



Document Control

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1.0 POLICY PURPOSE

Health & Social Care is complex and, sometimes despite our best efforts, things can go wrong and clients may experience harm as a result. When things go wrong it may be due to a combination of factors including the vulnerability of those receiving care, the fallibility of those providing care and the dynamic and complex nature of the health and social care environment. This policy applies to client safety incidents and reflects the primacy of the right of our clients to have full knowledge about their health and social care as and when they so wish and to be informed about any failings in that care process, however and whenever they may arise.

The ethos of this policy is to ensure that the rights of all clients and staff involved in and/or affected by client safety incidents are met and respected, that they are communicated with in an honest, open, timely, compassionate, and empathic manner and that they are treated with dignity and respect.

Open disclosure is a core professional requirement which is anchored in professional ethics. Communicating effectively with persons affected in a compassionate, empathic and thoughtful manner, especially when providing information about a client safety incident, is a crucial part of the care and support relationship and if done well can mitigate anxiety and enhance trust in the staff and the organisation.

It is the policy of Sunbeam House Services that clients are communicated with in an open, honest, transparent, and empathic manner following client safety incidents, that they are provided with a sincere and meaningful apology when they are harmed as a result of a client safety incident and that this communication process is initiated in a timely manner (ideally within 24 – 48 hours of the incident occurring or becoming known to Staff & Management in Sunbeam House Services). This policy is aligned with the HSE core values of care, compassion, trust and learning and with the principles upon which the HSE Incident Management Framework 2018 are based to ensure that this policy:

- (i) is person centred care,
- (ii) is fair and just,
- (iii) promotes openness and transparency,
- (iv) is responsive and;
- (v) is focused on learning and improvement.

2.0 SCOPE

This policy applies to all employees, agency workers, volunteers, student placements and contractors in SHS.

3.0 ROLES & RESPONSIBILITIES

It is the responsibility of all Employees to notify the relevant Manager (SSM/CSM/DCSM) as soon as an incident becomes known.

Policy No. 174	Revision: 1.0
Page 2 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



It is the responsibilities of the Manager to initiate the open disclosure process as soon as they are made aware of an incident.

4.0 DEFINITION

Client Safety Incident; in relation to the provision of a health or social care services to a client by a health/social care services provider, means ***“an incident which occurs during the course of the provision of a health service”*** which:

- (a) has caused an unintended or unanticipated injury, or harm, to the client;
- (b) did not result in actual injury or harm to the client but was one which the Sunbeam House Services has reasonable grounds to believe placed the client at risk of unintended or unanticipated injury or harm;

or

- (c) unanticipated or unintended injury or harm to the client was prevented, either by ***“timely intervention or by chance”***, but the incident was one which Sunbeam House Services has reasonable grounds for believing could have resulted in injury or harm, if not prevented (Civil Liability Amendment Act 2017).

Therefore, a client safety incident includes harm events, no harm events and near miss events.

Open disclosure; is defined as an open, consistent, compassionate and timely approach to communicating with clients and, where appropriate, their relevant person following client safety incidents. It includes expressing regret for what has happened, keeping the client informed and providing reassurance in relation to on-going care and supports, learning and the steps being taken by Sunbeam House Services to try to prevent a recurrence of the incident (HSE 2019).

A Relevant Person, in relation to a client, means a person who is:

- (a) a parent, guardian, son or daughter, a spouse, or a civil partner of the client,
- (b) who is cohabiting with the client

or

- (c) whom the client has nominated in writing to Sunbeam House Service as a person to whom clinical information in relation to the client may be disclosed (Civil Liability Amendment Act 2017).

Open disclosure of a client safety incident involves:

- (a) a process of open, honest, transparent and timely communication with clients and/or their relevant person following a client safety incident
- (b) an acknowledgement of what has happened and of the impact of the client safety incident on the client – impact includes physical, psychological, financial and/or social
- (c) a factual explanation in relation to what has happened and how/why it happened
- (d) listening to and hearing the client’s story i.e., their understanding of what has happened and their description of the impact of the client safety incident
- (e) demonstrating empathy, kindness, and compassion towards all those involved in and/or affected by the client safety incident that has occurred to include the client, their relevant person(s) and staff
- (f) an apology/expression of regret (as appropriate to the situation) – this must be sincere and personal to the client and/or their relevant person and to the given situation

