



An Roinn Sláinte
Department of Health

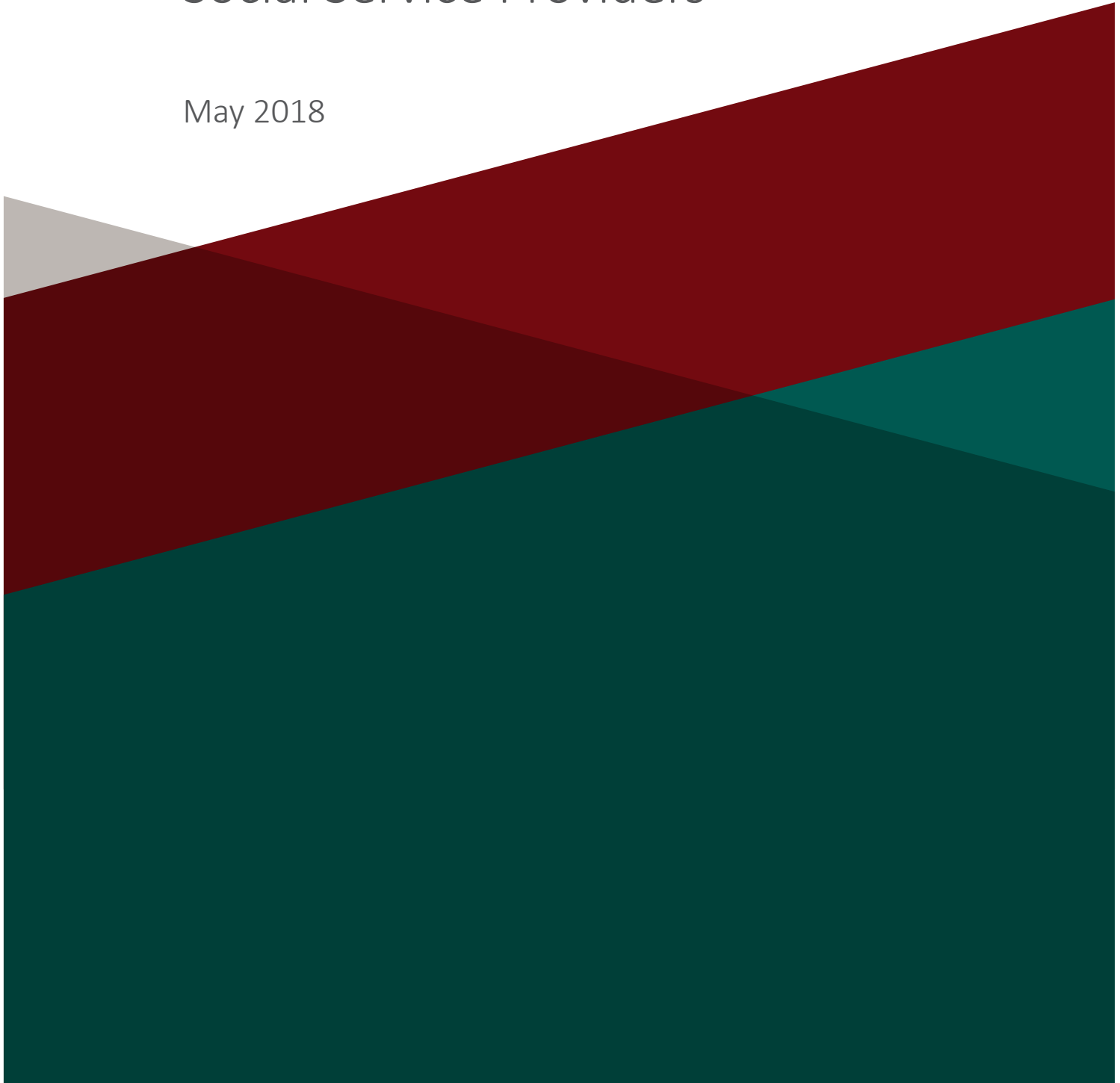


Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Supporting a Culture of Safety, Quality and Kindness:

A Code of Conduct for Health and Social Service Providers

May 2018



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Introduction

Context

The Department of Health has developed a unified Code of Conduct (the Code) that applies to all service providers and individuals acting on behalf of those service providers that come into contact with a user of health or social services.¹

The primary objective of the Code is to ensure the safety of those that access our services, while striving to ensure that the quality of these services is always improving. The Code recognises that healthcare staff work in 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.

