



# Understanding Trust and the HSE

December 2021



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# Why trust is important to us all

We all make many trust-based decisions each day. Every time we pay for something, choose what to eat, what to buy, or whose advice to act on, dismiss or endorse – we consciously and unconsciously place trust in institutions, information, people, processes. Without these acts of trust, our societies simply wouldn't work.

Trust involves putting yourself at risk and relying on others. This is especially meaningful in a healthcare setting where people are at their most vulnerable - 4.98 million people entrust us every year with their health, sometimes even their lives.

But trust is an outcome of action. People bestow their trust when they believe that a person, an institution or even a process, is worthy of it. For the HSE this is a huge responsibility. If people feel they can trust us, they are more likely to seek our help at the right time, report symptoms, follow treatment plans, attend screenings, show up for surgery and follow health advice.

It is not an exaggeration to say that for the HSE, trust is a matter of life and death.



*“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, Winner of \$1m Berggruen Prize for her work on trust



*Covid-19 has put a spotlight on the importance of trust. In countries where there is a high level of trust in government and the healthcare system, vaccine uptake is significantly greater.*

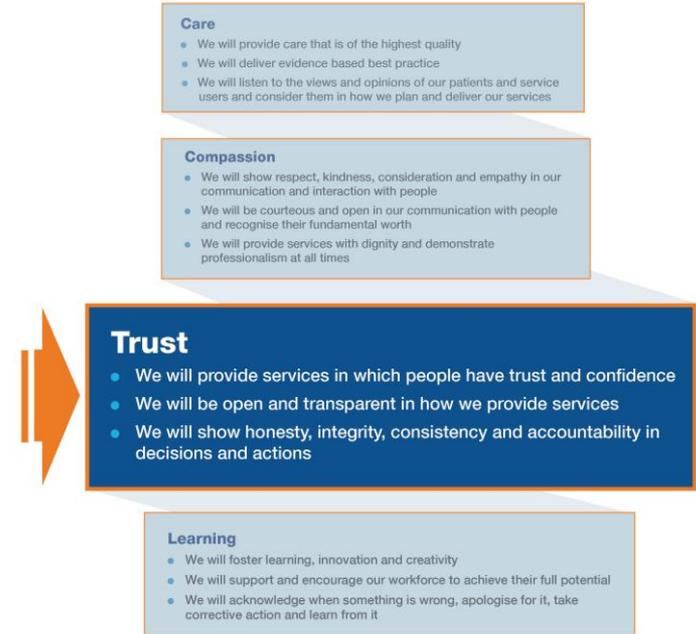
# Trust and the HSE – Programme purpose

We know that overall patient satisfaction increases trust and our ongoing national inpatient experience survey provides important data on that. But we wanted to get a better understanding of what other factors are important to earning trust in the HSE more generally.

We initiated a programme of research and consultation and action, with the following goals:

- To gain a better understanding of what trust means to the public, people who use our services, patients and other stakeholders, and what it is for the HSE to be considered worthy of trust;
- To know more about what causes people to distrust us as well as what inspires their trust;
- To identify the gaps in what we know about trust from a patient, service user, public and stakeholder perspective;
- To understand trust from the perspective of staff and also their interactions with patients or other stakeholders;
- To develop a way of measuring public trust in the HSE on an ongoing basis; and
- To use the results to inform action and improvement in our services.

*Trust, alongside Care, Compassion and Learning is one of our four values.*



# What are we doing

2021



## **HSE-wide working group established**

Knowing that earning trust is a day-to-day activity that happens across the health service, we gathered colleagues, patient reps, health leaders and subject matter experts to form a Trust Working Group. The scoping of the programme and issues arising for trust in the HSE was informed by a series of workshops with staff.

## **Review of research on trust and healthcare**

We commissioned a review of research on trust and healthcare internationally from the perspectives of organisations, patients, public and staff and analysed previous primary and internal research conducted by the HSE.

## **Identification of the overarching drivers of trust and research questions**

The working group distilled the research to define four drivers of trust and 25 behaviours and actions statements that the HSE can be assessed against.

## **Survey of public views on trust and HSE 3<sup>rd</sup> - 27<sup>th</sup> September 2021**

We undertook an online quantitative survey of 2,000 representative members of the public.

## **Consultation with colleagues and patient representatives begun**

Through a series of working groups and presentations, we obtained initial responses of staff and patient groups to the research findings and drivers of trust, and began a collaborative process to understand the implications for practice across the HSE.

## **Trust Response: Action planning began**

The working group began co-creation of an action plan with teams across the HSE. This outlined on pages 24 - 29.

