



Enabling Framework for Organisational Culture

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A Foreword from the Chair of the Board and Chief Executive Officer

We are proud to introduce our Enabling Framework for Organisational Culture—a strategic foundation for how we will shape, support, and sustain a culture that enables people, performance, and trust throughout our health service.

Organisational culture is not a static concept. It is dynamic and lived—reflected in how we interact with each other, how we care for patients, how we respond to challenges, and how we lead. It influences the quality of care, the wellbeing of our workforce, and the public's confidence in our services. This Framework is our collective opportunity to be deliberate about the culture we want and to build the supports that will make it real and resilient.

We know that culture is shaped as much by everyday interactions as by policies or strategic plans. That's why this Framework is rooted in values—care, compassion, trust, and learning—and is designed to be practical, inclusive, and action-oriented. It aims to support local and national leaders, teams, and individuals across all parts of the HSE in creating environments where people feel safe, respected, and supported to do their best work.

Importantly, this document reflects learning—both from within our system and from international best practice. It also responds to the voices of our staff and service users, who have consistently told us that culture matters, and that it must be actively nurtured, not assumed.

Creating and maintaining a positive culture is the responsibility of every one of us. This framework provides the tools and principles to help guide that work, but real transformation will come through leadership, trust, and a shared commitment to doing better—for our people, for our patients and service users, and for the communities we serve.

Thank you for engaging with this important piece of work, and for being part of building the kind of culture we can all be proud of.



Ciarán Devane
Chairperson
Health Service Executive



Bernard Gloster
Chief Executive Officer
Health Service Executive

Our approach to Culture from the National Director for Public Involvement, Culture and Risk Management

Organisational culture—the shared assumptions, values and beliefs that govern how people behave in organisations—is an important determinant of safety and productivity in healthcare. As healthcare systems face increasing demand, limited resources, and the need for high-quality outcomes, understanding how culture influences performance is essential.

In recent years, there has been growing recognition across the Irish health and social care system that organisational culture is fundamental to the delivery of safe, high-quality, person-centred integrated care. Responding to this imperative, the Health Service Executive (HSE) has developed this Enabling Framework for Organisational Culture, a strategic and values-driven guide designed to support our regional and national teams in understanding, shaping, and strengthening their cultural foundations.

Rather than prescribing a one-size-fits-all model, the Enabling Framework provides a structure that encourages local adaptation to and integration with existing initiatives. It lays out a clear set of guiderails to ensure that the core values and behaviours remain consistent and aligned across all of our services and sites. It promotes a learning-oriented, inclusive and compassionate approach to culture change, placing people—both staff and the public—at the heart of the transformation journey.

Organisational culture is a powerful force that shapes behaviour and outcomes, and if left unattended, it will evolve organically, potentially in ways that are not aligned with the organisation's vision, mission and goals and indeed the ambitions of SláinteCare. Leaders have a responsibility to actively shape and guide our organisation's culture, rather than passively allowing it to develop on its own. The framework emphasises the importance of leadership, psychological safety, reflective practice, and shared values in enabling sustainable cultural transformation. It also provides an intentional, programmatic model to establish and oversee organisational culture development work and has established a group to research, develop and monitor metrics that will enable the system to identify where it is on its culture journey. Key stakeholders will be able to measure improvement in our culture in tangible real terms that are aligned to key outcomes with a strong evidence based analysis.



Culture is the habits, traditions, and behaviours of people and groups in an organisation. Culture eats strategy for breakfast.”

Peter Drucker

¹ International Foundation for Integrated Care – Knowledge Tree - 9 Pillars of Integrated Care (<https://integratedcarefoundation.org/nine-pillars-of-integrated-care> - Accessed 27/06/2025).

It is not possible to influence the organisational culture of an organisation as large and diverse as the HSE through leadership alone. This requires a broad organisational movement that is clearly led and guided by peer nominated cultural leaders and influencers. The Organisational Network Analysis process and supporting technology solution, that has been developed as part of the framework, enables our services to identify these leaders and influencers in each of the many teams across the country. We will train and support these leaders and influencers in driving enhanced culture and in supporting colleagues in developing a more compassionate, accountable and collective leadership culture.

I would like to take the opportunity to acknowledge the many years of work that has been done in the development of organisational culture in the HSE, particularly those who devoted much of their effort and time to development and implementation of important organisation culture initiatives, in particular; the Values in Action team, National HR, and the Organisational Development and Design team. Our ongoing work has been influenced and guided by the work of Dr. Leandro Hererro and more latterly with Professor Michael West. Finally, I would like to sincerely thank all of the people who came together to develop this Enabling Framework and with whom we will continue to work to refine it as we learn while moving forward.



Joe Ryan
National Director
HSE Public Involvement, Culture and Risk Management

Voice of the Patient and Service User

The quality of care experienced by patients and service users is directly shaped by the culture of the organisations that deliver it. Culture is not just an abstract concept—it is the lived experience of every interaction, every decision, and every value that guides the health service. The HSE's Enabling Framework for Organisational Culture is a vital step in acknowledging this reality and providing a structured, evidence-informed approach to fostering a culture rooted in compassion, safety, respect, and accountability.

As Co-Chair of the National Patient and Service User Forum, I have seen first-hand how positive cultural environments empower both staff and service users, creating space for voices to be heard and needs to be met with dignity. This framework is not only about organisational development—it is about creating the environments where patients, service users, families, carers and staff feel safe to speak up, confident to lead, and committed to continuous improvement.

The development of this framework reflects wide collaboration and a shared commitment to building a healthcare system that places all of our people at its heart. It acknowledges the complexity of culture change while offering practical pathways for organisations and individuals to reflect, grow, and align their values with their behaviours.



Anne Lawlor
Co-Chair
National Patient and Service User Forum

This is a hopeful and essential document—one that invites every individual across the health and social care system to be an active participant in shaping and adopting a culture that truly serves the people of Ireland.

1 Introduction





1 Introduction

It is essential that there is a consistent set of values and behaviours exemplified through Care, Compassion, Trust and Learning that underpin our approach to organisational culture development across the HSE. This framework, when distributed at scale across all hse teams will clarify and establish the necessary guiderails for our chosen culture to flourish in a way that is consistent while encouraging local ownership within regions. The rationale for this approach and core features of this framework are explained in detail throughout this framework.

The desired culture of the HSE is;



...A culture where every staff member places the safety and care of our patients and service users as central to their purpose, confident in the knowledge that they are supported to work to the best of their training and ability.

