

# HSE Employee Handbook 2016-17



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## **Health Services People Strategy 2015-2018**

The People Strategy, Work Plans and presentation are available on

<http://hse.ie/eng/staff/Resources/hrstrategiesreports/peoplestrategy201518.html>



Dear Colleague,

As Director General of the Health Service, it is a great pleasure to welcome all new members of staff to the HSE. In making your decision to join the Irish health service, you have joined a very large, diverse organisation with a wide range of services. I hope you have a long, enjoyable, productive and fulfilling career in the Irish health service.

This employee handbook provides you with information on the HSE, the employee services available to you and the necessary policies for the protection of our patients/service users and you. For new employees, it is important that you also attend a staff induction programme – which you can access locally. Please note the Employee Handbook contains useful information for new employees, which is equally relevant to existing employees.

We know that working in the healthcare sector can be a very intense experience for staff and is not without risk. Employees are the most valuable resource we have and we want to ensure that you feel valued, engaged and able to achieve your full potential. We also know that the experiences of healthcare employees shape patients' experiences of care (and not the other way around). I welcome your feedback and suggestions on how we can perform any part of our work better. This can be done locally or through the inspire Hub on HSELandD – [www.hseland.ie](http://www.hseland.ie).

In our Corporate Plan 2015-2017 and in our People Strategy 2015-2018, we set out the values we believe are the true core of what we do. These values are care, compassion, trust and learning and I ask you to uphold them in your work. They define how we should behave towards patients, relatives, carers, visitors and each other – each and every day. I believe that if we follow our values we will create a service that people can trust and have confidence in, a service that keeps people well and at the centre of all we do. I also urge all staff members, without fear or favour, to blow the whistle on any instance of misconduct, disrespect or abuse towards residents, clients, patients or any service user should you ever witness it. The way to do this is signposted in this handbook.

Finally, I want to say I am confident that together we can work to improve all aspects of the health service and I want to thank you for playing your part to make this happen.

**Tony O'Brien**

*Director General of the Health Service, HSE*



## Message from the National Director of Human Resources

I am very pleased to introduce the HSE Employee Handbook 2016-2017, which has been developed to provide a range of helpful information to guide all staff in their work. Whether you are a new member of staff, or have been here for some time, I hope that you find it really useful. This book will give you a brief introduction to the HSE and its values, describing the way we aim to work and what we want to achieve. It also contains information about the services and facilities available to support you in your working life.

It is very important to me that you feel welcome and valued. Whether you are working directly with patients or not, you are all helping the health service to provide safe, high quality patient care, and that is a vital part of all our work.

You are now part of a team of over 100,000 highly-valued staff who aim to provide the best possible care to the people we serve.

The Health Service **People Strategy 2015-2018** clearly outlines our commitment within HR to move to a more facilitative, developmental and enabling approach – our core purpose is to serve the business and clinical priorities of the organisation. I am particularly keen that we work in partnership with line managers to add value and enhance people capacity.

Our staff are the most valuable resource we have and I am committed to creating a happy and healthy workforce who feel engaged, energized and fulfilled at work. I hope that this Employee Handbook will be an effective communication resource to managers and staff at all levels and serve as a core enabler to improved staff engagement.

I will continue to prioritise opportunities across the system that provide staff with a voice so that we can listen to your feedback and advocate on your behalf to improve the working environment and enhance services – please take these opportunities as they arise as I believe that we can through more effective engagement become *leaders in people services*.



**Rosarii Mannion**

*National Director of Human Resources, HSE*

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**Part One**

# **Joining the HSE**



# Part One: Joining the HSE

Our Priorities are:

## Focus on Customers/ Clients/Patients

Base all your decisions on what will deliver the best service for our patients and service users.

Always try to make it easier for people to access our services  
Strive to consistently provide high-quality services.

## Take the Initiative

Take personal responsibility;  
“It’s up to me – others are depending on me”.

Don’t just talk about problems or work around them, provide solutions.

Be innovative and set an example for others to follow.

## Efficiency

Whatever you do, think HSE, not just your own area.

Reduce the need for people to navigate the system by simplifying the way we deliver our services.

Maximise resources by planning ahead.

## Teamwork

Respect the skills and abilities of all staff.

Provide constructive feedback.

Share resources and actively support each other.

Actively acknowledge the efforts of others.

## Your Colleagues

Support each other to achieve the highest possible standards.

Take an interest in the development of each member of staff.

Be courteous at all times.

## Lead by Example

Set challenging goals.

Be accountable; do what you say you will do.

Go the extra mile.



# About this Handbook

This Employee Handbook provides a range of information to guide all staff in their work and to help you to understand your terms and conditions of employment. Taking the time to familiarize yourself with the Handbook's contents will help you to:

- Get to know the Health Service Executive (HSE) as an organisation – your employer
- Develop an understanding of the policies and agreements surrounding your employment
- Know what you can expect from your colleagues and what they will expect from you
- Know what to do if you have a grievance and/or concern
- Know about communication and consultation policies and procedures
- Know how to seek guidance on accessing information relating to your terms and conditions of Employment i.e. annual leave from work, statutory leave, pay and pension
- Know about development opportunities

## Your First Point of Contact

Your line manager, will be able to help you with most questions or direct you to the appropriate department.

## Your Contract

This handbook, and your contract, set out your employment terms and conditions with the HSE. Take time to read them both carefully. If you have any questions check with your line manager. Detailed information regarding terms and conditions of employment are also available on [www.hse.ie](http://www.hse.ie), or from your line manager.

## Hours of Work

Your hours of work are specified in your contract of employment and your times of attendance are as notified by your line manager. Employees are expected to report for duty at the normal starting time and not to leave before the rostered finishing time. Employees are expected to co-operate with the time recording systems in operation at their place of employment.

# Your Employer – The HSE

### Aims

- Understand the HSE
- See where you fit within the organisation
- Know who the senior management team are
- Find out who the local management team are

## Object and Function of the HSE

The HSE was established by Ministerial order on 1 January 2005 in accordance with the provisions of the Health Act 2004, as amended by the Health Service Executive (Governance) Act, 2013 as the single body with statutory responsibility for the management and delivery of health and personal social services to the population of Ireland. Section 7 of the Health Act, 2004 (as amended) states that the objective of the HSE is *“to use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public”*.

The HSE is the largest employer in the State, directly employing approximately 62,000 whole time equivalents and a further 35,000 are employed by the voluntary hospitals and bodies funded by the HSE. The overall HSE budget for 2016 is €12.98 billion.

## Corporate Values

The HSE Corporate Plan 2015-2017 – *Building a high quality health service for a healthier Ireland*, sets out the Vision, Mission and Values for the organisation. The Vision – “A healthier Ireland with a High Quality Health Service valued by all” is the ambition of the Health Service over the three year life of the Corporate Plan. The core values of Care, Compassion, Trust and Learning are key values of the organisation. The HSE requires all staff to live their Values every day when interacting and dealing with service users, colleagues and members of the public.

## National Service Delivery Divisions

In line with the health reforms set out in the Department of Health’s Future Health – A Strategic Framework for Reform of the Health Service 2012-2015, health and social care services are delivered through a number of National Service Delivery Divisions, responsible for the delivery of services to the public. National Service Delivery Divisions are as follows;

- Acute Hospitals
- Social Care
- Mental Health
- Primary Care
- Health and Wellbeing
- National Ambulance Service

A brief outline of the functions and responsibilities of each of these National Service Delivery Divisions is set out below.

### Acute Hospitals

Acute hospital services are provided through seven Hospital Groups. The Acute Hospital Division works directly with acute hospitals across the country to provide all patients with equal access to safe quality services. The Division also collaborates with other Divisions and key stakeholders. The reorganisation of public hospitals into seven Hospital Groups is designed to deliver improved outcomes for patients. The hospitals making up each Group work together to provide acute hospital care for patients and work to develop close relationships with health and social care services in the community. The objective is to maximize the amount of appropriate care delivered in local smaller hospitals while ensuring that highly specialized and complex care is safely provided in larger hospitals.

### Social Care

The Social care Division supports and facilitates older people and people with disabilities to live independently by promoting their independence and lifestyle choice as far as possible. Services are delivered directly by the HSE or through agencies funded by the HSE which are governed through service arrangements or grant aid agreements.

## **Mental Health**

The objective of the Mental Health Division is to create a structure to effectively manage the strategic, operational and financial activities for mental health services. The division has responsibility for Area based Mental Health Services (approved inpatient residential centres and all community based teams), Child and Adolescent Mental Health, Psychiatry of Old Age, the National Forensic Mental health Service, the National Counselling Service and the National Office for Suicide Prevention.

## **Primary Care**

The objective of the Division is to ensure that the vast majority of patients and clients who require urgent or planned care are managed within primary care and community based settings whilst ensuring that services are safe and of the highest quality, responsive, accessible, efficient, integrated and aligned with relevant specialist services.

## **Health and Wellbeing**

The objective of the Division is to support people to live healthier and more fulfilled lives. Health and Wellbeing services cover the areas of public health, health protection, child health, national screening programmes, health promotion and improvement, environmental health, emergency management and health intelligence. The Division also has an enabling role in relation to the roll out of the Healthy Ireland Framework in the health services through the development and implementation of Hospital groups, Community Healthcare Organisations and Divisional Health Intelligence plans.

## **National Ambulance Service**

The objective of the National Ambulance Service is to provide a modern, quality service that is safe, responsive and fit for purpose whilst delivering a significant reform agenda which has at its centre service improvement to ensure high quality safe care for its patients.

## **Transforming Our Services**

The objective of the HSE is to build a first class health service for Ireland. At the heart of this work are programmes that make it easier for people to access quality services and easier for the HSE to deliver these quality services. To do this the HSE is simplifying its business so that it can more easily monitor what services are being delivered, and how.

While there are some challenging structural and process issues to address within the Irish Health Services, it is important to remember that, every day, there are thousands of people delivering and receiving outstanding services around the country.

At an operational level the biggest challenge facing the HSE is the speed with which reliance on hospitals can be reduced and capacity to deliver care within the community setting can be built.

This emphasis must be changed by building a fully integrated and responsive local health service, so that people are confident that the vast majority of their health needs can be provided outside hospitals. As community-based services are strengthened, the barriers that currently exist between hospital care and community care will begin to dissolve and the gap between the two services will disappear.

From the outset, as employees you must be engaged in the following activities:

- Fostering a culture of quality and safety in your area of responsibility
- Keeping up to date with the specific legal framework for your role in addition to new practices in your service area
- Keeping up to date with new practices in your area
- Following policies, procedures and guidelines that aim to assist staff in providing the highest level of service possible
- Monitoring, reviewing and evaluating practices to ensure continuous improvement of your service
- Reporting incidents/near misses in your service and managing them in line with Risk Management procedures
- Identifying hazards in your workplace and managing them in line with risk management procedures

## HSE Directorate and Leadership Team

Following the enactment of the Health Service Executive (Governance) Act on 25 July 2013, the HSE Directorate was established as the governing body of the HSE. The Directorate has collective responsibility as the governing authority of the HSE and the authority to perform the HSE's functions. The Directorate is accountable to the Minister for the performance of the HSE's functions and its own functions as the governing authority of the HSE. The Directorate has reserved the following functions for its approval:

- Major strategic developments provided for in the Corporate Plan, Service Plan and Capital Plan
- Expenditure decisions over an agreed financial threshold
- Codes of Standards and Behaviour, Codes of Conduct
- Monitoring of performance on a monthly basis
- Approval of Annual Report of Performance and Financial Statements
- Schedule of ongoing approvals.

The Directorate meetings deal with the reserved functions and other key areas. Immediately following the Directorate meetings, the non-Directorate members of the Leadership Team join and all Leadership team business is then conducted.

### HSE Leadership Team (as at April 2015)

**Tony O'Brien**

*Director General*

**Stephen Mulvany**

*Chief Financial Officer*

**John Hennessy**

*Primary Care*

**Pat Healy**

*Social Care*

**Dr. Stephanie O'Keeffe**

*Health & Wellbeing*

**Anne O'Connor**

*Mental Health*

**Liam Woods**

*Acute Hospitals*

**Dr. Áine Carroll**

*Clinical Strategy and Programmes*

**Jane Carolan**

*Health Business Services*

**Rosarii Mannion**

*Human Resources*

**Dr Philip Crowley**

*Quality Improvement*

**Patrick Lynch**

*Quality Assurance and Verification*

**Paul Connors**

*Communications*

**Dr. Jerome Coffey**

*National Cancer Control Programme*

**Michael Flynn**

*Internal Audit*

**Joe Ryan**

*Acting Head of System Reform Group*

**Damien McCallion**

*National Ambulance Service*

**Richard Corbridge**

*Chief Information Officer*

**Dara Purcell**

*Corporate Secretary*

**Jim O'Sullivan**

*Programme Director,  
Office of the Director General*

# People Strategy Delivering on the Corporate Plan

## People Ambition

We want to deliver the best possible care to our patients and service users. We will continue to invest in and develop a workforce that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork and maintains continuous professional development and learning.

