



# The Role of the Designated Person in Incident Management and Open Disclosure



NATIONAL  
OPEN DISCLOSURE  
PROGRAMME

## Reader Information

### Acknowledgments

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<b>Associated documents:</b>	HSE National Open Disclosure Policy 2024
	National Open Disclosure Framework 2023
	HSE Incident Management Framework 2020
	Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023
	Civil Liability Amendment Act 2017

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<b>Revision date:</b>	For review following:
	<ul style="list-style-type: none"><li>● The review and revision of the Incident Management Framework.</li><li>● The official two year review post-commencement of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023.</li><li>● Any workforce or policy revision that impacts the delivery of the designated person role.</li></ul>

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## The role of the Designated Person in Incident Management and Open Disclosure

This document is intended to be a guide to the role of the Designated Person in the Incident Management and Open Disclosure Process.

The term “patient” as used in this document includes patients, service users, clients and residents of HSE and HSE funded services.

The term “Designated Person” used in this document includes the ‘Designated Person’ in the context of the Open Disclosure Policy and legislation and ‘Service User Designated Support Person’ as referred to in the Incident Management Framework 2020.

### Introduction and context

Patients and their relevant persons who have experienced a patient safety incident will need practical, emotional and psychological support and this should arrive seamlessly. The identification and assignment of a named Designated Person to act as a point of contact for those impacted by an incident will facilitate services to recognise and manage the support and communication needs of these individuals. This ensures that their needs can be responded to in a timely manner and that those affected by the incident do not feel isolated. The patient/service user’s consultant/lead clinician will generally lead the open disclosure meeting but the Designated Person is key in providing on-going support.

The HSE has policies, procedures and frameworks in place which govern the operation of the incident management and open disclosure processes and outline compliance requirements with relevant legislation. Importantly, the Department of Health (DoH) have endorsed the Designated Person role in the National Open Disclosure Framework (2023) and have made the role a legal requirement as per the Patient Safety (Notifiable Incident and Open Disclosure) Act 2023 for notifiable incidents. The appointment of the Designated Person is therefore a requirement to ensure compliance with:

- The DoH National Open Disclosure Framework (2023)
- The HSE Open Disclosure Policy
- The Incident Management Framework
- Open Disclosure Legislation including The Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. It also features in Part 4 of the Civil Liability Amendment Act (Part 4) 2017

This document provides guidance on the role of the Designated Person to assist them in carrying out their function effectively. It is important to understand that this role is intended to be supportive by maintaining continued communication and providing assistance to the patient/ their relevant person during the various stages of the incident management and open disclosure process. For this reason the Designated Person must be impartial and ideally removed from the review of the incident. This is to avoid any conflict of interest arising as well as ensuring that the focus is on supporting the patient /relevant person as they navigate the incident management and open disclosure process.

As the role of the Designated Person will involve engagement with patients/relevant persons in what can often be difficult/ vulnerable situations those assigned to undertake this role need to demonstrate professionalism, compassion and empathy. A working knowledge of the policies, frameworks and legislation referenced above is also required so that the Designated Person is aware of the steps of each process and how they may be required to support the service user/relevant person during the various stages of these processes.

It is important that both the patient/relevant person and staff are informed by the service at an early stage of the name and contact details of the Designated Person appointed by the service. The name of the Designated Person must be kept on record by the service. They may not be immediately available for the first open disclosure meeting, especially if this is close in time to the incident occurring, in which case a senior staff member must support the patient/their relevant person at that time. The Designated Person must be assigned as soon as possible to provide ongoing support and communication.

## Limitations of the Role of the Designated Person

The Designated Person needs to be cognisant of the limitations of their role as follows:

- They should not be directly involved in the review of the incident;
- They should not be the lead or deputy discloser in open disclosure meetings;
- They should refer any concerns or issues arising that are outside of their remit/ skill set to manage to the appropriate person/service;
- They should not provide subjective comment on the clinical care/treatment provided to the patient.

## Initiating contact with the Patient/Relevant Person following assignment as the Designated Person

The Designated Person should have a good understanding of the incident that has occurred and the stage of the incident management and open disclosure process before contacting the patient/ relevant person. This will help guide the communication and support process going forward.

When a staff member is assigned as a Designated Person they should make contact with the patient/ relevant person as soon as possible to introduce themselves and to explain their role as follows.

The role of the Designated Person is to:

- act as a point of contact for the patient/relevant person throughout the incident management and open disclosure process;
- ensure that the patient / relevant person is offered any immediate assistance required in the aftermath of the incident and any information required so that they do not feel isolated. This may include the provision of information about independent advocacy services, bereavement support or information on other support services, as appropriate.
- agree communication arrangements with the patient/ relevant person by providing contact details including name, role, and phone number and to agree the best method and frequency of communication for them;
- ensure continuing support and communication throughout the incident management and open disclosure process.