The Code will establish a single, shared ethos in health and social services provided publicly or privately, in any setting; hospital, mental health facility, community or home.

Health and social services represent a dynamic working and learning environment. While mistakes may occur, providers and individuals alike must be supported when they act in the best interest of those in their care. The Code seeks to assist all staff in these circumstances by clearly setting out the obligations of service providers at Board and executive level to support them in adopting and adhering to the Code and in carrying out their duties. The Code also sets out the individual responsibilities of all health and social services employees, from those in support functions to those on the frontline, in the delivery of quality, safe care.

In short, it sets out the expectations of service users accessing our health and social services system and that we, as members and contributors to that system, expect of ourselves.

Authority, Responsibility, Accountability and Empowerment

Development of the Code has sought to find a balance between, determining the responsibilities that underpin an optimal safety culture and performance, establishing who is responsible for delivering on them, who is accountable should they not be adhered to and how this may be addressed.

The Code is designed to support and encourage providers and employees to both do their jobs and also to find solutions when appropriate or necessary. In particular, emphasising the role of those in management positions to engage with and empower their staff to improve our services.

Culture

The Code is intended to promote and contribute to an evolution of the culture in our health and social services, recognising that how we treat each other, staff support, wellbeing and the working environment in our organisations are major predictors of the quality of user experience and outcomes.

It offers an opportunity to bring people together and discuss how to use the responsibilities set out in the Code as a means of improving the quality and safety of care and overall service provision. Most

¹ Health or social services subject to the Health Acts 2004 to 2007 and the Mental Health Act 2001

importantly, emphasising the need for employees to use the Code as a means of raising concerns and complaints to highlight patient safety and quality issues.

Essential to the Code's success is a shared health and social services culture that is transparent, open and supportive of confidential good faith reporting and the principles of open disclosure at all levels. Such a culture ensures providers value staff and service user feedback as important inputs to service improvement and to taking appropriate remedial action when necessary.

The purpose of this Code of Conduct:

1. To **ensure the safety of those that access our services**, simultaneously striving to ensure that the **quality of these services is always improving** and establishing that the **primary obligation** of anyone working in health or social services is to proactively advocate within their organisation in the best interest of service users, treat them as they would a family member and challenge others to do the same.
2. To implement a set of responsibilities:
 - That **clearly set out the standards expected of service providers** in relation to promoting and achieving an optimal safety culture, corporate and clinical governance and performance in the organisation.
 - The ongoing adherence of which should be monitored by:
 - Service providers as part of internal corporate and clinical governance arrangements and audit.
 - HIQA in the context of its monitoring function under the Health Act 2007 and the licensing of all providers of health and social services.
 - Mental Health Commission in accordance with the Mental Health Act 2001 and its Quality Framework for Mental Health Services in Ireland.
 - That **complement and build** upon existing health and social service provider corporate and clinical governance systems, policies and performance frameworks as well as professional regulation and associated codes of professional conduct.
 - That **articulate a framework** against which service providers, board members, executives and employees can be assessed and held to account should they be found to be in breach of the Code.

Guiding Principles

Patient safety is about values and principles. It recognises that the experience our service users have of using our services is the most important barometer of the quality of those services. It is the most important measure of the performance of our health system.

The guiding principles underpinning this Code are based on those contained in the *Report of the Commission on Patient Safety and Quality Assurance*, the *National Standards for Safer, Better Healthcare* and the *Quality Framework for Mental Health Services*. These principles create a shared understanding about how we relate to service users and each other. They must be at the centre of all that we do.