## Our Plan

This *Corporate Plan* sets out our 5 goals, the actions required to deliver them and how we will measure success

### Goal 1

- ▶ Promote health and wellbeing as part of everything we do so that people will be healthier

### Goal 2

- ▶ Provide fair, equitable and timely access to quality, safe health services that people need

### Goal 3

- ▶ Foster a culture that is honest, compassionate, transparent and accountable

### Goal 4

- ▶ Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

### Goal 5

- ▶ Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

**Source:** *Building a high quality health service for a healthier Ireland, Health Service Executive Corporate Plan 2015-2017*

## VISION

**A Healthier Ireland  
with a high quality  
health service  
valued by all.**

**Source:** *Building a high quality health service for a healthier Ireland, Health Service Executive Corporate Plan 2015-2017*

## MISSION

People in Ireland are supported by health and social care services to achieve their full potential.

People in Ireland can access safe, compassionate and quality care when they need it.

People in Ireland can be confident that we will deliver the best health outcomes and value through optimising our resources.

## PEOPLE VISION

**Enabling all staff to  
perform to the best of  
their ability delivering  
service excellence.**

## PEOPLE MISSION

Provide professional HR Services to transform the organisation's capability to deliver safer better healthcare by creating an environment that supports and values staff.

# Values

## Care

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

## Compassion

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

## Trust

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

## Learning

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

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

## HSE Diversity, Equality and Inclusion Statement

Employees of the HSE bring a range of skills, talents, diverse thinking and experience to the organisation. The HSE is committed to creating a positive working environment whereby all employees inclusive of race, religion, ethnicity, gender, sexual orientation, responsibilities for dependents, age, physical or mental disability, civil status, membership of the Traveller community, and geographic location are respected, valued and can reach their full potential. We aim to develop the workforce of the HSE which reflects the diversity of HSE service users, and which is strengthened through accommodating and valuing different perspectives, ultimately resulting in improved service-user experience.



## People Strategy Outcomes

The People Strategy planned outcomes are the statements that describe what will be achieved and what can be reliably demonstrated or measured at the end of the Strategy implementation process. Adopting this approach supports our ambition and challenges the whole system to deliver on a common agenda. The combined outcomes from each of the priority areas in the People Strategy will result in improved performance, workforce optimisation and a learning organisation delivering the overall goal of Safer Better Healthcare.

### Priority 1

#### Leadership and Culture

Effective leadership at all levels, working collectively towards a common purpose, creating a caring and compassionate culture and inspiring innovation, creativity and excellence throughout the organisation.

### Priority 2

#### Staff Engagement

Staff have strong sense of connection to the service, take personal responsibility for achieving better outcomes and support team colleagues to deliver results.

### Priority 3

#### Learning and Development

A learning culture that prioritises development to ensure staff are equipped to confidently deliver, problem solve and innovate safer better healthcare.

### Priority 4

#### Workforce Planning

Comprehensive workforce plan in place based on current and predicted service needs, evidence informed clinical care pathways and staff deployment.

### **Priority 5**

#### **Evidence and Knowledge**

Work practices and client pathways are evidence informed and decision making is based on real time and reliable data.

### **Priority 6**

#### **Performance**

Staff and teams are clear about roles, relationships, reporting and professional responsibilities so that they can channel their energy and maximise performance to meet organisational targets.

### **Priority 7**

#### **Partnering**

Partnership with staff, service managers and stakeholders effectively developed and managed to add value and support the delivery of safer, better healthcare for local communities driving change and improving the client experience.

### **Priority 8**

#### **Human Resource Professional Services**

HR Services designed to create value, enhance people capacity and positioned to deliver organisational priorities.

# National Standards for Safer Better Healthcare

National Standards for Safer Better Healthcare are an integral part of how the health services in Ireland are both managed and quality assured.

These Standards cover

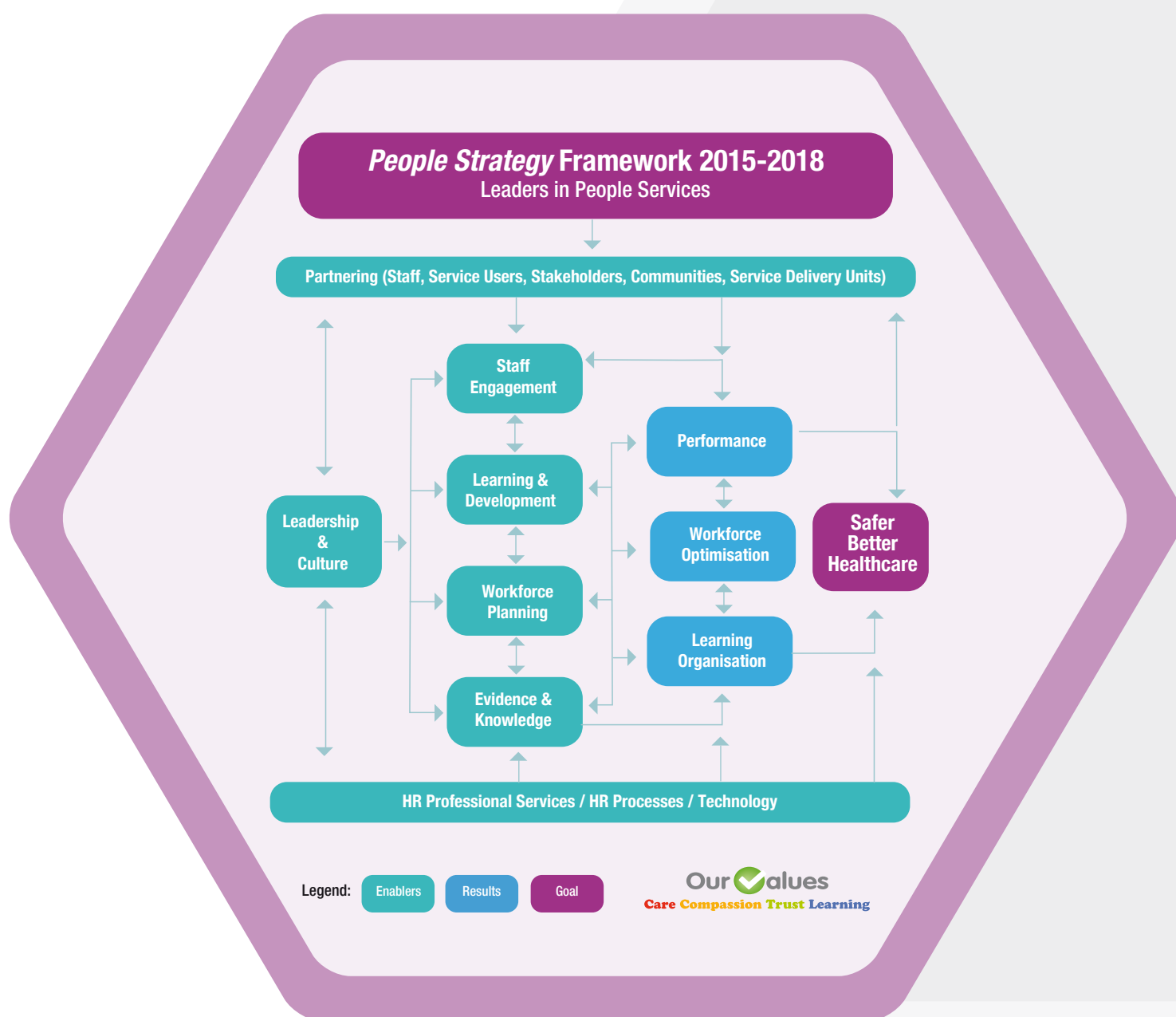


- Person-centred care and support – how services place the service user at the centre of their delivery of care. This includes the concepts of access, equity and protection of rights.
- Effective care and support – how services deliver best achievable outcomes for service users in the context of that service, reflecting best available evidence and information. This includes the concepts of service design and sustainability.
- Safe care and support – how services avoid, prevent and minimise harm to service users and learn from when things go wrong.
- Better health and wellbeing – how services identify and take opportunities to support service users in increasing control over improving their own health and wellbeing.
- Delivering improvements within these quality dimensions depends on service providers having capability and capacity in four key areas: Leadership, governance and management – the arrangements put in place by a service for clear accountability, decision-making, risk management as well as meeting their strategic, statutory and financial obligations.
- Workforce – planning, recruiting, managing and organising a workforce with the necessary numbers, skills and competencies.
- Use of resources – using resources effectively and efficiently to deliver best possible outcomes for service users for the money and resources used.
- Use of information – actively using information as a resource for planning, delivering, monitoring, managing and improving care.

These Standards provide for a formal mandatory induction programme for the workforce which includes a focus on communication and safety of service users. The Standards require members of the workforce to be facilitated to maintain necessary competencies in order to meet their relevant professional registration requirements. Section 6 of the Standards deals with workforce issues.

# People Strategy Framework

The Framework used to outline the strategic priorities in the *People Strategy* is based on an applied version of the Excellence Model (European Foundation for Quality Management – EFQM). The key premise of the Framework is that achieving our ultimate goal of **Safer Better Healthcare** is achieved through leadership driving cultural change enabled by staff engagement, workforce planning and adopting a partnering approach. This is further supported by learning and development, use of evidence and knowledge, HR transactional processes and performance management. The Framework also presents core people management results i.e. becoming a learning organisation, workforce optimisation and improved performance throughout the delivery system. The main value in presenting this Framework is that it gathers the interrelated and interdependent elements of the *People Strategy* which can then be applied at different levels across the system and adapted to local contexts. The key elements are outlined below:



## Your Local Management Team

During your induction your line manager will advise you of the management structures in your area. The HSE regional services for hospitals and community health services were re-configured in 2015 as follows:

### Hospital Groups

The establishment of Hospital Groups was committed to in 'Future Health: A Strategic Framework for Reform' and is a key building block in delivering on the Government's commitment to fundamentally reform our health services. Under this reform the Irish acute hospitals system has been organized into seven groups, each with its own management structure and linked to a major academic partner. The seven hospital groups, each managed by a Group Chief Executive are as follows;

1. Ireland East Hospitals Group
2. RCSI Hospitals Group (Dublin North East)
3. Dublin Midlands Hospitals Group
4. University of Limerick Hospitals
5. South/South West Hospitals Group
6. Saolta University Health Care Group
7. Children's Hospital Group

### Community Healthcare Organisations

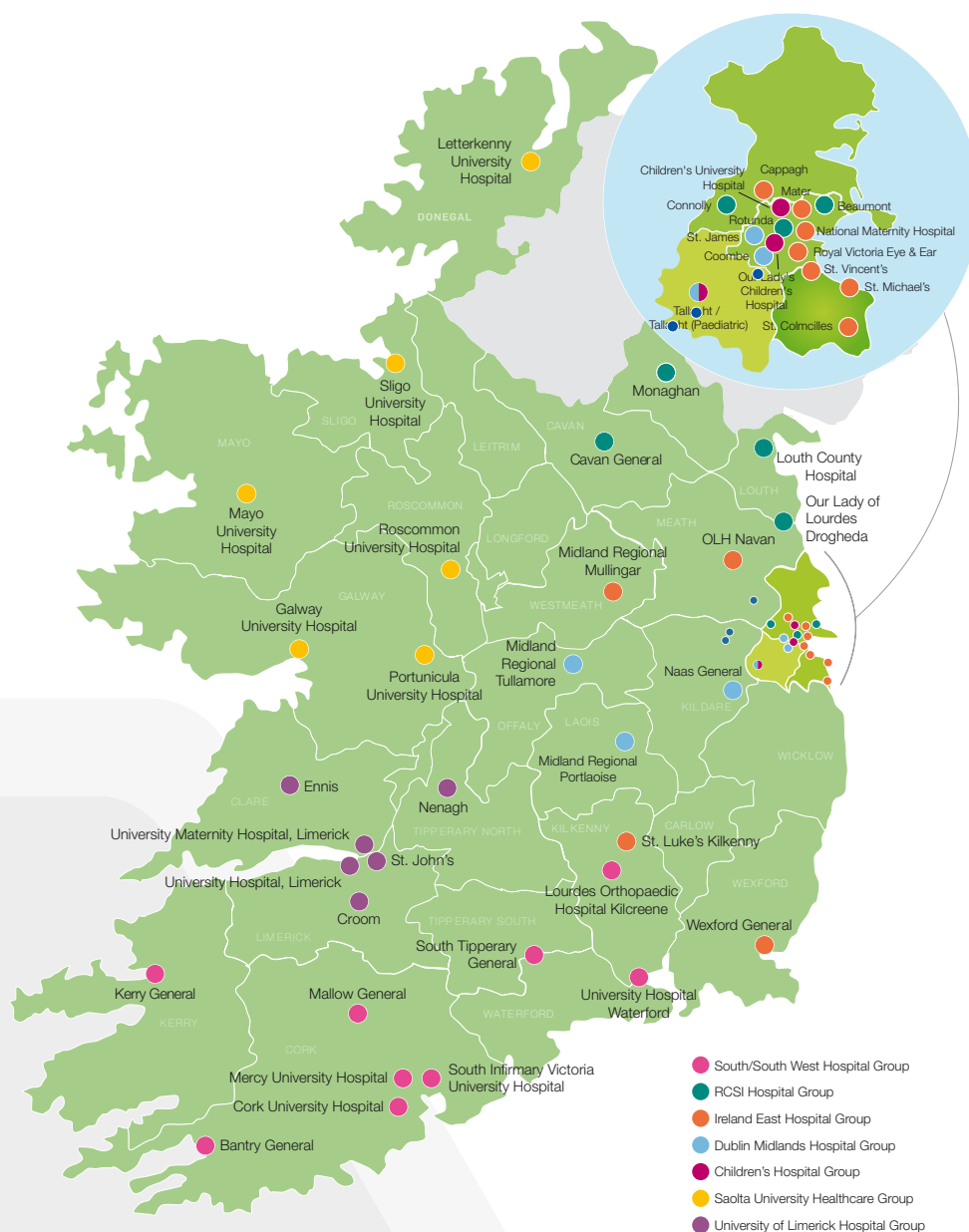
There are 9 Community Healthcare Organisations as set out in the map below.