## Role of Designated Person in Planning for an Incident Management or Open Disclosure

The Designated Person will provide support to the patient/relevant person when they are preparing for and attending meetings as part of the incident management and open disclosure processes.

Patients/ relevant persons can have a number of practical questions and concerns about attending a meeting with a service as part of the incident management and open disclosure process. This can be as simple as parking arrangements at the venue for the meeting to more significant concerns such as the impact of going back into the service where the incident occurred. The Designated Person has a role in helping to alleviate these concerns and supporting the patient/relevant person to prepare for the meeting by:

- liaising with them in the planning for any meeting by checking their willingness to attend the meeting, their availability and their preferences regarding the date and time of the meeting;
- agreeing the location for the meeting. If the patient is not an inpatient or is not in a residential care setting at the time the following needs to be considered:
  - Any anxiety they have about coming back to the service following a death or traumatic event;
  - Any specific needs they have such as disability access;
  - Travel arrangements to the venue including car parking support;
- identifying a suitable place for the meeting, including where a patient is an inpatient or is in residential care, that respects their privacy and dignity;
- encouraging the patient/relevant person to bring a support person with them to the meeting;
- identifying and arranging any other specific supports that they require such as independent advocacy, interpreter services and other communication aids, as required;
- providing an overview of what will happen at the meeting and forwarding them any relevant information e.g. patient information leaflet(s);
- establishing the patient/relevant person's expectations for the meeting and any questions or concerns that they would like to have addressed at the meeting;
- communicating this information to the team involved;
- providing accurate, honest information to help manage any unrealistic expectations;
- ensuring that the patient/relevant person is aware that they will have the opportunity to tell their story, ask questions and seek clarifications at the meeting and encouraging them to write down any questions in advance of the meeting;
- reassuring the patient/relevant person that they will receive a written summary of the matters discussed at the meeting.

## Role of Designated Person in Assisting the Patient/Relevant Person on the day of a meeting

Attendance at meetings can be daunting for patients/their relevant persons. The Designated Person can make themselves available to attend meetings with them as a person who is familiar to them and with whom they have established a good rapport. The Designated Person can assist in reducing their level of anxiety on the day of the meeting by:

- arranging to meet and greet them at a pre-determined location and time and accompanying them to the meeting room;
- explaining the meeting arrangements and confirming who will be in attendance;
- offering refreshments, providing direction to rest rooms and ensuring their comfort such as seating arrangements, water and availability of tissues;
- ensuring that all staff introduce themselves by name and role;
- maintaining support throughout the meeting and ensuring that comfort breaks are offered, as required;
- checking in with them towards the end of the meeting in regard to any outstanding questions or concerns they may have.
- explaining that the incident review team will aim to engage with them about the Terms of Reference of the review, their recollections and draft review reports/final review reports and that the Designated Person will be the point of contact to support them with this.

Maintaining communication with the patient/relevant person after meetings is critical to avoid feelings of abandonment and to provide updates on actions agreed at the meeting. The Designated Person can take a number of actions following the meeting to provide support to the patient/relevant person as follows:

- If the patient is not an inpatient the Designated Person can accompany them and their relevant person to the exit of the building and assist them as required with car parking.
- If the patient is an inpatient/in residential care then the Designated Person can accompany them back to their place of care in the health service and ensure that their care is handed over to a relevant staff member.
- Check in with the patient/relevant person to establish how they are feeling and any initial response they may have to the meeting.

- Offer and agree a time for a follow up call to check for any outstanding questions/ clarifications/concerns arising for them following the meeting and ensuring that these are forwarded to the team for response.
- Manage requests from the patient/relevant person for any clarification of information provided at the meeting (in compliance with legislative processes, as applicable).
- Ensure that the patient/relevant person is aware of the actions to be followed up and proposed time scales involved.
- Discuss and agree communication arrangements going forward and act as the conduit to maintain communication between the patient/relevant person and the service provider.
- Ensure that the patient/relevant person has received the documentation relevant to the meeting that they attended e.g. written record of the meeting, draft reports etc. within agreed / legislative timeframes.
- Ensure that actions agreed and any supports offered have been followed through.

In the rare scenario where the person assigned to the role of Designated Person must change for any unexpected reason then the role must be assigned to another person, for example change in employment. A formal handover of the role from the first Designated Person to the replacement Designated Person should be completed to support continuity of care. The patient/ relevant person must be informed of the new Designated Person's name and contact details. The name of this Designated Person must also be kept on record by the service.