Our guiding principles are:

- **Patient Centredness / Putting people first** – we will put the needs and the voices of service users, and those providing the services, at the centre of all of our work, treating both groups with kindness, dignity and respect. We will strive for equity in access and care for all.
- **Kindness, Dignity and Respect** – we will be kind, respectful and courteous in our dealings with service users, organisations and each other.
- **Openness and transparency, honest communication, learning and accountability** – we will communicate honestly and ensure learning when a service user has suffered harm as a result of care and accept full responsibility for our actions.
- **Excellence, Effectiveness and efficiency** – we will take personal responsibility for excellence in our work, and seek continuous improvement through self- evaluation and innovation.
- **Working together/team work and patient/family involvement** – we will commit to collaborative working, and engage with people providing and people using the services in improving and developing all aspects of our work.

Together, these principles guide our actions under this Code of Conduct.

While it is true that health and social service executives and managers play an important role in shaping and maintaining workplace culture, all employees have a personal and collegial responsibility to lead by example, ensuring that these principles are upheld and that patients, clients, service users, colleagues and the public experience them when they access our services.

Accordingly, we can expect that users conduct themselves appropriately when they access our services.

Application of the Code of Conduct

Whole System

This Code of Conduct will apply to all service providers who are subject to the Health Acts 2004 to 2007 and the Mental Health Act 2001. It is intended that private providers will adopt the Code voluntarily as recommended good practice.

The Code's application across all health and social services is intended to ensure that the culture and expectations are shared and consistent throughout our system, irrespective of service, provider, employee or setting.

Such an extensive remit acknowledges that the ongoing improvement of system safety and performance under the Code is dependent on the partnership and collaboration of multiple agencies and organisations across the health and social services system from providers, funders, policy makers, unions and educators to professional, representative and regulatory bodies.

Division of Responsibilities

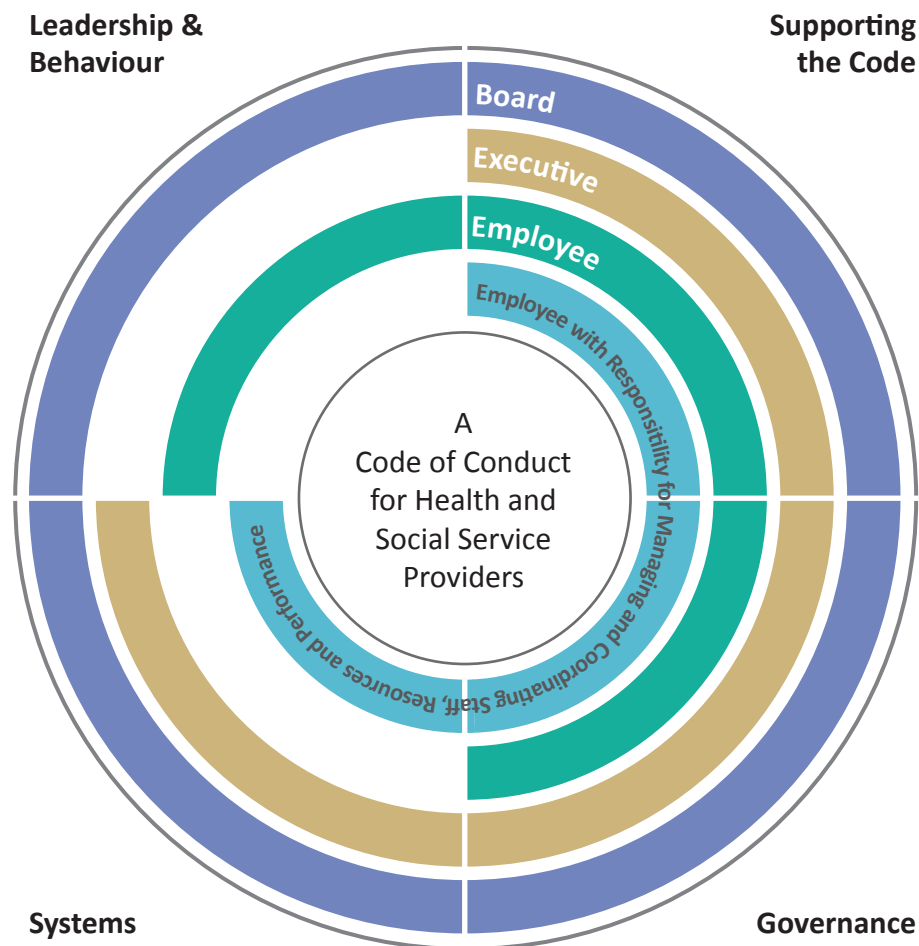
To address the collective responsibilities of service providers in achieving an optimal safety culture, corporate and clinical governance and performance, this document sets out responsibilities at four levels; Board, Executive, Employee and Employees with responsibility for managing and coordinating staff, resources and performance.