A place where we treat our patients, service users, their families and carers and one another with compassion, dignity and respect.

A workplace where all staff are responsible and accountable for their work, operating to defined standards of operational excellence and ensuring best stewardship of public resources through innovation and continuous improvement.”

Sláintecare's main goal is to bring health and social care closer to people's homes and communities.

To do this, we need a more connected and coordinated way of delivering care. This is called integrated care, and it relies on people and organisations working well together. Building strong relationships based on trust, respect and shared goals is essential for creating a system that puts the person at the centre of care, across primary, hospital, and social care services.

One of the key parts of integrated care is having shared values and a common vision. These shared values help professionals and organisations work together more smoothly, even in informal ways. Unlike attitudes, values stay relevant in many situations and guide our decisions and actions.

Even though integrated care can be complex, real progress can happen when individuals, teams, and organisations act in line with Sláintecare's goals and take responsibility for what they can do to improve collaboration across different services and locations.

Real change requires behaviour change.

Organisations cannot adopt new ways of working without also changing how people behave and interact. How we treat each other and work together matters more than any formal structure—though the right structures can help support and maintain good behaviours.

Values and behaviours are how we achieve our mission.

By focusing on Values and Behaviours, we can shape a positive culture in our health service. The core values of the HSE are strong and long-lasting. They should guide all of our work and be balanced in everything we do.

As new health regions and Integrated Healthcare Areas (IHA) are developed, it is important to intentionally build a positive and adaptable culture. This culture should be consistent but also allow for local ownership. It should support the delivery of person-centred, integrated care and improve the experience for both patients and staff.

Compassion is the core value of virtually all of those who work in health and social care. It is also the single most powerful health and social care intervention. Compassion is what patients and service users want from those who provide their care: staff who listen, seek to understand what matters to them, empathise with them, and are committed to providing high quality care. Compassion must therefore be at the heart of the culture of all parts of our health and social care system – embodied in every service, every team, and every individual.

The health service is made up of teams, and its overall culture reflects the culture of those teams. By committing to our values and showing the right behaviours, we can create safe, high-performing teams and make our desired culture the norm.

2 Enabling Culture in the HSE



2 Enabling Culture in the HSE

Following our review with key stakeholders across the organisation—at board, regional, and national centre level—it is evident that our core values of care, compassion, trust and learning remain relevant and appropriate. However the behaviours intended to bring these values to life have not fully addressed the potential of cultural change. There has been a lack of emphasis on fostering a culture of accountability and responsibility.

Over recent years, we have made significant progress in shaping a more caring and compassionate organisational culture. There is strong evidence and broad agreement that a compassionate approach leads to better health outcomes. While continued focus in this area is important, it is also appropriate to recognise the substantial improvements already achieved.

We are integrating a stronger focus on teamworking and accountability into our organisational behaviours. This will be supported by tools and resources to help teams and leaders embed this essential element into our organisational culture.

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Maya Angelou

With the creation of the new health regions, it is essential to take a deliberate and consistent approach to shaping the culture across the organisation and its services. This approach should support local ownership—aligned with regional service goals. It should also promote the consistent delivery of person-centred, integrated care and improving both patient and service user’s experiences across the entire health service.

The key factors that influence organisational culture are

- structure
- work systems and processes
- staff behaviours and attitudes
- core values and traditions
- leadership and management styles

To support this culture development, the HSE organisational culture group, established in June 2024, is working to build a new model for positive cultural growth. This model builds on successful past efforts while also embracing innovative approaches to meet the evolving needs of the organisation.

The organisational culture group will ensure that all HSE regions have access to the frameworks, systems, and resources needed to take a consistent and values-driven approach to shaping culture. This approach will be grounded in compassionate behaviours and values. Each region will be enabled to take ownership while contributing to the overall goal of delivering high-quality, effective, efficient, and person-centred care.

Governance and Sponsorship

- ▶ **Leadership:** The CEO leads the culture work, supported by the Organisational Culture Group, which is part of the Public Involvement, Culture and Risk Management Directorate.
- ▶ **Framework and Programme:** The National Director for Public Involvement, Culture and Risk Management and the Culture Group oversee the Organisational Culture Enabling Framework as part of the broader Strategic Transformation Programme.
- ▶ **Oversight:** The Organisational Culture Advisory Group (OCAG) will be chaired by the Board of HSE and will consist of staff and senior management representatives, academic leaders, patient and service users and civil society organisation leaders. It will provide strategic advice, guidance, and oversight to the HSE organisational culture programme on the development, implementation, and continuous improvement of a positive, inclusive, and values-driven organisational culture. This will promote excellence in patient care, staff wellbeing, and public trust. This oversight group will report regularly through the National Director for Public Involvement, Culture and Risk Management to the Strategy and Reform Committee of the HSE Board.

“ *The only thing of real importance that leaders do is to create and manage culture. If you do not manage culture, it manages you, and you may not even be aware of the extent to which this is happening. Leaders influence culture and sustains culture change.*”

Edgar Schein

Key Elements of High-Quality Care Cultures

High-quality care cultures are built on six essential elements. These must be actively supported by all staff, teams, and leaders.

1. Vision, Values and Behaviours

Organisations and teams share a clear, inspiring vision focused on delivering high-quality, compassionate, and continuously improving care.

This vision guides everyday decisions, problem-solving, and conflict resolution. The HSE's core values—Care, Compassion, Trust and Learning—shape our behaviours and how we interact with patients and service users, colleagues, and other teams.

2. Goals and Performance

Each team and department sets five or six clear, ambitious goals—such as improving patients and service user experience, innovation, teamwork, and staff well-being.

Progress is tracked using data and regular feedback.

Teams meet often to review performance and agree on actions to improve quality and outcomes. This is accountability in action.

3. Learning and Innovation

There is a strong commitment to identifying challenges, improving quality and trying new ideas.

Teams foster psychological safety and safeness, where people feel safe to speak up and share ideas and support and care for each other.

Relationships are respectful, collaborative, and focused on co-creating better health and social care services.

4. Support and Compassion

Staff well-being is a priority. Teams support core human needs: autonomy, belonging, and feeling effective in their work.

Caring for staff is seen as essential to caring well for patients and service users.

Patient and service user care is rooted in compassion—listening, understanding what matters to them, and delivering care that reflects empathy and continuous improvement.

5. Equity and Inclusion

High-quality care cultures value the knowledge and experience of all staff.

Everyone should feel respected, supported, and included.

Equity also extends to patients and service users—ensuring fair access to care and addressing health and social care inequalities.