The CHOs are responsible for the delivery of primary and community based services responsive to the needs of local communities. CHOs are managed by a Chief Officer (CO) who is legally accountable to the chair of the Executive Management Committee (appointed by the Director General).

- Area 1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan  
Area 2: Galway, Roscommon, Mayo  
Area 3: Clare, Limerick, North Tipperary/East Limerick  
Area 4: Kerry, North Cork, North Lee, South Lee, West Cork  
Area 5: South Tipperary, Carlow/Kilkenny, Waterford, Wexford  
Area 6: Wicklow, Dun Laoghaire, Dublin South East  
Area 7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West  
Area 8: Laois/Offaly, Longford/Westmeath, Louth, Meath  
Area 9: Dublin North, Dublin North Central, Dublin North West



## Hospital and CHO Groups



### New CHO'S

- Area 1** JOHN HAYES Donegal, Sligo/Leitrim/West Cavan and Cavan/Monaghan
- Area 2** TONY CANAVAN Galway, Roscommon and Mayo
- Area 3** BERNARD GLOSTER Clare, Limerick and North Tipperary/East Limerick
- Area 4** GER REANEY Kerry LHO, North Cork, North Lee, South Lee and West Cork
- Area 5** AILEEN COLLEY South Tipperary, Carlow, Kilkenny, Waterford and Wexford
- Area 6** MARTINA QUEALLY Wicklow, Dun Loaghaire and Dublin South East
- Area 7** DAVID WALSH Kildare/West Wicklow, Dublin West, Dublin South City and Dublin South West
- Area 8** PAT BENNETT Laois/Offaly, Longford/Westmeath, Louth and Meath
- Area 9** GERRY O'NEILL Dublin North, Dublin North Central and Dublin North West

Further detail on these structures is available on [www.hse.ie](http://www.hse.ie)







**Part Two**

# **Working for the HSE**

# Employee Wellbeing, Welfare and Safety

## Objectives

- Help you understand the various components of employee wellbeing and the supports that are available to you at work
- Ensure that you know what services are available to you in the event of ill health or personal or work-related problems throughout your career
- Ensure you understand your responsibility in compliance with Health and Safety legislation and co-operation with Workplace Health and Wellbeing/ Employee Assistance as required throughout your career
- Know your responsibility in the area of Quality and Risk

## The components of employee wellbeing, welfare and safety include:

- Workplace Health and Wellbeing
- Employee Assistance Service
- Occupational safety and health
- Health promotion
- HSE policies on employee wellbeing

## Workplace Health and Wellbeing

Our Workplace Health and Wellbeing Service aims to promote and maintain the physical, mental and social wellbeing of employees. Workplace Health and Wellbeing looks at how work and work surroundings may affect an individuals health and also how their health may in turn affect their ability to cope with their work. The emphasis is on preventing the development of workplace health-related accidents and disease and empowering staff to promote and protect their own health. Services include:

- Pre-employment screening assessment – to determine the health status of potential employees, taking into account the demands of the job in question. The pre-employment assessment interview with Workplace Health and Wellbeing also provides an opportunity to discuss immunisation requirements and give specific advice on the hazards of the particular post.
- Other services – e.g. vision screening, sickness absence management, manual handling advice, infectious disease prevention, workplace inspections with ergonomic advice, immunisation, health and surveillance, influenza vaccination, advice on compliance with legislation and hazardous substance assessments.

Workplace Health and Wellbeing may be accessed through self-referral or management referral:

- Self referral – Any employee can refer themselves to the Workplace Health and Wellbeing for confidential advice in relation to a work or non work-related issue.
- Management referral – Managers may refer employees to Workplace Health and Wellbeing for many reasons including:
  - Concerns about the impact of work on an employee's health
  - Concerns about the health of an employee in relation to their work
  - Assessing fitness of an employee to return to work after a period of sick leave
  - Making recommendations on rehabilitation; enabling smooth transition from sick leave to work without compromising recovery
  - Advising on permanent infirmity/retirement

Your line manager will advise you of the details of your local Workplace Health and Wellbeing Department.

## Employee Assistance Service

Employee Assistance Services provide confidential counselling support and referral service for all staff with personal or work-related difficulties. Advice and guidance is also available to Managers to support them in managing staff welfare issues. The employee assistance service also provides formal structured support to groups of staff who have experienced stress as a result of a critical incident in the workplace.

The HSE Employee Assistance Programme (EAP) is available to all employees for support with both personal and work-related concerns.

A wide range of issues is managed by the EAP, including:

- Stress at work
- Difficult relationships at work (including bullying)
- Traumatic events (e.g. assault, suicide)
- Addictions
- Personal issues outside of work (e.g. bereavement, relationships) which is provided on a confidential basis
- Professional assessment
- Personal support
- Counselling
- Referral onwards to other professional resources where appropriate
- Trauma support

Additionally, the service:

- Participates in the provision of lectures/training as required, in areas where the employee assistance professional has relevant expertise, e.g. stress management, post-trauma support, team building and management training
- Provides feedback to the organisation on broad issues which may enhance employee wellbeing and the organisation's effectiveness

The service, which is free of charge to all HSE Employees, is provided by trained and experienced counsellors who are professionally qualified and bound by the codes of conduct of the professional bodies to which they belong.

Employee assistance services may be accessed through self-referral or by an Workplace Health and Wellbeing Department with the individual's consent.

Your line manager will advise you of the contact details for your local service.

## Occupational Safety and Health

The HSE is committed to ensuring, in so far as is reasonably practicable, the safety, health and welfare of employees, service users, visitors, contractors and others who may be affected by our activities in accordance with the Safety, Health and Welfare at Work Act 2005 and associated regulations. The management of health and safety is central to the effective running of the HSE, and the safety, health and wellbeing of staff is viewed as integral to service user safety and the quality of care.

The Corporate Safety Statement sets out the organisation's health and safety management strategy and describes the arrangements for the provision of a safe workplace, safe systems of work, work equipment and access to competent persons, etc. Legal duties under the Act, etc., are enshrined in the Corporate Safety Statement, which identifies the responsibilities placed on managers and employees with regard to health and safety.

All employees have a responsibility for their own safety, health and welfare and that of others in the workplace. Employees must ensure that they are aware of the hazards in their workplace and adopt and implement the risk controls selected by management (see local risk assessments and service/site specific safety statement).

The successful implementation of the Safety Management Programme will greatly depend on the full co-operation of all employees, including clinicians, frontline staff, managers and administrators. Therefore, failure to comply with the terms of the Corporate Safety Statement may result in disciplinary action.

Support to the HSE on occupational safety and health matters is provided by the National Health and Safety Function, which falls under Employee Relations Advisory Services (ERAS), within Corporate HR. The Function was established to provide effective, consistent, high-quality and readily accessible support.

The Head of the Function is supported by four National Health and Safety Managers. Each of these managers is responsible for a key delivery area, i.e. Policy, Audit and Inspection, Information and Advisory and Training, and is supported by a team of National Health and Safety Advisors.

Further details of the services provided by the National Health and Safety Function can be found on the HSE website (<http://www.hse.ie/eng/staff/safetywellbeing/>).

## Health Promotion

Health Promotion facilitates local management to provide a health-promoting working environment for staff, consistent with the HSE's role as a health promoting organisation. Efforts to improve employee health fall into three broad categories which require sustained commitment across the entire workforce:

- Improving the work environment and conditions of work
- Focusing on culture and policies within the organisation so that both their development and delivery are health promoting
- Raising awareness about health issues and building the capacity of employees within the organisation to maintain and promote their own health

Health Promotion acts as a resource and support for employees in developing the health promotion aspects of their work. In order to achieve this, a programme of health promotion activities is delivered in each area. Service Units or teams wishing to further their health promotion endeavours can contact their local Health Promotion Department for support and guidance with this process. Your line manager will advise you of the contact details for your local service.

## HSE Policies on Employee Wellbeing, Welfare and Safety

Examples include but are not limited to:

- Corporate Safety Statement
- Manual Handling and People Handling Policy
- Policy on Prevention and Management of Latex Allergy
- Policy for Preventing and Managing Stress in the Workplace

- Policy for Lone Working
- HSE Policy on Management of Work Related-Aggression and Violence
- Linking Service and Safety – Together Creating Safer Places of Service; Strategy for Managing Work-related “Aggression and Violence”
- Policy for Preventing and Managing Critical Incident Stress
- Dignity at Work Policy for the Health Service
- Grievance and Disciplinary Procedure for the Health Service
- Managing Attendance Policy
- HSE Code of Standards and Behaviours
- National Tobacco Free Campus Policy
- Rehabilitation of Employees back to work after illness or injury Policy and

## Procedure

- Protected Disclosures of Information in the Workplace
- Long-term Absence Benefit Schemes Guidelines
- Redeployment of Staff in a National Pandemic or other Major Emergency

Copies of these policies and a wide range of supporting documentation can be found on the HSE’s website (<http://www.hse.ie/eng/staff/Resources/hrppg/>).

## Fire Plan and Procedures

Fire and safety training: All employees are mandated to sign up for fire and safety training in order to ensure that they can perform their duties without threat to their own safety and health or to that of others. Such training will be included at induction stage and periodic intervals thereafter. Induction in emergency procedures, for example fire drills, is provided to all staff. Staff seeking general technical or professional advice concerning the safety of their workplace should contact their immediate supervisor.

## Diversity, Equality and Inclusion

### Aims

- Help you understand the concept of diversity, equality and inclusion
- Create awareness of legislation that governs the diversity, equality and inclusion agenda
- Outline various policies/guidelines to support staff

## **HSE Diversity, Equality and Inclusion Statement**

Employees of the HSE bring a range of skills, talents, diverse thinking and experience to the organisation. The HSE is committed to creating a positive working environment that values and respects all employees and supports them to reach their full potential regardless of race, religion, ethnicity, gender, sexual orientation, responsibilities for dependants, age, physical or mental disability, civil status, membership of the Traveller community, and geographic location. We aim to develop an inclusive workforce which reflects the diversity of service users, and which is strengthened through accommodating and valuing different perspectives, ultimately resulting in improved service-user experience.

### **Legislation Governing Equality/Diversity**

- Employment Equality Act 1998 and 2004
- Equal Status Act 2000-2004
- Disability Act 2005
- Irish Human Rights and Equality Commission Act 2014

**Tools and information to support diversity, equality and inclusion are available on [www.hse.ie](http://www.hse.ie)**

### **Meeting the Needs of Employee with a Disability**

As an employer, the HSE is legally obliged to promote and support the employment of staff with disabilities and is also obliged to comply with health and safety legislation and with the Employment Equality Acts.

The legal obligations relating to disability under health and safety, and equality law, may extend to a wider group of staff than those who come within the particular definition of disability set out in the Disability Act.

As an equal opportunities employer the HSE is committed to providing suitable accommodation to staff with disabilities as required to carry out their day to day duties. This also applies to staff who acquire a disability during their working life. The HSE is also committed to addressing the health and safety needs of all employees, including employees with disabilities.

For this purpose, staff may be asked to indicate if they have any needs for reasonable accommodation related to a disability. Staff may also be asked to indicate if they require any particular health and safety supports relating to a disability, for example, assistance or arrangements in relation to evacuating a building.

The HSE Disability Census is undertaken annually and it is the responsibility of all line managers to encourage staff to comply with this request for information.

# Policies, Behaviour and Discipline

## Aims

- Understand the HSE Managing Attendance Policy
- Understand the principles of Trust in Care
- Understand the conduct and behaviour expected of you
- Be familiar with the Disciplinary Procedure for Employees of the HSE and the Grievance and Disciplinary Procedure

## Policies and Procedures

Standard national policies are now in place for many aspects of employment, although some local policies and procedures may continue to be applicable. Ask your line manager for the appropriate contact details so that you can check which local policy applies to you. National policies can be found on the Staff intranet: <http://www.hse.ie/eng/staff/Resources/hrppg/>

**Please also refer to the Communications chapter to familiarise yourself with policies regarding media, social media, electronic communications policy, data protection, Irish language etc.**

## Managing Attendance Policy and Procedure

In so far as possible, the HSE is committed to maintaining the safety, health and welfare of employees while at work and doing all that is reasonably practicable to assist employees who are absent from work due to injury or ill health to return to work at the earliest possible date.

The HSE will also do all that is reasonably practicable to assist employees to remain at work by enhancing supports such as rehabilitation, injury prevention, Workplace Health and Wellbeing Services, integrated collection of incident and accident data and increased employee awareness of the operation of the policy.

Guidelines on managing attendance have been published and are designed to clarify the responsibilities of managers, employees and support services (i.e. Workplace Health and Wellbeing, HR) in the management of attendance.

## Rehabilitation of Employees Back to Work After Illness or Injury

The HSE is committed to providing workplace rehabilitation that supports and enables injured or ill employees to remain at work, or return to the workplace so as to continue the discharge of their work duties. This process benefits both the employee and the employer.