# What are we doing

## 2022

### Consultation and co-creation continues

Workshops with staff from across the health service will run between January and March to share our findings and explore the implications for them, for HSE management and for their work with the public, people who use our services, patients and other stakeholders.

### Earning trust through practice

Actions outlined on page 25 - 29 will be implemented by our staff across the health service.

### Future research needs

We will consider gaps in what we know and the need for further qualitative and quantitative research to understand in more depth the specific factors influencing public trust and distrust.

### Trust measurement developed

We will consider how the initial survey will evolve to become ongoing trust benchmark research and how this can be standardised and used by other parts of the health service, complementing existing research programmes.



# Identifying drivers of trust in the HSE

The research on trust in healthcare identified a range of leading drivers of trust in healthcare services and organisations. These drivers are relevant to trust in organisations, individuals and even processes.

Though there may be cultural interpretations, drivers of trust are deeply rooted in our individual and collective psychology and the fundamental ways our societies work, and have evolved.

They are familiar almost to the point of invisibility. Perhaps this very familiarity may mean their impact can be underestimated and may explain why their fundamental importance is often overlooked.

Our HSE focused work led us to identify four over-arching 'drivers of trust in the HSE. Where trust is absent, the causes can be traced to these drivers. Where it is present, they are clear to see.

The identification process involved;

- Analysis of the desk research on trust and healthcare and previous primary and internal research conducted by the HSE. Identification of drivers of trust came through in the literature across three categories – patient, public, staff;
- Common causes of distrust identified and high priority and low priority drivers established. Decision to focus on drivers that would earn public trust chosen as a priority;
- Drivers distilled to four overarching drivers of trust and cross referenced with specific patient and staff drivers; and
- Validation of the four drivers with HSE staff.



# Defining the important trust questions



Based on the Trust Drivers, the working group then identified a set of 25 behaviour and action statements that the HSE could be assessed against, and which formed the basis of the survey with members of the public. We then reviewed and tested the statements and survey questions to make sure they were easy to understand and follow.

As a primary question within the survey, people were asked on a scale of 1-5 how strongly they agreed or not with these statements about the HSE. From there, we hoped to identify key behaviours and actions linked to the trust drivers that we needed to focus on to gain public trust and avoid distrust. We also included an open question within the survey so people could share why specifically they did not have complete trust in the HSE.

## Public Good

The HSE:

- Puts the interests of people first
- Takes action to do what is best for the health and wellbeing of everyone
- Shows evidence of the good that they are doing for people
- Provides good value for money to people (taxpayer)
- Cares about me and /or my family
- Considers the needs of everyone equally
- Ensures everyone can access the care they need, when they need it

## Respect

The HSE:

- Listens to me and takes my views into account
- Keeps me informed with relevant information
- Includes me in decisions that affect my health and wellbeing
- Understands my needs
- Avoids and prevents discrimination

## Integrity

The HSE:

- Admits responsibility when things go wrong
- Operates in an ethical manner
- Delivers on promises
- Is open about issues that could have a negative impact for me and/or my family
- Engages with me in an honest way

## Competence

The HSE:

- Provides high quality and safe patient care
- Has competent staff who can get the job done
- Leaders can be relied upon to do their job well
- Communication is easy and straightforward for me to understand
- Tries to avoid mistakes, accidents, errors
- Operates in a consistent way
- Can manage challenging situations effectively
- Delivers the best possible outcomes for me and/or my family

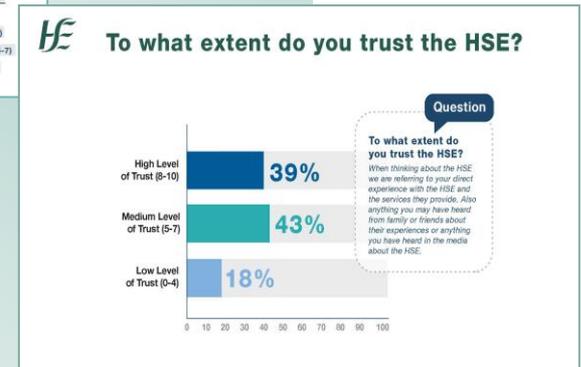
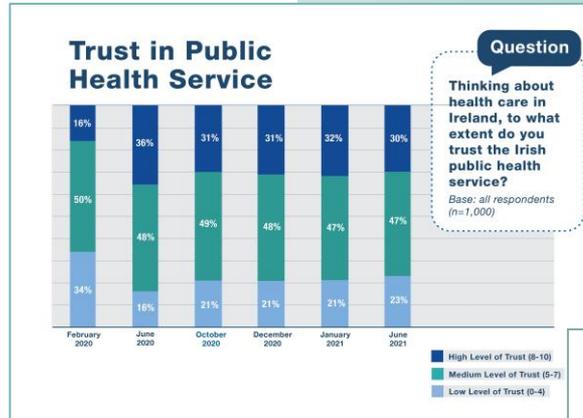
*“Evidence suggests that to improve levels of trust, the public must have confidence that the HSE will stay true to its values, can fulfil its vision and that all objectives, values and actions are pointed towards the common good.”*