It is important to note that while the employer holds primary responsibility for ensuring organisational adherence to the Code, delivery of safe and effective care is delegated to and ultimately dependent on frontline staff.

- **Board**
All members of the Board of a Service Provider covered by the Code and all individuals contributing to an entity performing an equivalent oversight role.
- **Executive**
The Chief Executive Officer or equivalent position and any other individuals occupying an executive position with a specific governance remit for functions such as strategy, finance, clinical operations, HR, ICT and day-to-day etc. running of a service.
- **Employee**
All employees of provider organisations including full time and part time staff, fixed-term staff, casual staff, agency staff and those engaged in any capacity to provide services or advisory to, or on behalf of, the provider or its funded agencies on a consulting basis. This includes:
 - All medical and dental practitioners, nurses, midwives and other health and social care professionals who provide care or services on behalf of the provider
 - All administrative and support staff
 - Subsidiaries
 - Researchers
 - Students, trainees, interns and educators

- Volunteers
- Contractors.
- **Employees with responsibility for managing and coordinating staff, resources and performance.**
Employees who have as part of their day to day role, or who may be tasked from time to time with responsibility for managing and coordinating the staff, resources and performance of a Service Provider.

Responsibilities are divided into four themes: Leadership and Behaviour, Governance, Systems and Supporting the Code. The diagram below shows how they relate to each level of organisational responsibility under the Code.



The division set out above may not be appropriate to some providers under the scope of the Code, nor is it an attempt to polarise different roles. Instead it is intended to provide greater clarity, ensuring expectations regarding patient safety and performance are understood and adhered to.

The Code provides a means and opportunity for Board members, Executives, Employees and Employees with responsibility for managing and coordinating staff, resources and performance to engage and test themselves on key themes linked to safety and their implementation. Its effectiveness requires leadership at all levels, ensuring that the whole organisation embodies and lives the responsibilities set out.

Alignment with Existing Codes and Legislation

The Code of Conduct is intended to add to a system of health and social care, within which arrangements to improve quality, safety and governance already exist.

To do so, the Code seeks to build on the principles of existing professional regulation and associated codes of professional conduct. It has also been developed to complement the existing corporate, workplace and clinical executive governance policies and practices of providers, including contractual agreements, performance management processes and codes of conduct.

The Code recognises the professional conduct and ethical guides that all professionals are required to meet when registered with a professional regulatory body. The Code of Conduct is an employer determined document and will not undermine or supersede a professional's regulatory obligations.

Specific additional responsibilities that apply to the staff of the HSE and HSE funded agencies are included in Appendix 2. The Code together with Appendix 2 replaces the 2009 HSE Codes of Standards and Behaviours and is introduced in accordance with section 25(3) of the Health Act 2004 and the Ethics in Public Office Acts 1995 to 2001.

Service Providers may also have specific governance responsibilities under other codes and current and future legislation including but not limited to:

- Code of Practice for the Governance of State Bodies
- Companies Acts 1963 - 2013
- Charities Act 2009
- Children First 2011 – Our Duty to Care
- Children First Act 2015
- The Civil Liability (Amendment) Act 2017 – Part 4 Open Disclosure.

