO9: Dublin North, Dublin North Central, Dublin North West	1279	31.2%
Total completions for CHO areas & average % uptake	**11,352**	**26.2%**

Further breakdown by grade/category/location can be provided per CHO area on request

Section 3: HSE Hospital Groups

3.1: Face to Face Training Overview

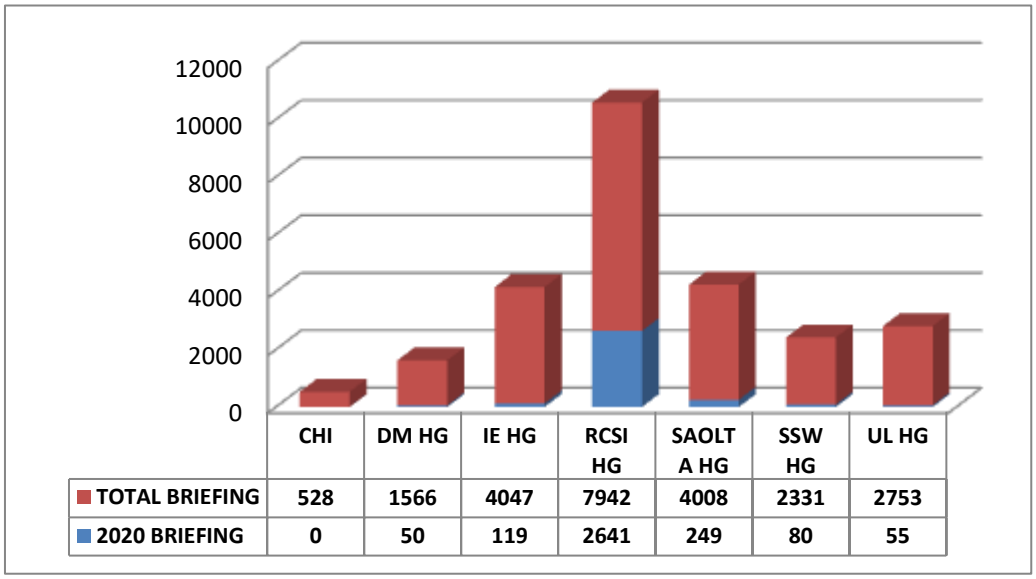
Hospital Group - % completion per headcount as at 31/12/2020



	CHI	DM HG	IE HG	RCSI HG	SAOLTA HG	SSW HG	UL HG
Series1	14.3%	14.7%	31.3%	75.0%	43.5%	25.6%	59.9%

In total there has been 26,509 staff who have attended a briefing and/or workshop in a HSE Hospital Group. Based on a combined headcount* of 71,338 for all hospital groups this is an average of **37.1% completion rate in Hospital Groups**. Breakdown of completion per Hospital Group is outlined in the figure to the left. Note this is for face to face training only.