*Trust and Healthcare desk research*



# Headline findings – public survey

- We are broadly trusted as an institution, but many are uncertain one way or another.
- We believe we may have lost trust due to issues involving CervicalCheck but believe we have gained trust through our response to Covid-19 and the vaccination programme.
- People on the whole think we do a good job. The most positive findings of the research focus on HSE success and commitment in delivering on its core purpose of providing high quality care for the people of Ireland.



# Headline findings – public survey

People have different levels of trust in those who work in the HSE and public perception towards the HSE changes depending on staff type:

- Almost 50% of people we spoke to have a high level of trust in HSE staff. This increases to over 85% when you include people who say they have a medium level of trust in HSE staff.
- When we asked people to think about the different types of staff who work in the HSE, the findings show that public trust is highest in frontline staff with over 90% of people having a medium to high level of trust in those staff.
- When we asked people about trust in senior management or senior leaders, a significant amount of people have a low level of trust with 27% of people having a low level of trust in senior management and 33% in senior leaders.
- It is worth noting that in surveys around the world frontline healthcare staff, particularly nurses, consistently earn very high scores in trust surveys. On the other hand, there is a marked global trend in recent years of falling trust in leadership of organisations. So the findings may not signify any trend that is specific to Ireland or to the HSE.



# Headline findings – public survey

## Keeping people informed supports and impacts on trust positively

People who have a high level of trust in the HSE are significantly more likely to feel informed about HSE services compared to those with medium or low levels of trust.

When we looked at public trust in the HSE depending on the services they have engaged with, we found that there are higher trust levels among those who have accessed our information-based services such as the HSE Helpline and the HSE website.

Health information campaigns run by the HSE are having a positive impact on public perception of the HSE.



# Headline findings – public survey

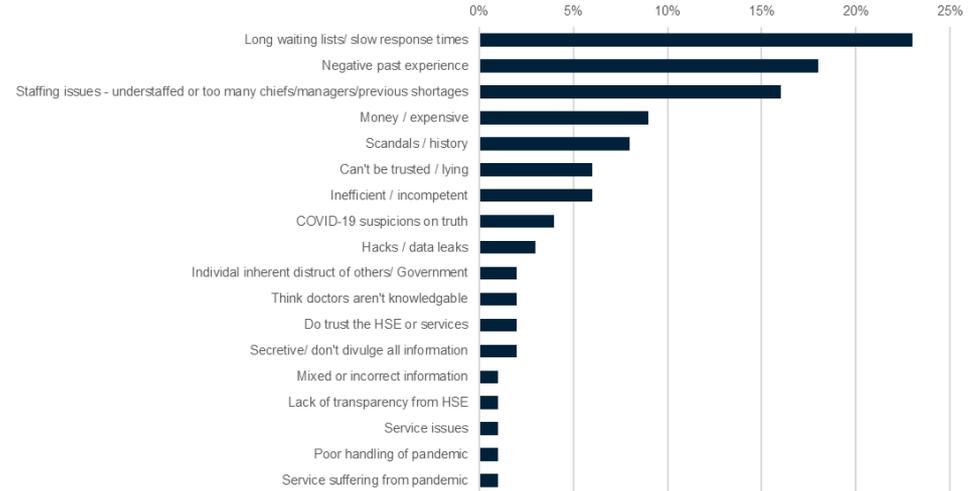
## Causes of distrust

A qualitative element of the research was included the survey:

*'Why do you not have complete trust in the HSE?'*

Long waiting lists and slow response times are cited as the largest causes of distrust. This is followed by negative past experiences and the belief that the HSE has staffing issues. Concerns about HSE not providing value for money was also a distinct issue for distrust.

Avoiding distrust is the precursor for trust. These top-line findings will be supplemented in 2022 by more in-depth qualitative research to get a more detailed view of the causes of distrust.