Treating everyone with dignity, compassion, and respect is essential for a healthy society.

6. Teamwork and Collaboration

Strong teamwork within and between teams is vital.

Effective teamworking improves care quality, patient and service user satisfaction, safety, innovation, and staff retention.

The best-performing teams are those constantly implementing new and improved ways of doing things.

Inter-team collaboration, built on compassion, trust, and shared learning, is a hallmark of high-quality care cultures.

3 Regional Culture Development Approach



3 Regional Culture Development Approach

Approach to Developing Regional Culture

The HSE has worked hard to improve its organisational culture. Instead of following just one method, this approach builds on the best parts of several successful strategies already used.

Key elements of the approach are:

Listening to the Public: The public's voice should guide everything we do. Their feedback helps shape how we deliver care and how they experience our services. Listening to what people want, need, and expect should be a normal part of our culture.

Organisational Culture Group: This group supports regional teams in improving culture. They offer advice, coaching, tools, and share lessons learned from other parts of the HSE.

Leadership Matters: Leaders have a big influence on culture. Their actions and how they support staff are crucial. Leaders must go beyond daily tasks to actively promote and support the agreed behaviours that reflect the desired culture. Staff need to feel safe and supported in doing this. Every interaction by every leader at every level shapes the emerging culture of an organisation.

A Chosen Culture: Culture is shaped by shared, visible behaviours. These behaviours should guide how we deliver health and social care. While professional standards and procedures are important, agreeing on core behaviours helps us live our values.

Grassroots Led: Culture change starts with staff. Teams lead the way by modelling the right behaviours and encouraging others. This everyday leadership helps create a new normal in how we work and care for people.

Culture Change as a Movement: We use a social movement approach to spread positive behaviours quickly and widely. Peer networks identified through organisational analysis, help drive this change.

Culture in Teams: The quality of teamworking (and inter-team working) in health and social care is critical to key outcomes, including care quality, patient and service user satisfaction, quality improvement, financial performance of healthcare organisations, and avoidable patient mortality. It is also a key predictor of staff wellbeing, staff retention, fewer errors and less violence against staff. Getting team and inter-team working right is vital to the vision and cultures of Slaintecare.



There is strong evidence over 40 years of the key characteristics of high performing multidisciplinary teams. They are:

Clear leadership:

Are all clear about who the leader is? Does the leader lead the team effectively and compassionately?

Clear team identity:

Is everyone clear about the inspiring purpose and about who the members of the team are?

Clear, agreed team goals:

Has the team agreed specific, measurable, challenging goals (4 or 5 maximum) aligned to the purpose?

Team member role clarity and supportive relationships:

Are all team members clear about their roles? Are all relationships compassionate and supportive? Is there little or no continuing conflict?

Inclusion in decision making:

Are all team members involved in the important decisions which affect the team's work?

Effective team communication and decision-making:

Are there regular, positive engaging team meetings? Is decision-making within and between teams regularly reviewed and improved?

Constructive debate, valuing diversity and improvement:

Does the team review its effectiveness and have constructive, mutually respectful discussions to improve quality? Is diversity in all forms positively valued? Is the team innovating continually? Is there time and space for reflection?

Effective inter-team working:

Are team members committed to improving working relationships with other teams and are these regularly reviewed and improved?

Regular reviews of team functioning with reference to these characteristics and associated questions is a key part of a positive and accountable healthcare culture at national, regional and team level.

Monitoring Progress and Measuring Success: To keep improving our culture, we need ongoing research and clear ways to measure progress. This helps ensure accountability and continued support for cultural change across the health service. We will work with academic partners to study the impact of our culture programme. We will create new ways to measure cultural progress using existing HSE data sources. These measures may include: Health Excellence Awards, innovation programmes, staff and patient surveys, complaints and protected disclosures, performance data

Public involvement is essential to understanding both our current and desired culture. Measurement supports good governance and accountability. We will also explore how culture improvements link to better service delivery, try new ways to collect data, share real stories that show how better culture leads to better care.

Values and Behaviours: Our values and behaviours guide how we deliver on our mission. A values-based and behaviour-focused approach gives us a clear, practical way to shape our culture, by setting clear expectations, we help all parts of the health service act in ways that reflect our desired culture.

4 Core Behaviours of our Chosen Culture





4 Core Behaviours of our Chosen Culture

These behaviours reflect four key aspects of our chosen culture: How we partner with patients, service users and public, how we pause to self reflect, how we interact with our colleagues and how we compassionately lead. A consensus on our core behaviours is the starting point for establishing our shared values. Values and Behaviours are the foundation of how we deliver health and social care. A consistent, practical framework helps everyone in the health service act in ways that reflect our shared culture and mission.

| Patients, Service Users and Public | Myself | My Colleagues | Leaders and Managers |
|--|--|---|--|
| Do I use my name and your name? | Am I putting myself in other people's shoes? | Do I acknowledge the work of my colleagues? | Do I value and acknowledge the good work of my team? |
| Do I take time with people – explain the now and the next? | Am I aware of my own stress and how it impacts others? | Do I ask others in my team how I can help them? | Do I support team members in managing their stress? |
| Do I regularly do an extra kind thing for the people I meet? | Am I aware that my actions can impact how other people feel? | Do I challenge toxic attitudes and behaviours in the workplace? | Do I address toxic attitudes and behaviours in the workplace? |
| Have I listened, heard and responded to the person? | Am I working to the best of my training and ability? | Do I lead by example on my team? | Do I appraise and address under-performance in a fair and compassionate way? |
| Am I engaging with people in a professional and considerate way? | Do I use health service resources in a way that reduces waste and improves sustainability? | Do I work with my colleagues to improve our service? | Do I support my team to innovate and improve our service? |

Patients, Service Users and Public

Living these Behaviours is how we express our desired culture to those we serve.

When applying these behaviours, consider these statements and how they translate for you in your day to day work.

Care

- ▶ I always give the highest quality of care to patients and service users.
- ▶ I prioritise the views of patients and service users.
- ▶ I include family in care decisions when appropriate.
- ▶ I respect the role of loved ones in the patient's support system.
- ▶ I always treat patients with dignity and respect.
- ▶ I respect and take account of the different cultural, social and personal values of patients and service users.

Compassion

- ▶ I always try to be compassionate (attending, understanding, empathising and helping) in my work with patients and service users.
- ▶ I show respect, kindness and empathy in my communication with patients and service users and their families.
- ▶ I take the time to listen to patients and service users, especially when it is busy.
- ▶ I make clear to patients and service users that I am committed to helping them through having first understood what matters to them.
- ▶ I try to the perspective of the patients and service users, putting myself in their situation.
- ▶ I ensure I am present with patients and service users and treat them with warmth and respect.

