



An Stiúrtóireacht um Ardchaighdeán
agus Sábháilteacht Othar
Oifig an Phríomhoifigigh Clínicíúil

National Quality and
Patient Safety Directorate
Office of the Chief Clinical Officer



Centre for Innovative Human Systems

PEOPLE
PROCESS
PERFORMANCE



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Building a Just Culture in Healthcare:

a HSE Dialogue

Croke Park Conference Centre, Dublin
23rd May 2023



Building a Just Culture in Healthcare: *a HSE Dialogue*

Opening and Welcome



Dr Colm Henry
Chief Clinical Officer, HSE



Building a Just Culture in Healthcare: *a HSE Dialogue*

Session 1

The Need for Just Culture

Chair: Dr Orla Healy, National
Clinical Director of Quality
and Patient Safety, HSE



Building a Just Culture in Healthcare: *a HSE Dialogue*

Multi-perspectives: *We need Just Culture in Irish Healthcare services because:*

Including:

- Ms Joan Johnston, GM, COPD Support Ireland and Patient Partner
- Mr Gerry Clerkin, Head of Service Quality and Service Improvement, HSE
- Dr Suzanne Crowe, President, Irish Medical Council
- Ms Deirdre Naughton, Director of Midwifery, Portiuncula University Hospital



Building a Just Culture in Healthcare: *a HSE Dialogue*

Multi-perspectives:

We need Just Culture in Irish Healthcare services because:

**Ms Joan Johnston, GM, COPD Support
Ireland and Patient Partner**





Why The Johnstons need Just Culture



Leo - Age 5

Lives with Angelman
Syndrome - A Rare Disease

First Hospital stay at 2 weeks
of age

Epilepsy, enterally fed, sleep apnoea,
insomnia - medically complex.

Frequent Flyer!



Leo needs just culture because...



Life is
Messy!



We make mistakes



We learn from these mistakes



We are Partners in his Care, we have:



Experience



Understanding

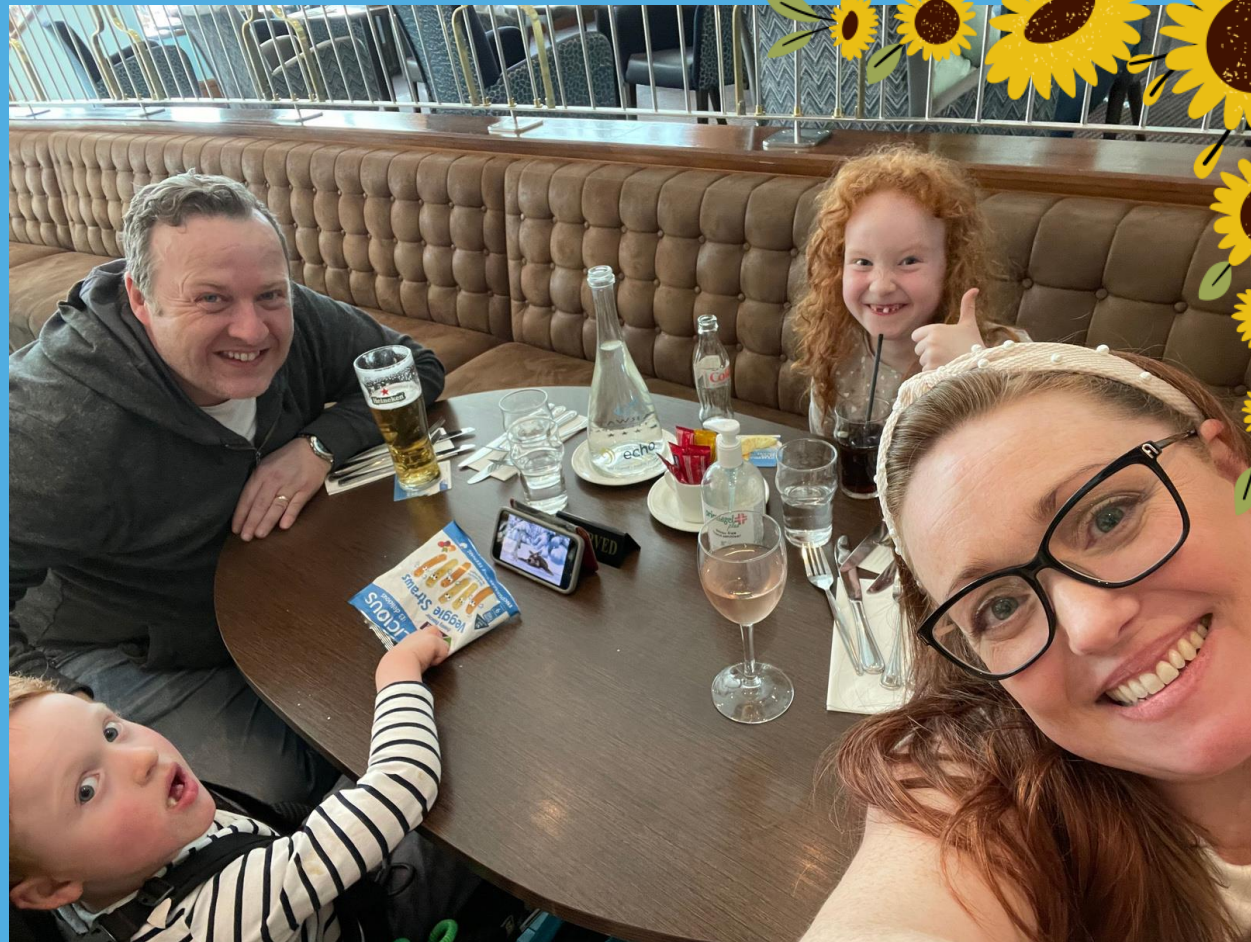


Empathy

We need Just Culture because...