Policy No. 174	Revision: 1.0
Page 3 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



- (g) shared decision making in relation to on-going care and treatment and the management of the client safety incident that has occurred
 - (h) affording the client and/or their relevant person the opportunity to ask questions and responding honestly and factually to any questions/concerns arising
 - (i) the provision of immediate and on-going support for the client and/or their relevant person, as appropriate
 - (j) the provision of immediate and on-going support for staff involved in and/or affected by the client safety incident, as appropriate
 - (k) reassuring the client and/or their relevant person in relation to any learning that has occurred as a result of the client safety incident
- And;
- (l) providing information on the steps being taken or planned by Sunbeam House Services to try to prevent a recurrence of the incident.

5.0 PRINCIPLES

There are ten principles that underpin the Open Disclosure Process as outlined below:

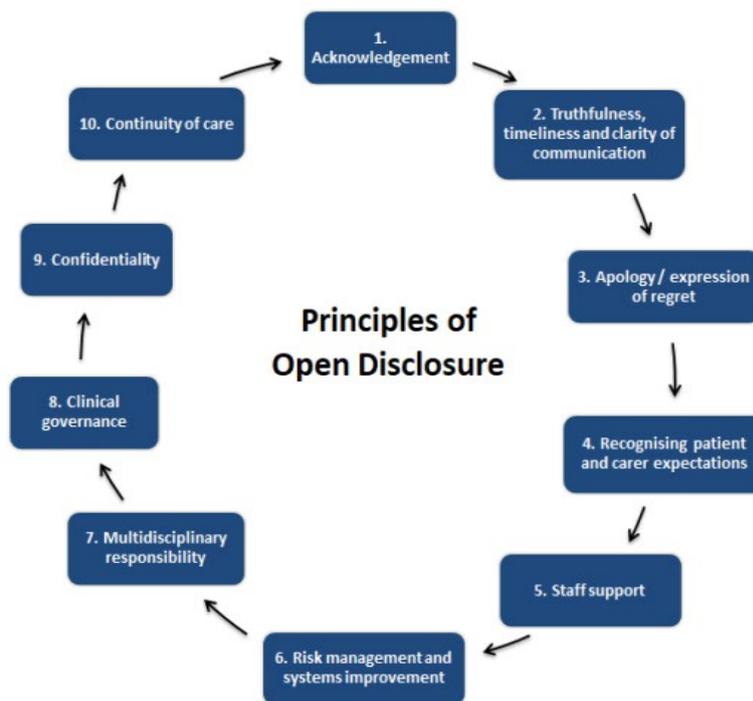


Figure 1: Ten Principles of Open Disclosure

6.0 MANAGING OPEN DISCLOSURES

Open Disclosure must be managed using the principles and process as set out in this policy document. In addition to the principles and process set out in this document, the Civil Liability

Policy No. 174	Revision: 1.0
Page 4 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



(Amendment) Act, 2017, sets out some additional steps which provide certain statutory protections to such Open Disclosure. This is referred to in this policy as “CLA Open Disclosure”.

It should be emphasised that there is currently no mandatory requirement to make Open Disclosure in accordance with the Civil Liability (Amendment) Act, 2017. CLA Open Disclosure set out in legislation is voluntary and provides certain protections in respect of how information and apologies provided to a client can subsequently be used. If Sunbeam House Services wishes to avail of the statutory protections when making Open Disclosure, there are certain additional requirements that staff must comply with. The statutory protections do not apply to any disclosures made to clients (and/or relevant persons), unless they are made completely and entirely in line with the steps set out under legislation. The procedure for managing CLA Open Disclosure is available from:

[civil-liability-amendment-act-2017.pdf \(hse.ie\)](#)

When open disclosure is made, it must always be managed in a manner which is compassionate, caring and empathic for all those involved in and/or affected by client safety incidents.

7.0 PROCESS OF OPEN DISCLOSURE

Where a client safety incident occurs, Sunbeam House Services must make an open disclosure of the incident to the client and/or, where appropriate, to their relevant person.

Before embarking on the open disclosure process, consideration must be given as to whether to avail of the statutory protections set out under the Civil Liability (Amendment) Act 2017 (“CLA Open Disclosure”). If so, the detailed process to be followed is available here.

