



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Developing a Culture of Person-Centredness and Equity in Community Healthcare in Ireland

by

James Glover and John Nwobo

13 November 2019

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Outline of Presentation

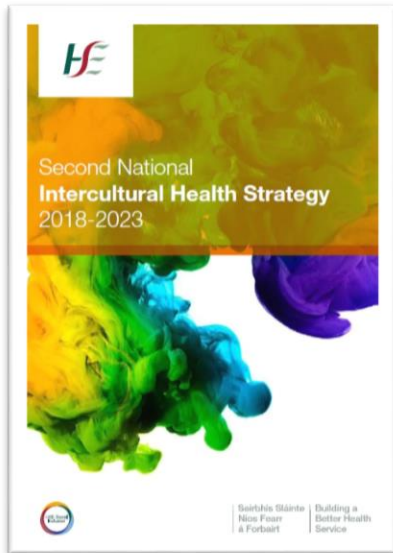
- Person-Centredness , Values and Equity – a national approach
- Making person-centredness and equity work in a local setting – what we did
- Evaluating and measuring progress
- Learning and recommendations



Equity, Person-Centredness, Migrant Health: The strategic context in Ireland

Second National
Intercultural Health Strategy
2018-2023

Developing Cultures of Person-Centredness and Equity in the Irish Health Service



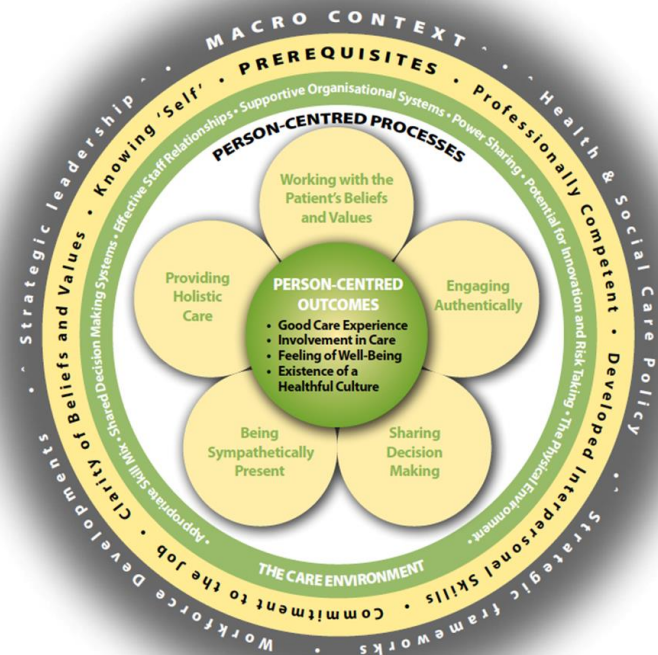
2nd NIHS (2018 – 2023)



HSE Values in Action Programme



HSE Staff Engagement Programme



(McCormack & McCance, 2017)

Person-Centred Practice Framework

Second National Intercultural Health Strategy – 2018 - 2023

Second National Intercultural Health Strategy - 2018-2023

Goals and strategic objectives

GOAL 1:

Enhance accessibility of services to service users from diverse ethnic, cultural and religious backgrounds.

- Provide information in accessible, culturally responsive ways.
- Develop a model for interpreting provision across the HSE.
- Develop an evidence-informed system of translating information.

GOAL 2:

Address health issues experienced by service users from diverse ethnic, cultural and religious backgrounds.

- Implement cross-government obligations in respect of health needs of service users.
- Implement national obligations in relevant cross-departmental strategies.
- Promote a model of health screening and prevention.
- Address health inequalities relevant to service users in relation to oral health, sexual health, reproductive health, children and young people, LGBTI+, disability, men, mental health and palliative care.

GOAL 3:

Ensure provision of high-quality, culturally responsive services to service users from diverse ethnic, cultural and religious backgrounds.

- Provide intercultural awareness training to all relevant staff, and take into account the needs of staff who work with a diverse population.
- Ensure that services are planned and delivered in a context of cultural competence and in line with requirements of the public sector duty and related obligations.

GOAL 4:

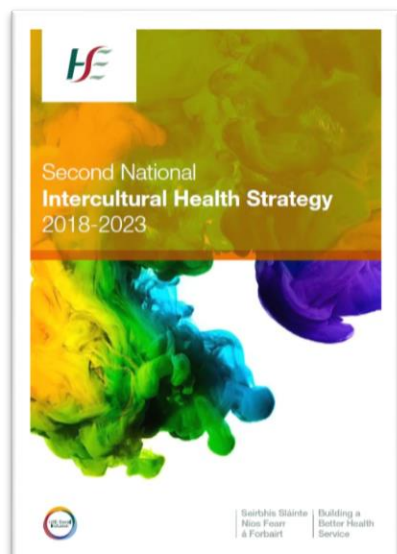
Build an evidence base.