The screenshot shows the HSE.ie website interface. At the top left is the HSE logo, and at the top right is a 'MENU' button. Below the navigation bar, the breadcrumb 'HSE.ie > Our Health Service' is visible. The main content area features a 'Your Health' category and a 'MORE ARTICLES' link. The featured article is titled 'Challenges of Leo's Angelman Syndrome and innate curiosity' and includes a photograph of a young boy with red hair laughing joyfully. The date '18th September 2022' is displayed below the photo. At the bottom of the screenshot, the beginning of the article text is visible: 'With World Patient Safety Day having taken place last Saturday, 17 September, the HSE National Quality Patient and Safety Directorate has shared a video'.



...things only get better when you learn from the journey

Building a Just Culture in Healthcare: *a HSE Dialogue*

Multi-perspectives:

We need Just Culture in Irish Healthcare services because:

Mr Gerry Clerkin, Head of Service Quality and Service Improvement, HSE





**We need Just Culture in
Irish Healthcare services
because:**

Gerry Clerkin
Head of QSSI
CH CDLMS (CHO1)

Just Culture supporting Second Victim & Third Victim

First Victim

Second Victim

Third Victim

'The single greatest impediment to error prevention in the medical industry is that we punish people for making mistakes.'



Dr. Lucian Leape
Professor, Harvard Medical School of Public Health

Testimony before Congress on
Health Care Quality Improvement

We need Just Culture in Irish Healthcare services because:

- *Just Culture address's the needs of the first victim*
- *In a Just Culture, early intervention supports staff*
- *A Just culture creates a patient safety culture and a psychological safety*



Why we need a Just Culture for Psychological Safety

A significant proportion of health and social care workers will experience varying degrees of stress as a result of exposure to a patient safety incident

Almost 85% of healthcare professionals report being emotionally affected in the aftermath of a patient safety incident at least once in their career (Scott et al. 2009)

Staff can become victimised, feel personally responsible with overwhelming guilt

“I have failed this patient”

“We knew her so well as a patient, never expected her to commit suicide”

One staff member described how she felt after a drug error in SCBU, the conversation stopped as she walked into a room, colleagues were talking about her on the corridor, colleagues didn't join her in the canteen, she felt isolated and ended up moving to another hospital.

The consultant obstetrician left the hospital because of a maternal death with adverse media, impacted him personally and professionally

The debriefing session turned into a blame game where the consultant accused the midwife for causing the baby to die at birth

The consultant who refused to participate in the review because of his last experience being interviewed

National Open Disclosure Programme “ASSIST ME” A model of staff support following Patient Safety Incidents in Healthcare (HSE, 2021)

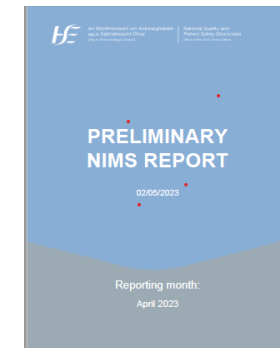


The Governance of managing a serious incident: The importance of Standardisation (IMF 2020)

“ I reported the incident and heard nothing”

We see variation in incident reporting data

Variation between hospitals and between CHOs in reported incidents and commissioning reviews for serious incidents.



The Governance of managing a serious incident: The importance of Standardisation (IMF 2020)

Timely response

- *Not responding to a serious incident in a timely & effective manner can have a serious impact on the second victims and the third victims.*

Other Pathways

- *Serious incidents can escalate to legal action, patient complaints, inquests, and regulatory non-compliance*

Adverse publicity outside our control

- *Adverse media and the political system playing the 'blame game' and raising historical incidents again and again*

Conducting reviews

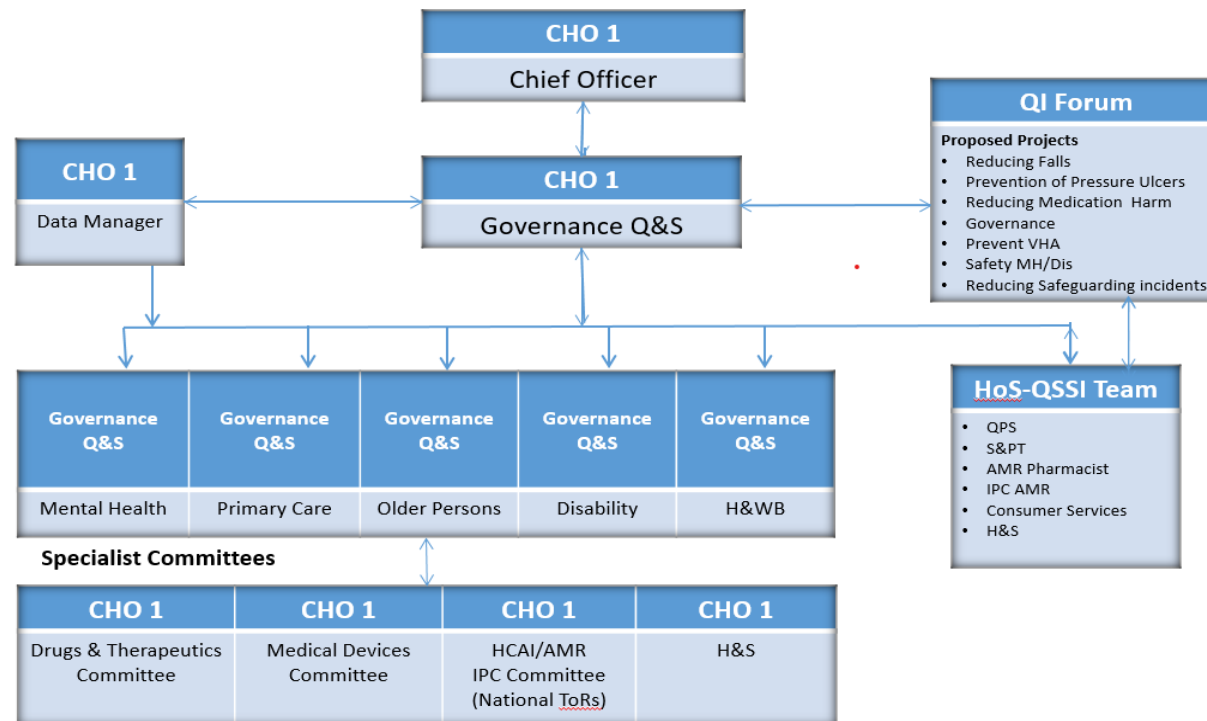
- *A Just Culture approach should be incorporated into reviews*