If CLA Open Disclosure is not being invoked, the format of open disclosure initially may vary depending on the circumstances and may not always involve a formal open disclosure meeting. For example, if complications arose during the course of administration of medication which resulted in hospitalisation of a client, this may be disclosed to the client when they are first met with to give support to the client rather than at a formal meeting. In this example, there may of course be a formal meeting held subsequently when further information is known.

Category 1 Incident	Category 1 Major/Extreme – Clinical and non-clinical Incidents rated as major or extreme as per the HSE’s Risk Impact Table.
Category 2 Incident	Category 2 Moderate – Clinical and non-clinical incidents rated as moderate as per the HSE’s Risk Impact Table.
Category 3 Incident	Category 3 Minor/Negligible – Clinical and non-clinical incidents rated as Minor or Negligible as per the HSE’s Risk Impact Table.

7.1 **There are Certain Levels of Open Disclosure:** and the level of response required will be defined by the degree of harm the client has experienced, the level of additional interventions/treatments required because of this harm and/or the expectations of the client or their appropriate person. This response may vary from one open disclosure meeting to several meetings.

Policy No. 174	Revision: 1.0
Page 5 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



- 7.2 **A low-level response** is usually initiated for client safety incidents where there has been no harm to the client, or the harm is minimal – this level of response may involve just one meeting with the client (i.e., Category 3 incidents as per the HSE Risk Impact Table).
- 7.3 **A high-level response** involves the full open disclosure process and will be initiated for client safety incidents where they have 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 client and/or relevant person to acknowledge that a safety incident has occurred followed by a further meeting(s) to update the client and/or relevant person as additional information becomes available. Occasionally clients may expect or request a high-level response to a low-level event.
- 7.4 **Communicating risks** to clients is vitally important and it is important that complications, risks, and side effects associated with medical conditions, care and supports are communicated to clients in a timely manner that is open and which they can fully understand. Such communication must also explore benefits, the views of the client and their options and be consistent with Sunbeam House Services’ values. Consent must be obtained from the client before starting any personal or social care or involving a client in teaching and research.

8.0 POLICY REQUIREMENTS

- 8.1 **Open Communication:** Clients must be communicated with in an open, honest and transparent manner on an on-going basis in relation to all aspects of their social care and supports. Clients have the right to have full knowledge about their health & social care and, in particular, have a right to be informed when things go wrong, for whatever reason, during their health care journey.
- 8.2 **Presumption of Capacity:** Staff must work on the presumption that every adult client has the capacity to make decisions about their care. A person whose decision-making capacity is in question is entitled to open disclosure on an equal basis with others and to be provided with any necessary supports to facilitate their involvement in the open disclosure process.
- 8.3 **Provision of appropriate social and medical care and treatment:** When something goes wrong the first response must be to the client directly affected. It is important to focus first and foremost on the physical needs of the client through the provision of appropriate medical and social care or other care to manage any harm that has occurred, relieve suffering, and minimise the potential for further harm to occur. Clients and/or their relevant person(s) involved in/affected by the client safety incident must be treated with care, compassion, and empathy and in a manner that is respectful and dignified.
- 8.4 **Events that trigger open disclosure** must be regarded as a normal part of an episode of care and a critical element of continuous effective communication with clients.

Type Of Event	Disclose Yes/No
Harm Event	Always disclose
Suspected harm event (harm is suspected but not confirmed)	Always disclose

Policy No. 174	Revision: 1.0
Page 6 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



No harm event*	Generally disclose – It is important to be sure that harm has not occurred as a result of an incident and the best way to ensure this is to discuss the incident with the client. This approach is recommended for most no-harm events.
Near Miss event*	Near Miss events generally do not require open disclosure but must be assessed on a case-by-case basis, depending on the potential impact the event could have had on the client. If, after consideration of the near miss event, it is determined that (i) there is a risk of/potential for future harm i.e., there is potential for the “near miss” event to become a “harm” event in the future and/or (ii) that informing the client would assist in the prevention of future harm this must be discussed with the client.

