Saint John of God Community Services clg

SJOGCS Open Disclosure

Standard Operating Procedure

37

SJOGCS Open Disclosure Policy Standard Operating Procedure

Document Reference No.	**SJOGCS 37**
Revision Number	Version 1
Approval Date	20th February 2020
Due for Revision	19th February 2023
Document drafted by	Programme Quality and Safety Department
Document reviewed by	Quality and Safety Sub Committee of the Board of Saint John of God Community Services clg
Document approved by	Board of SJOGCS
Responsibility for implementation	Senior Leadership Team, Director of Services and Management Teams and all relevant employees of Saint John of God Community Services clg
Responsibility for evaluation and audit	Programme Managers
Number of Pages	SOP 10 pages Appendices 9 pages

Document Review History		
Review Date	Reviewed by	Signature

Document Change History	
Change to Document	Reason for change

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Appendices:

1. Introduction

The Board of Saint John of God Community Services clg (SJOGCS) are fully committed to the principles of Open Disclosure and have adopted, in its entirety, the HSE Open Disclosure Interim Policy 2019. Open Disclosure is a critical component of the HSE National Incident Management Framework and all the SJOGCS policies specifically:

- Total Communication Policy
- Integrated Risk Management Policy and Standard Operating Procedure
- Manual Handling Policy
- Policy on Data Protection and the Policy on the Protection and Promotion of Human Rights in Intellectual Disability Services.

At a national level the:

- HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures
- HSE National Consent Policy

Separately the Assisted Decision Making (Capacity) Act 2015 and finally the Convention on the Rights of Persons with Disabilities.

This Standard Operating Procedure will support the implementation of the HSE Open Disclosure Interim Policy in SJOGCS and must be read in conjunction with the policy.

SJOGCS adhere to the regulations and standards pertaining to the Health Act 2007 for Children and Adult Residential Services and the Mental Health Commission *Quality Framework* (2007) and *Judgement Support Framework* (2015) which is incorporated into the Mental Health Commission's Best Practice Guidelines

2. Purpose

This SOP applies to all safety incidents and reflects the rights of all individuals receiving support with SJOGCS to have full knowledge about their care and support and to be informed about safety incidents /failings in our care and support process.

Open Disclosure is the expected and required response to safety incidents and only in very rare and exceptional circumstances would Open Disclosure not occur.
If any doubt exists, irrespective of the category or type of event, it is important to communicate in line with the principles of Open Disclosure. The Chief Executive Officer (CEO) as Senior Accountable Officer (SAO) must be contacted by the Regional or Service Director/Manager and the SAO decision on Open Disclosure is always final.

3. Scope

This SOP is applicable to all staff members in SJOGCS.

4. What is Open Disclosure

Open Disclosure is defined as an open, consistent, compassionate and timely approach to communicating with individuals and, where appropriate, their relevant person who may be a family member (see definition of relevant person Section 7.3) following a safety incident. It includes expressing regret for what has happened, keeping the individual informed and providing reassurance in relation to on-going care and support, learning and the steps being taken by SJOGCS to prevent a recurrence of the safety incident (adapted from HSE 2019).

5 The Principles of Open Disclosure

Acknowledgement: to the individual supported that an incident has occurred and an acknowledgement of the impact, if any, on the individual.
Truthfulness, timeliness and clarity of communication: factual information is provided to the individual supported ideally within 24-48 hours of the incident being known and provided in a manner that they can understand.
Apology/ expression of regret: for the individual's supported experience and their condition and for any errors or failures in care which have been established during the review/investigation process.
Recognising the expectations of individuals: an individual supported may reasonably expect to be fully informed of the facts and consequences in relation to the incident and to be treated with empathy and respect.
Staff Support: providing support to staff involved in and/or affected by the incident (the second victims of an incident) on an immediate and on-going basis.
Risk management and systems improvement: to ensure that learning from incidents occurs and that actions are taken to try to prevent a recurrence of the incident.
Multidisciplinary responsibility: Open Disclosure involves multidisciplinary accountability and response. All staff must be aware of their responsibilities in relation to incident reporting and Open Disclosure.
Clinical governance: the Open Disclosure process is one of the key elements of the SJOG CS clinical governance system.
Confidentiality: ensuring that all health and social care policies and procedures in relation to privacy and confidentiality for individuals and staff should be consulted with and adhered to.
Continuity of care: steps need to be taken to reassure the individual supported in relation to the management of their immediate care and support needs and to also reassure them that their care and support will not be compromised going forward.