A Just Culture in the HSE requires, amongst many things,

A Governance for Quality & Safety Structure

CHO 1 Governance for Quality Structure





Thank you

Presenter



Building a Just Culture in Healthcare: *a HSE Dialogue*

Multi-perspectives:

We need Just Culture in Irish Healthcare services because:

Dr Suzanne Crowe, President, Irish Medical Council



Building a Just Culture in Healthcare: *a HSE Dialogue*

Multi-perspectives:
*We need Just Culture in Irish Healthcare
services because:*

**Ms Deirdre Naughton. Director of
Midwifery, Portiuncula University
Hospital, HSE**



We need Just
Culture in Irish
Maternity
Healthcare Services
*..as we are learning
to get better*



Deirdre Naughton
Director of Midwifery
Portiuncula University Hospital
May 23rd 2023

Maternity services

- Factors that contribute to poor outcomes include:
 - ✓ failure to recognise and escalate problems
 - ✓ lack of psychological safety
 - ✓ inadequate leadership
 - ✓ issues with service capacity and staff turn over
 - ✓ poor communication and teamwork

Reducing avoidable harm in maternity services is a priority for **ALL**



The role of a positive culture

Culture in health services is shaped by a number of factors:

- ▶ The expressed values of an organisation
- ▶ The early experience of joiners to the organisation
- ▶ The behaviours of leaders

The King's Fund has identified that staff have three core needs which must be addressed for them to thrive and flourish, which will in turn improve patients' care and experience.

Autonomy

The King's Fund has identified that staff have three core needs which must be addressed for them to thrive and flourish, which will in turn improve patients' care and experience. (Figure 1)

Belonging

The need to be connected to, cared for by, and caring of colleagues, and to feel valued, respected and supported

Contribution

The need to experience effectiveness in work and deliver valued outcomes

What is culture?

'The way we do things around here'



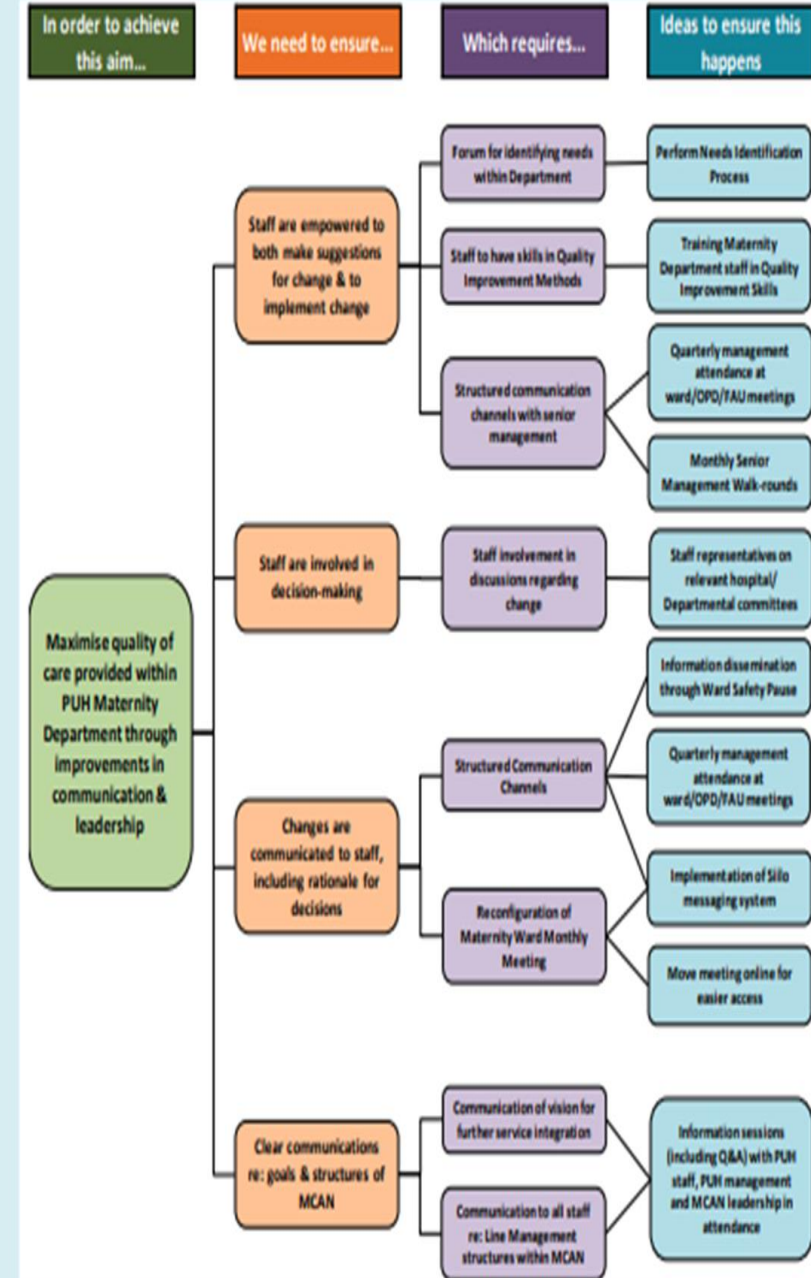
Birth in Irish Culture

'We've listened...
Change is coming!'