- Work towards the development of high quality data collection, monitoring and evaluation to build an evidence base on minority ethnic health and ensure evidence-informed practice.

GOAL 5:

Strengthen partnership working to enhance intercultural health.

- Actively promote participation of service users from minority ethnic groups in the design, planning, delivery and evaluation of services.



2nd NIHS (2018 – 2023)



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Irish Health Service Values

Values

Care

- ▶ We will provide care that is of the highest quality
- ▶ We will deliver evidence based best practice
- ▶ We will listen to the views and opinions of our patients and service users and consider them in how we plan and deliver our services

Compassion

- ▶ We will show respect, kindness, consideration and empathy in our communication and interaction with people
- ▶ We will be courteous and open in our communication with people and recognise their fundamental worth
- ▶ We will provide services with dignity and demonstrate professionalism at all times

Trust

- ▶ We will provide services in which people have trust and confidence
- ▶ We will be open and transparent in how we provide services
- ▶ We will show honesty, integrity, consistency and accountability in decisions and actions

Learning

- ▶ We will foster learning, innovation and creativity
- ▶ We will support and encourage our workforce to achieve their full potential
- ▶ We will acknowledge when something is wrong, apologise for it, take corrective action and learn from it

We will try to live our values every day and will continue to develop them over the course of this plan

Our  values
Care Compassion Trust Learning

Snapshot of our Culture

- **98%** say they often see their colleagues doing an **extra kind thing**
- Only **18%** report that their colleagues manage their **stress** well so that it doesn't affect other people
- **6 out of 10** people wish that more of their colleagues were **aware** of how their actions can **impact on how other people feel**
- **71%** report that **toxic attitudes** are seldom or never challenged

*Data from Baseline Champions Survey

We have made **two decisions** in the Irish Health Service

1

The first was to translate our values into behaviours that everyone could adopt; and

2

The second was to start a social movement to ensure these behaviours become a way of life for us all and a visible part of our everyday actions in the health service

FINDING THE RIGHT BEHAVIOURS FOR US

- ✓ Reviewed staff and patient and service user feedback and data
- ✓ Reviewed policies and procedures
- ✓ Established the outcomes these policies supported
- ✓ Tested with staff and patients and service users
- ✓ Universal and make a difference for staff and patients



Our Behaviours

1. That reflect on us as individuals

PERSONAL

Am I putting myself in other people's shoes?

Am I aware that my actions can impact on how other people feel?

Am I aware of my own stress and how I deal with it?

2. That guide how we interact with our colleagues

WITH COLLEAGUES

Acknowledge the work of your colleagues

Ask your colleagues how you can help them

Challenge toxic attitudes and behaviours

3. That demonstrate how we treat our patients and service users

WITH PATIENTS AND SERVICE USERS

Use my name and your name

Keep people informed – explain the now and the next

Do an extra, kind thing

Human Flourishing



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Values in Action **is not**



A Training Programme



Another Corporate Initiative



A Comms Campaign

Values in Action **is**



A Social Movement

Method	Platform
'Change Management'	Social Movement
Push	Pull (and Push)
Top Down	Grassroots
Processes	Behaviours
Hierarchy	Peer to Peer
Formal Org	Informal Org
Communications	Storytelling
Top Down Lead	Backstage Lead
Change	Change Ability & Readiness

A photograph of a busy city street at sunset. The scene is filled with a warm, golden-orange glow from the low sun, which is positioned in the upper right. Several people are walking across the frame, their figures blurred to convey a sense of motion. Long shadows are cast across the pavement. In the background, city buildings are visible under the hazy sky. The word "how" is written in a large, white, sans-serif font across the lower-left portion of the image.