## The purpose of this policy is to:

- Provide guidelines to managers, employees, workplace health departments, rehabilitation professionals, HR departments and employee assistance services on conducting workplace rehabilitation that assists employees affected by both work and non-work-related injuries/illnesses to recover and perform duties for which they are employed
- Support an early and safe return for the employee who has an illness/injury

This policy is available on [www.hse.ie](http://www.hse.ie)



## Dignity at Work Policy

The HSE is an equal opportunities employer and is committed to treating its employees equally irrespective of race, religion, age, gender, sexual orientation, marital status, disability, family status and ethnic origin.

The HSE recognises the right of all employees to be treated with dignity and respect and is committed to ensuring that all employees are provided with a safe working environment, which is free from all forms of bullying, sexual harassment and other forms of harassment. This policy is designed to protect employees from bullying, sexual harassment and harassment regardless of whether it is carried out by a work colleague, patient/client, member of the public, business contact or any other person with whom Employees might come into contact during the course of their work. It also sets out a complaints procedure, which ensures that complaints are dealt with promptly and with sensitivity.

Under this policy all employees, regardless of their position, have a responsibility to treat their colleagues with dignity and respect and to maintain a working environment where bullying and harassment are not tolerated. Managers and line managers have a particular responsibility to promote dignity in the workplace by being alert to inappropriate behaviour and dealing promptly with incidents or complaints of bullying and harassment.

The policy provides for “support contact persons”, who are available to listen, be supportive and outline the options open to employees who feel that they are being bullied or harassed. They will also explain the procedure for dealing with allegations of bullying/harassment.

A support contact person is an employee of the HSE who has volunteered and received training to provide support and information on the Dignity at Work policy to colleagues who may feel they are experiencing bullying, harassment or sexual harassment. Details of the support contact persons in your area will be held by your local HR Department. Further information can be found on [www.hse.ie](http://www.hse.ie) by using the search facility to look up support contact persons.

Any employee who makes a complaint of bullying or harassment will be offered the opportunity to have the matter dealt with by mediation. If this option is refused, the complaint will be investigated.

Nothing in this policy is designed to prevent a person from exercising their statutory entitlements under the Employment Equality Act, 1998 and the Industrial Relations Acts, 1946-2001.

## Mediation in the HSE

Mediation is a voluntary confidential process that allows two or more disputing parties to resolve their conflict in a mutually agreeable way with the help of a neutral third party, a mediator. Mediation focuses on the interests or needs of the parties and on solutions rather than on determining or assigning blame. What distinguishes mediation from other forms of dispute resolution is that the mediator does not impose a solution but rather works with both parties to create their own solution. Full details of the policies can be obtained from your line manager or [www.hse.ie](http://www.hse.ie)

## HSE Smoking Cessation Service

The HSE offers a smoking cessation service which is managed by Health Promotion Departments within the Health and Wellbeing Division. Information for cessation services can be found at:

- QUIT website address: [www.quit.ie](http://www.quit.ie)
- Call the QUIT line: 1800 201 203.
- QUIT plan address:  
<http://www.hse.ie/eng/services/news/media/pressrel/newsarchive/2010archive/feb2010/ashwed.html>
- QUIT facebook page is: [www.facebook.com/HSEquit](https://www.facebook.com/HSEquit)

The QUIT plan is similar to an app to help you quit. It takes you through the same steps and information you would be taken through in a pre-quit consultation over the phone. If a smoker sets a quit date with the QUIT plan, they also get daily email or text support messages for at least 30 days. they can contact one of our QUIT team by phone or web chat for additional information, advice and support at any time.

## Trust in Care Policy

The HSE has a duty of care to protect patients/clients from any form of behaviour that violates their dignity, and to maintain the highest possible standards of care. Equally, the HSE has an obligation towards employees to provide them with the necessary supervision, support and training to enable them to deliver a high-quality service, and to protect employees from situations that may leave them vulnerable to allegations of abuse or neglect. The Trust in Care Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Employees have been devised in response to this duty of care.

The aim of this policy is two-fold:

- Preventive: to outline the importance of effective implementation of human resource policies in communicating and maintaining high standards of care amongst health service employees.
- Procedural: to ensure proper procedures for reporting suspicions or complaints of abuse and for managing allegations of abuse against health service employees in accordance with natural justice.

## Children First

Statutory responsibility for the protection and welfare of children transferred from the HSE on 1st January 2014, following the establishment of the Child and Family Agency. However each HSE staff member has responsibilities under Children First to promote the welfare and protection of every child who attends our services.

Children First: National Guidance for the Protection and Welfare of Children 2011 is the national policy to promote the welfare of children and protect them from abuse or harm. The guidance sets out key messages relating to the duty to protect children. Among these are

- That the safety and welfare of children is everyone's responsibility
- That people who work with children across a range of areas must understand their responsibility for safe practice and the reporting of concerns.
- That professionals and others working with children need to pay particular attention to the needs of children who may be at risk of abuse.

The guidance sets out the statutory responsibilities of the Child and Family Agency and An Garda Síochána when they receive child protection or welfare concerns. It provides greater clarity and guidance for individuals and organisations in identifying and responding appropriately to child abuse and neglect and sets out specific protocols for those working in hospitals, mental health and addiction services, primary care teams and general practitioners and other front line staff in dealing with suspected abuse and neglect of children.

The HSE has developed a Child Protection and Welfare Policy which is consistent with the Children First National Guidance. The policy has been developed to assist staff understand the corporate responsibility and the individual responsibility of each staff member in promoting children's welfare, protecting children from abuse and neglect and reporting child protection or welfare concerns in a timely manner to Tusla the Child and Family Agency in the correct way. The HSE regards the welfare of children as being of paramount importance.

**It is policy of the HSE that concerns or suspicions regarding a child being abused or at risk of abuse are reported through the correct procedures, to the appropriate statutory authority without delay and that effective systems are in place and maintained to support staff members to report their concerns or suspicions.**

All employees must be familiar with the HSE's Child Protection and Welfare Policy. Any employee who has concerns or suspicions that a child is being abused or neglected or is at risk of abuse or neglect must follow the HSE's procedure for reporting a child protection or welfare concern as outlined in the HSE Child Protection and Welfare Policy.

The Children First Act 2015 which was signed by the President on the 19th November 2015 will put elements of the *Children First: National Guidance for the Protection and Welfare of Children (2011)* on a statutory footing and will place a wide range of responsibilities on the HSE and its funded services. The provisions of the legislation will only come into force when brought into effect by regulation of the Minister and will be commenced on a phased basis.

The Act provides a number of key child protection measures which include:

- a requirement on organisations providing services to children to keep children safe and to produce a Child Safeguarding Statement
- a requirement on defined categories of persons (mandated persons) to report child protection concerns over a defined threshold to the Child and Family Agency (Tusla)
- a requirement on mandated persons to assist the Child and Family Agency and “to give to the Agency such information and assistance as it may reasonably require and is, in the opinion of the Agency, necessary and proportionate in all circumstances of the case in the assessment of a child protection risk
- to provide for the abolition of the common law defence of reasonable chastisement and, for that purpose, to amend the Non-Fatal Offences Against the Person Act 1997 – from 11th December 2015 a person who administers corporal punishment to a child will no longer be able to rely on the defence of reasonable chastisement in the courts.
- placing the Children First Interdepartmental Group on a statutory footing.

The new legislation will operate in tandem with the existing Children First: National Guidance for the Protection and Welfare of Children (2011).

For additional information on the roles and responsibilities of HSE staff under Children First please visit the Children First Website visit: <http://www.hse.ie/eng/services/list/2/PrimaryCare/childrenfirst/>

## Quality Improvement

The Quality Improvement Division (QID) has been established to support and enable quality improvement of services in partnership with internal and external organisations. The role of the Division is therefore to champion quality improvement through providing consistent leadership for improving quality, building capacity and partnering with people to advise, innovate, share and support the spread of sustainable solutions for improvement.

The National Standards for Safer Better Healthcare (Health Information and Quality Authority (HIQA) 2012) provide an underpinning framework for continuous improvement in the quality and safety of healthcare settings (excluding mental health services).

There are a number of support and guidance documents available from the Quality and Improvement Division at <http://www.hse.ie/eng/about/qps/> some of which are:

- Open Disclosure Policy
- Clinical Audit Guidelines
- Quality Assessment and Improvement Resources
- Quality and Safety Clinical Governance Resources
- Incident and Risk Management
- Safe Patient Care

Check hand hygiene training requirements with local management

## Open Disclosure

We want our services to support an open, timely and consistent approach to communicating with patients/service users and their families when things go wrong in healthcare. This is called open disclosure.

On 12 November 2013, the HSE and the State Claims Agency launched a national policy and national guidelines on open disclosure with supporting documents which include a patient information leaflet, staff support booklet and staff briefing guide. These documents are available on the HSE website via the link: [www.hse.ie/opensdisclosure](http://www.hse.ie/opensdisclosure). Open disclosure is also a requirement of the HIQA National Standards for Safer Better Healthcare 2012.

Further information on open disclosure and the management of adverse events is available via the HSE Toolbox Talks for staff via the link: [http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Tool-box\\_Talks/](http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Tool-box_Talks/)

# Code of Conduct for Health and Social Service Providers

This Code of Conduct, which sets out employees' and managers' responsibilities in relation to achieving an optimal safety culture, governance and performance of the organisation, was approved and endorsed by the Minister in March 2015. The HSE is progressing the implementation of the Code.

The primary objective of the Code is to ensure the safety of those that access our services and to ensure that the quality of these services is always improving. The Code is recognition of the fact that frontline staff face a high-risk environment involving a complex set of interactions between individuals, teams, organisations and technologies every day and that, to achieve this objective, they must be supported in doing so.

## Conduct and Behaviour

The purpose of this section is to set out the principles that govern the conduct of HSE employees. Its objective is to maintain a high level of public confidence in the organisation as a public body and as an employer with statutory responsibility to deliver a health service. If you need clarification on any aspect of conduct, you should seek guidance from your line manager.

### Courtesy, Impartiality and Honesty

Employees have a duty to deal with members of the public with the utmost courtesy, impartiality and honesty. In dealing with the public and in effectively performing their duties, Employees should unfailingly observe the requirements of courtesy, consideration and promptness and should at all times give their names.

### Dress Code

The majority of the HSE's employees wear a uniform while at work. All employees are expected to dress neatly and appropriately, consistent with maintaining public confidence in the services we provide.

### Political Opinion

The HSE does not discriminate against employees on the basis of political beliefs or opinions. However, political opinion should not compromise an employee's obligations to the HSE nor should they be expressed/disseminated in the workplace.

### Outside Occupation

Employees should not engage in outside occupations during off duty time if they are either contractually prohibited or if such employment could be deemed to be in conflict with his/her employment.

You should not engage in matters unconnected with your work during work hours, unless it is provided for in your employment contract. Involvement in other occupations during time off should not impair performance or energy on duty, be inconsistent with your employment in the public service or be outside limits set under the Organisation of Working Time Act, 1997.

### Unjust Enrichment

Unjust enrichment must be strictly avoided. This principle prohibits an employee from gaining any advantage, other than official remuneration, in respect of their duties, e.g. acceptance of special facilities or discounts on private purchases from suppliers with whom employees have official dealings.

### Acceptance of Gifts

An employee may not solicit or accept, directly or indirectly, from any person, firm or association, anything of economic value such as a gift, gratuity or favour which might reasonably be interpreted as being of such nature that it could affect their impartiality in dealing with the donor.

## Ethics in Public Office Acts

The Ethics in Public Office Acts 1995 and 2001 determine that all positions in the HSE, across all grade categories and work streams, where the minimum salary point is equal to, or above, the minimum point of Grade VIII, are “designated positions of employment” for the purposes of this legislation. This means that an employee holding such a position should on an annual basis, declare in writing to the Director General of the HSE if they have a registerable interest in accordance with the legislation. Please be aware that legislation in this area is under review and will most likely be extended to include all grades in the near future. Guidelines on the current legislation can be viewed at [www.sipo.gov.ie](http://www.sipo.gov.ie)

## Policy on Fraud and Corruption

The HSE policy on fraud and corruption endeavours to achieve openness, transparency and accountability. It outlines the roles of the HSE, line managers, employees, Internal Audit and HR in creating an environment that deters fraud and outlines how reports of fraud and suspected fraud will be dealt with and investigated. This policy is available to download from [www.hse.ie](http://www.hse.ie)

## The Code of Standards and Behaviours

The Code of Standards and Behaviours obliges HSE employees to perform to high standards of behaviours in (i) service delivery, (ii) when dealing with the public (iii) probity and (iv) ensuring that employees promote the goals and objectives of the HSE. The terms of this policy form an integral part of all employees’ terms and conditions of employment. To view, search “Code of Standards and Behaviours” using the HSE website [www.hse.ie](http://www.hse.ie)

## Raising Concerns in the Workplace

Healthcare workers have a responsibility to do the very best for service users; however, there may be occasions when things could be done better. All employees may, at times, have concerns about work practices, however, they may be reluctant to raise such concerns. When these matters impact on patient safety and/or the ability to deliver a quality services it may be difficult to know what to do. Employees may be worried about raising concerns for a variety of reasons so the HSE has a number of processes to address this, including Procedures for Protected Disclosures of Information, Policy on “good faith reporting” and raising a concern with the Confidential Recipient.

Workers may report a concern or make a Good Faith report via the Protected Disclosures Information helpline (01 662 6984). Protected Disclosures may also be raised by writing to the Authorised Person, PO Box 11571, Dublin.