*Note: It is acknowledged that the communication of all near miss and no-harm incidents to clients is not practicable. The following questions will assist staff when determining a decision in relation to communicating “no-harm events” or “near miss” events:

- Will the distress or psychological harm of disclosing the information outweigh the benefit that could feasibly be achieved by disclosure?
- Is there potential for the “no harm” event or “near miss” event to become a “harm” event in the future?
- Will disclosure reduce the risk of future harm events?
- Will disclosure maintain the client’s/relevant person’s trust in the service?

It is important that no harm events and near miss events are reported and monitored by the health services provider and that actions are taken to mitigate any risks identified.

9.0 OPEN DISCLOSURE TIMING, RESPONSES & MEETINGS

When something goes wrong the open disclosure process must be initiated as soon as possible and as is practicable (ideally within 24 - 48 hours after the incident occurs or becomes known to Sunbeam House Services or as soon as the client is available both physically and emotionally to take part in the discussion and, if deemed necessary, to have a support person present).

- 9.1 **Assessing the Level of Response required to the Client Safety Incident** the member of staff who detected the incident will assess the incident, in consultation with the CSM, DCSM or SSM, as appropriate, and determine the level of response required. The member of staff, in consultation with the CSM, DCSM or SSM, should also consider whether they wish to avail of the statutory protections which are available under CLA Open Disclosure.
- 9.2 **Initiating a Low Level response:** The member of staff involved in the incident, with the support of a manager or colleague, will;
- (i) meet with the client and/or their relevant person,
 - (ii) acknowledge what happened and the impact on the client (if any)
- and
- (iii) provide an explanation, a meaningful apology and reassurance in relation to on-going care and treatment. This conversation may involve one meeting with the client or, in the

Policy No. 174	Revision: 1.0
Page 7 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



event that the client has been discharged or has indicated a preference, he/she can be contacted by telephone or similar method of communication. The information provided, apology and any agreed actions must be documented on CID. The need for a further meeting will be assessed based on the outcome of this first meeting.

- 9.3 **Initiating a High-Level response:** Open disclosure will be undertaken ideally in a face-to-face meeting with the client and/or their relevant person. Open disclosure will be led by the CSM, DCSM involved in the care of the client or an SSM deemed appropriate by Sunbeam House Services. If it is not practical for the client and/or their relevant person to attend a meeting, the client and/or their relevant person can be contacted by telephone or similar method of communication.
- 9.4 **Preparing for an Open Disclosure Meeting:** must involve adequate preparation by giving due consideration to:
- (a) the nature of the client safety incident and the level of open disclosure required
 - (b) establishing the facts available to Sunbeam House Services at the time of the open disclosure meeting
 - (c) the need to consult with relevant stakeholders prior to the open disclosure meeting
 - (d) who the open disclosure should be made to (i.e. the client and/or their appropriate person)
 - (e) who should make the open disclosure i.e. establishing the open disclosure team
 - (f) determining if an apology is required and the wording of such an apology
 - (g) the provision of support to the client and/or relevant person to assist them in preparing for and attending an open disclosure meeting e.g. advocacy support, client information, appointment of a designated person, providing information on how the meeting will be conducted, location, etc.
 - (h) whether the statutory protections available under CLA Open Disclosure are being sought.
- 9.5 **Appointment of the Designated Person:** Clients who have suffered harm may need emotional and/or psychological support and this must be provided in the immediate aftermath of the client safety incident and on an on-going basis thereafter for as long as is required. The early assignment of a named designated person by Sunbeam House Services is necessary to maintain personal contact between the client/their relevant person and Sunbeam House Services to ensure that the client/their relevant person do not feel isolated and that their support and communication needs, in respect of the plans for the management of the incident (including review) are identified, communicated and addressed. The designated person will have the necessary skills and experience required to fulfil their role. The name of the designated person must be recorded in the incident management/open disclosure record and a direct line telephone number provided to the client/relevant person and staff members involved.
- 9.6 **Information to be provided at Open Disclosure Meeting:** The client must be informed of all the facts available to Sunbeam House Services at the time of the open disclosure meeting in relation to the client safety incident. It is not necessary to know all the facts pertaining to the client safety incident to commence the communication process with the client and in those

Policy No. 174	Revision: 1.0
Page 8 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



circumstances, additional information can be provided to the client when it becomes available.



Table 2 sets out the information to be provided at the Open Disclosure meeting.