Total Attendees BRIEFING per Hospital Group

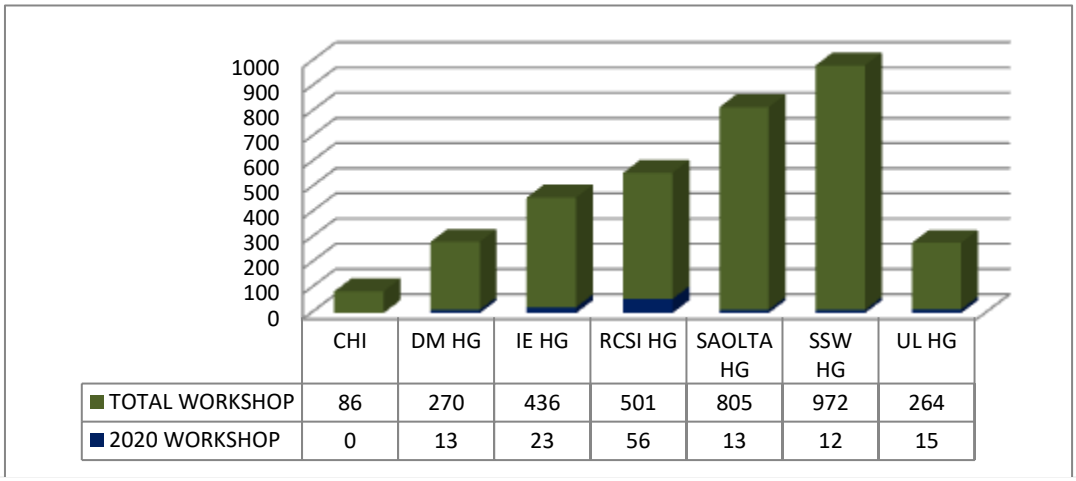


	CHI	DM HG	IE HG	RCSI HG	SAOLTA HG	SSW HG	UL HG
TOTAL BRIEFING	528	1566	4047	7942	4008	2331	2753
2020 BRIEFING	0	50	119	2641	249	80	55

Total number of staff who attended a briefing in a Hospital Group for 2020 and overall total.

Note this is for face to face training only. See data below for e-learning uptake.