6 Levels of Open Disclosure

It is neither feasible nor practicable to initiate a formal Open Disclosure meeting for every incident that necessitates the involvement of senior management. To that end, the level of response required will be defined by the degree of harm experienced, the level of additional interventions/treatments required as a result of this harm and/or the expectations of the individual affected or their appropriate person. This response may vary from one Open Disclosure meeting/discussion with the local staff members or managers on duty to a number of meetings with more senior managers. Irrespective of the level of harm experienced, the principles of Open Disclosure set out in section 5 of this document will apply at all times.

A **low level response** is usually initiated for safety incidents where there has been no harm to the individual supported or where the harm is minimal – this level of response may involve just one meeting (if necessary) or discussion with the individual supported. This will be normally carried out by the staff or Front Line Supervisor / Line Manager at the location. (i.e. *Category 3 incidents as per the HSE Risk Impact Table).*

A **high level response** involves the full Open Disclosure process and will be initiated for safety incidents where a supported individual has suffered a moderate or higher level of harm (i.e. *Category 1 and Category 2 Incidents as per HSE Risk Impact Table).* This level of response may involve an initial Open Disclosure meeting with the individual(s) affected and/or relevant person to acknowledge that a safety incident (harm) has occurred followed by a further meeting(s) to update the individual and/or relevant person as additional information becomes available. In the case of Category 2 incidents the formal Open Disclosure process can be initiated and completed by Local Senior Management.

For Category 1 incidents the initial Open Disclosure discussion can be initiated locally but as information becomes clearer input from the Serious Incident Management Team may be necessary. This will be discussed with the relevant Regional Director of Services at the time.

7. Definitions

7.1 What is a (Patient) Safety Incident?

In SJOGCS we use the word 'individual' to convey a person who is receiving care and support. As such a safety incident, in relation to the provision of a care and support service to an individual by SJOGCS, means

"an incident which occurs during the course of the provision of care and support" which:

(a) **has caused** an unintended or unanticipated injury, or harm, to the individual.

(b) did not result in actual injury or harm to the individual but was one which SJOGCS has reasonable grounds to believe **placed the individual at risk** of unintended or unanticipated injury or harm

OR

(c) unanticipated or unintended injury or harm to the individual was prevented, either by "timely intervention or by chance", but the incident was one which the SJOGCS has reasonable grounds for believing could have resulted in injury or harm, if not prevented. (Civil Liability Amendment Act 2017)

Adapted from HSE Open Disclosure Interim Policy 2019.

7.2 **Harm** is understood as

- **Harm to a person**: Impairment of structure or function of the body and or any detrimental effect arising from this, including disease, injury, suffering, disability and death. Harm may be physical, social or psychological. The degree of harm relates to the severity and duration of harm and the treatment implications that result from a patient safety incident (As adapted from the World Health Organisation's Conceptual Framework for the International Classification of Patient Safety, 2009.)
- any physical or psychological injury or damage to the health of a person, including both temporary and permanent injury. (HSE Incident Management Framework 2018
- **Harm to a thing**: Damage to a thing may include damage to facilities or systems for example; environmental, financial, data protection breach etc.

A safety incident includes harm events, no harm events and near miss events. It is important that staff understand that a safety incident does not only include once off incidents as categorised by the HSE Impact Table. Staff must also consider other incidents such human rights infringements, enduring institutional abuse, which may include peer to peer assaults, a lack of access to meaningful day activities, self-neglect of an individual where they cannot maintain their own safety and issues such as individuals living in an inappropriate environment and not being able to transition to a community setting in an agreed timeframe and self-neglect of an individual where they cannot maintain their own safety. The following are examples of times when a safety incident may be identified and as such the Open Disclosure process is commenced for example; the results or findings of an audit (clinical/nonclinical), an accidental injury, harassment/aggression, a safeguarding concern, trust in care etc.