The Confidential Recipient may be contacted at LoCall 1890 100 014, mobile 087 6657269 or email [leigh.gath@crhealth.ie](mailto:leigh.gath@crhealth.ie)

## Use of Influence

In matters relating to an employee’s position and advancement in the service, applications should be made through normal channels. Employees should not otherwise make, or encourage others to make representations in their favour.

## HSE Identity and Security Cards

All employees who are issued with identity cards are required to attach the identity cards to their clothes/uniform in such a fashion that they will be visible to fellow employees and members of the public. Employees must also take care of their identity cards, as often these cards also provide access to premises. Lost or stolen cards should be reported to the administrator/person with responsibility for your building immediately.

## Employee Property

The HSE is not responsible for loss of employee property when on the work premises. This extends to damage to cars. Employees should report all property lost or found to their line manager.

## Grievance and Disciplinary Procedures for the Health Service 2004

These procedures were developed following discussions between the health service employers and health service trade unions. They were prepared in accordance with the Workplace Relations Commission's Code of Practice on Grievance and Disciplinary Procedures. The procedures came into effect on 1 May 2004 and supersede all local procedures. Each employer is required to implement these procedures and specify the management levels responsible for operating the various stages.

The Grievance and Disciplinary Procedures (2004) are available at:

[http://www.hse.ie/eng/staff/Resources/hrppg/Grievance\\_and\\_Disciplinary\\_Procedure\\_2004.pdf](http://www.hse.ie/eng/staff/Resources/hrppg/Grievance_and_Disciplinary_Procedure_2004.pdf)

Please note that in 2007 a revised Disciplinary Procedure for Employees of the HSE was agreed between the Health Service Employers Agency (HSEA) and health service unions. This procedure is effective from 1 January 2007 and supersedes the

'disciplinary' section of the Grievance and Disciplinary Procedures for the Health Service 2004. The 'grievance' section of the 2004 procedures continues to apply to HSE employees.

Employees of voluntary hospitals, the intellectual disability sector and specialist agencies continue to be covered by the Grievance and Disciplinary Procedures for the Health Service 2004.

## Grievance Procedure for HSE Employees

### Aims

- Understand what a grievance is
- Know how to make a complaint under the Grievance Procedure
- Know who to appeal to if you are not satisfied
- Know the different stages of the Grievance Procedure



The HSE is committed to promoting and maintaining good employee relations and gaining the commitment and morale of all staff. The purpose of the Grievance Procedure is to enable employees to raise any complaints concerning work-related matters so that the issue may be addressed promptly and as close as possible to the point of origin without disruption to patient/client care. It establishes a process for Employees to express and resolve concerns or grievances in relation to their employment in a fair and equitable manner.

### **Definition of Grievance**

A grievance may be defined as a complaint which an Employee(s) has concerning his/her terms and conditions of employment, working environment or working relationships. This procedure covers individual and collective grievances, i.e. complaints raised by or on behalf of a group of Employees.

### **Scope of the Procedure**

The types of issues which are appropriate for referral under this procedure include:

- Allocation of work
- Assignment of duties
- Rostering arrangements
- Granting of all forms of leave, i.e. Annual Leave, Compassionate Leave, Study Leave
- Interpretation and application of national/local agreements including matters relating to pay-related benefits
- Granting of overtime
- Access to courses Health and Safety issues
- Temporary assignment/deputising arrangements
- Conduct of disciplinary proceedings
- Relationships with work colleagues
- Organisational change/new working practices

\*\* NB: This list is not exhaustive.

### **Informal Discussions**

Most routine complaints are capable of being resolved on an informal basis without recourse to the formal Grievance Procedure. Before invoking the Grievance Procedure an Employee may raise the matter formally with his/her immediate Line Manager. If the complaint relates to the immediate Line Manager, the Employee may discuss the matter informally with another Manager.

If the matter has not been resolved satisfactorily through informal discussions, an Employee may raise a formal complaint under the Grievance Procedure. The Grievance and Disciplinary Procedures can be accessed through your Line Manager or it can be downloaded from [www.hse.ie](http://www.hse.ie) by searching for Grievance and Disciplinary Procedure.

## **Grievance Procedure**

### **Stage 1**

The Employee should refer the complaint to the Line Manager. A meeting will be arranged to discuss the matter not later than seven working days following receipt of the complaint. The Employee will be advised of his/her right to be accompanied by a work colleague or union representative. Following this meeting, the decision will be conveyed in writing to the employee within seven working days. The Employee will also be advised how to move to the second stage of the procedure.

### **Working Under Protest**

Where the grievance relates to an instruction issued by the Supervisor/Manager arising from a service imperative the Employee is obliged to carry out the instruction "under protest". A meeting with Senior Management will be held within 3 working days of the grievance being received. Senior Management refers the matter to either Senior Line Management or the Human Resources Department. If the issue cannot be resolved at this stage, the matter may be referred to a third party.



## Stage 2

If agreement cannot be reached at Stage 1, the matter may be referred to the appropriate Senior Manager. A meeting will be arranged to discuss the matter not later than seven working days following receipt of the complaint. The Employee will be advised of his/her right to be accompanied by a work colleague or union representative. Following this meeting, the decision will be conveyed in writing to the Employee within seven working days. The Employee will also be advised how to move to the third stage of the procedure.

## Stage 3

If agreement cannot be reached at Stage 2 the matter may be referred to the Human Resources Department. A meeting will be arranged to discuss the matter not later than seven working days following receipt of the complaint. The Employee will be advised of his/her right to be accompanied by a work colleague or union representative. Following this meeting, the decision will be conveyed in writing to the Employee within seven working days. The Employee will also be advised how to move to the fourth stage of the procedure.

## Stage 4

If the issue remains unresolved after Stage 3, the matter may be referred to an appropriate third party:

- Rights Commissioner
- Workplace Relations Commission
- Labour Court
- Equality Tribunal

(Please note legislative changes in this area are expected to be brought in before the end of 2015.)

No strikes or other forms of industrial action should be initiated or threatened until all stages of the Grievance Procedure, including third party referrals, have been fully exhausted. The Grievance Procedure can be accessed through your Line Manager or it can be downloaded from [www.hse.ie](http://www.hse.ie)

## Disciplinary Procedure for Employees of the Health Service Executive 2007

The HSE expects good standards of conduct and work performance from all of its employees. Should employees fall below these expected standards they will have a fair opportunity to resolve the problem. The purpose of this disciplinary procedure is to ensure that all HSE employees adhere to the required standards by making them aware of any shortcomings and identifying how the necessary improvements can be achieved. The aim is to ensure prompt, consistent and fair treatment for all staff and to assist in enabling both the individual and the HSE to be clear about the expectations of both parties. The disciplinary procedure is available at: <http://www.hse.ie/eng/staff/Resources/Disciplinaryprocedure.pdf>

The following principles underpin the disciplinary procedure:

- Every effort will be made by the employee's immediate manager to address shortcomings in work standards, conduct or attendance through informal counselling without invoking the disciplinary procedure.
- While the disciplinary procedure will normally be operated on a progressive basis, in cases of serious misconduct the manager may bypass Stages 1, 2 and 3 of the four-stage procedure.
- No decision regarding disciplinary action will be made until a formal disciplinary hearing has been convened and the employee has been afforded an opportunity to respond.
- The employee will be advised of their right to be accompanied by a work colleague or trade union representative at any meeting under the formal disciplinary procedure.
- The employee will be advised in advance of the disciplinary hearing of the precise nature of the complaint against them, and will be given copies of any relevant documentation.
- The employee will be afforded the opportunity to state their case and challenge any evidence that may be relied upon in reaching a decision.
- An employee may appeal the outcome of the disciplinary hearing.

## **The four stages of the disciplinary procedure are outlined below:**

### **Oral Warning**

An employee whose work, conduct or attendance falls below the required standards will normally be issued with a formal oral warning by their manager. The employee will be advised of the precise nature of the complaint, the improvements required and the timescale for improvement. They will be advised that the warning constitutes the first stage of the disciplinary procedure, and that failure to improve may result in further disciplinary action under Stage 2 of the procedure. A record of the warning will be kept on the employee's personnel file and will be removed after six months, subject to satisfactory improvement during this period. The employee will have a right to appeal the oral warning to a level of manager higher than the original decision-maker. This appeal must be made within seven days of the oral warning.

### **Written Warning**

If the employee fails to make the necessary improvements, or if the poor attendance, work or conduct is more serious, they will normally be issued with a formal written warning by their manager. The written warning will give details of the complaint, the improvements required, and the timescale for improvement. The employee will also be advised that failure to improve may result in the issuing of a final written warning under Stage 3 of the disciplinary procedure. A record of the warning will be kept on the employee's personnel file and will be removed after nine months, subject to satisfactory improvement during this period. The employee will have a right to appeal the written warning to a level of manager higher than the original decision-maker. This appeal must be made within seven days of the written warning.

### **Final Written Warning**

If the employee fails to make the necessary improvements, they will normally be issued with a final written warning by their manager. The warning will give details of the complaint, the improvements required, and the timescale for improvement. The employee will be advised that failure to improve may lead to dismissal or some other sanction short of dismissal under Stage 4 of the disciplinary procedure. The warning will be removed after the specified period, subject to satisfactory improvement during this period. A record of the warning will be kept on the employee's personnel file and will be removed after twelve months, subject to satisfactory improvement during this period. The employee will have a right to appeal the final written warning to a level of manager higher than the original decision-maker. This appeal must be made within seven days of the final written warning.

### **Dismissal or Action Short of Dismissal**

Failure to meet the required standards of work, conduct or attendance following the issuing of a final written warning will lead to a disciplinary hearing under Stage 4. The decision-maker will be the relevant national director. The national director may delegate authority to an assistant national director. The outcome of the disciplinary hearing may be dismissal, or action short of dismissal.

### **Grievance**

The Grievance and Disciplinary Procedures were produced following discussion between the Health Service Employers and Health Services trade Unions. These procedures have been prepared in accordance with the Workplace Relations Commission's Code of Practice on Grievance and Disciplinary Procedures. These procedures are effective from 1st May 2004 and supersede all local procedures. Each employer is required to reproduce these procedures and specify the management levels which will be responsible for operating the various stages.

### **HSE Employees**

Please note that in 2007 a revised Disciplinary Procedure for Employees of the Health Service Executive was agreed between the HSE-EA and health service unions. This procedure is effective from 1st January 2007 and supersedes the Disciplinary section of the Grievance and Disciplinary Procedure for the Health Service (2004). The Grievance section of the 2004 procedures continues to apply to HSE employees.

### **Employees of Voluntary Hospitals, Intellectual Disability Sector and Specialist Agencies**

Voluntary Hospitals, the Intellectual Disability sector and Specialist Agencies continue to be covered by the Grievance and Disciplinary Procedure for the Health Service 2004.

# Communication

## Aims

- Understand how media queries are dealt with
- Know how to deal with advertising and sponsorship
- Understand our Consumer Affairs policy
- Know our Electronic Communications policy

## Media

The giving of interviews, statements or any other information connected with the services provided by the organisation should not be undertaken without the approval of the HSE Communications Division. Such unapproved actions have the capacity to prejudice the interests and reputation of the organisation and, in this regard, will be considered to be a disciplinary matter to be dealt with under normal procedures. The hosting of ongoing events, publications, conferences, launches, and openings should be fully agreed with senior management and the Communications Division as appropriate. Full contact details are available on [www.hse.ie](http://www.hse.ie)

## Media Queries

All media queries, including requests to take photographs or film, should be referred to the HSE Communications office in your region. Public statements or the giving of interviews should be cleared by Communications in advance. Invitations to the press (or public events in the planning stage) should also be notified to Communications.

A Media Relations Protocol is in place to ensure that our patients' and clients' confidentiality is protected at all times, all information is accurate and up to date, each query receives adequate attention, and HSE policy is clear.

Contact the National Press Office for a copy of the Media Relations Protocol for HSE employees. Full contact details on [www.hse.ie](http://www.hse.ie)

## Social Media

The HSE has developed a Social and Digital Media Policy and Guideline for Employees, and has developed guidelines for health services who would like to set up a Facebook, Twitter or other social media page for their service.

The Social and Digital Media Policy and Guidance document provides guidance and direction to HSE staff when using all types of social media sites and networks. The policy applies to all HSE employees either participating personally or communicating on behalf of the HSE while online. For further information visit <http://www.hse.ie/socialmedia/>

## Event Management

The hosting of events, including launches and openings, should be approved by your manager who will liaise with Communications as appropriate. Communications Employees are available to advise on planning for events and will liaise with relevant senior management.

## **Advertising and Sponsorship**

The Communications Resource Planning Group (CRPG) and the Communications Team provide guidance, oversight, and set quality standards to be met by all HSE communications projects. These communications projects encompass press and media engagement, internal communications, public communications, advertising, social marketing, branding, launches, media monitoring, web development, publications and digital media. A key objective for the HSE's Communications Division is to work to integrate all inter-related communications functions within the HSE.

All services requiring communications support should be aware of the process above and then request support from the appropriate CRPG or the Communications Team. The Communications Division should be alerted to future communications requirements as early as possible so as to ensure an appropriate planning phase prior to implementation of a communications campaign. Where required, a project team will be appointed to include members of the service and communications staff.

In addition, HSE offices are often approached by publications, publishing houses and professional staff organisations with requests to purchase advertising. These requests or sponsorship requests should be referred to the Regional Communications office. Contact your line manager or Area Communications Manager for guidance in the first instance.