Total Attendees WORKSHOP per Hospital Group

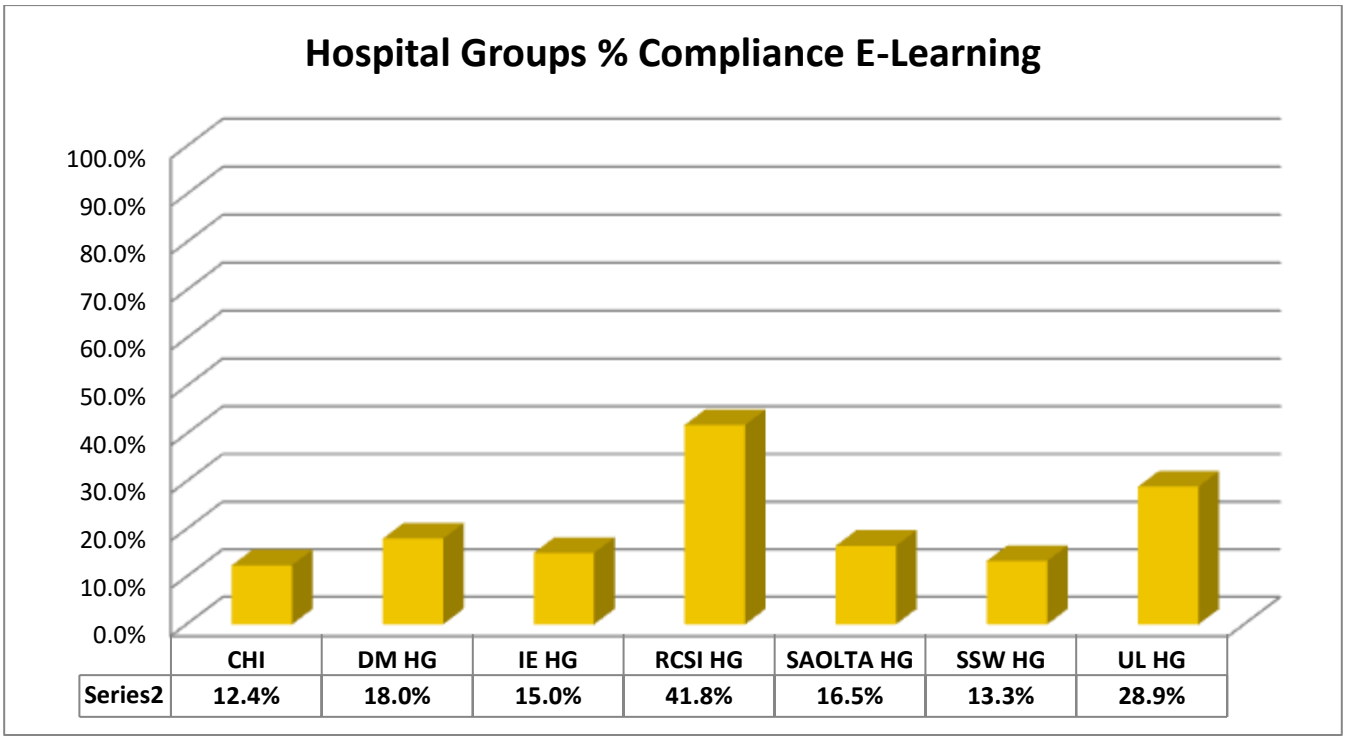


	CHI	DM HG	IE HG	RCSI HG	SAOLTA HG	SSW HG	UL HG
TOTAL WORKSHOP	86	270	436	501	805	972	264
2020 WORKSHOP	0	13	23	56	13	12	15

Total number of staff who attended a workshop in a Hospital Group for 2020 and overall total

(*Headcount figures extracted from Employment Data Report provided by Strategic Workforce Planning and Intelligence, National HR Directorate)

3.2: HSE Hospital Groups – E-Learning



Hospital Group	Total Completions	% Uptake
Children's Health Ireland (CHI)	531	12.4%
Dublin Midlands Hospitals Group (DMHG)	2246	18.0%
Ireland East Hospitals Group (IEHG)	2139	15.0%
RCSI Hospitals Group	4710	41.8%
SAOLTA Hospitals Group	1823	16.5%
South / South West Hospital Group (SSWHG)	1713	13.3%
University Limerick Hospitals Group	1455	28.9%
Total completions for Hospital Groups & average % uptake	**14617**	**20.5%**

Further breakdown by grade/category/location can be provided per hospital group on request

Section 4: Other Categories

4.1: National Ambulance Service Training Overview

	2020 BRIEFING	2020 WORKSHOP	2020 TOTAL BRIEFING / WORKSHOP	TOTAL BRIEFING TO DATE	TOTAL WORKSHOP TO DATE	OVERALL TOTAL WORKSHOP / BRIEFING
National Ambulance Service	502 (E-Learning)	0	502 (E-Learning)	1203 (includes e-learning)	122	**1325 (includes e-learning)**

- Completion rate for National Ambulance Service for **face to face training is 40.3%** (823 attendees based on a headcount of 2042)
- Uptake rate for National Ambulance Service for **online e-learning module is 24.6%** (502 attendees based on a headcount of 2042). This is up from 14.4% in Q3.

4.2: National Screening Services Training Overview

	2020 BRIEFING	2020 WORKSHOP	2020 TOTAL BRIEFING / WORKSHOP	TOTAL BRIEFING TO DATE	TOTAL WORKSHOP TO DATE	OVERALL TOTAL WORKSHOP / BRIEFING
SCREENING SERVICES	2	27	**29**	2	66	**68**

- Many senior clinical staff in the BreastCheck Units have a dual contract with the acute host hospitals. As such where this staff cohort have completed Open Disclosure as part of their mandatory training in the host hospital this will not be reflected in the screening services numbers.
- A significant cohort of clinical and administrative staff were seconded to other services to assist with COVID in 2020.

4.3: Voluntary Agencies Training Overview

	2020 BRIEFING	2020 WORKSHOP	2020 TOTAL BRIEFING / WORKSHOP	TOTAL BRIEFING TO DATE	TOTAL WORKSHOP TO DATE	OVERALL TOTAL WORKSHOP / BRIEFING
VOL AGENCIES	3979 (e-learning)	21	**4000**	4187 (e-learning)	55	**4,242 (includes e-learning)**

4.4: E-Learning completions for further categories

Service / Area	Total E-Learning completions
National Cancer Control Programme	37
Corporate / HBS	502
Private Hospitals	258
TUSLA	146

Section 5: Open Disclosure Training for Consultants / NCHDs

- In total **3,827** Consultants / NCHDs have been recorded as participating in some form of open disclosure training. (increase from 3,225 in Q3)
- 5.1 outlines training completed for 2020 for both Consultants and NCHDs
- 5.2 outlines total number of Consultants and NCHDs who participated in training since the recording of training for these professions commenced in 2019

Note: Figures are reflective for training which took place from February 2019 as attendance data for Consultants / NCHDs was not broken down / recorded pre February 2019.