how

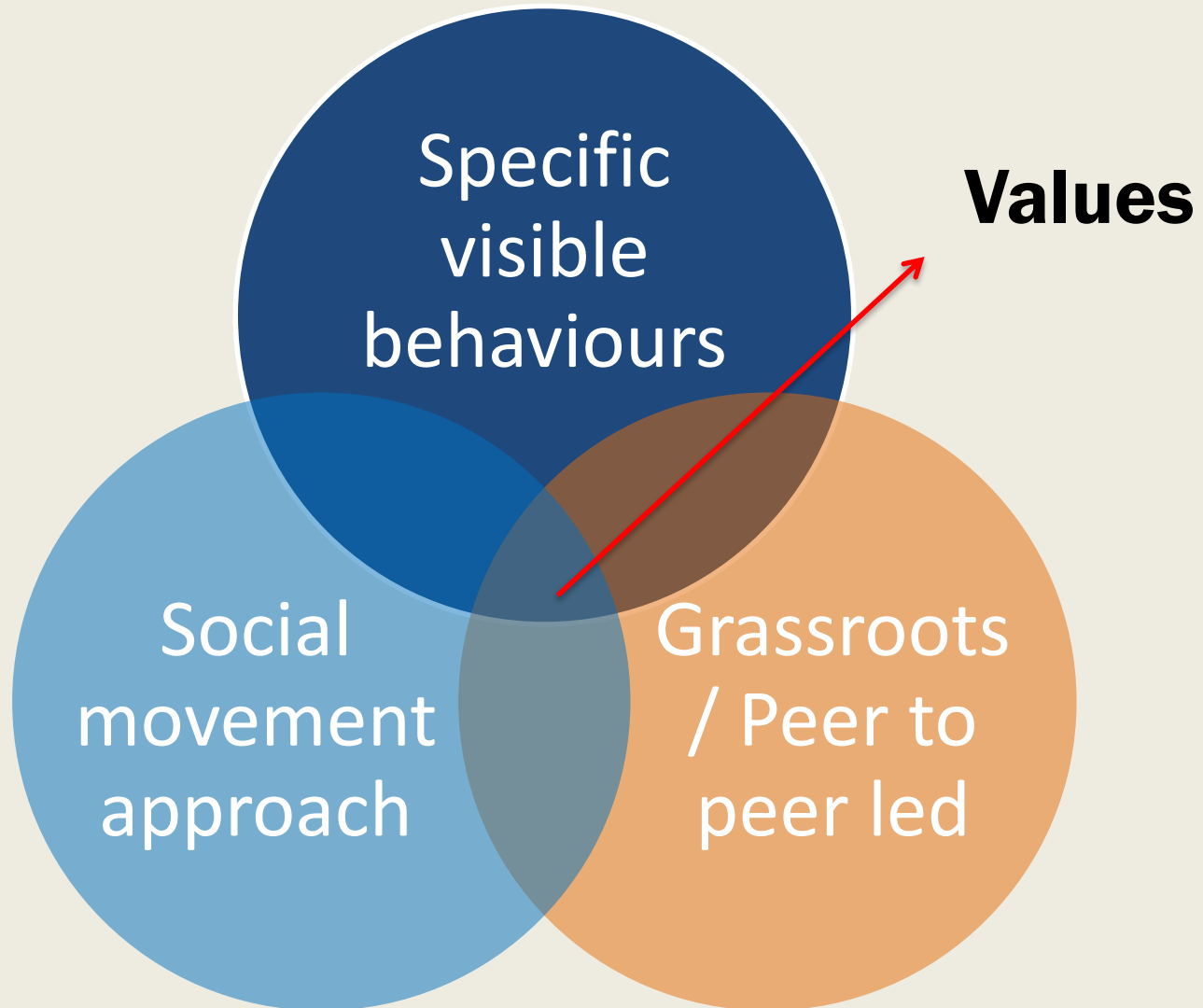
A Social Movement



Powered by



Creating a Viral Change



“

Why?

**To build a culture in the
health service in Community Healthcare East
that creates more
positive workplaces for our staff
and that delivers better experiences
for our patients and service users**

”



Who is leading the change?

“

We identified *highly connected*
and *highly influential* staff,
we call our ‘champions’,
by asking their peers to
name them.

”

- **Staff were asked to name colleagues they respect, admire and turn to for support and guidance.**
- **These are our natural leaders as nominated by their peers.**
- **Our champions have been drawn from all grades, disciplines and professions.**
- **They will use their peer-to-peer influence and natural leadership skills to spread the behaviours in their own networks.**





- The Values in Action survey was sent to over 1,601 staff who work in Community Healthcare East.
- From the survey responses, we identified the top 20% most influential and highly connected people in this group.
- 158 of them have now chosen to become our Champions.



Why Use Behaviours?



Building a Better Health Service

CARE COMPASSION TRUST LEARNING

“

Behaviours are something people do, they are concrete and visible.

People understand what is meant by them and everyone can adopt them.