- The names and roles of staff present at the open disclosure meeting.
- A description of the client safety incident – an acknowledgement of what happened, when it happened and when/how the client safety incident came to the attention of Sunbeam House Services.
- The facts available at the time of the open disclosure meeting in relation to how/why the client safety incident occurred and any known event or factor which led or contributed to it.
- Where all the facts are not available a description of the actions being taken, and the timeframe expected by Sunbeam House Service to establish further information.
- The impact of the client safety incident on the client and any known or likely consequences for the client as a result.
- A sincere and meaningful apology • Factual responses to questions/clarifications sought by the client/their relevant person. • The actions/measures taken or planned by the health services provider to manage the incident. • The learning identified and the actions taken or planned by the health services provider to try to prevent a recurrence of the incident. • Agreed next steps to include the planned communication process with the client and/or their relevant person. • The details of the support services available to the client and/or their relevant person. • The name and contact details for the designated person whom the client/relevant person can contact directly should they require further information/clarification of any information provided.

- 9.7 **Apology:** When a failure or error in the delivery of care/support is identified the client and/or relevant person must be provided with a sincere and meaningful apology in a timely manner which is personal to them and to the given situation. When things go wrong during a client’s health/care journey, for whatever reason, a genuine expression of regret delivered in a manner which is empathic is always appropriate.
- 9.8 **Providing Additional Information:** All additional relevant information obtained subsequent to the first open disclosure discussion, including the findings and recommendations of any reviews undertaken by Sunbeam House Services as a result of the client safety incident, must also be provided to the client and/or their relevant person, as appropriate, in a timely and supportive manner. Open disclosure will be undertaken ideally in a face-to-face meeting and led by designated person involved in the care of the client or nominated person deemed appropriate by the provider. If it is not practicable for the client to attend a meeting, the client and/or their relevant person can be contacted by telephone or similar method of communication. A record of the details of the additional information provided must be recorded in the open disclosure record.
- 9.9 **Clarification of Information Provided:** All requests received by the health services provider in relation to the clarification of information provided during or after an open disclosure meeting must be referred to the designated person and responded to factually and in a

Policy No. 174	Revision: 1.0
Page 10 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



timely manner. A record of the information provided in relation to a request for clarification must be documented in the open disclosure record.

9.10 **Deferral of Open Disclosure:** Only in rare and exceptional circumstances must open disclosure of a client safety incident be deferred and the decision to defer must always be based on the safety and wellbeing of the client. When a decision is made to defer open disclosure of a client safety incident, consideration must be given at this time to initiating open disclosure with the client’s relevant person taking into consideration matters relating to client confidentiality and data protection. Deferral of open disclosure may be a consideration in the following circumstances:

- The client and/or their relevant person cannot be contacted. In this situation Sunbeam House Services must document in the client file/ record the reasonable steps taken to try to establish contact with the client and/or their relevant person.
- The client refuses open disclosure. In this situation the client must be made aware of the benefits of open disclosure. The client’s decision must be respected and documented in their personal record and they must be advised of their right to revisit this decision at a later stage – the name and contact details of a contact person must be provided should they wish to do so. Open disclosure to the client’s relevant person will be offered to the client and initiated only if they consent to this.
- The client is extremely ill and is unable to participate in an open disclosure meeting. Disclosure to the client’s relevant person must be considered in these circumstances.
- The CSM/DCSM/SSM or the client’s clinician has concerns that initiating open disclosure with the client that may put the client at risk of causing harm to themselves or to others. Disclosure to the client’s relevant person must be considered in these circumstances.

9.11 **Concerns:** When a client’s clinician or CSM/DCSM/SSM has concerns that open disclosure may put the client at risk of causing harm to themselves or to others, and disclosure to the client’s relevant person is not possible, the decision in relation to deferring open disclosure must be:

- (a) the consensus of more than one person – the client’s clinician, CSM, DCSM, SSM, at least two people INCLUDING an SSM.
- (b) agreed by an SSM at final stage sign off.
- (c) documented in the client’s personal/healthcare record and the rationale for this decision provided and documented.
- (d) communicated to the QCT manager at the time of decision.
- (e) revisited at a later stage when the client’s condition has improved.