5.1: 2020 Open Disclosure Training Consultants / NCHDs

Consultants:

2020 Briefing Attendance Consultant	2020 Workshop Attendance Consultant	2020 E-LEARNING Attendance Consultant	2020 TOTAL CONSULTANTS
54	42	377	473

NCHDs:

2020 Briefing Attendance NCHDs	2020 Workshop Attendance NCHDs	2020 E-LEARNING Attendance NCHDs	2020 TOTAL NCHDs
109	3	1699	1811

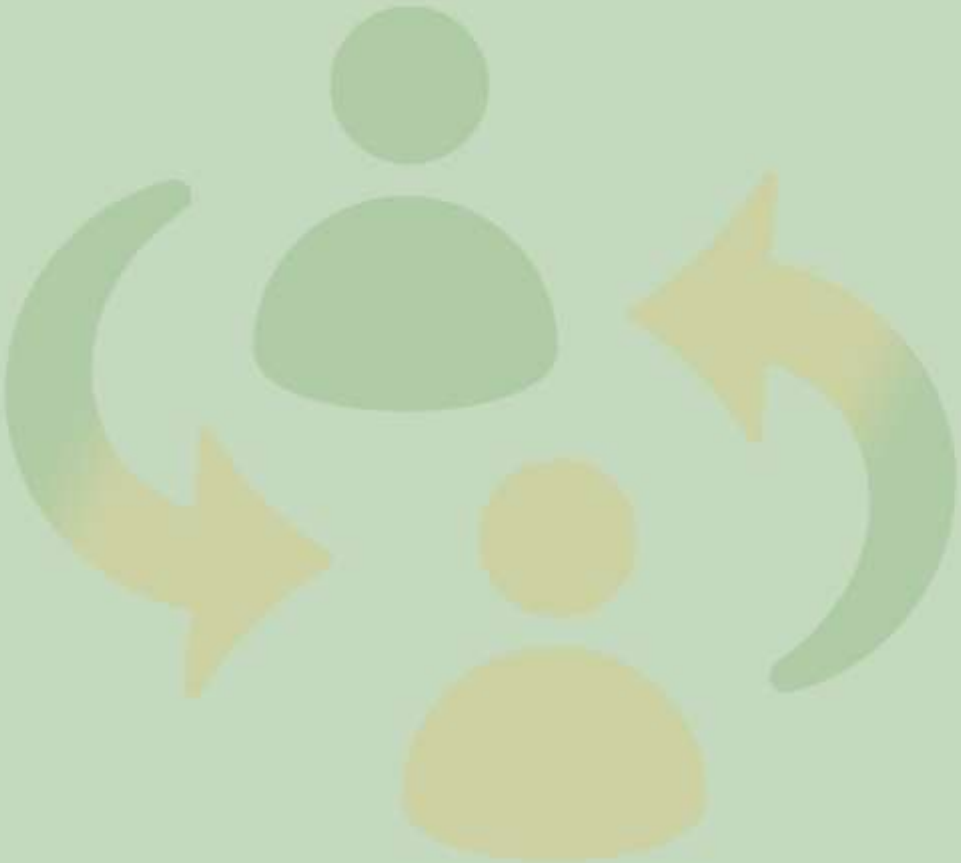
5.2: Total to date Open Disclosure Training Consultants / NCHDs

Consultants:

Total to Date Briefing Attendance Consultant	Total to Date Workshop Attendance Consultant	Total to Date E-LEARNING Attendance Consultant	Total to Date CONSULTANTS
906	235	377	1,518

NCHDs:

Total to Date Briefing Attendance NCHDs	Total to Date Workshop Attendance NCHDs	Total to Date E-LEARNING Attendance NCHDs	Total to Date NCHDs
542	68	1,699	2,309



For further information and additional resources visit
www.hse.ie/opendisclosure

Email: *opendisclosure.office@hse.ie*