Board

As Board members of a health and social service provider our primary responsibility is:

- **To ensure that we are leading an organisation that puts the service user at the centre of all that we do and in which the staff communicate any concern to us should they feel this is not the case.**

The following outline our specific responsibilities in relation to this Code of Conduct. Accordingly, we will ensure that:

Leadership and Behaviour:

1. Our organisation has a clearly defined purpose and set of values, expressed in ways that staff and the public can understand and relate to.
2. We uphold and promote the culture of the organisation and the values it embodies and challenge the organisation should we believe that its culture conflicts with our primary responsibility.
3. We do not engage in any behaviour which is dishonest or which may bring the provider's, or those employed by the provider's, reputation into disrepute unfairly.
4. We avoid conflicts of interest and ensure that the resources available to us are used effectively in accordance with the mandate given to our organisation, reporting any concerns we have of this nature.

Governance:

1. We approve appropriate corporate and clinical governance and executive structures for the organisation and monitor their ongoing implementation and effectiveness in demonstrating the delivery of compassionate, first-class care on an annual basis.
2. We approve and monitor the implementation of a *Framework of Accountability* that clearly communicates the responsibilities, authority, obligations and expected conduct of Board, Executive, Employee and Employees with responsibility for managing and coordinating staff, resources and performance.
3. We approve and monitor the implementation of a *Scheme of Delegation* that identifies Board, Executive, Employee and Employees with responsibility for managing and coordinating staff, resources and performance, encompasses all employees and clearly determines the individual responsible for ensuring systems, policies, procedures and practices aimed at the delivery of safe and effective care are adhered to at any given time.
4. We ensure our ongoing compliance with all governance and legislative responsibilities required of us as the Board or equivalent body of a health and social service provider.²

² Companies Acts 1963-2009, EU Regulations, Code of Practice for the Governance of State Bodies

Systems:

1. We oversee the effective ongoing implementation of a coordinated and organisation-wide quality improvement process that encourages and incorporates staff and service user feedback.
2. We oversee the ongoing, effective monitoring of quality of care, legal, ethical, risk, health and safety and environmental compliance, taking remedial action as appropriate.

Supporting the Code:

1. We oversee the implementation of the Code in the organisation on an ongoing basis.
2. We are mindful of the obligations placed on staff to adopt and adhere to this Code of Conduct and take appropriate steps to ensure they are supported in doing so.
3. We value the health and wellbeing of our staff and service users and foster a culture to promote and protect health and wellbeing.

Executive

As executives employed by a health and social service provider our primary collective responsibility is:

- **Managing our organisation in accordance with its stated purpose and policies, ensuring the provision of first-class care that is safe and compassionate.**

The following outline our specific collective responsibilities as executives in relation to this Code of Conduct. The responsibilities of employees apply to us individually. Accordingly we will ensure that:

Governance:

1. Our organisation implements effective corporate and clinical governance and management structures that clearly demonstrate responsibility, authority and accountability for systems aimed at the delivery of safe and effective care.
2. Our organisation has clear, documented and demonstrably understood communication and reporting processes in place within corporate and clinical governance structures.
3. Our organisation implements a documented *Framework of Accountability* for all staff that clearly communicates their individual responsibilities, authority, obligations and expected conduct.
4. Our organisation implements a documented *Scheme of Delegation* that identifies Board, Executive, Employee and Employees with responsibility for managing and coordinating staff, resources and performance, encompasses all staff and clearly determines the individual responsible for ensuring systems, policies, procedures and practices aimed at the delivery of safe and effective care are adhered to at any given time.
5. Our organisation implements structures and processes that ensure that staff, other organisations and the public are consulted and engaged in decisions³, ensuring the confidentiality of their personal information at all times.
6. Our organisation fosters a corporate and clinical governance environment that supports and enables effective professional regulation and accreditation in line with professional standards and codes.