## **Staff Magazine**

Health Matters is the national staff magazine of the HSE. You can contact Health Matters through your nearest Communications office or at email: [healthmatters@hse.ie](mailto:healthmatters@hse.ie) Alternatively you can write to the following address:

The Editor, Health Matters, HSE Communications Division, Dr. Steevens' Hospital, Dublin 8, D08 W2A8.

## **Notice Boards**

Notice boards are for official information. If you wish to use the notice board, you must have the notice approved by the line manager.

## **Printing/Photocopying Facilities**

Printing and photocopying facilities are for official use only.

## **Telephone policy**

Office telephones must be used only for business. If you wish to make a private call you must use the public telephones, where available, during break times only. You will be notified immediately of emergency calls. Personal mobile phones should be switched off when in attendance at work unless expressly permitted by your line manager for urgent and exceptional reasons.

## **Electronic Communications**

### **Acceptable Use**

Individual users are responsible for the proper use of IT equipment provided by the HSE. Computer resources may only be used for legitimate and authorised purposes by HSE employees, contractors, consultants or any authorised third party.

### **Internet**

The Internet is a valuable business tool. It should be used by employees for business related reasons. HSE forbids access to inappropriate websites.

## **Complaints, Suggestions and Compliments**

Feedback from our clients, in the form of complaints, comments, suggestions or compliments, provides us with the opportunity to improve the quality of the services we provide and to learn valuable lessons for the future. Responding effectively to this feedback is a key aspect to providing a high quality customer focused service.

The HSE, in accordance with Part 9 of the Health Act 2004 and the Health Act 2004 (Complaints) Regulations 2006, is committed to providing a system for the management of complaints that facilitates effective feedback from and communication to all service users.

All HSE staff have an obligation to receive and manage a complaint at the point of contact where appropriate. Where complaints cannot be managed at the point of contact, Complaints Officers will be responsible for dealing with complaints while linking and communicating with any persons relevant to the complaint.

## **Emails**

The primary purpose of the email system is to promote effective communication throughout the organisation. Emails should be primarily used for work related purposes and personal emails should be kept to a minimum.

## **Broadcast Emails**

Requests for national 'all user' broadcast emails should be made to the HSE Communications Division. To request an 'all user' email broadcast in your region contact your nearest HSE Communications Office.

'All user' broadcast messages should be approved in advance by a National Director, Hospital Group CEO, Chief Officer, Assistant National Director or designates. The message should be written in plain English and contact details, including an email address, should be provided at the bottom of the message for follow up queries.

'All user' email messages should be relevant to the majority of HSE staff nationally or within a particular HSE region. It is recommended that messages targeted at a particular group be cascaded via line managers from a National Director, Hospital Group CEO, Chief Officer, or Assistant National Director as an alternative to using the email 'all user' broadcast system.

In general the "All User" broadcast facility should not be used for commercial companies to promote or sell their products or services to HSE staff, the advertising of charity work or fundraising efforts or promotion of specific causes of outside organisations/companies, promotion of external courses or training or the advertising of local community (non-HSE) activities unless approved by senior management and Communications.

## **External Communications**

### **Freedom of Information and Data Protection**

The FOI Acts 1997 and 2003 and Data Protection Acts 1988 and 2003 give people (including Employees) specific legal rights to their personal information and to reasons for decisions that affect them. The Acts place huge responsibility on Health Service providers and staff to keep accurate and up-to-date records, to keep records safe and secure and to give people access to their personal records. Designated FOI and Data Protection Officers exist throughout the HSE to deal with FOI and data protection requests from the public.

### **Appeals**

The public have a right to appeal any HSE decision in relation to allowances/payments to a designated Appeals Officer in each local HSE area.

Details of the above services and designated officers may be obtained through the Competition and Consumer Protection Commission.

## **The Official Languages Act 2003**

The Official Languages Act 2003 gives legislative effect to Article 8 of the Constitution of Ireland, by providing clarity in relation to when, where and how Irish is to be used in the delivery of public services. The primary objective is to ensure greater availability and a higher standard of public services through Irish.

Every consumer of HSE services has a constitutional right to receive that service through the medium of the Irish language if they so request. The Official Languages Act 2003 gives effect to this constitutional right.

Some of the principal requirements placed on the HSE and its Employees by the Act are:

- Correspondence to be replied to in the official language, in which it was written
- Information issued to customers to be in Irish or in Irish and English
- Bilingual publications of certain key documents
- The right to use Irish in dealing with the HSE
- Service in the Gaeltacht areas is to be available in the Irish language

Further information can be obtained from Oifig an Choimisinéara Teanga/Office of the Language Commissioner [www.coimisineir.ie](http://www.coimisineir.ie) or the Department of Arts, Heritage and the Gaeltacht, [www.ahg.gov.ie/](http://www.ahg.gov.ie/).

## Information and Consultation

The Information and Consultation Agreement was established to provide an information and consultation framework for the health sector, within which organisations within the health services may fulfil their obligations under the Employees (Provision of Information and Consultation) Act, 2006. This Act sets out the basis and obligations for organisations to put in place procedures, processes and practices to enable effective information sharing and consultation between employers' and employees' representatives. The parties to the Information and Consultation Agreement are health service management and trade unions.

### **The Agreement sets out the approaches necessary to:**

- Ensure that employees and their trade union representatives receive the information to which they are entitled.
- Provide information to enable involvement of staff and their representatives in change processes.
- Implement arrangements that enable information and consultation to improve decision-making and organisational performance.

## Joint Information and Consultation Forum

The Joint Information and Consultation Forum (JICF) was established by health service management and trade unions in 2011. Its remit is primarily the Information and Consultation Framework for the health sector, within which organisations in the health services may fulfil their obligations under the Employees (Provision of Information and Consultation) Act, 2006. The role and responsibilities of the JICF include the following elements:

- The JICF is established as a long-term, joint forum through which health service employers and trade unions will work together on innovation, consultation and engagement matters, and provide a role complementary to that of the National Joint Council on the industrial relations side of the HR system.
- It is a national-level body within the health services, encompassing all employers and trade unions in the sector.
- Its membership includes senior management of the HSE, including directors of services and line managers, representatives of the Department of Health and the voluntary sector. Employees are represented by the senior health spokesperson from each recognised trade union, the IHCA and the IDA, with SIPTU, IMPACT and the INMO having one additional representative each.
- The JICF receives updates on the HSE Service Plan, programmes and activities, and the health service reform programme, among other things.
- The JICF's non-executive body meets on a quarterly basis, or more frequently if required, and may issue agreed advice notices and communiqués on issues within its remit.



### Aims

- Understand employee entitlements to information, consultation and workplace partnership and how this is handled in the HSE
- Understand the role of the trade union organisations in the HSE

## Trade Union Organisation in the HSE

The HSE recognises the role and contribution of the trade unions in articulating the views of their members, in representing employees' interests through the agreed partnership process within the agreed industrial relations procedures in the health service.

The HSE operates in a positive trade union environment. The evidence shows that partnership working between management and trade unions is a powerful business component in developing and sustaining world-class organisations, producing positive health outcomes for patients, modern management systems, an excellent working environment and highly motivated employees who contribute hugely to the success of the organisation.

## Health Services Information and Consultation Agreement

This agreement meets the requirements set out in the Employees (Provision of Information and Consultation) Act 2006, meeting the requirements of the EU directive.

In the context of a partnership culture, it is accepted that consultation is not an isolated incidence of exchange of views on a specific issue. The exchange of views implicit in consultation is expected to take place at all stages during the implementation of change.

The scope of this agreement ensures employees and their trade union representatives receive the information to which they are entitled and are involved in change processes and in implementing arrangements that enable information and consultation to improve decision-making and organisational performance.



# Your Pay

## Aims

- Understand how pay is determined
- Understand deductions from pay
- Know who to contact if you have any questions
- Know how to claim travelling expenses

## Rates of Pay

Pay rates are determined through negotiations between employee organisations and management representatives. The rates of pay, allowances and other pay-related conditions for all employees must be approved by the Department of Health. Pay of all HSE employees is in line with the DoH consolidated salary scales and any changes to pay are only made once sanction from the Minister for Health has been received. Pay rates can be accessed at [www.hse.ie](http://www.hse.ie)

## Pay

The payment of salaries and wages in the HSE is by electronic funds transfer (EFT). Payslips are available online in most HSE areas. Where payslips are available online, this is the preferred method of distribution. Further details are available from your line manager or Payroll Department.

## Understanding Your Payslip

Each time you are paid you will receive a detailed payslip setting out the various deductions and payments. Please contact your local returning officer or Payroll Department if you have any questions regarding your payslip.

## Overtime

Employees may, from time to time, be required to work overtime depending on the requirement of their department. In all cases, overtime must be approved by the appropriate line manager prior to commencement. Overtime rates will be paid in accordance with the DoH regulations.

## Payment of Increments

The DoH in consultation with the HSE is responsible for setting remuneration rates for most HSE employees. Increments are paid subject to satisfactory service in the preceding year. The payment of increments is considered annually. Incremental credit may also be given, on appointment, for certain types of relevant previous experience in medical, dental, administrative, paramedical, nursing and non-nursing grades. Applications should be supported by appropriate documentation from previous employers setting out the range and length of experience, and your line manager will advise to whom you should submit the information.



## Bank/Mortgage

Employees will be provided with a statement of earnings in respect of mortgage/loan applications by approved payroll staff only.

## Deductions from Pay

### Income Tax/Universal Social Charge (USC)

All employers are obliged to deduct income tax/USC from salaries and wages paid to Employees. Each new employee should contact their tax office to obtain a Certificate of Tax Credits. In the absence of a Certificate of Tax Credits, tax/USC will be deducted at the emergency rate. If you have been previously employed, your last employer should have given you a completed P45 Form. This form should be forwarded to the Payroll Department on your first day in post. Staff are advised to notify the tax office of any change in their personal circumstances that might affect their tax-free allowance.

Any tax queries can be addressed to the Revenue Information Office on LoCall 1890 333 425 (Dublin) or LoCall 1890 60 50 90 or [www.revenue.ie](http://www.revenue.ie). Please make sure you have your employer's reference/PAYE number and your Personal Public Service Number (PPSN), which are available on your payslip.

Regions	Phone number
Cavan, Donegal, Galway, Leitrim, Longford, Louth, Mayo, Monaghan, Offaly, Roscommon, Sligo and Westmeath	1890 777 425
Dublin City and County	1890 333 425
Carlow, Kildare, Kilkenny, Laois, Meath, Tipperary, Waterford, Wexford and Wicklow	1890 444 425
Clare, Cork, Kerry and Limerick	1890 222 425

Please make sure you have your Employer's Reference/PAYE number – details below:

Regions	Employers Reg. No.	Regions	Employers Reg. No.
Eastern Region	0043024G	Portiuncula	0024042B
Midlands	0002000J	South East	0027010D
Mid West	0030888U	South	0007497W
North East	0072958D	West	0024042B
North West	0036210M		

Your PPSN is available on your payslip.

### Social Welfare/Pay-Related Social Insurance (PRSI)

Pay-related Social Insurance (PRSI) is deducted from salaries and wages of all employees at the relevant rates. All permanent and pensionable staff in officer grade posts employed in the public service prior to 6 April 1995 pay Class D1 contributions. This is a reduced PRSI rate and covers staff for limited social welfare benefits. Since 6

April 1995 all new staff in the health service pay ClassA1 social welfare contributions and are insured for all social welfare benefits. Please refer to your payslip for details of your PRSI Class and PPSN. If you require any further information contact the Department of Social Protection at: [www.welfare.ie/contact/index.html](http://www.welfare.ie/contact/index.html)

## **Superannuation/Employees' Pension Scheme**

A superannuation scheme is in operation that provides a wide range of benefits to pensionable employees. Some of the more common entitlements payable are as follows:

- Tax-free lump sum and annual superannuation allowance on retirement at the normal age
- Gratuity payable on the member's death in service
- Spouses' and children's pensions
- Provision to pay a lump sum and pension to pensionable Employees who must retire early on the grounds of ill health
- Contributions towards the superannuation scheme are deducted from your salary

## **Pension Related Deduction (PRD)**

This was introduced on 1 March 2009 and applies to all earnings whether they are subject to superannuation or not.

## **Voluntary Deductions**

The availability of voluntary deductions from pay (such as health insurance, Trade Union etc.) varies by area within the HSE. Details of these deductions are available from your local returning Officer, line Manager or Payroll Department.

## **Local Property Tax (LPT)**

Deduction of LPT commenced in 2013. The details are sent directly by the Revenue Commissioners and the deduction is applied in accordance with the instructions received. All queries in relation to LPT value should be directed to the Revenue Commissioners.

## **Overpayments**

Although every effort is made to avoid such an occurrence, it is possible that at some time you may be overpaid. The Payroll Department follows the guidelines outlined in the HSE National Financial Regulations (NFR-04) "Payroll Overpayments and Underpayments" and must initiate an action to recoup an overpayment immediately upon discovery of same. All overpayments must be repaid to the HSE in full and within as short a period as possible.

The HSE shall make a deduction from the wages of an employee in respect of a payroll overpayment where the purpose of the deduction is the reimbursement of the HSE in respect of:

- Any overpayment of wages or
- Any overpayment in respect of expenses incurred by the employee in carrying out his/her employment, made (for any reason) by the employer to the employee.

Where an overpayment relates to an employee who has left the employment of the HSE and where there is no agreement for recoupment in place, these sums may be recovered by way of issuing debt recovery proceedings in the civil courts.