7.3 Relevant Person

A relevant person (in the context of the HSE Open Disclosure Interim Policy) in relation to an individual receiving supports with SJOGCS, means a person who is

(a) a parent, guardian, son or daughter, a spouse, or a civil partner of the individual

(b) who is cohabiting with the individual or

(c) whom the individual has nominated in writing to the health services provider as a person to whom clinical information in relation to the individual may be disclosed. ('Patient'- changed to 'Individual': Adapted from the Civil Liability Amendment Act 2017).

It is important to note that in the context of Open Disclosure, all individuals supported in SJOGCS are involved in the decision to disclose to a relevant person or not.

8. Communication /Consent and Decision Making in the context of Open Disclosure

SJOGCS are fully committed to open, honest, clear and compassionate communication with each individual supported as an essential component of the overall organisational response to an incident in its services. It is incumbent that at every level throughout SJOGCS that staff members are aware of their duties and responsibilities with regards to communicating incidents and other information to individuals supported and their representatives, as appropriate, in accordance with the ten principles of Open Disclosure outlined below.

SJOGCS are committed to ensure that all individuals are supported to communicate through a total communication approach and in line with each individual's will and preference as per the SJOGCS Total Communication Policy 2019. SJOGCS also recognises the important role of staff members/ key workers and advocates in supporting individuals with their assessed communication preferences at all times in line with their individual communication profile.

SJOGCS adheres to the HSE National Consent Policy 2019 V1.3 and it is important that the principles as outlined in this policy are always followed in the context of Open Disclosure.

For Children: In Ireland, parental responsibility or guardianship refers to 'the possession of all rights, to include custody and access and duties relating to the welfare of the child'. In this way a parent and /or guardian participates in and guides any decision relating to their child.
Under the Child Care Act 1991 a child is defined as "a person under the age of 18 years, excluding a person who is or has been married".

In keeping with the National Strategy on Children and Young People's Participation in Decision-making, 2015 – 2020 the child's voice is also central to any decision which may affect them. This strategy is guided and influenced by the United Nations Convention on the Rights of the Child (UNCRC) and the EU Charter of Fundamental Rights. The strategy focuses on the everyday lives of children and young people and the places and spaces in which they are entitled to have a voice in decisions that affect their lives. Accordingly, the strategy identifies the following objectives and priority areas for action:

1. Children and young people will have a voice in decisions made in their local communities.
2. Children and young people will have a voice in decision-making in early education, schools and the wider formal and non-formal education systems.
3. Children and young people will have a voice in decisions that affect their health and well-being, including on the health and social services delivered to them.
4. Children and young people will have a voice in the Courts and legal system.

In this way, children will be included in the decisions that affect their lives.

For Adults: Every adult is presumed to have the capacity to make decisions (and to have information) about their own care and support. Healthcare professionals have a responsibility to support an adult to make decisions for themselves by giving them information in a clear and easy-to-understand way and by making sure that they have suitable help and support. An individual whose decision making capacity is in question is entitled to Open Disclosure on an equal basis with others and to be supported in that process.

'There is currently no legislative framework to govern how a decision about treatment and care should be made for those who lack capacity to make decisions themselves (or who require support to make a decision). However, Irish case law, national and international guidelines suggest that in making decisions for those who lack capacity (or require support to make a decision), the health care professionals should determine what is in their best interests, which is decided by reference to their values and preferences if known.'

Adults who are considered not to have the capacity to make a decision are entitled to the same respect for their dignity and personal integrity as anyone with full capacity.

A lack of capacity may arise from a long-term or permanent condition or disability, or from short-term illness or infirmity. An adult lacks capacity to make a decision if they are unable to understand, retain, use or weigh up the information needed to make the decision, or if they are unable to communicate their decision, even if assisted with their communication. In assessing an adult's capacity, the following is considered

- his/her level of understanding and ability to retain the information they have been given;
- his/her ability to apply the information to themselves and come to a decision; and
- his/her ability to communicate their decision, with help or support, where needed.