Systems:

1. Our organisation has systems in place to ensure that all relevant health and social care professionals are fully registered and indemnified as required by professional regulators.
2. Our organisation has systems in place ensuring that service users are continuously informed and involved in decisions, enabling them to take responsibility for their own health and safety.
3. Our organisation implements systems that demonstrate compliance with nationally mandated and other relevant standards and guidelines.
4. Our organisation implements systems⁴ that enable assurance on the intended outcomes⁵ and impact of the care we provide.

³ Including decisions about themselves, their relationship with the provider or their work

⁴ Includes information systems

⁵ Clinical, medical, personal and social

5. Our organisation implements a demonstrably effective quality improvement process that encourages and incorporates staff and service user feedback and continuously defines, measures and improves quality at all levels.⁶
6. Our organisation implements equitable and consistent processes that ensure the people who enter the workforce are suitable and understand their roles, responsibilities and authority.
7. Our organisation implements demonstrably effective processes that assess and encourage the performance of individuals and teams and that enable appropriate corrective interventions in the event that a breach of the Code may have occurred or performance is deemed to be compromised.
8. Our organisation has in place and demonstrates the implementation of written processes and procedures⁷ to deal with dangerous, discriminatory or exploitative behaviour and practice.
9. Our organisation has a system in place to support and value staff who raise concerns, ensuring incident reporting processes and assurance verification procedures are supported and that non-compliance with the Code is addressed and referred to the Board as appropriate.

Supporting the Code:

1. Our organisation implements training and development opportunities to support staff to continually strengthen and develop their skills and knowledge and ensure that they have the competence to perform their work in line with best practice guidelines and the business objectives of the organisation.
2. Where reasonably practicable, our organisation provides staff with a safe and secure environment in which to carry out their work.
3. Our organisation will support and enable staff and service users to maintain and improve their health and wellbeing.
4. Our organisation is mindful of the obligations placed on staff to adopt and adhere to this Code of Conduct and takes appropriate steps to ensure that they are supported in doing so.

⁶ Including clinical, service, corporate and clinical governance as applicable to the provider

⁷ Including fair and equitable investigation procedures

Employees

As an employee of a health and social service provider my primary responsibility is:

- **To proactively advocate within my organisation in the best interests of service users, treating them with compassion and challenging others to do the same.**

The following outline my specific responsibilities in relation to this Code of Conduct. Accordingly, I will ensure that:

Leadership and Behaviour:

1. I actively listen to service users, identify and respond to safety concerns and prioritise the timely and effective communication of any information relating to service user or staff welfare, safety or perceived risk.
2. I value each service user and colleague as individuals, respect their diversity and take action to ensure that they are not discriminated against, should I become aware of it.
3. Where relevant, I uphold the ethics of my profession and adhere to professional regulation and associated codes of professional conduct at all times.
4. I take personal responsibility for my own fitness to work, behaviour and continuing competence in all of my professional activities at all times.
5. I attend work as required and adhere to policies, procedures and practices and any other applicable regulations or guidelines aimed at the delivery of safe and effective care at all times.
6. I adhere to the terms and conditions and the policies, procedures and guidelines relevant to my employment.
7. I do not engage in conduct, in pursuit of my profession or otherwise, which is dishonest or which may bring the provider's, or those employed by the provider's, reputation into disrepute unfairly.
8. I behave with honesty and integrity and act within the law at all times, reporting any probation or conviction to my employer.

Governance:

1. I am cognisant of my span of authority, responsibilities and accountabilities, as set out in my organisation's scheme of delegation, at all times.
2. I act only within my level of competence and consult with my line manager for direction when asked to act beyond it.
3. I practise good financial stewardship, ensuring that the resources available to me are used properly and effectively, without corruption or fraud and that any concerns I have regarding the misuse of resources or funds are reported immediately.
4. I avoid receiving benefits or hospitality of any kind from a third party which might reasonably be seen to compromise my personal judgement or integrity and report any such instances to my superior, retaining only those of nominal value.