The planned date to revisit this decision must be documented in the client’s personal/healthcare record - this date will be dependent on and appropriate to the given situation and should not exceed a period of four weeks following the date on which the decision to defer disclosure was made. Sunbeam House Services shall have processes in place to ensure that follow up occurs.

Policy No. 174	Revision: 1.0
Page 11 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



- 9.12 **In all circumstances** where a client has experienced serious harm (i.e. A Category 1 incident), and a decision is made not to disclose, this decision must, be discussed with and agreed by the Senior Services Manager and CEO of the organisation and must have input and agreement from a minimum of one independent representatives/advocate and one Social Worker. This decision must be revisited at a later stage when the client's condition has improved. The planned date to revisit this decision must be documented in the client's personal/healthcare record - this date will be dependent on and appropriate to the given situation and should not exceed a period of four weeks following the date on which the decision to defer disclosure was made. The service must have processes in place to ensure that follow up occurs.
- 9.13 **Any discussion regarding** the deferral of disclosure with independent client representative or advocates must be carried out in accordance with GDPR and the principles of client confidentiality. Therefore, the client must be anonymised i.e. personal data must not be provided to the client representative/advocate that could identify the client e.g. name, address, medical records number, race. In addition, only data relevant to the client safety incident and disclosure may be discussed.
- 9.14 Sunbeam House Services has in place a clearly defined reporting/escalation process to the CEO when a decision is made not to engage in open disclosure of a serious harm event.

10.0 Open Disclosure to the Relevant Person

- 10.1 **Disclosure of information** to an adult client's relevant person must only be undertaken with the consent of the client.
- 10.2 **When the client is unable**, for whatever reason (e.g. they are too ill, cannot give informed consent through capacity issues), to provide consent the decision to disclose information to the relevant person must be made by the most responsible person (MRP) involved in the care of the client i.e. the principal healthcare worker (usually CSM) or an appropriate delegated person when the MRP is not available (usually the DCSM with input from their SSM).
- 10.3 The decision by Sunbeam House Services to disclose to the client's relevant person must take into consideration:
- (a) the known will and preference or instruction provided by the client in relation to the sharing of their information e.g. advance healthcare directive or information/instruction provided by the client in their healthcare record.
 - (b) who the disclosure should be made to e.g. information provided by the client in their personal/healthcare record or in an advance healthcare directive i.e. establish if the person has appointed a designated healthcare representative,
 - (c) what information is deemed appropriate and justifiable for Sunbeam House Services to share i.e. the information provided to the relevant person must include only the necessary information relating to the client safety incident. The client must be informed at a later stage of any open disclosure made to the relevant person and the details of what was disclosed. This must be recorded in the client's personal/healthcare record.

Policy No. 174	Revision: 1.0
Page 12 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



11.0 When a Client Dies

When a client dies following a client safety incident, communication with their relevant person must be initiated as soon as possible and is practicable in a manner that is open, honest, empathic and sensitive. Open channels of communication must be maintained, and a designated person assigned to maintain personal contact between the relevant person and Sunbeam House Services to provide information, care and support, as required. This includes providing information in relation to the Coroner's process and what to expect.

Communication with the relevant person following the death of a client must take into consideration and be led by the grieving process of the relevant person(s).

12.0 Record Keeping

12.1 Documentation of open disclosure: The salient points discussed with clients and/or their relevant person during open disclosure meetings, including the details of

- (i) who was present at the open disclosure meeting,
- (ii) the information provided,
- (iii) the apology provided,
- (iv) agreed care/support plan and actions, must be documented in the client's personal/healthcare record.

12.2 Open disclosure must be recorded on the National Incident Management System (NIMS) indicating if open disclosure has occurred and the date open disclosure occurred. If open disclosure has not occurred, the reason must be provided.

12.3 The Civil Liability Act Prescribed Statements (forms): When open disclosure is managed under the provisions of the Civil Liability Act, copies of all prescribed statements produced during the course of the open disclosure process must be stored separately to the personal/health care record (e.g., open disclosure file/incident management file). These forms must be identified using the client's unique identifier and an inventory of such records must be maintained on record and accessible by Sunbeam House Services.

12.4 Other documents: The minutes of formal open disclosure meetings, pre, during and post disclosure checklists, incident report forms and records of communication i.e., copies of written communications, details of telephone communications between Sunbeam House Services and the client must be kept on record in a file separate to the personal/health care record e.g. open disclosure file or incident management file.