An assessment that an adult lacks the capacity to make a particular decision does not imply that they are unable to make other decisions or will be unable to make this or other decisions in the future.
If an adult lacks capacity to make a healthcare decision, the healthcare professional must check if legal authority is assigned to another person. For example, check to see if this individual is a ward of court or if a person has been appointed with enduring power of attorney. If there is legal authority assigned to another person then the healthcare professional should check and clarify how to proceed.
If there is no-one with legal authority to make this decision on the adults' behalf, and the adult is not in a position to take part in the decision making process, decisions may still need to be made. The person's input is valuable and the healthcare professional should be guided by the National Consent Policy, HSE 2019 V1.3:

The health and social care professional should:

1. Support and encourage the individual to be involved, as far as they want to and are able, in decisions about their treatment and care.
2. Consider whether the individual's lack of capacity is temporary or permanent. In those with fluctuating cognitive impairment, it may be possible to make use of lucid periods to obtain consent.
3. Consider which options for treatment would provide overall clinical benefit for the individual.
4. Consider which option, including the option not to treat, would be least restrictive of the Individual's future choices.
5. Seek any evidence of the individual's previously expressed preferences, such as an advance statement or decision, and of the individual's previous wishes and beliefs.
6. Consider the views of anyone the individual asks you to consult; to help them with the decision that is being considered.
7. Consider the views of people who have a close, ongoing, personal relationship with the individual such as family or friends.
8. Consider involving an advocate to support the individual who lacks capacity to participate in the decision making process around consent. This may be particularly helpful in difficult situations such as when an individual does not have support from family or friends to make a complex decision; or when there is significant disagreement regarding the best course of action.
9. The views of other healthcare professionals involved in the individual's care and support.

A person-centred process informs the decision making process. Each decision must be made in a way that is least restrictive of a person's human rights and freedoms with the healthcare professional or designee available to monitor and evaluate the outcomes of the intervention decided upon.
National Consent Policy 2019 V1.3. Dublin: Health Service Executive (HSE)

9. Training Requirements

Each region will develop a plan to ensure the following:

1. All staff members are required to complete e-learning module 1 which consists of a 1 hour briefing session on Open Disclosure available online via HSeLanD
2. Front Line Supervisors/Line Managers and Multi-Disciplinary Team members (MDT) who may be involved in formal Open Disclosure meetings are required to complete a 4 to 5 hour Open Disclosure face to face skills workshop.
3. Open Disclosure Trainers: This involves a 4 hour workshop and 2 day Open Disclosure Train the Trainers Programme. Each region will identify and support a number of staff to complete the Open Disclosure Train the Trainer Programme. Following completion of this training they will be responsible for the provision of a 4 hour workshop on Open Disclosure to Front Line Supervisors/ Line Managers and MDT members
4. Open Disclosure Policy will be included in the Induction programme for all new staff
5. Refresher training/information sessions are required on a three yearly basis.

10. Procedure on Implementation of Open Disclosure in SJOGCS

SJOGCS will implement HSE Open Disclosure Interim Policy across the service through the following:

10.1 A system of SJOGCS Regional Trainers.

10.2 Each regions Quality and Safety Committee will include updates relating to Open Disclosure as an agenda item for review and audit.

10.3 All safety incidents immediately prompt the Open Disclosure process which is the responsibility of all staff members to initiate and should occur within 24-48 hours or as soon as is practical after a safety incident occurs or becomes known to us.

10.4 All staff members are required to report all safety incidents to their Front Line Supervisor/Line Manager immediately; to participate in the Open Disclosure process as appropriate and to comply with the HSE Open Disclosure Interim Policy.

10.5 The Front Line Supervisor/Line Manager together with the person who identified the safety incident will determine (with support as required) the level of response required.

10.6 The Front Line Supervisor/Line Manager will support and guide the preparation, the information provided and the records completed for the Open Disclosure meeting and process;

10.7 The Front Line Supervisor/Line Manager will identify the designated person; a person to be the point of contact to ensure ongoing support and continuity.

10.8 The Front Line Supervisor/Line Manager provides support to any/all staff affected by a safety incident. It is important that all staff involved in, or affected by safety incidents can access immediate and on-going practical and emotional support.

10.9 The Front Line Supervisor/Line Manager ensures that the safety incident and Open Disclosure is recorded on the NIMS.

10.10 The Open Disclosure Train the Trainers in each region will provide the necessary support to each region to support the implementation of the HSE Open Disclosure Policy and this SOP.