### Full question asked:

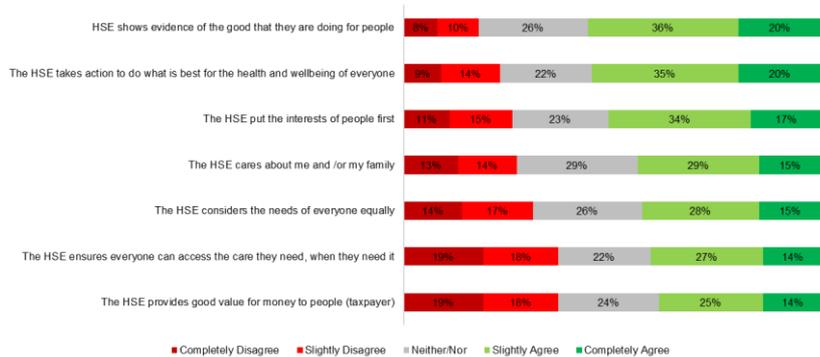
*Please explain, in your own words, why you do not have complete trust in the HSE and gave a score of <insert answer> out of 10. This could be based on your direct experience with the HSE and the services they provide. Also, anything you may have heard from family or friends about their experiences or anything you have heard in the media about the HSE.*

*Base: those who scored 0-6 (n=832)*

# Headline insights by trust driver

## Public good

To demonstrate we are striving always to put people first, treat everyone equally and provide good value for money.



Public survey findings – Public Good (retrospectively allocated)

## Insights from public, staff and patient groups

The most positive findings of the research focus on HSE success in delivering on its core purpose of providing high quality care for the people of Ireland.

- The greatest area of concern is long waiting lists and access to care.

*“900,000 people on waiting lists” (public)*

*“people on trolleys’ (public)*

*“Being honest to say what is our plan to resolve waiting lists is important.” (staff)*

- An important cause of distrust is the perception that HSE doesn't provide value for money for taxpayers.

*“HSE management is always squandering money” (public)*

*“Always over budget” (public)*

- Those who are less trusting of HSE cite proliferation of negative media stories as a significant cause of their concern.

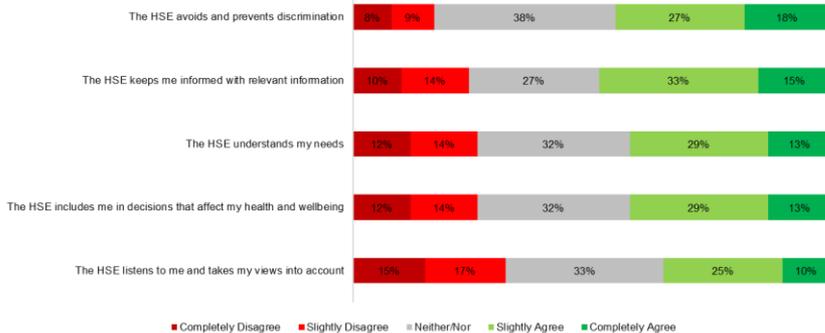
*“Too many bad stories in the media for me to fully trust them” (public)*

*“Media is not interested in positive stories.” (staff)*

# Headline insights by trust driver

## Respect

To communicate better, listen more and be inclusive and responsive in our relationships with people.



Public survey findings – Public Good (retrospectively allocated)

## Insights from public, staff and patient groups

- Feelings of being disrespected are powerful drivers of distrust. Respect is demonstrated in many ways from small interactions to large policies.
- Taking seriously people’s concerns as equals, listening, genuinely involving them in decision making is a critical factor in earning trust. Research with the public, staff and patient forum highlighted the importance of listening and involving people in a systematic way.

*“We would like to see a framework for service user involvement across the health service. This would indicate where the opportunities are for service users to become involved in co-creating new services, in co-developing new policy, and in co-governing”. (Patient Forum)*

- Inequality of access to care and discrimination are strongly held concerns to be addressed as an integral part of the HSE approach.

*“Respect we show to people on waiting lists is what is important to build T&C.” (staff)*

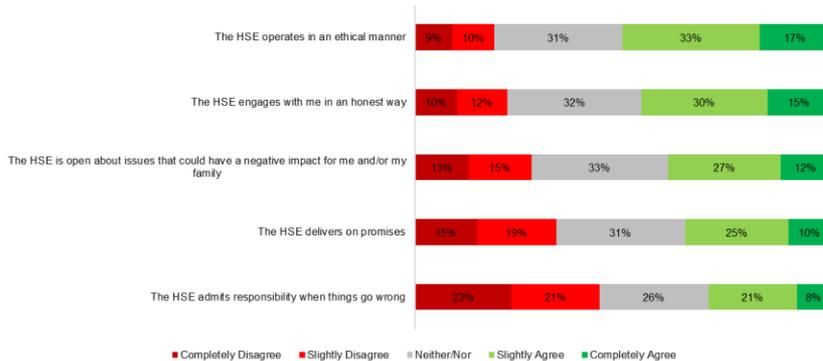
- Responsiveness is also an important driver of trust across all HSE stakeholder relationships.