5. I avoid conflict of interest, seeking the guidance of my human resources department should I require any clarification on issues of this nature and ensure that decisions are made through established procedures without improper influence.⁸

Supporting the Code:

1. I respect the privacy and confidentiality of individuals, providers and the health service by not improperly disclosing, during or following termination of my employment, any information gained in the course of my work and by understanding and adhering to relevant legislation.⁹
2. I support and encourage my colleagues to take responsibility for their own conduct, adherence to the Code and continuing competence in all of their professional activities.
3. I raise concerns within the boundaries of protective disclosure should I feel that the responsibilities set out in the Code are not adhered to, participating fully in any investigative processes as required and with the full support of my employer.
4. I identify and use opportunities to promote, protect and improve the health and wellbeing of service users, colleagues and myself.
5. I am aware of my responsibilities and authority under the Code and adhere to the Code at all times.

⁸ Including, but not limited to: my own interest or that of others with whom I have a personal or business association, inappropriate internal or external interference, hospitality, gifts, medical conditions or substance abuse

⁹ Including the Data Protection Acts 2001 and 2003, the Freedom of Information Acts 1997, 2003 and 2014, the Health Acts 1947 to 2007, the Mental Health Act 2001 and the Health Identifiers Act 2014

Employees with Responsibility for Managing and Coordinating Staff, Resources and Performance

Additional responsibilities apply for those employees who have as part of their day to day role, or who may be tasked from time to time with responsibility for managing and coordinating the staff, resources and performance of a Service Provider. Accordingly, as an employee with responsibility for managing and coordinating staff, resources and performance, the following outlines my specific responsibilities in relation to this Code of Conduct. For the staff and resources under my direct control I will ensure that:

Governance:

1. I implement and support corporate and clinical governance and management structures that clearly demonstrate responsibility, authority and accountability for systems aimed at the delivery of safe and effective care.
2. I implement and support clear, documented and demonstrably understood communication and reporting processes within corporate and clinical governance structures.
3. I implement and support a documented *Framework of Accountability* that clearly communicates individual staff member responsibilities, authority, obligations and expected conduct.
4. I implement and support a documented *Scheme of Delegation* that clearly determines the individual responsible for ensuring systems, policies, procedures and practices aimed at the delivery of safe and effective care are adhered to at any given time.
5. I implement and support structures and processes that ensure that staff, other organisations and the public are consulted on and engaged in decisions¹⁰, ensuring the confidentiality of their personal information at all times.
6. I implement and foster a corporate and clinical governance environment that supports and enables effective professional regulation and accreditation in line with professional standards and codes.

Systems:

1. I implement and support systems to ensure that all relevant health and social care professionals are fully registered and indemnified as required by professional regulators.
2. I implement and support systems ensuring that service users are continuously informed and involved in decisions, enabling them to take responsibility for their own health and safety.
3. I implement and support systems that demonstrate compliance with nationally mandated and other relevant standards and guidelines.
4. I implement and support systems¹¹ that enable assurance on the intended outcomes¹² and impact of the care we provide.

¹⁰ Including decisions about themselves, their relationship with the provider or their work

¹¹ Includes information systems

¹² Clinical, medical, personal and social

5. I implement and support a demonstrably effective quality improvement process that encourages and incorporates staff and service user feedback and continuously defines, measures and improves quality at all levels.¹³
6. I implement and support equitable and consistent processes that ensure the people who enter the workforce are suitable and understand their roles, responsibilities and authority.
7. I implement and support demonstrably effective processes that assess and encourage the performance of individuals and teams and that enable appropriate corrective interventions in the event that a breach of the Code may have occurred or performance is deemed to be compromised.
8. I implement and support written processes and procedures¹⁴ to deal with dangerous, discriminatory or exploitative behaviour and practice.
9. I implement, uphold and promote a system to support and value staff who raise concerns, ensuring incident reporting processes and assurance verification procedures are supported and that non-compliance with the Code is addressed and referred as appropriate.