13.0 Follow Up Care

13.1 Following a formal open disclosure meeting the client and/or their relevant person, if appropriate, will be provided with a letter containing the information provided at the open disclosure meeting, the name and contact details of the designated person, the details of the apology provided and of any actions agreed.

Policy No. 174	Revision: 1.0
Page 13 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



13.2 Following a formal open disclosure meeting the designated person will contact the client 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 client and/or relevant person feel that they were treated with dignity and respect during the open disclosure meeting?
- Did the client and/or their relevant person feel that they were listened to and heard during the open disclosure meeting?
- Did the client and/or their relevant person receive an appropriate and meaningful apology?
- Did the client and/or their relevant person receive answers to their questions?
- Does the client and/or their relevant person have any further questions or clarifications which they require a response to?

14.0 Providing a Safe, Supportive Environment for Staff

Sunbeam House Services will provide a safe, supportive and caring environment for staff involved in and/or affected by client safety incidents:

14.1 **Sunbeam House Services will ensure** an environment where staff are safe and supported in the identification and reporting of client safety incidents and also during the open disclosure and review process following a client safety incident.

14.2 **Sunbeam House Services will ensure** that staff are informed of the legal protections available to them under the provisions of Part 4 of the Civil Liability (Amendment) Act 2017 and of the procedure that must be followed for staff to avail of these protections. Part 4 of this Act makes provides certain protections regarding the information and apology provided during CLA Open Disclosure. To avail of the protections available within Part 4 of the Act the open disclosure process must be undertaken in strict compliance with

- (i) the procedure as set out in Part Four of the Act and
- (ii) the Civil Liability (Open Disclosure) Prescribed Statement Regulations 2018 accompanying Part 4 of the Act.

- The Act is available from:

<http://www.irishstatutebook.ie/eli/2017/act/30/enacted/en/html>

- The procedure is available and the prescribed statements (forms) are available in our procedures documents.

14.3 **Client safety incidents** may impact on the staff directly involved and other members of the team and wider organisation. It is important that the impact of client safety incidents on staff is recognised and managed in a caring, supportive and compassionate manner. Sunbeam House Services will provide services to support staff who are involved in and/or affected by client safety incidents.

14.4 **Sunbeam House Services** will provide and facilitate on-going training on open disclosure for all health and social care staff through online training (in the first instance) on HSEland.ie. All senior managers, CSMs & DCSMs as well as clinical support staff must attend skills training