*“Having something on the website isn’t good enough for the politician, they want to say they asked the HSE that. They want a response. We won’t change that.” (staff)*

# Headline insights by trust driver

## Integrity

To be ethical, honest and more open; particularly in owning up to our mistakes.



Public survey findings – Public Good (retrospectively allocated)

## Insights from public, staff and patient groups

- The greatest causes of distrust in the HSE are concerned with integrity issues. In particular those areas around honesty, admitting responsibility, owning up to mistakes and being open about problems when they happen.

*“Distrust begins when the truth isn’t told”. (staff)*

*“We would like to see a high-level commitment to transparency, and a strategy for rolling out this commitment across the health service”. (Patient Forum)*

- Desired responses relate to honesty and transparency and a blame-free culture at the HSE.

*“There needs to be a ‘No blame and no fear of failure’ culture within the organisation. Staff will feel more confident in taking decisions: (staff)*

- The accessibility, quality and relevance of information is also cited as a cause for concern.

*“Communication with the marginalised in society - Irish sign language for example. HSE hasn’t done that well in the past. Shift in the way that we were communicating with those people who often get excluded from mainstream communications.” (staff)*

# Headline insights by trust driver

## Competence

To deliver high quality and safe patient care which is reliable and consistent.  
Support and empower staff to fulfil this aim.



Public survey findings – Public Good (retrospectively allocated)

## Insights from public, staff and patient groups

- The competence and commitment of frontline staff in providing a caring and effective service was seen to be the most important generator of trust in the HSE

*“Frontline heroes – capitalise on and build on that to continue it.”(staff)*

- 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.

*“I believe that there is a huge mismanagement of funds in the HSE and way too many pencil pushers in the higher management positions. All doctors and nurses are fantastic!”*

- Competence of non-frontline staff and senior management was an issue for some people.

*“Too many chiefs and no leadership” (public)*

# Implications of research for HSE trust strategy

## Implications of research findings

The potential for earning trust and avoiding distrust touches every aspect of our work across the whole of the organisation.

Trust measures which complement and can be integrated with our core research and measurement approach will be needed.

Aligning culture and relationships with the people's values and expectations of delivery will be critical.

The four trust drivers map strongly onto our existing values. These values are integral to earning trust.

Our response would be most effective if co-created with staff, patients and public.

People don't distinguish between trust and confidence. Though there are differences they are not material.

## Recommendations for discussion

Our responses need to be organisation-wide, part of our everyday activity and integrated into other initiatives as well as having specific responses for particular issues.

Measurement initiative coordination and standardisation needed. Potential for Participation in global research important. [E.g. Ipsos Global Health Service Monitor](#)

Focus next steps on aligning values, better understanding expectations and refining how HSE culture and activities can respond to the findings.

Explore merging the 4 trust drivers with the 4 values and developing trust metrics from those?

Define an action plan which is inclusive and responsive to key concerns aligned to the priorities in the corporate plan and Sláintecare.

Potential to focus only on trust rather than trust and confidence?

# Implications of research for HSE trust strategy

This first phase of our exploration of Trust and the HSE has shown us how essential public, staff and patient trust is to us. Also how important it is that we are worthy of that trust. We need to consider collectively as an organisation how we respond to this important learning. How trust as a value, trustworthiness as an aspiration and the trust drivers as a focus for action can guide the way we work at all levels.

We are beginning to consider the implications of this for HSE in terms of its overall strategy, the connection to existing programmes and new ideas on how we can provide evidence of our trustworthiness in our actions and communications.

We have also been given some useful pointers:

- Don't reinvent the wheel
- Focus from leaders is essential
- Collaborate inside and outside the organisation
- Integrate this with the operational system
- Tell stories
- Remember that we are in the middle of a pandemic



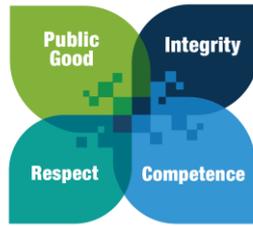
# HSE action focus for each driver

We analysed the research on trust and healthcare, including HSE research, the findings of the public survey and the contribution of early staff workshops and initial contact with the Patient Forum. From this, we distilled the qualities HSE would need to display under each trust driver to earn trust and to avoid distrust.

These will form the basis for deliberation with staff and stakeholders in the coming months, and will be refined through further qualitative research in 2022. They form the basis of our proposed action areas.