10.11 The Open Disclosure lead in SJOGCS will be the Clinical Safety Manager with support from the Director of Programme, Quality and Safety, CEO and HSE National Open Disclosure Office. Responsibility for implementation of the policy within the Regional Services is with the Regional Director and their respective teams .

10.12 The Senior Accountable Officer in relation to Open Disclosure in SJOGCS is the CEO.

11. Monitoring /Audit and Review

Each SJOGCS region will implement this SOP and monitor, record, audit and review all safety incidents and Open Disclosures using the risk register and the NIMS framework along with the individual's experience questionnaire (to be developed) and the data from the Policy on Management of Stakeholder Feedback including Comments, Compliments and Complaints in line with HSE "Your Service Your Say".

All safety incidents and Open Disclosure must be recorded on the NIMS.

This data will be summarised at the local Quality and Safety Committee meetings for each region and shared with the CEO quarterly or more frequently if required.

Appendix 1: Initial Implementation Plan

The Clinical Safety Manager as part of the Department of Programme, Quality and Safety will support the following initial implementation plan:

November 2019

Train the Trainers will be identified for each Region. Director Programme Quality and Safety and Clinical Safety Manager met with Open Disclosure Lead on November 8th discuss strategy and ascertain number of trainers required for successful implementation across SJOGCS.

January 2020

4 hour workshop training for Open Disclosure Trainers.

February 2020

The HSE Open Disclosure Policy formally adopted by the Board of SJOGCS.

February 2020

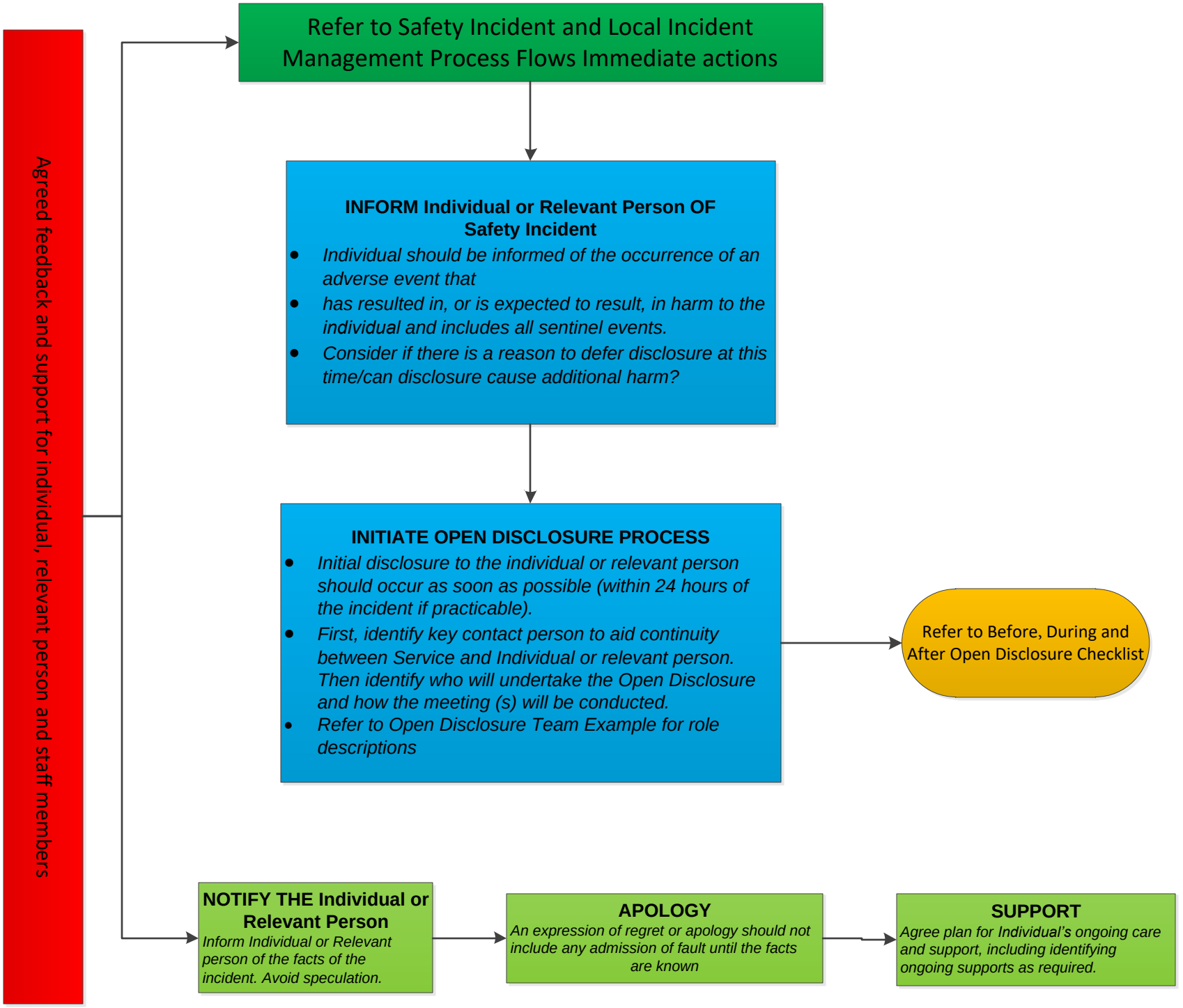
Leadership briefing session by HSE Open Disclosure - National Lead Date – 18th February 2020.