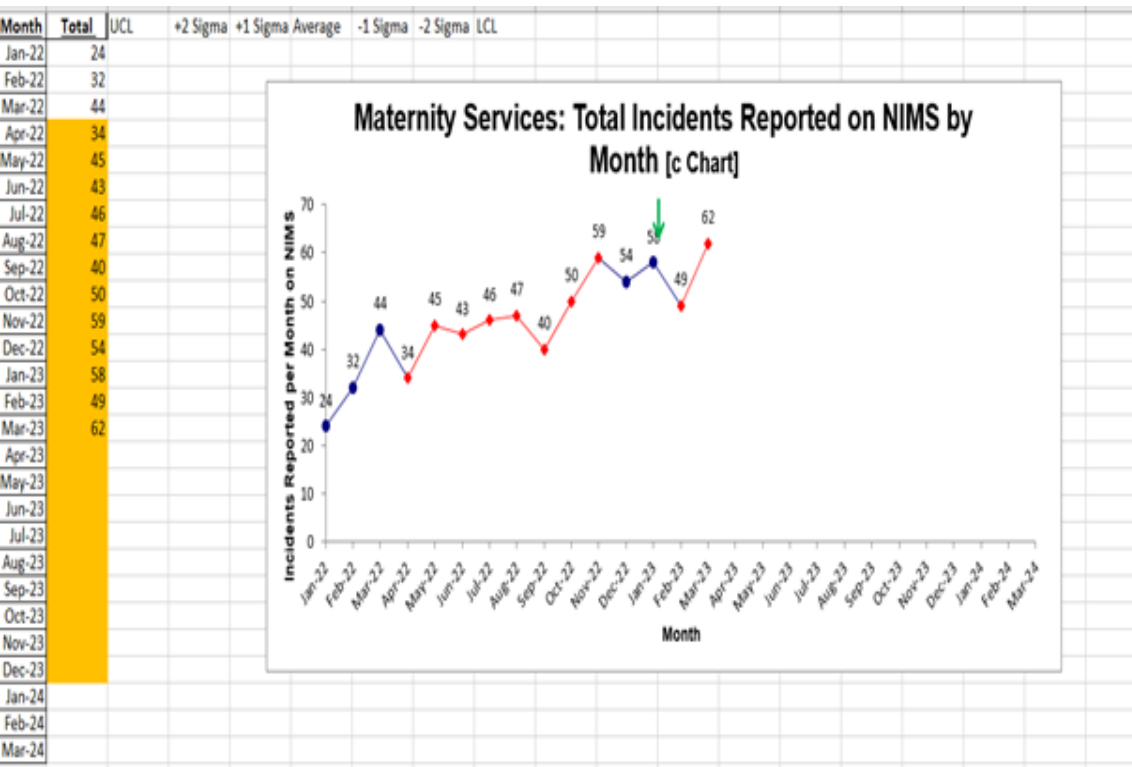
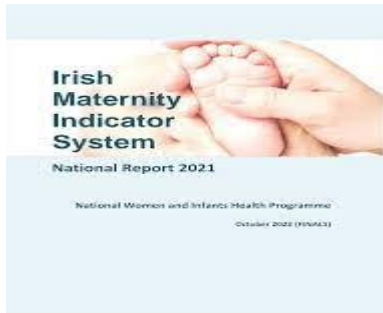
A Report of PUH Maternity Department Staff
Focus Group Responses & Ideas for Change



1. Maximise quality of care provided within PUH Maternity Department through improvements in communication & leadership.



What has the impact been?



Meet the PUH Maternity Services Team

Midwifery Team

Ms. Elaine Godfrey Ms. Mary Mulkerrins Ms. Fionnuala Reilly Ms. Una Rogers Ms. Helena Burke
 Ms. Aisling Dixon
 Ms. Fiona Gilmore Ms. Anna Costelloe
 Ms. Amy Molloy Ms. Brona Molloy Ms. Michelle Morley Ms. Andrea Shaughnessy Ms. Rebecca Colohan



- Early in the process at creating a true ***Just Culture***
- Essential to retain staff that are motivated, compassionate, engaged and progressive
- Essential to provide a safe service



For being invited to speak

For listening

For highlighting this important vision for healthcare in Ireland

Building a Just Culture in Healthcare: *a HSE Dialogue*

Shame and Vulnerability

**Dr Barry Lyons, Consultant in the Dept. of
Anaesthesia and Critical Care Medicine at
Children's Health Ireland, Crumlin**

Introduction by Dr John Fitzsimons, Paediatric Consultant at CHI,
Temple St and Clinical Director for Quality Improvement, QPSD HSE



Shame & Vulnerability



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Barry Lyons
May 2023

Sláinte Leanáí Éireann
ag Cromghlinn



Children's Health Ireland
at Crumlin

SHAME AND MEDICINE

Interdisciplinary research
into the role of shame in
health and medicine

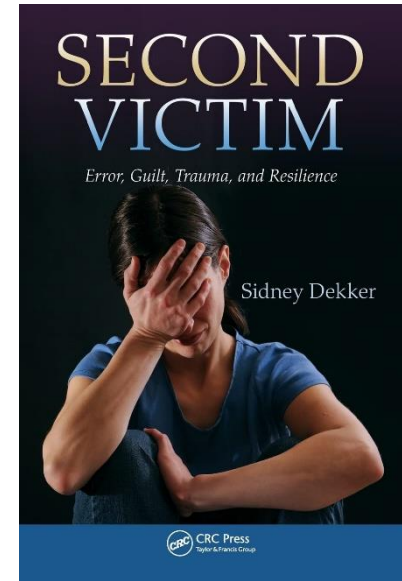
- Conceptual and philosophical
- Qualitative – Medical Students
Doctors
Patients