# Snapshot from early discussions with HSE teams



These are the main themes taken from discussions and workshops with a small number of HSE teams early in our process of reflecting on trust. We asked 'What should the HSE do to build trust and confidence with the public?'. They are retrospectively aligned with the four trust drivers. More in-depth involvement of staff in all areas in co-creating next steps will follow in 2022.

## Public good

- Communicate effectively with those on waiting lists.
- Keep staff informed in an open and honest manner on the plans for addressing the waiting lists.
- Proactively build relationships with politicians & educate them about HSE challenges.

## Respect

- Train managers to motivate their staff, supporting them to reach their career goals.
- Reduce process and bureaucracy, empowering staff to do their job.
- Provide more mechanisms for staff feedback and demonstrate that staff feedback is being acted on.

## Integrity

- Improve workplace culture.
- Increase staff involvement in decision-making, capacity to provide feedback, share ideas or ask questions.
- Train leaders at all levels of the organisation to deliver open, honest and transparent staff communications.

## Competence

- Introduce trust and confidence measures in the staff performance management process.
- Reduce perceived distance between different parts of the organisation and senior management in particular.
- Incentivise a better flow of information across the organisation.
- Be more open and transparent, and communicate that, so people know they don't need to go to politicians for information or influence.

# Important work already being done

## Public Good

- Roll-out of vaccination programme
- Community and hospitals responses to Covid-19
- Technology innovations including Covid-19 mobile tracker app
- Engagement with media - availability of spokespeople and weekly press briefings
- Proactive public health communications campaigns
- Work continued to ensure a balance between responding to illness and enabling good health and disease prevention
- Waiting list initiatives



## Respect

- Your Service Your Say
- National In Patient Experience Survey
- Patient Engagement Forum
- Patient for Patients Safety Ireland
- HSELive – contact centre
- Confidential Recipient
- National Consent Policy
- Assisted decision-making supports
- National Office for Human Rights and Equality Policy
- NSS Equity Strategy



# Important work already being done

## Integrity

- Open disclosure
- Incident Management Framework
- Learning from Incidents
- Staff webinars – open forum with senior leaders with questions from staff
- Stakeholder engagement
- Freedom of Information requests
- Audits by Office of Comptroller and Auditor General

## Competence

- Patient safety strategy
- Clinical programmes and consistency of delivery
- National Incident Management System
- Leadership training and staff training
- National doctors training and planning
- Website and HSElive customer care
- Feedback Learning Casebook
- Protected Disclosures of Information by Employees and Workers: Whistleblowing
- Digital A-Z of Health Writing and Digital Accessibility Guidelines
- Cancer Thrive & Survive (CTS) Programme
- Patient and Public Volunteer Engagement Policy
- Psycho-Oncology Model of Care
- Engagement with political system
- Corporate plan, national service plans and operational plans



*Proposed actions for 2022*



# Earning trust through supporting Public Good

Trust issue	Stakeholder & purpose	Proposed Action	HSE Teams
HSE should ensure value for money and be open about financial processes	<ul style="list-style-type: none"> <li>General public via media</li> <li>To provide evidence of strong financial management</li> </ul>	<b>The HSE Finance team will show how we protect value and care for public funds</b> <ul style="list-style-type: none"> <li>Publish regular public updates on how health funding is spent, the value we get for the people and our financial reporting processes.</li> <li>Communicate about how we make decisions about funding and resources and be open about the challenges that we have</li> <li>Publish complex information in accessible formats and channels, through media and direct to the public</li> </ul>	Finance, Communications
		<b>The HSE Internal Audit team will share their reports and investigations regularly</b> <ul style="list-style-type: none"> <li>HSE internal audit reports will be made available on a quarterly basis</li> </ul>	Internal Audit
Lack of openness in decision making	<ul style="list-style-type: none"> <li>All stakeholders</li> <li>To ensure HSE is focused on public good when making decisions</li> </ul>	<b>Publish HSE Board documentation</b> <ul style="list-style-type: none"> <li>All HSE Board meeting papers and documentations will be published online after each board meeting</li> </ul>	HSE Board and Communications
Long waiting lists and waiting times for much needed care	<ul style="list-style-type: none"> <li>General public direct</li> <li>To provide honest and useful information about waiting lists</li> <li>To help reduce waiting lists for women seeking gynecological care</li> </ul>	<b>Communicate in an open and accessible way about the challenge of access to care and waiting lists</b> <ul style="list-style-type: none"> <li>Waiting list information will be published on the HSE website by hospital and specialty, for the first time</li> <li>The HSE will communicate regularly, in supportive and accessible formats and channels, about the work being done to improve waiting times and progress being made</li> </ul>	Strategy, Communications
		<b>Help relieve waiting times in gynaecology by increase in number of mobile units</b> <ul style="list-style-type: none"> <li>Six further ambulatory gynaecology units will be delivered by the end 2022, in addition to the 14 already in use. The aim of these units is to reduce waiting lists for women accessing the service</li> </ul>	Operations