February 2020

Training Workshop for Open Disclosure Trainers. February to August 2020

Training to be carried out in accordance with the training requirements above and 80% of the organisation to be compliant by end Q3 2020.

Appendix 2: OPEN DISCLOSURE IN SJOGCS



Appendix 3: Open Disclosure Meeting Checklist Adopted by SJOGCS

Implementing Open Disclosure

Open Disclosure Meeting Checklist Before – During – After Disclosure

(Adapted from the Australian Commission on Safety and Quality in Healthcare Checklist for Multidisciplinary team discussion)

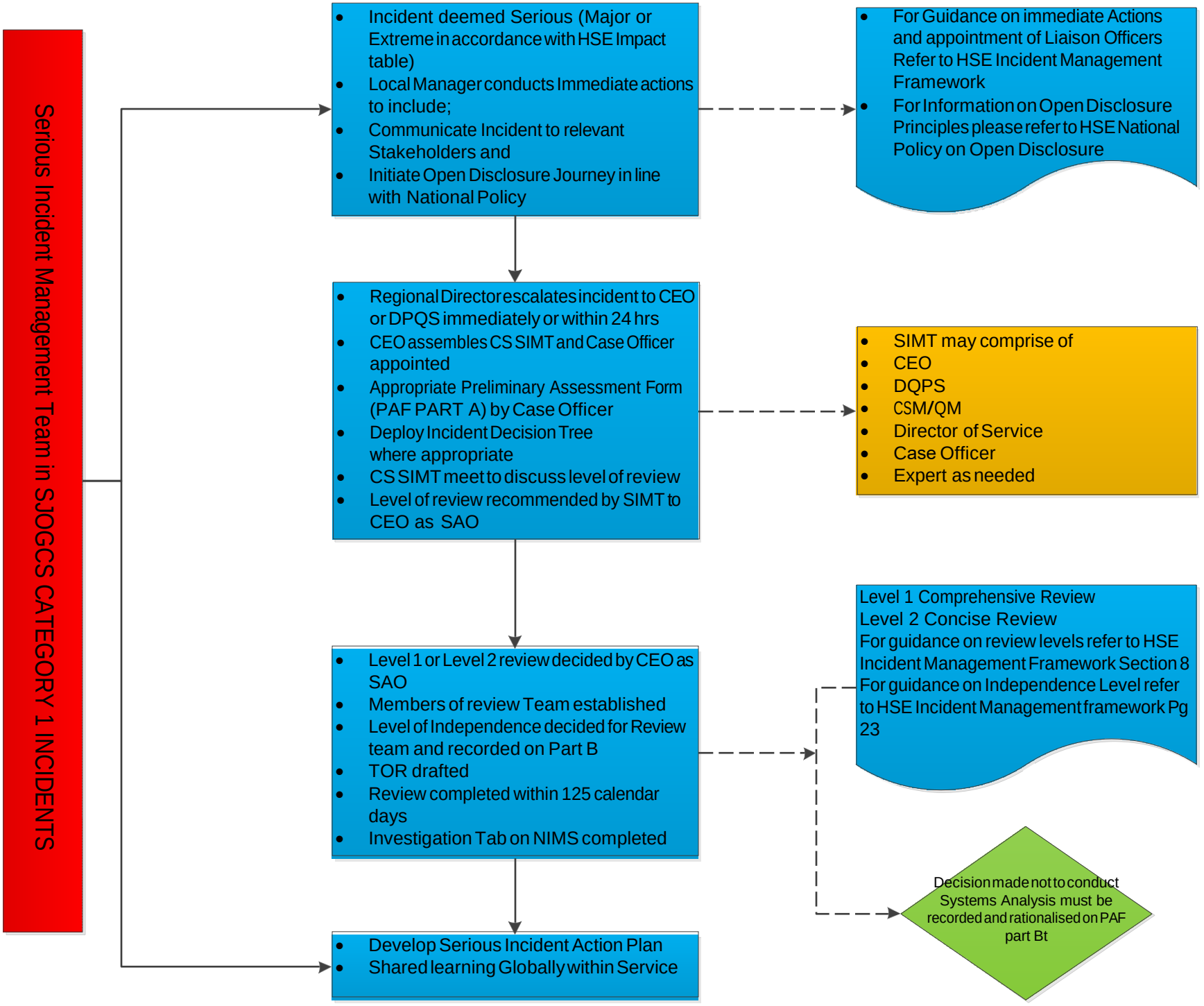
BEFORE				**Note Taking**
Individual's full name				
Healthcare Record No.		Date of Birth		
Date of Care and Support Contract/ Admission		Diagnosis		
Key Healthcare Professional(s) involved in individual's care and support.				
Date of Discharge (if applicable)		Date of Safety Incident / Adverse Event		
Description of Safety Incident/ Adverse Event				
Outcome of Safety Incident/ Adverse Event				
Agreed plan for management of Safety Incident/ Adverse Event				