Trust

- ▶ I am open and honest with patients and service users.
- ▶ I work to build trust and confidence with patients and service users and their families.
- ▶ I am open and honest with patients and service users and their families about shortcomings in our work with them.
- ▶ I am consistent in communicating openly and honestly with patients and service users.
- ▶ I make it clear to patients and service users when we have made a mistake.
- ▶ I work to ensure patients and service users have trust and confidence in the services we provide.

Learning

- ▶ I learn from patients and service users and integrate their feedback into my work
- ▶ I learn from colleagues and welcome their feedback.
- ▶ I acknowledge to patients and service users when I have made a mistake and try to learn from it.
- ▶ I am always looking for new and improved ways of doing our work with patients and service users.
- ▶ I ask patients and service users and their families for their ideas about new and improved ways we could provide care for them.
- ▶ I am committed to learning, growing and developing from work with patients and service users and their families.

Living these Behaviours is how we express our desired culture to those we serve.

When applying these behaviours, consider these statements and how they translate for you in your day to day work.

Care

- ▶ I give myself high quality care.
- ▶ I am kind to myself.
- ▶ I prioritise having good quality time with my loved ones.
- ▶ I engage in activities that help me recover from stressful days.
- ▶ I spend time in nature.

Trust

- ▶ I trust myself when I make choices, without constantly seeking approval.
- ▶ Even if the outcome is uncertain, I believe in my ability to learn and adapt.
- ▶ I act in alignment with my core beliefs, even when it's difficult or unpopular.
- ▶ I own my actions and their consequences without blaming others.
- ▶ I am open and honest with myself.
- ▶ I trust myself to do the right thing at work.

Compassion

- ▶ I treat myself with care and compassion.
- ▶ I try to understand rather than deny bad feelings.
- ▶ I say "no" when needed and protect my time, energy, and well-being.
- ▶ I take wise action to help myself.
- ▶ I am understanding and forgiving of myself.

Learning

- ▶ I ensure I continue to develop my skills.
- ▶ I learn from my mistakes.
- ▶ I learn from those around me.
- ▶ I keep up to date with the latest developments in my area of work.
- ▶ I want to continue to learn and grow.

My Colleagues

Living these Behaviours is how we express our desired culture to those we serve.

When applying these behaviours, consider these statements and how they translate for you in your day to day work.

Care

- ▶ I ensure a strong team focus on our goals of delivering high quality care and build quality working relationships both with my team and other teams I work with.
- ▶ I listen carefully and openly to the views both of my team members and other teams I work with.
- ▶ I look out for the wellbeing of all my colleagues.
- ▶ I involve all team members both in my team and other teams in important decisions affecting our work.
- ▶ I treat all colleagues with dignity and respect.
- ▶ I respect the different cultural, social, and personal values of team members.
- ▶ I ensure we check with other teams regularly about how we can improve the way we work together.

Compassion

- ▶ I am supportive and compassionate to all team members and with other teams I work with.
- ▶ I listen carefully to the views of both my team members and other teams I work with.
- ▶ I help all my colleagues when they are under pressure.
- ▶ I am sensitive to any suffering of any of my colleagues and committed to helping them.
- ▶ I am inclusive and supportive to colleagues in all teams I work with.
- ▶ I ensure that everyone in the other teams we work with feels valued, respected and cared for by those in our team.

Trust

- ▶ I am open and honest with all team members and members of other teams, even when it is difficult.
- ▶ I encourage the team to be open and transparent in how we provide services.
- ▶ I support all team members to be open and honest about mistakes.
- ▶ I encourage my team and other teams I work with to model our values in how we do our work.
- ▶ I encourage the team to monitor progress towards our goals and improving the quality of our inter-team working.
- ▶ I encourage the team to be accountable.

Learning

- ▶ I work together with all team members to ensure learning and quality improvement and work across boundaries to develop new and improved ways of working together.
- ▶ I encourage all team members to discuss and learn from our mistakes.
- ▶ I work together with colleagues to ensure joint learning and quality improvement.
- ▶ I encourage colleagues to develop new and improved ways of working effectively.
- ▶ I try to ensure that everyone in the team and those we work with feels safe to speak up about concerns.
- ▶ I discourage blame and destructive criticism in the team and in our cross-team relationships.

Living these Behaviours is how we express our desired culture to those we serve.

When applying these behaviours, consider these statements and how they translate for you in your day to day work.

Care

- ▶ I provide high quality support for those I lead.
- ▶ I always strive to give the highest quality of leadership for those I lead.
- ▶ I listen deeply to the views of the members of the teams I lead.
- ▶ I include team members in all important decisions.
- ▶ I respect all of those I lead and ensure all feel valued, respected and supported.
- ▶ I respect and take account of the different cultural, social, and personal values of those I lead.

Trust

- ▶ I lead with honesty, integrity, accountability and consistency.
- ▶ I provide leadership in a way that builds trust and confidence in the team.
- ▶ I am open and transparent in my leadership of the team, even when it is difficult.
- ▶ I am consistent in how I treat team members and don't have favourites.
- ▶ I am accountable as a leader, owning my mistakes and celebrating our collective successes.
- ▶ I am open and honest when I make a mistake as a leader.

Compassion

- ▶ I model compassionate leadership for all those I lead.
- ▶ I spend quality time regularly with all of those I lead.
- ▶ I listen deeply to the views and experiences of those I lead.
- ▶ I seek to understand the challenges that those I lead face through having high quality conversations.
- ▶ I care for those I lead, particularly when they are suffering.
- ▶ I seek to help those I lead by removing obstacles to their performance.
- ▶ I seek to help those I lead by ensuring they have the resources to do their jobs effectively.

Learning

- ▶ I create a supportive climate for learning and innovation in the teams I lead.
- ▶ I support team members' ideas for new and improved ways of doing things.
- ▶ I provide the freedom for team members to try out new and improved ways of doing things.
- ▶ I create a climate of psychological safety so team members can learn from when things go wrong.
- ▶ I provide reliable data frequently on the performance of the team so we can continue to improve.
- ▶ I encourage all team members to achieve their potential by continuing to learn.