Language of Shame

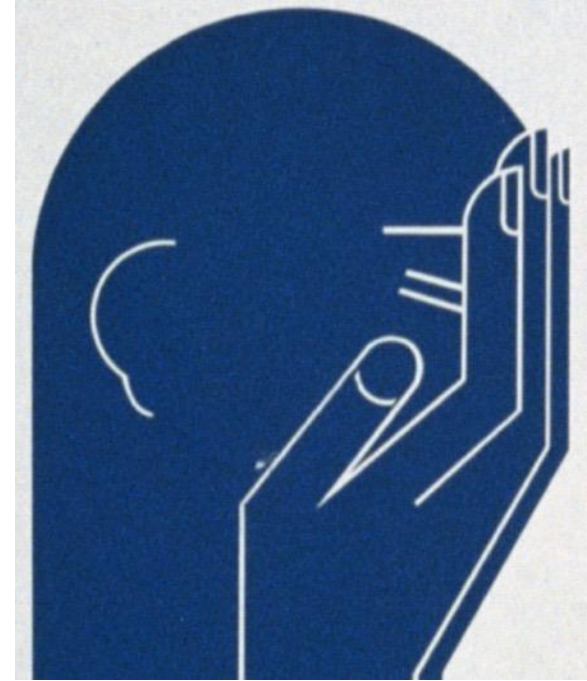


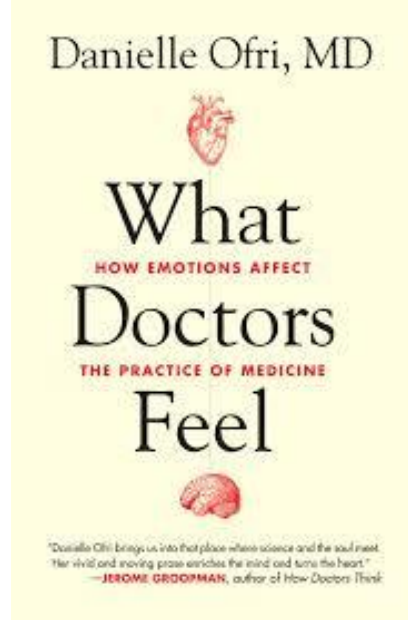
- Umbrella term for a ‘family of emotions’ : embarrassment, humiliation, dishonour, disgrace, mortification...
- Literally ‘to cover up’
- Distinction made between shame and guilt.



What is Shame?

- Negative emotion that arises when one is seen and judged by others to be flawed in some crucial way;
- To be perceived to be inadequate, inappropriate, or immoral, of not having met standards or expectations, of having failed;
- Evolutionary value in maintaining social cohesion – an emotion of social control.





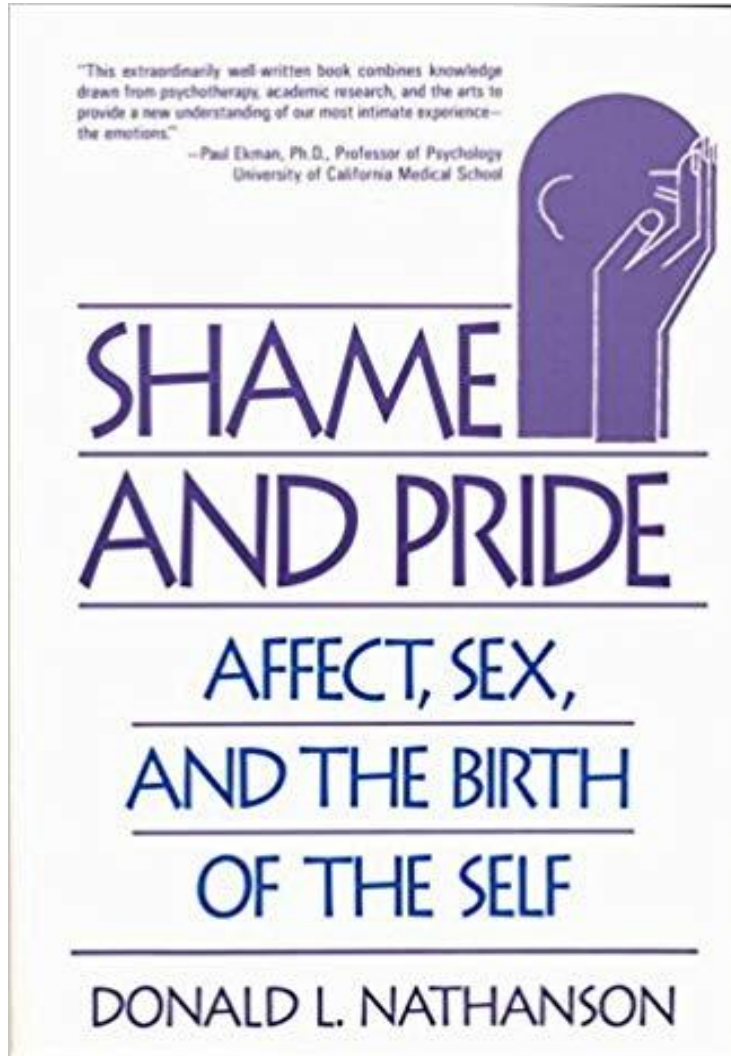
BURNING WITH SHAME



I couldn't even muster a whisper ... but I felt a gulf widen around me, as though I'd just lost control of my bladder and was standing in a growing puddle of mortification.

I couldn't even raise my eyes toward my intern. All I wanted was to crawl under a rock and weep.

The Threat of Shame



- Threat to identity.
- Threat to social bonds:
- Fear of
 - Exposure
 - Rejection
 - Exclusion

Feeling Shame

- Not a linear or unitary thing.
- Shame proneness or vulnerability dependent on the threat to social bonds;
- Shame experiences are thus varied and can depend on biology, biography and context.
- Minority stigma.



Identity



Doctors appear unusual to the extent to which their employment is central to their sense of self.



Being a doctor can be viewed as an all-encompassing 'total identity' that is given priority over other sources of identity.



The 'total doctor' identity involves expecting to continuously meet a set of perceived standards.

Internalised Standards

clinical skills, honesty,
integrity, openness, candour,
compassion, empathy,
providing quality care and
patient involvement

“It’s literally never occurred to
me ... you’re right. Oh my
gosh! (ER_HD_R237_Int)

“My husband is in IT...he says ‘nobody
dies in my job’...and its massive isn’t
it....If I make a mistake somebody might
die as a result of it, something really bad
might happen and for some reason as
medics we think it should never happen”
(KJ_HD_R208_Int).