Agreed professional to act as designated liaison person	
Date of First Meeting with Individual (and/or relevant person)	
Location of first meeting (Consider location – is off site preferable?, booking arrangements and arrangements to ensure confidentiality etc.)	
Note taker identified.	
Chairperson for meeting identified	
Lead Discloser and Deputy Discloser identified	
Anticipated individual concerns/queries	
Meeting Agenda agreed and circulated	
INDIVIDUAL (and/or Relevant Person)	**Note Taking**
Additional supports required, if any e.g. disabled access, Consider advocacy	
Has the individual consented to sharing information with others such as family members/support person?	
Does the Individual require support with communication? If yes, provide details of support and arrangements that have been or to be made	
DURING	**Note Taking**
Welcome and Introductions. Outline role of all persons present. Record attendees.	
Explain minute taking.	
Acknowledgement of the safety incident/ adverse event in relation to the individual's experience	
Apology/expression of regret provided.	
Provide factual information regarding the safety incident/ adverse event.	
Establish individual's understanding of the safety incident/ adverse event	

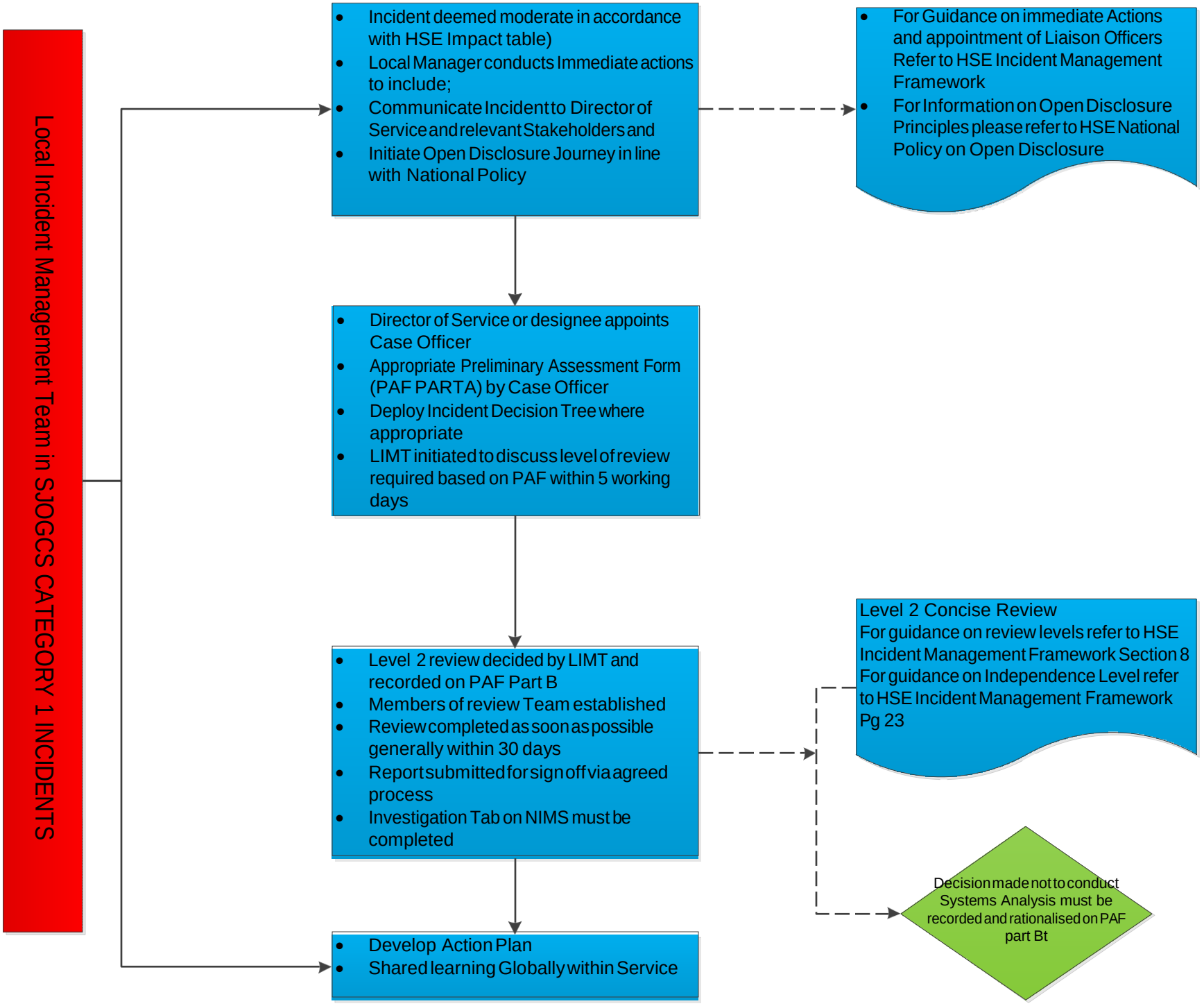
Ensure the individual is provided with the opportunity to voice concerns and to ask questions	