”





VALUES IN ACTION 2018 CHAMPION SURVEY RESULTS

www.hse.ie/valuesinaction

UL Hospitals Group and HSE Mid West Community Healthcare

Our behaviours are embedding

Champions told us how they live the behaviours
and what they see their colleagues doing

96%



see our colleagues consider
the impact of their actions
on others

2 in 3



see our colleagues putting
themselves in others
people's shoes

↑ 27%

Twitter: @HSEvalues

Website: <https://www.hse.ie/eng/about/our-health-service/values-in-action/>



7 in 10

are now taking the time
to explain the

Now and the Next

to patients and service users

↑ 39%
since 2016

It is now the norm to

'use my name and your name'
in interactions

99%

and behaviours

65%

now challenge colleagues when
they experience unacceptable
behaviour or relentless negativity
and cynicism

↑ 15%



Person-Centredness and Equity – how we made it work locally



Our organisation

Community Healthcare East covers the southern part of Dublin City and the counties south of Dublin, a population of 400,000 people with increasing diversity and the fastest-growing population in Ireland.

We are part of the Health Service Executive, Ireland's national health service.



Our area



The challenges

- Old infrastructure
- Too few staff
- Increasing complexity of cases
- Lack of IT
- Undeveloped processes
- Lack of integration with hospitals



What were we trying to achieve?

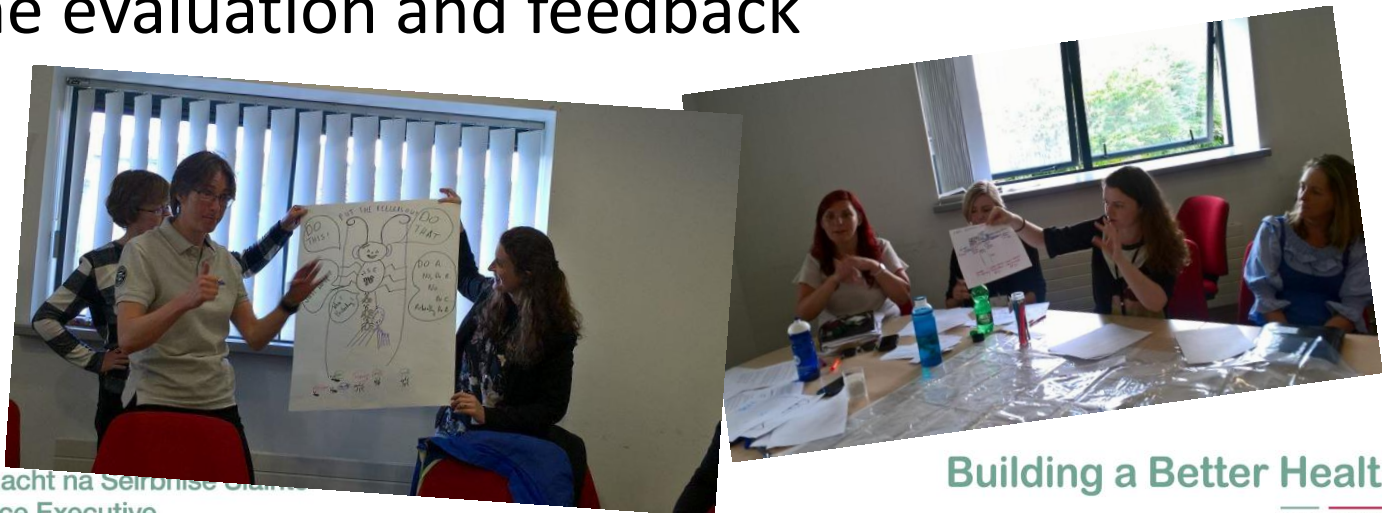
- To identify ways we could improve how Primary Care services **meet the needs** of the increasing diversity of our population
- To encourage **person-centred ways** of working in all parts of Primary Care, including between colleagues
- To encourage much more decision-making **at front line level** by clinical staff
- To encourage better **co-ordination** between staff
- To deliver these changes via a person-centredness plan



What we did locally

1. Set up a steering group

- Based approach on National Programme to Develop Cultures of Person-Centredness
- Membership drawn from 18 Primary Care services
- Front line staff to managers
- Took a participative, collaborative approach where everyone's contribution was important
- Routine evaluation and feedback



2. Developed Shared Values

- ▶ What are shared values?
- ▶ Looked at why we need to develop shared values in the workplace
- ▶ Considered how we develop shared values across Primary Care
- ▶ Identified the stakeholders in the process
- ▶ Looked at how to improve engagement