Expectations of Perfectionism

comment

"Should we turn people so symbolically into institutionalised patients?" **DAVID OLIVER**
"Sitting at reception for a bit may stop you asking daft questions" **HELEN SALISBURY**
PLUS Don't devalue my experience as a story; knowledge as the antidote to fear

WOUNDED HEALER Clare Gerada

Shame and perfectionism among doctors

I recently had the good fortune to be invited to talk alongside firefighters, air ambulance crew, and other emergency personnel about how professionals risk their lives in the service of others. Doctors, in contrast, do not (often) risk their physical wellbeing to keep us safe—indeed, the actual practice of medicine has become less dangerous. Doctors work in safer physical spaces, for shorter hours, and with better technology for more routine tasks. But, as I argued, doctors do risk their psychological lives, increasingly so—owing to shame, perfectionism, and isolation.

Shame is a powerful, primitive, and silent emotion, differing from guilt in its relation to our identity. The medical profession is often exposed to shaming experiences, exemplified by a culture of "name, shame, and blame," for failing to meet NHS targets or for becoming unwell, especially mentally unwell. In today's medical environment the impact of errors, and the fear of committing them, may be the most pressing source of shame, while the impact of complaints leaves doctors feeling humiliated and at risk of depression or suicide.

Perfectionism, which doctors demand of themselves, becomes impossible in the real world of medical care. It's one of the most pervasive of all personality traits in doctors, and levels have risen in society in recent decades. A large study of medical students over the past 27 years found that levels of self-oriented, socially prescribed, and professionally determined perfectionism had all increased. Given that perfectionism is a core vulnerability for mental health disorders, its rise among doctors could explain why medicine is becoming a riskier profession.

A lack of connectedness, which is becoming endemic in the practice of medicine, adds to the risk factor for doctors. The structures in medicine where doctors can come together to train, work, play, and reflect have been reduced, removed completely, or moved to the sterile virtual world, threatening our

ability to build the connections we need to work and to process our struggles.

Although I've painted a largely negative picture, I believe that the tide is turning. We're seeing some progress in decreasing isolation in medicine. Money has been provided to recreate lost rest spaces ("doctors' messes") in every hospital. The NHS long term plan acknowledges the importance of people—all staff who work in the service—and, for the first time, we have an NHS people's lead.

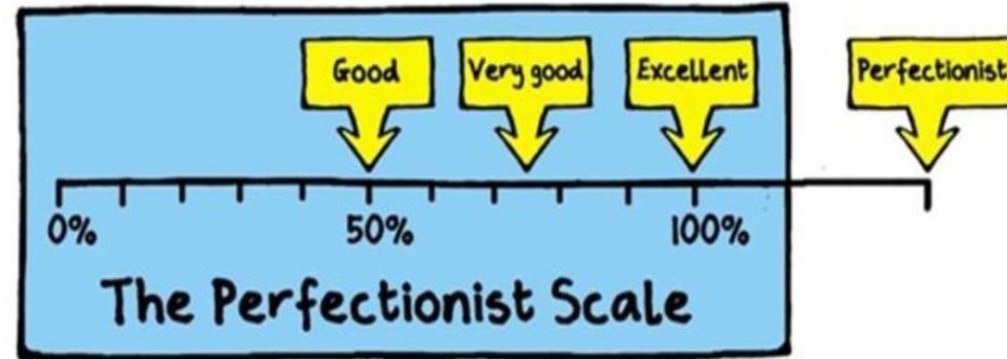
But there's some way to go. If we're to make medicine a less risky profession we must support all staff in how to deal with significant events. We must bring in a no-blame, learning, fair culture. We must tackle perfectionism and have a realistic discussion with our patients and the public about the power of medicine, as well as teaching our doctors that perfectionists don't necessarily deliver better care.

Clare Gerada is GP partner, Hurley Group, London
clare.gerada@nhs.net
Clare this issi: BMJ 2020;368:m393

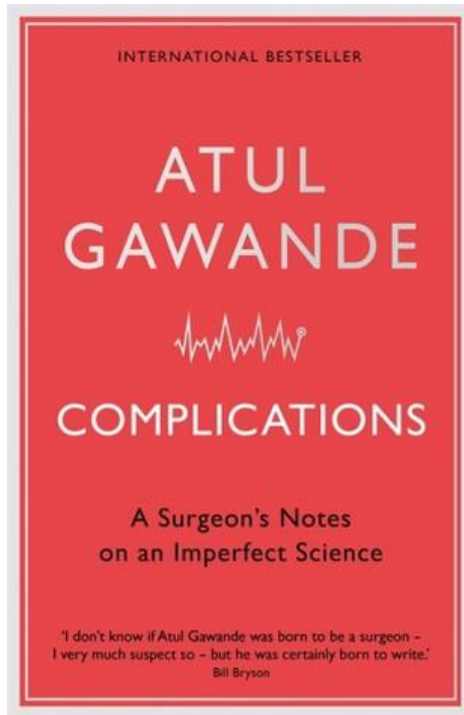
We're seeing progress in decreasing isolation in medicine



thebmj | 8 February 2020 189



- Multidimensional concept which includes the striving for flawlessness and for setting high goals.
- Society expects its doctors to be flawless.
- Perfectionism rewarded as an important personality trait.



SHAME V GUILT



“Even after Ball had gone down the fluorescent-lit hallway, I felt a sense of shame like a burning ulcer. This was not guilt: guilt is what you feel when you have done something wrong. What I felt was shame: I was what was wrong”.

Responses to Shame

The Compass of Shame

Adapted from D.L. Nathanson, Shame and Pride, 1992

Withdrawal:

- isolating oneself
- running and hiding

Attack Other:

- 'turning the tables'
- blaming the victim
- lashing out verbally or physically



Attack Self:

- self put-down
- masochism

Avoidance:

- denial
- abusing drugs and alcohol
- distraction through thrill seeking

“ I doubt if she even remembered that incident, but I couldn’t keep down the emotions of that long-ago error...