Convey empathy and understanding	
Agree the next steps and ongoing care – involve the individual in decisions made.	
Provide information on appropriate supports available.	
Provide reassurance to the individual of the steps being taken to manage the safety incident and to prevent further harm to the individual and to others. Provide reassurance to the individual that they will be informed when further information is available- *agree communication arrangements*	
Agree date for next meeting date and location, if applicable	
AFTER	**Note Taking**
❖ Circulate minutes of the meeting to all relevant parties for timely verification ❖ Follow through on action points agreed ❖ Continue with the incident review. ❖ Keep the individual included and informed on any progress made. – organise further disclosure meetings. ❖ Ensure the individual is provided with a copy of the final report and is offered an opportunity to discuss the report. ❖ Follow through on any recommendations made by the incident review team.	
❖ Actions Taken	
❖ Actions outstanding	

❖ Date of closure of open disclosure process.	
Other Notes:	

Appendix 4: SERIOUS INCIDENT MANAGEMENT PROCESS FLOW



Appendix 5: LOCAL INCIDENT MANAGEMENT PROCESS FLOW



SIGNATURE SHEET

I have read, understand and agree to adhere to the 2020 SJOGCS Open Disclosure Standard Operating Procedure (SJOGCS37).

Print Name	Signature	Area of Work	Date