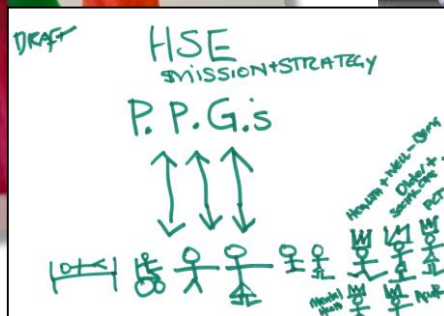
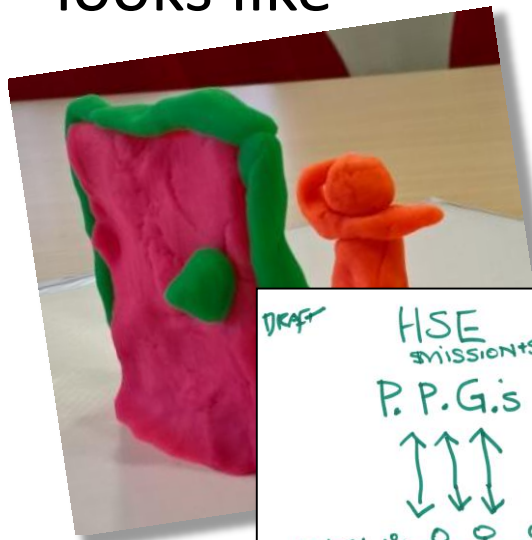
3. We created a Plan



1. Bottom-up plan based on team priorities and shared values
2. Actions cut across services and disciplines
3. Based these around the 8 themes from the National Standards for Better Safer Healthcare
4. Plan covers whole of Primary Care
5. Local plans for individual teams

We did this by.....

- Using creative approaches
- Taking priorities from all teams
- Thinking about what “good” looks like



Some elements of our Plan already completed or underway

Set up LGBT+ Champions Network

Research project to identify healthcare needs of asylum seekers

Reviewed clinical documentation to make it gender neutral

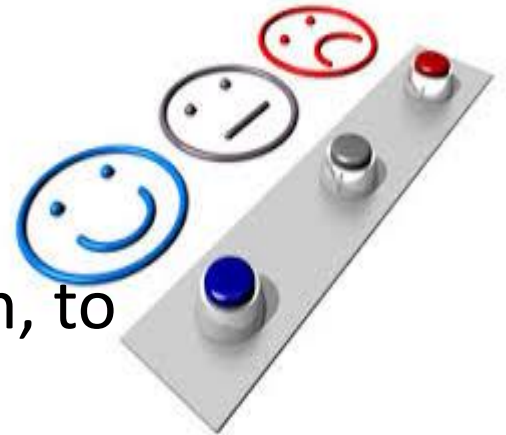
Promotion of interpreting to clinical teams

Reviewed clinical pathways to make them more person-centred

Carried out Person-Centredness projects in 3 clinical teams

How did we evaluate?

- Qualitative evaluation after each steering group meeting
- Evaluation focused on learning: “What did I learn today?”
- Quantitative and qualitative measures built into the Plan (SMART actions)
- Review at end of December
- Develop a service user engagement strategy to further enhance the plan
- Local team plans owned by each team, to be reviewed every 6 months



What is working well?

- Members of the steering group highly motivated and found the meetings very effective
- The plan is progressing well within teams, with most key local actions on target or achieved in the first year
- Good local, front-line engagement with the work and its aims; good level of understanding about person-centredness
- Strong appetite for more across most teams

What are the difficulties?

- Hard to engage with some key staff groups
- Local plans vary with some very detailed, some simple
- Staff report not enough time to take action on some parts of plan
- Lack of knowledge about some diversity and equity issues
- Resources very limited in current financial year

Recommendations from our learning

To make this work better, we suggest...

1. Give yourselves plenty of time
2. Make sure you have strong support from a senior decision maker who has access to resources
3. Working to engage front line (junior) managers as they can be major blockers to this kind of plan
4. Build in evaluation from the start
5. Connect your plans to existing strategies and policies
6. Be realistic!

What next?



- Implementation over 3 years
- Review every year
- Report and monitor every 6 months – including local team plans
- Service User Group will review and improve

Thank you!

For further information please contact:

- John Nwobo, General Manager, Community Healthcare East, Ireland john.nwobo@hse.ie
- James Glover, General Manager, Community Healthcare East, Ireland james.glover@hse.ie