5 Culture Development Plan



5 Culture Development Plan

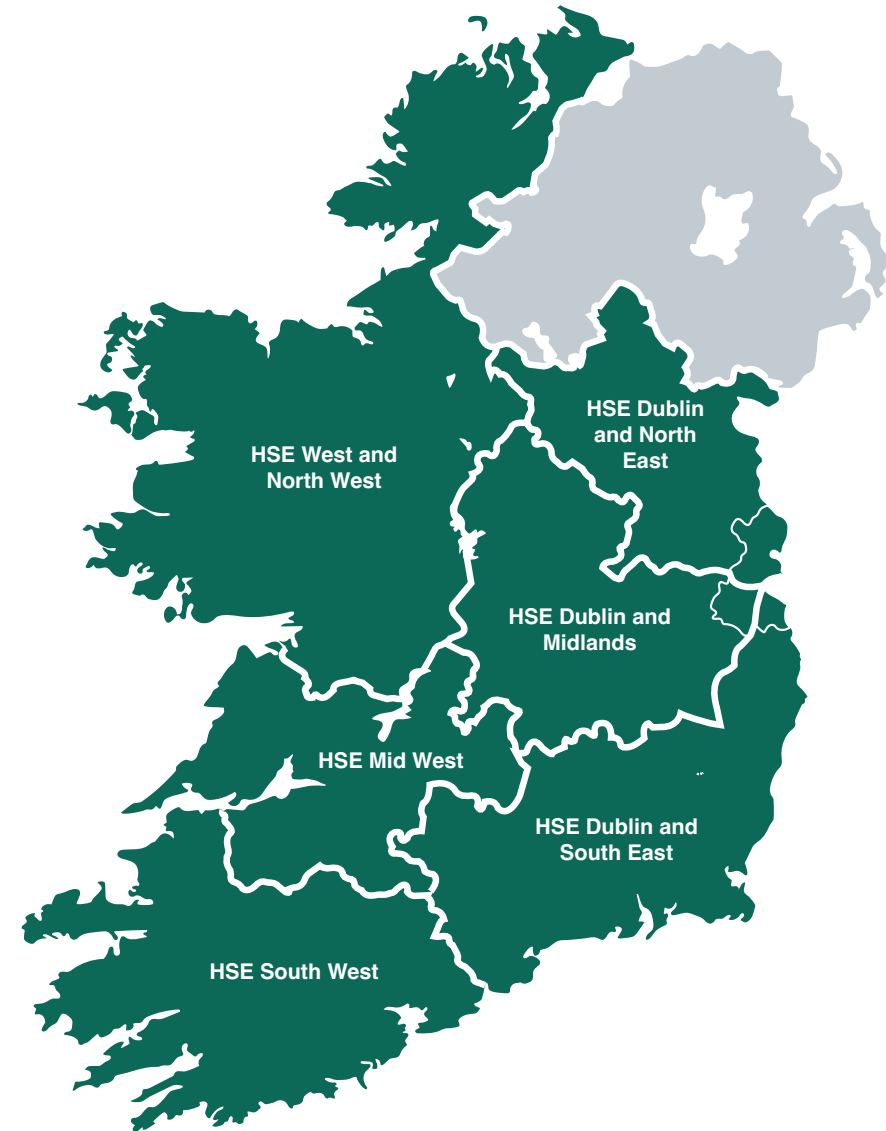
A positive Organisational Culture has been identified by the HSE Board and CEO of the HSE. This is key to the successful transformation and performance of the HSE to health services.

In supporting the restructuring of the HSE with the introduction of the regions, it was acknowledged that an approach to organisational culture was required that enables all areas of the HSE to demonstrate the core values in all the services it provides and through all our engagement with the public.

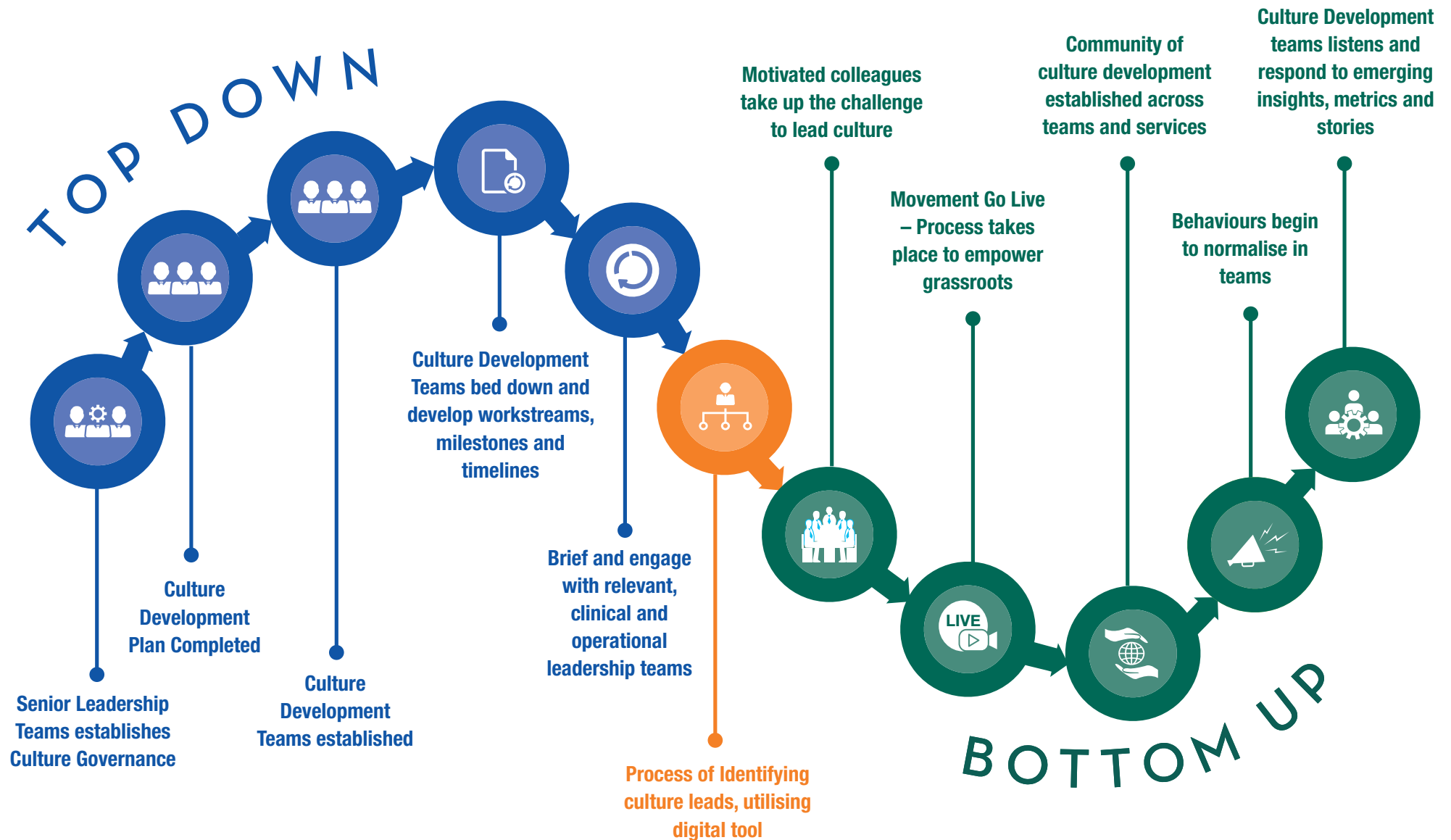
The culture development plan that is completed in each region is a key enabler for the realisation of the desired culture in each team within the health services. The following steps set out a broad set of guiderails for Health Regions (and central functions) to work within as they navigate the culture journey before them.