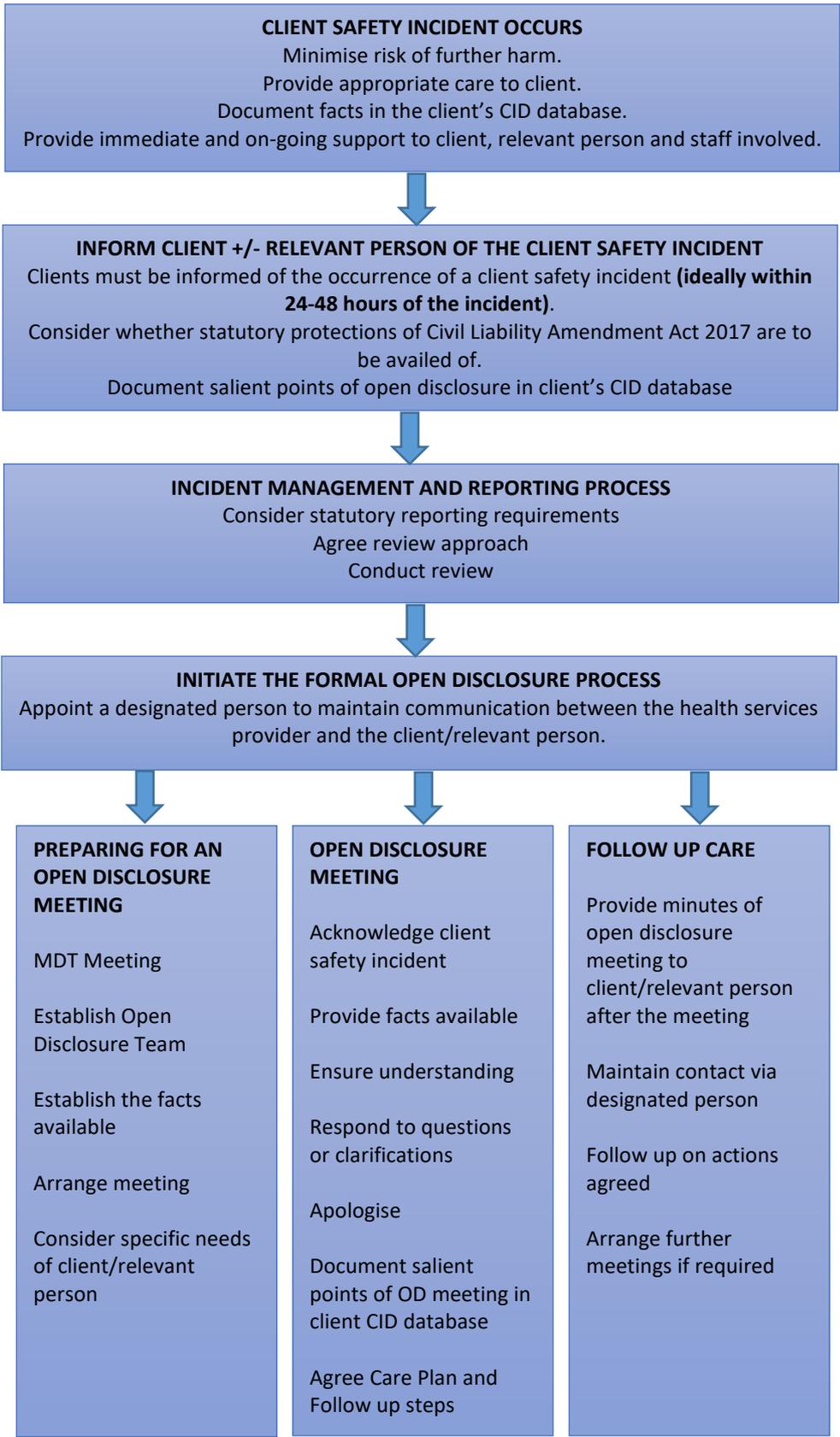
Policy No. 174	Revision: 1.0
Page 14 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



on the management of the open disclosure process. The level of training provided to staff will be appropriate to the grade and role of the staff member. Training records must be maintained at service level and all training must be recorded on the CID database.



14.5 Summary Flowchart – Open Disclosure Process



THE OPEN DISCLOSURE PROCESS MUST INVOLVE AN EMPATHIC AND COMPASSIONATE RESPONSE TO ALL THOSE INVOLVED IN AND/OR AFFECTED BY THE CLIENT SAFETY INCIDENT

Policy No. 174	Revision: 1.0
Page 16 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	



For the avoidance of doubt, where ‘Health Service Provider’ is mentioned substitute for Sunbeam House Services

15.1 This policy must be used in conjunction with:

- The HSE/SCA guidance “Open Disclosure National Guidelines: Communicating with patients and their families following patient safety incidents in healthcare” are available from the HSE: <https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/national-open-disclosure-policy-and-guidelines.html>
- The HSE Incident Management Framework 2018 available: <https://www.hse.ie/eng/about/qavd/incident-management/hse-2020-incident-management-framework-guidance.pdf>
- The Civil Liability (Amendment) Act 2017: <http://www.irishstatutebook.ie/eli/2017/act/30/enacted/en/html>
- The Civil Liability (Open Disclosure) (Prescribed Statements) Regulations 2018: <http://www.irishstatutebook.ie/eli/2018/si/237/made/en/print>
- The HSE Procedure for Managing Open Disclosure under the provisions of Part 4 of the Civil Liability (Amendment) Act 2017 and The Civil Liability (Open Disclosure) (Prescribed Statements) Regulations 2018: <https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/open-disclosure-legislation/civil-liability-amendment-act-2017.pdf>
- The Civil Liability Act Forms: <https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/open-disclosure-legislation/civil-liability-forms.html>

Policy No. 174	Revision: 1.0
Page 17 of 17	Department: 010
Full Policy ID Number: 010.174.1.0	