... for me, the shame of my error and the resultant loss of self-esteem would not release their grip on my soul ... my lingering shame. ”

BURNING WITH SHAME

Shame vs Shaming



- Explicit v Implicit.
- Formal v Informal
- Public v Private.
- Status Degradation Ceremonies

Shaming is a stigmatising judgement where someone is condemned for transgressing or failing to live up to a norm or rule that is shared by a community.

Consequences of Shaming



Defensive Practice:

“it’s in my thoughts every single patient I talk to. It never – it’s never out of my head. Every single contact...I’m thinking... ‘How would this... get me again?’

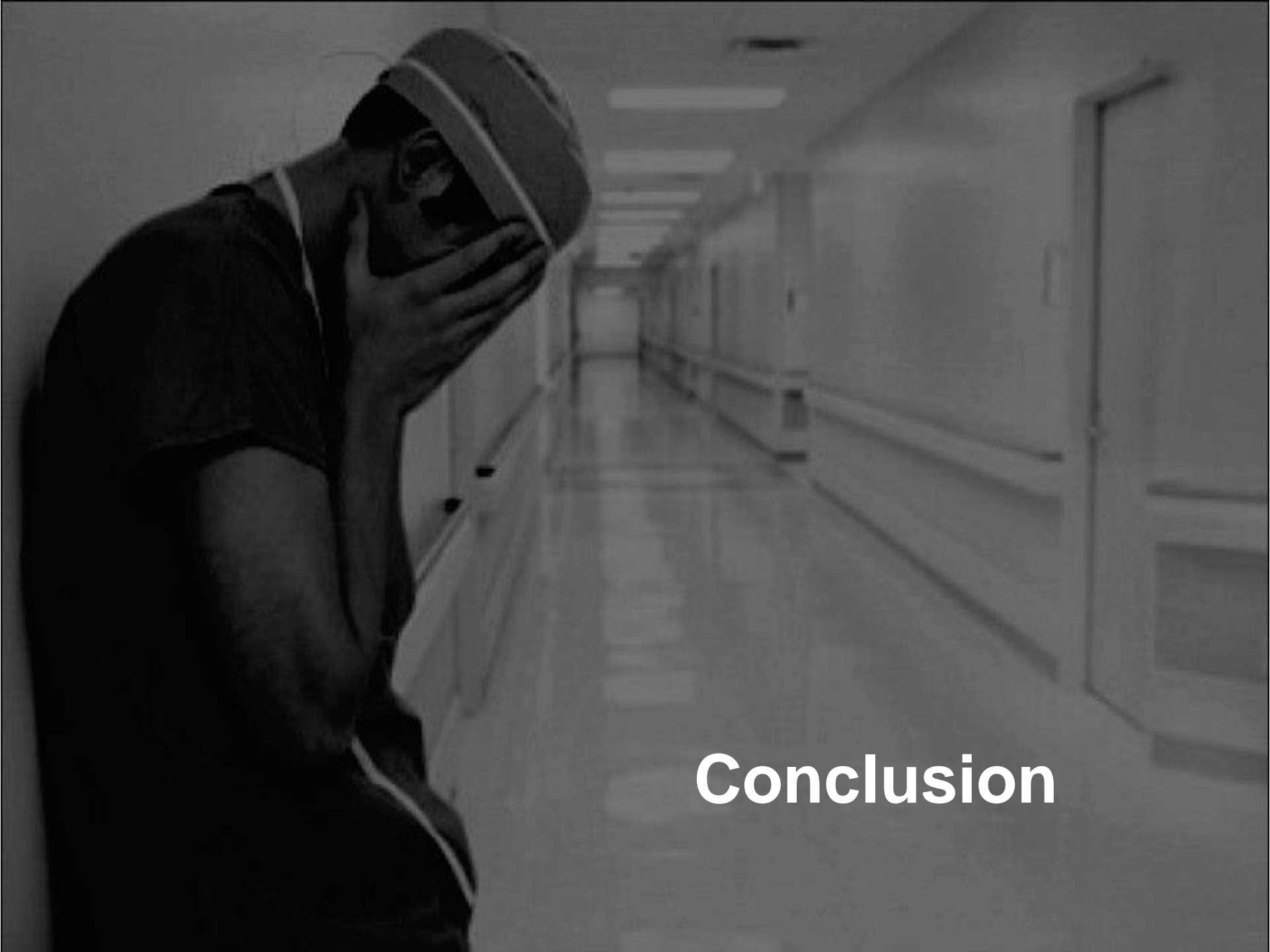
(JM)

Withdrawal:

Professional: “I reduced my clinical contact...and then eventually left the partnership”. (JLM)

Social: “...friends we had four years ago are no longer...our friends...we haven’t maintained a friendship with them because it’s...very embarrassing and very, very shaming” (MW)

Geographical: “I’m thinking why do I want to stay in this country if this is the attitude” (OK)



Conclusion

Building a Just Culture in Healthcare: *a HSE Dialogue*

Trust and Confidence in the HSE

Roisin Guiry, Campaigns Director, HSE
Communications





Trust & Confidence – Research programme

Staff consultation insights





Why trust is important



“The question ‘how to restore trust is on everyone’s lips. The answer is pretty obvious:

First: be trustworthy

Second: provide good evidence that you are trustworthy”

Prof Onora O’Neill, the British professor emeritus of philosophy at Cambridge University, Winner of \$1m Berggruen Prize for her work on trust



Covid-19 has put a spotlight on the importance of trust.



2023 Edelman Trust Barometer Focus on Health

2023 Edelman Trust Barometer

Trust Index: Trust Stable Amid Economic Headwinds

Trust Index

(the average percent trust in NGOs, business, government and media)



2023 Edelman Trust Barometer. The Trust Index is the average percent trust in NGOs, business, government and media. TRU_INS. Below is a list of institutions. For each one, please indicate how much you trust that institution to do what is right. 9-point scale; top 4 box, trust. General population, 27-mkt avg. *Sweden is not included in the global average.