An overpayment may be discovered by Payroll, the employee's line management or by the employee. There is an obligation on the employee to contact the Payroll Department immediately on discovering an overpayment.

# **Travel and Subsistence**

If you are required to travel on official business, you will be paid the travel and subsistence rates approved by the Department of Health. Your line manager will provide details of the arrangements for the payment of travel expenses and subsistence, and the rates and conditions relating to such expenses.

Employees may not use their private vehicles on official business without first producing evidence that there is a current motor insurance policy covering their use of the vehicle in connection with their business or profession. The policy must also be extended to indemnify the HSE. Full details of the travel and subsistence policy can be obtained from [www.hse.ie](http://www.hse.ie)

With effect from 1 January, 2013 and until further notified, all HSE travel bookings should be made directly through Atlas Amex. Please contact Atlas Amex as follows:

By Email:	<a href="mailto:atlasamex@atlas.ie">atlasamex@atlas.ie</a>
By telephone:	+33 1 241 2370
After House (Emergency only)	+44 1908 009 011

Please note all bookings need an FT1 form outside Ireland and must be authorised and approved by a national director prior to booking being processed. Without correct documentation and prior approval from a national director, Atlas Amex is instructed not to process bookings or issue tickets.

### Easi Travel Plan

Legislation was introduced in the Finance Act 1999 which allowed an employer to incur the expense of providing an employee with an annual bus/rail pass, without the employee being liable for benefit-in-kind taxation. Pilot schemes exist in some locations for provision of these travel passes. Details of how to apply should be sought from your line manager or [www.hse.ie](http://www.hse.ie)

## Foreign and Domestic Business Travel

### HSE foreign and domestic travel is governed by the National Financial Regulations (NFR)

Note: Authorisation levels as per NFR:

Sector	Approving Authority
Domestic Flights (within Ireland)	Assistant National Director or equivalent salary/grade
Europe and International (outside Ireland)	DG for National Directors National Directors for all other staff

### If you are making foreign or domestic travel bookings, please refer to the following link:

- [Foreign & Domestic Business Travel Documents](#)
  - Business Travel – Frequently Asked Questions
  - Business Travel – FT1 – Travel Form (see instructions tab. FT1 to be completed.)
  - Business Travel – HSE Policy.

# Leave from Work

## Aims

- Know the annual leave and sick leave schemes
- Understand all the various other types of leave
- Know the career break schemes
- Understand how to apply for leave
- Know the new Public Sector Sick Leave Arrangements Circular 20/2013 January 2014
- Understand term-time leave circulars
- Know typical working arrangements
- Understand after hours attendance
- Understand the Haddington Road Agreement & answers to FAQ's

All applications for leave are subject to the approval of your Line Manager and should be made in writing on the approved application form. If you are unable to attend work for illness or other reasons, it is your responsibility to ensure that your line manager is informed as soon as possible.

Absence without leave may lead to disciplinary action.

## Annual Leave

The leave year extends from 1 April to 31 March and normally the annual leave roster for each department is prepared in the month of April. Application for leave should be made to your line manager on the approved leave application form at least two weeks in advance where there is no leave roster in operation. In exceptional circumstances your line manager may waive this requirement. You are requested to take the bulk of your leave at any one time and have at least three-quarters of your leave entitlement taken before the end of December.

Annual leave is normally required to be taken within the appropriate leave year. However, where an employee does not avail of their outstanding leave because of service requirements, or other exceptional circumstances, they may be allowed to carry leave forward to be taken within the first three months of the following annual leave year. A full list of all leave types is outlined in the HSE Terms and Conditions Booklet at <http://hse.ie/eng/staff/benefitservices/Timeoff/>

# Performance, Learning and Development



## Performance

You will be expected to perform your job to a consistently high standard. Guidance and support will be provided by your line manager to help you to carry out your role and responsibilities effectively. Additional learning and development requirements will be agreed with your line manager.

As a client/patient-centred organisation we encourage a high level of multidisciplinary team working and you will be expected to participate in these teams. The organisation specifies the process of Performance Achievement.

Should you have a grievance at work or if the organisation has difficulties with your performance the grievance and disciplinary procedures are available to resolve such issues.

## Learning and Development

As a new employee your personal development begins with your Induction to the HSE and your particular work role. As a unitary and national organisation we can offer you a range of career options linked to your desire to continue your education and training, such as:

- Knowledge and skills development
- Professional development
- Management development
- Leadership

You will be actively encouraged to continue to develop your skills and capabilities with particular emphasis on your current role to allow you to optimise your contribution to the objectives of the health service.

To ensure that staff are clear on their role and responsibilities and have the requisite knowledge and skills, a process of Personal Development Planning (PDP) is encouraged with your line manager. PDP is a continuous development process that enables people to make the best use of their skills and helps to advance both the individual's plans and the strategic goals of the HSE. As part of this process you are encouraged to discuss your career opportunities with your line manager. You may be supported by the organisation to pursue further academic studies.

## HSE's Online Resource for Learning and Development

HSELand is an online learning portal providing access to over 100 e-learning programmes complemented by ancillary online resources, assessment and planning tools. It is available to all staff in the Irish health service. The e-learning programmes cover a wide range of topics, both generic and discipline-specific, developed internally within the HSE. Certificates can be downloaded or printed off on completion of all e-learning programmes.

HSELand can be accessed at [www.hseland.ie](http://www.hseland.ie) via the Intranet/Internet. It is designed to support employees in their current role and with their personal and professional development. It offers specific support to employees new to the organisation through a range of induction supports and resources. Leadership, Education and Development Units provide a range of local supports, resources and information on training and development.

Practice Development Hubs are designed to reflect specific content areas and facilitate knowledge-sharing between multidisciplinary groups. Each hub features social learning resources including forums (upload files and polls), wikis, blogs, internal messaging, user profiles and videos. Employees have access to some, or all of, the hubs to collaborate and share knowledge, depending on their job role.

Other features of the website include:

### **360° Competency Assessment Tool**

This allows individuals to identify their strengths and areas for improvement against an established HSE Management Competency Framework.

### **Personal Development Plan Workbook**

This helps the individual to set career goals and plan their learning objectives.

### **What are the Benefits of e-Learning?**

- e-learning programmes allow you to complete your learning at your own pace and at times that suit you.
- Unlike many adult classroom-based courses, e-learning centres on the student.
- Learning by making mistakes is a typical trait of the adult learner; within an e-learning environment, using appropriate interactivity, mistakes can be made safely with the opportunity to take remedial action and learn from them.
- e-learning allows you to explore different learning paths and promotes learning by doing.
- e-learning can be closely matched to individual learning styles.
- Quality of content and consistency of information delivery is assured.
- Online connectivity encourages peer-based learning: instead of learning from just one source – the trainer – you learn from the comments, experiences and perceptions of other like-minded professionals.
- Well-designed e-learning programmes provide a powerful and effective way to convey knowledge, promote learning and retention, and increase performance.

### **Does e-Learning Suit Everyone?**

The simple answer is no. Some people find e-learning a lonely experience and they prefer the social aspects of traditional face-to-face training to get them through learning something new. If you feel that this may apply to you, you may wish to explore the various e-learning tools that promote online communication and collaboration – chat rooms, discussion forums and web conferencing systems.

### **Who is HSELand Aimed at?**

HSELand is aimed at all staff in the Irish health services who wish to avail of our eLearning programmes and tools to develop themselves.

### **Can I Use HSELand by Myself or Does it Need to be Part of a Training Programme?**

Yes, you can use HSELand by yourself. It is designed to be user-friendly and you can pick and choose which programmes and tools are most appropriate for your own development. Some training programmes might encourage you to use the HSELand as part of a classroom-based programme but you do not need to be part of a formal programme to register.

### **Where Can I Get Technical Help and Support?**

If you need help with HSELand go to the 'Help & Resources' section on HSELand, please check the Help, FAQs, PC Check and Video Tutorials first. If you still require assistance, please contact HSELand Support – contact details in HSELand Help Section. For technical assistance regarding your PC or Internet connection please contact your local IT department.

## **Promotion**

All staff are encouraged to develop their career by competing for both temporary and permanent assignments and promotion through the HSE's Recruitment Service. The HSE welcomes feedback from candidates and carries out recruitment surveys periodically.

Recruitment and selection for appointments in the HSE are carried out under the licences issued by the Commission for Public Service Appointments (CPSA). Designated senior posts are managed by the Public Appointments Service and are advertised on their website [www.publicjobs.ie](http://www.publicjobs.ie)

Appointments to positions in the HSE are subject to the Code of Practice published by the CPSA. The Code of Practice sets out how the core principles of probity, merit, equity and fairness might be applied and details the responsibilities placed on candidates who participate in recruitment campaigns. The Code of Practice also outlines procedures in relation to requests for a review of the recruitment and selection process and review in relation to allegations of a breach of the Code of Practice. Information on the review process is available in the document posted with each vacancy entitled "Code of Practice, information for candidates." Details of the Code of Practice are available on [www.careersinhealthcare.ie](http://www.careersinhealthcare.ie)

Vacancies are advertised on the HSE's job site <http://www.hse.ie/eng/staff/jobs>, in selected newspapers and are notified internally by means of e-mail and notice boards. Each vacancy posting to the website contains a full job specification, which describes the service where the vacancy exists, the eligibility and selection criteria and the duties and responsibilities that are attached to the post. The recruitment and selection process involves eligibility screening, shortlisting and selection interview. Only those applicants who pass through these filtering stages are progressed to interview. Following interview candidates are entitled to receive details of the scores they achieved and an evaluation of their performance.

## **Employee Transfers**

The HSE endeavours to facilitate transfers without compromising on delivery of service, which is the primary focus. Employee Transfer Policies have been agreed for certain grades; these will operate on a pilot basis initially. Details are available at [www.hse.ie](http://www.hse.ie)







**Part Three**

# **Leaving the HSE**

# Resignation, Retirement and Pension

## Aims

- Understand your obligations in relation to giving notice
- Understand the basic components of the pension schemes

## Resignations

Permanent employees must give the minimum notice stipulated in their contract of employment of their intention to resign from the HSE's employment.

Temporary employees are expected to give notice as required under the Minimum Notice and Terms of Employment Acts 1973-2005, as follows:

- 13 weeks to 2 years = 1 week
- 2 years to 5 years = 2 weeks
- 5 years plus = 4 weeks

## Resignation – Pension Entitlements

If you resign with less than two calendar years' service, and are not taking up employment with another organisation to which your service may be transferred, you are entitled to a refund of any pension contributions you have made, less an appropriate tax deduction.

If you have been employed for more than two calendar years and are not taking up employment with another organisation to which your service may be transferred, your contributions are retained. Preserved lump sum and pension benefits will become payable at age 60 years (65 years for new entrants) upon receipt of written application, or earlier, in the event of permanent infirmity or death.

If you entered pensionable employment with a former Health Board prior to 1995, you have the option to either preserve your benefits or take a refund of contributions on resignation.

## Retirement

If you retire, the benefits of the HSE Pension Scheme are as follows:

- Retirement Pension
- Lump Sum

In the unfortunate event of the death of a member of staff while in service, who is contributing to the Pension Scheme, the following is payable to the legal personal representative:

- 1 year's reckonable pay (at the rate applicable on the date of the death) or
- The lump sum that would have been paid to the staff member had they retired on ill health grounds on the date of death, subject to a minimum of one year's salary

If the staff member was contributing to the Spouse and Children's Pension Scheme, a pension will be payable to the spouse and eligible children.

If the staff member who was contributing to the Pension Scheme dies after retirement then the following is payable:

- A pension to the spouse and eligible children.

The factors taken into account in determining pension benefits are as follows:

- Basic salary
- Pensionable allowances, if any
- Service (e.g. HSE, former Health Board, Civil Service, Local Authority, Voluntary Hospitals, VEC or approved Public Sector Bodies)
- Any purchased service (i.e. National Service Purchase Scheme)

An online calculator is available at [www.hse.ie](http://www.hse.ie). Please note that the entire yearly span of your employment may not equate with your pensionable service, as certain periods e.g. unpaid sick leave will be deducted, part-time service or any optional unreckoned service may also need to be factored in.

Some early retirement schemes exist for Psychiatric Staff employed before 1 April 2004 under the Mental Treatment Act 1945 Nursing initiative schemes for General Nursing Staff.

### **Cost Neutral Early Retirement**

While minimum retirement age is 60 years (65 for new entrants post 1 April 2004), The Cost Neutral Early Retirement Scheme enables employees to retire from age 50 (55 for new entrants), with immediate payment of actuarially reduced pension and lump sum benefits.

### **Single Public Service Pension Scheme**

Pensionable employees recruited on and after 1 January 2013 (new hires) become members of the Single Public Service Pension Scheme, unless already a member of another Public Service Pension Scheme. This is a defined benefit pension scheme, which provides benefits based on career averaged earnings rather than final salary and allowances.

It is extremely important that you familiarise yourself with the pension provision within the HSE as early in your career as possible, so that you can make conscious decisions to maximise this benefit. The HSE provides mid-career and pre-retirement courses for your benefit. These courses provide information on the following:

- Pension scheme
- Taxation
- Social welfare
- Investments
- Legalities

Many aspects of the pension scheme require detailed explanation and there is a range of information leaflets available. For all advice relating to the pension schemes you should contact your local HSE Pension Office. Further details of the schemes are available on [www.hse.ie](http://www.hse.ie)

While we have made every effort to ensure that the information contained in this document is accurate, the HSE's organisational structures, roles and responsibilities are subject to change. We advise you to monitor the HSE website, [www.hse.ie](http://www.hse.ie), to keep up to date with future changes.