The Organisational Culture Group will provide consultative support to each area of the organisation in developing their regional culture development plan.

The below graphic sets out the key culture development planning stages that will enable plans to be developed consistently across the organisation. Further detail on each of these planning stages is set out in greater detail on the following pages.



Regional/National Culture Development Planning Stages





Senior Leadership Teams establish Culture Governance

Leaders **MUST** be committed to ensuring a safe and positive environment where the desired culture, values and behaviours can flourish. The most important contribution that you can give to the programme of work is time : Your time : Your team's time : Staff's time.

Regional Leadership is central to any change or transformation – demand for change must be driven first through leadership priority setting and vision.

Culture development is unlike other areas of change – however processes and operations that support it's success follow best practice principles. The Regional Leadership team will be asked to play a significant role in the design, development, implementation, ongoing operations and leadership of the regional culture development plan.



Regional Culture Development Plan completed

Within the region's senior leadership team, a culture governance structure needs to be established to approve, adopt and steward the implementation of the regional culture development plan. The culture governance structure will set out key deliverables, timelines and performance metrics that will encourage pace, scale and quality of the culture development process.

The regional culture development plan should reflect any culture enabling activities or initiatives that are already underway. The intention is not to separate areas of work but rather to combine complimentary ones. None of us are starting from zero and existing work should be celebrated and aligned to the new approach that the plan is setting out.

Culture governance structure should set the reporting timelines for its culture teams and meet the reporting timelines of the national governance group, the CEO of the HSE & HSE Board.



Culture Development Teams established

Given the vast scale of the organisation, local ownership and partnership in the culture development plan is critical. The culture development plan will need to be acted on for it to be adopted so the right mix of culture development teams must be considered carefully by leaders, giving particular consideration to scale, geography, shared services, levels of integration and residual organisational identity.

You will need to identify a suitable profile of staff for the core culture team at the appropriate organisational level. A team of approximately 15+ key members of staff should be identified for each IHA culture team (depending on size of area). The team should have a balanced representation of clinical and non-clinical staff across the area, giving due consideration to including individuals who are already engaged in culture enabling activities or initiatives. The voice of the public is a critical perspective in shaping the culture and should also be represented in the culture teams.

The culture team is the engine room for culture development in the IHA area. They will organise a simultaneous top down and bottom up plan that synergises existing work and implements the culture development plan locally.



Culture Teams bed down and develop workstreams, milestones and timelines

It is recommended to have 5 workstreams for a dedicated focus and attention to the areas of work to help keep things sensible, connected, applicable and manageable.

Workstream 1 - People and Networks - Finding and Mobilising the people to grow the culture

This workstream will need to plan and organise for all of the necessary local inputs (staff databases, locations, email addresses etc.) and processes (Survey Promotion, Survey issuing, etc.) so that a successful process is completed that identifies the people who are best placed to lead on culture.

- ▶ The national culture team will support you with the deployment of the HSE digital organisational culture tool and co-create, with you, the local processes that will enable the deployment.
- ▶ All areas will have their differences so this workstream will also need to consider any parallel processes or workarounds that might be required to ensure all staff in every corner of your area have the ability to participate in the process.
- ▶ Once culture leads have been identified and been invited to take up the challenge of behalf of their teams, a process will need to be planned for and organised that helps to build the capacity of the peer nominated change community to lead the development of a values based, behaviour driven culture in their teams and across their networks. The national culture team will work with you to develop this capacity and for you to localise it.
- ▶ Mobilising for developing organisational culture: Once the capacity has been built among the culture development leads-further support and guidance will be required to set the culture leads up for maximum success with their colleagues and team mates. This will require developing suitable resources and material that helps all team members join with their culture lead in taking values based and behaviour driven action that successfully develops the desired culture in their team. The national team will support you with key assets, resources and materials required.



Workstream 2 – Alignment and Partnership- Focus on what's great here right now- Incorporate the best of what's working now with a new culture in teams

- ▶ Develop catalogues and directories of all culture enabling resources available to teams in their local areas.
- ▶ Focus on building team resources that prevent errors being made rather than respond to errors when they occur.
- ▶ Promote a culture where training and development in teams is sought through team consensus for development of services that the public need and want provided to them.

Workstream 3 – Communications and Identity- Telling the story of us

Build and resource a local story telling system that easily draws from the local storytelling well and is broadcast to the audience in a consistent and sustainable process.

- ▶ Why tell stories? Stories are the currency of human connection. They connect with our hearts, our emotions and our heads in a way that facts and data can't. People remember stories, not bullet points. Stories are the social proof of change.
- ▶ Culture happens in the moment but lives on in the stories we tell each other every day. So every day examples show the impact our behaviours can have with the public, with each other and for our organisation.

Workstream 4 – Values and Behaviours - Highlighting the day to day behaviours that demonstrate the values of the health service

- ▶ Translating agreed core behaviours into team's actions and standards to develop and maintain culture.
- ▶ Develop easy to understand resources to assist the culture leaders develop the culture in their teams.
- ▶ Shorten the distance from operational teams to culture enabling resources (local and national).
- ▶ Encourage teams to decide on their culture beacons- The 2 or 3 areas of their culture they are going to pay special attention to.

Workstream 5 – Culture Metrics

- ▶ Identify and agree the key metrics with the CEO and SLT.
- ▶ Ascertain the source data to inform these metrics and secure the consistent provision of this data.
- ▶ Design and agree the organisational culture report and its frequency, ensuring that it reflects the regional and national cultural position.
- ▶ Publish the organisational culture report.