# Earning trust through supporting Public Good

Trust issue	Stakeholder & purpose	Proposed Action	HSE Teams
People see a lot of negative stories about healthcare in the media	<ul style="list-style-type: none"> <li>General public via media</li> <li>To provide evidence of the good that the HSE is doing for people</li> </ul>	<p><b>HSE staff will communicate with the media openly, building trust with the media and the public</b></p> <ul style="list-style-type: none"> <li>Develop evidence-based updated guidance and training for HSE staff communicating to the public through the media</li> <li>Communicate how actions and values are focused on the common good and show the evidence of why and how decisions are made</li> </ul>	Communications, the rest of the HSE
		<p><b>Communicate the ongoing good work and transformation happening across our health service</b></p> <ul style="list-style-type: none"> <li>Source, develop and publish stories and initiatives from across the HSE of the day to day examples of excellent care and innovation</li> <li>Communicate stories on a range of channels including the staff website, social media and news media, nationally and locally</li> </ul>	
Negative perceptions of screening are a contributory factor in negative perceptions of the HSE	<ul style="list-style-type: none"> <li>General public via media</li> </ul>	<p><b>The HSE and NSS will engage in a range of communications initiatives to increase confidence in screening services</b></p> <ul style="list-style-type: none"> <li>Develop new channels for engagement with the public through website, social, webinars/conferences</li> <li>Develop screening information content and information delivery – an NSS information hub informed by patients. Research tools, education and training for healthcare professionals in screening in behavioural science approaches</li> <li>Create a more equitable screening service, the patient informed-information hub as an equity hub. Create targeted communications which deliver on our NSS Equity Strategy goals</li> </ul>	Communications, NSS

# Respect

## Earning trust through Respect

Trust issue	Stakeholder & purpose	Proposed Action	HSE Teams
Concerns HSE is not listening to and acting on feedback	<ul style="list-style-type: none"> <li>Patients, general public and all stakeholders</li> <li>To embed participation mechanisms in the health service</li> </ul>	<p><b>Improve visibility and leadership for patients and public involvement in the HSE</b></p> <ul style="list-style-type: none"> <li>Develop a new patient and service user function. Appoint 20 patient/service user partnership leads in 20 CHOs and Hospital Groups. Ensure each service has commitments and deliverables in 2022 to improving patient and service user involvement</li> <li>Strengthen our partnerships with patient representative groups, in particular, with those groups that focus on patient safety improvement such as the WHO's Patients for Patient Safety Ireland</li> </ul>	Multiple departments
	<ul style="list-style-type: none"> <li>Staff</li> <li>To empower staff and demonstrate listening and acting on feedback</li> </ul>	<p><b>Invite and respond to staff feedback</b></p> <ul style="list-style-type: none"> <li>Enhanced framework for staff to give feedback on their experience of work and suggestions for service improvement, and to be assured that their managers respond</li> <li>Simple options and channels for feedback will be supported at a local and national level, including one-to-one or team meetings or performance achievement processes, and feedback will be actively reviewed and shared</li> </ul>	HR, Communications
Need to build trusted relationships with public representatives  Need for openness and engagement with politicians	<ul style="list-style-type: none"> <li>Politicians and public representatives</li> <li>To build trusted relationships with politicians and public servants</li> </ul>	<p><b>Listen to experiences of public representatives engaging with the HSE</b></p> <ul style="list-style-type: none"> <li>Undertake a survey of local and national public representatives to get an insight into their perception of what we do well and what we could do better in our communication with them.</li> <li>The insights from this research will be used to make changes in how we interact with the political system.</li> </ul>	Parliamentary Affairs, Communications
		<p><b>Improve information channels for public representatives</b></p> <ul style="list-style-type: none"> <li>Politicians are important stakeholders for the HSE and advocates for the public, and will be kept informed of key decisions or topical issues.</li> <li>Enhance the information channels, materials and training in place to support the political system</li> </ul>	Parliamentary Affairs
All communications from the HSE should reflect our trust drivers	<ul style="list-style-type: none"> <li>Communications staff</li> </ul>	<p><b>Trust and communications practice</b></p> <ul style="list-style-type: none"> <li>Develop a clear connection between insights and evidence from the Trust &amp; Confidence programme and mainstream HSE communications</li> <li>Inform the development and delivery of a HSE Communications Strategy that also supports improved trust with all our patients, staff, partners and the public</li> </ul>	Communications