2022 General population		2023 General population	
56	Global 27	56	Global 27
83	China	83	China
76	UAE	75	Indonesia
75	Indonesia	74	UAE
74	India	73	India
72	Saudi Arabia	71	Saudi Arabia
66	Malaysia	66	Singapore
66	Singapore	66	Thailand
66	Thailand	63	Kenya
60	Kenya	62	Malaysia
59	Mexico	61	Mexico
57	The Netherlands	56	Nigeria
56	Nigeria	56	The Netherlands
54	Canada	53	Brazil
53	Australia	52	Canada
53	Italy	51	Colombia
51	Brazil	51	France
51	Ireland	50	Italy
50	France	48	Australia
48	Colombia	48	Ireland
48	S. Africa	48	U.S.
46	Germany	47	S. Africa
45	Argentina	46	Germany
45	Spain	44	Spain
44	UK	43	UK
43	U.S.	42	Argentina
42	S. Korea	38	Japan
40	Japan	36	S. Korea

2023 Edelman Trust Barometer

To Drive Better Health Habits, Invest in Trust and Patient Relationships

Regression analysis: increase associated with each determinant

GLOBAL 12	When respondents:	Increased likelihood to have made a positive health change such as diet or exercise (standardized across determinants)
	Are highly educated	+5.6%
	Have a good relationship with their primary healthcare provider	+4.3%
	Trust in the health ecosystem	+3.2%
	Are younger	+2.1%
	Have higher income	+1.7%

2023 Edelman Trust Barometer Special Report: Trust and Health. Regression analysis. HEA_BHV. Have you done any of the following within the past year? 3-point scale; code 1, yes. General population, 12-mkt avg. This analysis found the increased likelihood for the behavior given a respondent's score on the items in the table. For a full explanation of how this analysis was done, please see the Technical Appendix.



Framework of Research

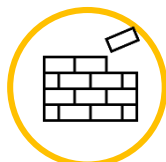
Project Purpose: The key focus of our research was to **listen and learn from staff experience**, and to **include their perspective** on what builds public trust in the HSE.



PHASES 1 & 2: DESKTOP RESEARCH & LITERATURE REVIEW

Reviewing relevant published and peer reviewed articles from across the globe.

Reviewing past research and exploring external research sources to build a comprehensive



PHASE 3: PILOT STUDY & DRIVER ANALYSIS

A programme of primary research to validate findings from Phases 1 and 2 while also identifying the key drivers of Trust & Confidence in the HSE.

This resulted in the identification of four Drivers of Public Trust in the HSE; Public Good, Integrity,



PHASE 4: STAFF CONSULTATION

Engaging with over 100 members of staff to collect their feedback on what impacts public trust in the HSE via;

- 16 workshop sessions with staff from all areas of the organisation Engagement with staff via our online research community
- A short online survey
- This engagement was action-focused using a Stop, Start, Continue framework.



Insights from the public, staff and patient groups

- The biggest drivers of trust for the HSE focus on Public Good. This includes the HSE's success in delivering on its core purpose of providing high-quality care for the people of Ireland.
- The greatest area of concern in this area is long waiting lists and access to care. Personal experience also has an impact on trust, with negative past experiences shared by those who have a low level of trust.
- The research highlighted the importance of Respect, of listening and involving people in a systematic way. Taking seriously people's concerns as equals and genuinely involving them in decision-making is a critical factor in earning trust.



Insights from the public, staff and patient groups

- Issues relating to Integrity have a significant impact on whether people trust the HSE. In particular, areas around honesty, admitting responsibility and being open about problems when they happen. There is a keen desire for transparency and a culture of openness in the HSE.
- The Competence and commitment of frontline staff in providing a caring and effective service was seen to be an important generator of trust in the HSE.
- Though there was a significant positive perception that the HSE was delivering against its vision, the bureaucracy and complexity of management was considered to impair effectiveness.



Defining trust as one of the HSE's core values

Trust Drivers





Staff consultation – 5 key themes to build public trust





Theme 1: Communication

The challenge or opportunity: Building trust through positive and strong communications with the public from the inside out and top down (related to the ripple effect).

Start

Communication on My Terms
Single Point of Contact
HSE Heroes
Enabling Empathy

Stop

Lack of Follow Through

“Communication - that we give service users clear information on what to expect and that we do what we say we are going to do.”

Continue

Insight into the Organisation
Cross-Communication
Clear Language
Everyday Initiatives



Theme 2: Learning & listening

The challenge or opportunity: Invest in fully listening to all stakeholders including patients, staff and the wider public. Truly listen to, and learn from feedback received while identifying opportunities to implement learnings to develop a better service.

Start

Focus on Feedback

“Building new ED ward – there was no contact with nurses, we’re the ones using that space, continuously there 24/7 and know the needs of patients.”

Stop

Tokenism

Learn from mistakes

“The voice of staff is more important now than ever.”

Continue

Learn from the Best

Continuous Learning

Listening to All



Theme 3: Culture

The challenge or opportunity: Creating an attitude and atmosphere of trust. This is something to be developed over time, but we need to start laying the foundations now.

Start

Fail Fast-Learn Quick Culture
Broader Intervention
Assigning Accountability

Stop

Hiding from Mistakes
Over Promising
Letting Initiatives Dwindle
Wellness Tokenism

*"If you make a mistake,
you're leapt on."*

Continue

Patient Focused
Human Approach
'Is Féidir Linn' Attitude



Theme 4: Service Standards

The challenge or opportunity: Creating consistent quality service through interactions and training while managing expectations to increase trust

Start	Stop	Continue
<p>Consistent Service</p> <p>Recruit Locally</p> <p>Retention Initiatives</p> <p>Mandatory Patient Interaction Training</p> <p>Realistic Expectations</p>	<p>Burnout</p>	<p>Open Disclosure</p> <p>Appraise & Praise</p> <p><i>“Staff are our most valuable assets – they’re our human capital and every member of staff has their role to play.”</i></p>



Informing our Communications strategy

Trust Drivers





Thank you.

Roisin Guiry, Campaigns Director

Roisin.guiry@hse.ie