Brief and engage with relevant, clinical and operational leadership teams

The culture team's work must always be focused on patient and service user centred integrated services.

- REMINDER: Leaders MUST be committed to ensuring a safe and positive environment where the desired culture, values and behaviours can flourish.
- Ensure alignment with organisational and service priorities.
- Continuous updates and briefing of relevant clinical and operational leadership is critical to maintain a broad coalition of local support for the work that is being developed. These briefings should occur long before any plans or timelines have been finalised by the culture teams.



Process of Identifying culture leads, utilising digital tool

Peer based approaches enabled by management help to create a permission structure for culture leadership at team and service level. This process is called an Organisational Network Analysis (ONA) and it is one of the most effective and efficient ways of uncovering your networks of influence and connection. These newly uncovered networks enable the desired culture change to occur at pace and scale across the teams in the area.

Deploying digital ONA tools efficiently reaches a pool of peer nominated culture influencers. In order to uncover the networks across all levels and disciplines in teams within an IHA, a confidential anonymous survey is issued. We have a tool ready to utilise which will help you with this process. The ONA survey asks

staff to identify colleagues they respect, admire and turn to for support and guidance. If a person is nominated multiple times by their peers, they are invited to lead culture development in their teams and service networks.

The results will provide you with a pool of connected and influential colleagues to start to pull the behaviours up through team and service networks. They will also provide a heat map of your region indicating areas that are keen and motivated to develop their culture and areas that are peripheral and less (lowly) motivated to develop their culture.

The Organisational Network Analysis.

We have a tool ready to utilise which will help you to uncover the networks across all levels and disciplines in your area, a confidential anonymous survey is issued. This asks staff to identify colleagues they respect, admire and turn to for support and guidance. If a person is nominated multiple times by their peers, they are invited to become a culture lead/champion. This process is one of the most effective ways of uncovering your networks of influence and connection. These newly uncovered networks enable the desired culture change to occur at pace and scale across the area.



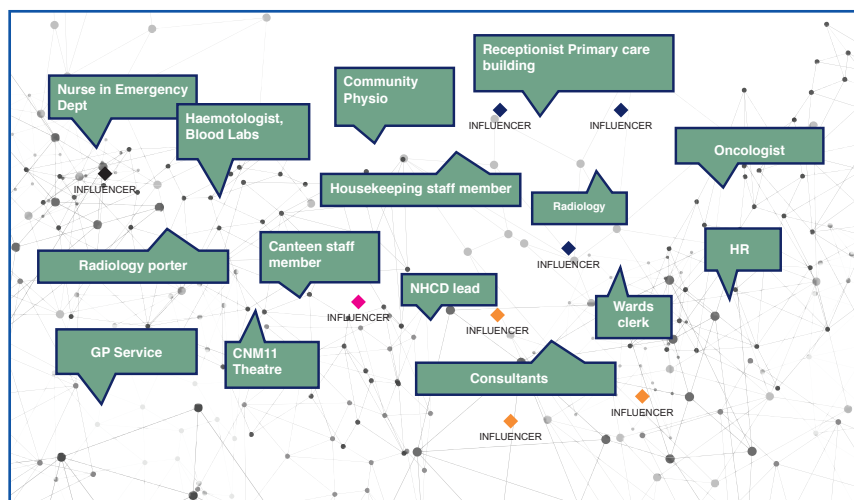


Motivated colleagues take up the challenge to lead culture

Peer nominated staff are highly connected and highly influential people in their teams, their workplaces and often in their professions. They use their peer-to-peer influence and natural leadership skills to set the tone in teams and demonstrate the behaviours.

When they accept their nomination and commit to lead on culture where they work, the organisation has gained both an asset and an ally in the mission to develop the chosen culture. They commit to practice the behaviours themselves and engage with their peers about the behaviours, more colleagues are in turn drawn to culture development.

In any culture, it is only the behaviours that are visibly practiced by those that we want to emulate, that get copied and increase in frequency. **Normalising the chosen behaviours in teams is a critical success factor for the culture development plan.**



What an informal network map of an IHA area might look like.



Movement go live – process takes place to empower grassroots

The staff who accept the nomination should come together with their fellow culture peers. The purpose of this is to increase their knowledge of culture change and the role they will play in bringing it back to their teams. The early interactions of this change community should emerge where knowledge is shared, examples are given, ideas are explored, skills and tactics are practiced and developed. The key focus of the community should be on bringing some actions for culture to work through with their teams. No two teams are identical, participants should be facilitated to brainstorm on the Culture Beacons in their teams - (The 2 or 3 areas of their culture they are going to pay special attention to).

The Culture development plan will require an accompanying communications plan. It is likely at this stage that the majority of front facing communications will have taken place and the go live/start date has been well sign-posted to all staff. Ongoing communications about the culture development process should now seek to create a sense of community and connection needs to be created at this stage.

Culture Leads are highly connected and highly influential people in their workplaces. They use their peer-to-peer influence and natural leadership skills to spread the behaviours in their own networks. They practice the behaviours themselves and engage with their peers about the behaviours, bringing other staff on board.

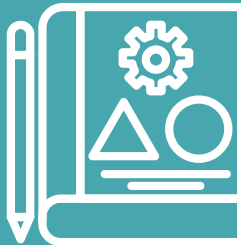


Peers start translating agreed core behaviours into meaningful opportunities for culture development in their team. The behaviours are consistent but how they will be applied will be different in each team of the organisation. Success is about making the behaviours normal in the day to day work of the team and the service.

The attention should be on the day to day, practical and focused on what CAN be done. A menu of possible team's actions and resources should be developed to assist culture leads develop the culture in their teams.

Leadership support should be clear, obvious and vocal at this stage of the plan. Staff have been given a commitment and that should be met with support that is unanimous and unambiguous.

The National Organisational Culture Group will work with culture teams to localise resources and toolkits to support the Go Live stage. This stage marks the start of the culture movement in the area. This will be a high energy moment in teams across the network and we will start to hear people talking about the behaviours and how they see them happen frequently in day to day interactions between patients/service users and staff.



Community of culture development established across teams and services

Culture leads have shared their learning and culture enabling resources are promoted with teams who are now putting their plans in place translating the behaviours into all of their day to day work.

Teams are deciding on their culture objectives (beacons), the areas of their culture they are going to pay special attention to. They are sharing examples and stories of the behaviours being lived through their communication process (newsletters, notice boards, team meetings etc). Team meetings have culture on their agenda and they start to recognise gaps where they can improve around culture.