# Earning trust through Integrity

Trust issue	Stakeholder & purpose	Proposed Action	HSE Teams
Concerns the HSE is not open about problems and does not admit responsibility when things go wrong	<ul style="list-style-type: none"> <li>Patients, general public and all stakeholders</li> <li>To show the HSE is open and honest about mistakes</li> </ul>	<p><b>Evaluate and improve openness and disclosure policies</b></p> <ul style="list-style-type: none"> <li>Review and evaluate our current openness and disclosure policy – it is currently out for public consultation</li> <li>Carry out a multi-team collaborative review of how the open disclosure policy is adopted, communicated, what level of training is done and how it currently supports staff to admit responsibility when things go wrong</li> </ul>	Multiple departments
Importance of improving workplace culture	<ul style="list-style-type: none"> <li>Staff</li> <li>To empower staff and underpin commitments to honesty and openness</li> </ul>	<p><b>Develop a culture framework will provide guidance and support to staff, and will help improve culture in the organisation in a way that is relevant for individual roles</b></p> <ul style="list-style-type: none"> <li>Set out existing assets, including work programmes, policies, supports and guidance, undertake a gap analysis and action plan</li> <li>Deliver related activities to enhance a high performance culture</li> </ul>	HR and multiple departments

Trust issue	Stakeholder & purpose	Proposed Action	HSE Teams
Having enough people with the right skills and experience to do the job	<ul style="list-style-type: none"> <li>• Staff</li> <li>• A focus on resourcing and recruitment to ensure HSE is staff appropriately</li> </ul>	<b>Implementing the People Strategy 2019 -2024</b> <ul style="list-style-type: none"> <li>• The ambition of the People Strategy 2019–2024 is ‘to have the right people, with the right skills, in the right place and at the right time delivering safer better healthcare’. It sets out the future direction for the development of our people services across the healthcare system.</li> <li>• Implementation of the actions in the strategy will focus on our shared purpose -to deliver safer better healthcare and services that are valued by the public and by staff.</li> </ul>	HR and the rest of the organisation
		<b>Hire over 13,000 new staff using the new recruitment model</b> <ul style="list-style-type: none"> <li>• A HSE resourcing strategy has been agreed for 2022 and this coupled with the introduction of a new recruitment model will support the organisation to meet its staffing and recruitment needs.</li> <li>• The new Recruitment Model aims to bring about a consistent structured approach, with recruitment guides, standards, toolkits, templates and a central recruitment advisory service</li> <li>• The new model will deliver additional recruitment capacity across the organisation.</li> </ul>	
Concerns about management competence and leadership	<ul style="list-style-type: none"> <li>• HSE leaders</li> </ul>	<b>Integrating trust into leadership and management</b> <ul style="list-style-type: none"> <li>• Increase uptake of leadership and management training, including 1:1 coaching and team coaching/interventions</li> <li>• Increase the number of participants undertaking the Health Service Leadership Academy programmes, and other leadership and management training and development initiatives.</li> </ul>	HR, Communications
Not acknowledging success and empowering staff	<ul style="list-style-type: none"> <li>• Staff</li> <li>• A focus on resourcing and recruitment to ensure HSE is staff appropriately</li> </ul>	<b>Acknowledge and celebrate everyday successes</b> <ul style="list-style-type: none"> <li>• Existing staff recognition schemes, such as the Staff Excellence Awards, have been successful in recognising teams for outstanding contribution.</li> <li>• Develop a new peer-to-peer staff recognition programme to acknowledge everyday successes, say thank you to our staff and empower them to be responsive and take initiative.</li> <li>• This peer-to-peer recognition programme will enable colleagues to recognise top performers and those who are delivering great service, demonstrating our values or supporting others.</li> </ul>	HR

Trust issue	Stakeholder & purpose	Proposed Action	HSE Teams
Legal cases in maternity care cause concern about competence and response to critical events	<ul style="list-style-type: none"><li>• Clinical Staff, patients</li><li>• Our maternity service is high quality and responds with care and compassion when harm occurs</li></ul>	<b>Develop the Obstetric Events (OEST) Programme to support building trusted relationships between colleagues</b> <ul style="list-style-type: none"><li>• The OEST programme team provides support and oversight to adverse incidents that occur in the maternity services</li><li>• The team supports hospitals in reviewing the incident so that we address what occurred, why, and how it might be prevented in the future</li></ul>	Operations

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