This document and the accompanying Induction Checklists are not intended, in any way, to absolve a person from doing all that is reasonable to ensure the health and safety of themselves and others.

### **HR Leadership, Education & Development**

2016





# **Appendices**

## Appendix 1 Health Business Services

As part of the health reform programme, Health Business Services [HBS], the business division of the HSE was established in February 2014 to provide high-quality business services and solutions to the health sector. The adoption of shared service models for support function delivery and some specialist services has a strong Government mandate and remains a key aspect of reform policy across the public service. This is a time of great change within the health services with the emergence of new structures via the Hospital Groups and CHO's.

HBS, led by Jane Carolan, National Director, operates 'behind the scenes' but plays a significant role in the delivery of frontline services. It is the division that recruits & pays staff, provides and maintains HSE buildings and buys all the products and equipment needed to deliver health services. Although it uses less than 1% of the HSE's resources, it impacts on every service and every member of staff in all areas. With the vision of 'best business services for the health services' its aim is to maximise the use of shared services across the HSE. Its goal is to ensure that all health services, particularly hospitals and CHOs, have access to a range of common back office support services on a shared basis, so they can deliver on the front line without having to worry about them. As a result, managers should be able to focus on the core business of delivering quality health services to the public.

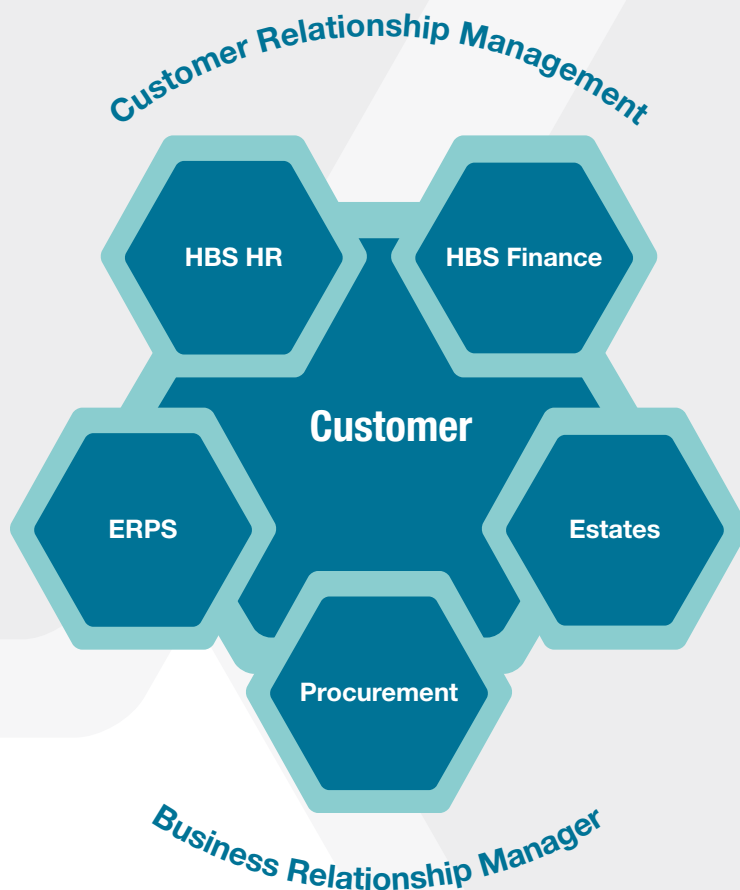
HBS incorporates the following functions:

- HBS Enterprise Resource Planning Service [ERPS]
- HBS Estates
- HBS Finance
- HBS Human Resources
- HBS Procurement

These functions are supported by an overarching Customer Relationship Management [CRM] division.

Further information on HBS and how to access the services of the functions can be found at <http://www.hse.ie/eng/about/Who/HealthBusinessServices/>. A detailed service catalogue is included.

### HBS Operating Model



## Appendix 2 Roles and Responsibilities of HSE Staff under Children First National Guidance for the Protection and Welfare of Children and HSE Child Protection and Welfare Policy

The safety and welfare of children and young people is a key priority for the HSE. The HSE has developed a Child Protection and Welfare Policy to underpin the commitment of the organisation to promote the welfare and protection of children. It is policy of the HSE to regard the welfare of children as being of paramount importance and to ensure that its services are equipped to prevent harm to children and where it occurs to intervene urgently to prevent any harm from escalating. Every HSE staff member, staff in HSE funded organisations in the not-for-profit and for-profit sectors and other contractors engaged to provide services for or on behalf of the HSE shall ensure, that each child in contact with the service is safe from harm. (The term HSE staff member refers to staff, volunteers, and students, including those on clinical/training/work placements.)

In law the statutory responsibility for the protection of children in Ireland rests with the Child and Family Agency (Tusla) and An Garda Síochána. The HSE works with these statutory agencies and requires each employee of the HSE to acknowledge and action their individual responsibility to keep children safe from harm, promote their welfare and be alert to the possibility that children with whom they are in contact may be suffering from abuse or neglect.

A child is defined as a person under the age of 18 years excluding a person who is or has been married.

### Children First

Children First: National Guidance for the Protection and Welfare of Children 2011 is the national policy document which promotes the safety and wellbeing of all children. 'Children First' is intended to assist people in identifying and reporting child protection and welfare concerns and outlines how to deal effectively with concerns. It highlights the role and responsibilities of everyone in protecting children and promoting their welfare.

The Children First Act 2015 places elements of the *Children First: National Guidance for the Protection and Welfare of Children (2011)* on a statutory footing. The Act which is being commenced on a phased basis provides for a number of key child protection measures:

- A requirement on organisations providing services to children to keep children safe and to produce a Child Safeguarding Statement;
- A requirement on defined categories of persons (mandated persons) to report child protection concerns over a defined threshold to the Child and Family Agency (the Agency);
- A requirement on mandated persons to assist the Agency in the assessment of a child protection risk, if so requested to do so by the Agency;
- The abolition of the defence of 'Reasonable Chastisement'. This section of the Act has been commenced and from 11th December 2015 a person who administers corporal punishment to a child will no longer be able to rely of the defence of reasonable chastisement in the courts.
- Putting the Children First Interdepartmental Group on a statutory footing.

### HSE Child Protection and Welfare Policy

- Provides information on the structures for the reporting of all child protection and welfare concerns.
- Outlines staff's roles and responsibilities in terms of child protection and welfare.
- Describes the organisational and managerial structures in place and specifies how the HSE works with the Child and Family Agency and An Garda Síochána.
- Sets out the responsibilities of all HSE staff to protect children and promote their welfare.

## What is Child Abuse or Neglect?

Children First (Sect. 2) notes that there are four different types of abuse: neglect, emotional abuse, physical abuse and sexual abuse. For more information on the signs and symptoms of each category please refer to the [HSE Child Protection and Welfare Policy](#) and/or the [Children First Guidance 2011](#).

## Responsibilities of HSE Staff

**The policy of the HSE is that ALL STAFF irrespective of role, grade or position have a responsibility to protect children and to promote their welfare.**

Staff members of the HSE, for the purpose of dealing with suspected cases of child abuse, are in one or more of the following categories:

**Figure 1: Categories of HSE Staff**



**There are different responsibilities for all of these categories of staff and each one is extremely important as reports of suspected child abuse can come through many different pathways.**

## Responsibilities of All Staff if Concerned About a Child

As a staff member of the HSE if you are concerned about the welfare or protection of a child or if a child protection or welfare concern is brought to your attention you should immediately consult with your line manager and follow the [HSE's Reporting procedures for a Child Protection or Welfare Concern](#). It is HSE policy that all staff irrespective of role, grade or position must promote the welfare of children and protect them from harm. It is not okay to do nothing if you have any information that a child has been, is being or is at risk of being abused or neglected.

**If a child is at immediate risk and the Duty Social Worker in the Child and Family Agency cannot be contacted, please contact An Garda Síochána at any Garda station.**

The Duty Social Worker in the Child and Family Agency MUST always be informed if reasonable grounds for concern exist (see section below) that a child may have been, is being or is at risk of being abused or neglected. The line manager will support staff in following the HSE's reporting procedure for Child Protection and Welfare Concerns.

If the staff member and the line manager are unsure if a report should be made to the Child and Family Agency, the line manager will support the staff member in contacting the Duty Social Worker in the Child and Family Agency for



consultation and advice. There is a Duty Social Worker available everyday Monday-Friday 9am-5pm. No identifying details about a child need be given when making this initial contact. However if the Social Worker advises that a report should be made, the HSE's reporting procedure must be followed and the report made.

In an emergency and out of hours where it is believed there is a real and immediate risk to a child and contact cannot be made with the Child and Family Agency the staff member or line manager or Designated Liaison Person (DLP) should make contact with An Garda Síochána without delay.

## How Do I Know that I Have Reasonable Grounds for a Child Protection or Welfare Concern?

The HSE Children and Family Services produced the Child Protection & Welfare Practice Handbook (2011) as a guide to child protection practice and an accompaniment to the Children First National Guidance. Section 2.2 outlines reasonable grounds for concern as:

- An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are supporting indicators regarding the concern that it may be a case of abuse.
- Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- Admission or indication by someone of an alleged abuse.
- A specific indication from a child that he or she was abused.
- An account from a person who saw the child being abused.
- Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

It is your responsibility to follow the HSE's Reporting procedures however you can also encourage a member of the public to make a referral to the Duty Social Worker in the Child and Family Agency in the following ways:

- DON'T assume they will be able to easily contact the social worker on duty.
- DON'T assume they will have the confidence to express their concern again as it will not necessarily have been easy for them to raise it with you.
- DON'T guarantee them absolute anonymity but you can advise them that normally names of members of the public are not revealed without this being discussed further with the social worker. There may be other events such as court proceedings or Garda investigations where preserving anonymity is not possible.
- Do help them to contact the duty social worker by ringing the Duty Work Office in the Child and Family Agency in the area where the child lives. Details are available at: <http://www.tusla.ie/services/child-protection-welfare/contact-a-social-worker>
- Do make contact with the Area Manager's Office in the Child and Family Agency if you have difficulty contacting a duty social worker.
- Do advise the member of the public to report to the Gardaí if they believe the concern is urgent and it is outside normal working hours or they can't access help elsewhere.

**Remember if in doubt, check it out. If you are concerned about the safety of a child and are unsure what to do, talk to your line manager, DLP, a Duty Social Worker in the Child and Family Agency or, in an emergency where you believe the risk is real and immediate and you cannot contact anyone, call the Gardaí.**

## Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012

It is important to know that ALL STAFF may also have a responsibility to report directly to the Gardaí for some offences against children under the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012. Under this act it is now a crime to withhold information on certain offences which include sexual offences and offences causing harm, abduction, manslaughter or murder of children and vulnerable adults. HSE staff must ensure that reports which fall under the category of offences in the Act are reported directly to An Garda Síochána in addition to any report which may be made to the Child and Family Agency and the Designated Liaison Person under the HSE Standard Reporting Procedures for Child Protection or Welfare Concerns.

This is to fulfil the obligations of the Act. A copy of the report must be retained on the file. It is important that every HSE staff member co-operates with An Garda Síochána in the implementation of their statutory duty under this act.

Please refer to the [HSE Child Protection and Welfare Policy](#) for further information.

## HSE Designated Officers

Certain grades of HSE staff are Designated Officers under the Protections for Persons Reporting Child Abuse Act, 1998. Anyone who reports suspected child abuse in good faith to a Designated officer is protected by law and cannot be sued.

To find out more about HSE Designated Officers, their roles and responsibilities please click the following link [Responsibilities of HSE Designated Officers](#).

## Designated Liaison Persons

Children First Section 3.3 notes that every organisation, both public and private, that is providing services for children or that is in regular direct contact with children, should identify a Designated Liaison Person (DLP). The role of the Designated Liaison Person in the HSE is to:

- Act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns.
- The Designated Liaison Person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child abuse or neglect are referred promptly to the Duty Social Worker in the Child and Family Agency or in the event of an emergency and the unavailability of the Duty Social Worker in the Child and Family Agency to An Garda Síochána.
- The Designated Liaison Person should ensure that they are knowledgeable about child protection and undertake any training considered necessary to keep them updated on new developments.

To find out more about HSE Designated Liaison Persons their roles and responsibilities please click the following link [Responsibilities of Designated Liaison Persons](#).

## Line Managers

All Line managers have particular responsibilities to support staff under the HSE's Child Protection and Welfare Policy.

To find out more about the responsibilities of HSE Line Managers under the HSE Child Protection and Welfare Policy please click the following link [Responsibilities of Line Managers](#).

## Training and Support for HSE Staff on their Responsibilities under Children First

The HSE has developed a range of Children First Training Programmes. It is mandatory for all HSE staff to undertake the HSE Children First eLearning module "An Introduction to Children First".

If you have a query about Children First please e mail [childrenfirst@hse.ie](mailto:childrenfirst@hse.ie)

## Children First Act 2015

This Fact Sheet will be kept under review and will be further updated in accordance with the [Children First Act 2015](#) as it is commenced.

## Links

HSE Children First Webpage: <http://www.hse.ie/eng/services/list/2/PrimaryCare/childrenfirst/>

Child and Family Agency: <http://tusla.ie/>

Department of Children and Youth Affairs: <http://www.dcy.gov.ie/viewdoc.asp?DocID=120>



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