Culture leads re-group with each other at manageable intervals and develop skills as a learning network /community of practice.



Behaviours begin to spread in teams. More colleagues are drawn to join the movement

A communication plan is implemented highlighting the benefits for teams who are intentionally developing their culture and indicating how staff can get involved. Stories begin to emerge of the impact the new culture is having with patients and service users across the services.

Culture leads move away from their individual role into more collective team culture leadership and co-production.

Teams habits and customs that prompt and prioritise the behaviours of the chosen culture start to mature and embed.

Gaps continue to be identified where they exist. Wins on closing gaps to date should be celebrated. Resources to assist the culture leads develop the culture are adjusted and deployed to meet teams needs.

Culture enabling resources (local and national) are promoted among all teams engaged in culture development.

Teams should review their culture beacons and appraise their progress in addressing and highlighting them in their team culture.

Culture leads regroup with each other at manageable intervals and develop skills as a learning network /community of practice.

Culture leadership roles rotate among other team members where its deemed to be best for the teams culture.

Sharing examples of good culture can increase culture change by up to 20% in a team. You can do this by sharing examples of the behaviours being lived at start of team meetings (sets focus on culture), sharing on social media, newsletters, health matters etc.



Culture teams listen and respond to emerging insights, metrics and stories

Metrics that are indicative of the overall culture of the HSE are not readily available. A concerted effort is required to close this knowledge gap and set in train a sequence of research operations that will lead to the development and implementation of suitable data gathering and analysis processes for culture metrics.

The National Working Group on Culture Metrics will provide guidance to each region in how to develop a consistent set of Culture Metrics. The regions will then be enabled to put in place a strategy, plan and processes for measuring the impact of their culture development plan.

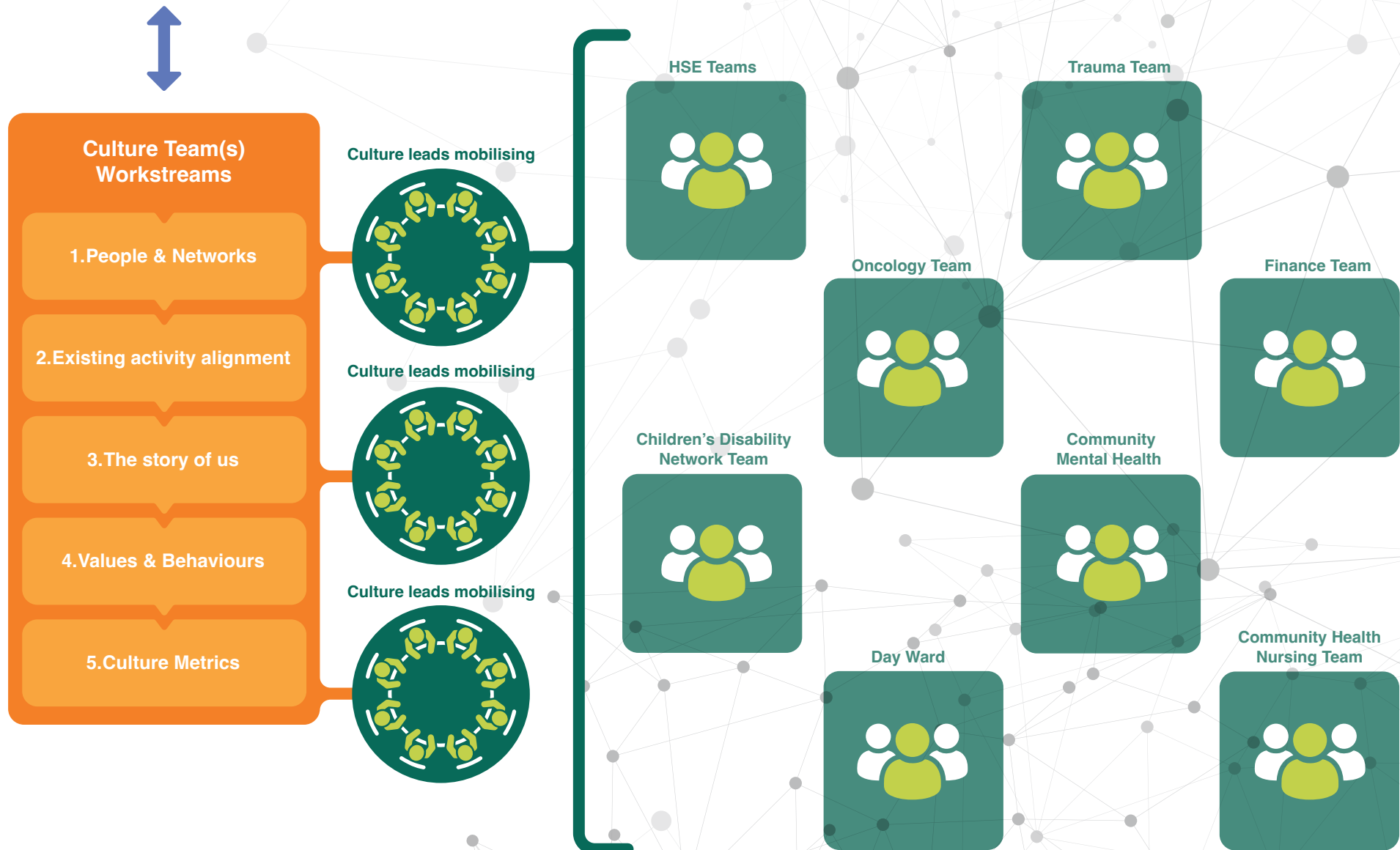
Each region will be asked to engage in a research design process that aligns the metrics set out by the HSE Organisational Culture Metrics Working Group.

Each plan should comprise a local culture metrics research strategy, planning documents and research management tools that enable the local team in building out this important aspect of their culture development plan.

This plan should avoid limiting itself to a baseline/1 year an approach that is often commonly applied. The metrics utilised should lead to a growing dashboard of metrics that reveals the real time impact of the culture transformation efforts and as such require a consistent level of gathering analysis and operational response.

Broader medium term and longer term culture studies are encouraged and should be considered as part of the teams metrics plan. Co-production of these studies with HSE Organisational Culture Metrics Working Group is encouraged, leading to aligned efforts to pursue suitable research resourcing options (Academic partnerships, research grant funding etc.) that will support and enable the collection and analysis of locally generated culture data.

Culture Development Plan Implementation Model





Notes



For further information please contact the
National Director's Office, HSE Public Involvement,
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 Organisational Culture