Supporting the Code:

1. I implement, uphold and promote training and development opportunities to support staff to continually strengthen and develop their skills and knowledge and ensure that they have the competence to perform their work in line with best practice guidelines and the business objectives of the organisation.
2. I support and enable staff and service users to maintain and improve their health and wellbeing.
3. I am mindful of the obligations placed on staff to adopt and adhere to this Code of Conduct and take appropriate steps to ensure that they are supported in doing so.

¹³ Including clinical, service, corporate and clinical governance as applicable to the provider

¹⁴ Including fair and equitable investigation procedures

Key Implementation Responsibilities

1. The Board and Chief Executive (or equivalent) of all health and social service providers will be accountable for the implementation of the Code.
2. Service Providers are required to demonstrate their alignment with the responsibilities contained within the Code by:
 - Aligning all relevant codes, policies, procedures, principles and guidelines with the Code.
 - Aligning organisational values with the guiding principles of the Code.
 - Ensuring that the Code is incorporated within all relevant Service Level Agreements and contracts with relevant third parties.
 - Including the Code in all employment contracts and supplying each employee with a copy of the Code.
 - Incorporating the Code in quality improvement structures and processes.
 - Reflecting ongoing implementation of the Code in Annual Reporting mechanisms.
3. It is the obligation of service providers, Board Members and Executives to understand their responsibilities and authority under the Code and ensure staff are aware of theirs.
4. Service providers and executives are obliged to undertake suitable measures to ensure that all other individuals who are not employees but who fall under the scope of the Code also observe the responsibilities it contains.

This list is not inclusive of all potential implementation considerations.

Breaches of the Code

1. Breaches of the Code by Boards, Executives, Employees or Employees with responsibility for managing and coordinating staff, resources and performance are considered to be a serious matter and will be dealt with in accordance with governance, accountability, disciplinary, contractual and regulatory procedures.
2. Should any clarification on the Code be required, individuals should refer to their line manager or HR Department for further information.
3. Individuals should also refer to their line manager for information on Policies, Procedures and Guidelines relevant to their organisation.

Appendix 1: Additional Terminology

Board

The group of elected or appointed members who jointly act as the governing body and oversee the activities of an the organisation under the scope of the Code.

Employee

All employees of provider organisations including full time and part time staff, fixed-term staff, casual staff, and those engaged in any capacity to provide services or advisory to, or on behalf of the provider or its funded agencies on a consulting basis.

Employees with responsibility for managing and coordinating staff, resources and performance

Employees who have as part of their day to day role, or who may be tasked from time to time with responsibility for managing and coordinating the staff, resources and performance of a service provider.

Executive

The Chief Executive Officer or equivalent position and any other individuals occupying an executive position with a specific governance remit for functions such as strategy, finance, clinical operations, HR, ICT and day-to-day etc. running of a health or social service.

Framework of Accountability

A documented framework encompassing all staff that clearly communicates their individual authority, obligations and expected conduct and allows them to clearly determine where the boundaries are in relation to their limits of responsibility.

Service

Anywhere health or social care is provided. Examples include but are not limited to: acute hospitals, community hospitals, district hospitals, disability centres, residential centres, day and respite health centres, dental clinics, GP surgeries, nursing homes, approved centres, community mental healthcare settings and home care/care provided in an individual's own home etc.

Scheme of Delegation

A documented framework outlining how responsibility and accountability is delegated at all levels within the service provider, and clearly establishing the extent of decision-making responsibility at each level.

Service Provider

The term service provider refers to any person, organisation, or part of an organisation delivering healthcare services, as defined in the Health Acts 2004 to 2007 and similarly by the Mental Health Act 2001. This would not normally include an individual employed by an organisation that would have corporate responsibility for meeting the Code of Conduct.

Service User

The term service user includes:

- People who use healthcare services
- Their parents, guardians, carers and family
- Their nominated advocates
- Potential users of healthcare services.

Reference to service users does not include service providers who use services on behalf of their patients, for example, general practitioners using diagnostic laboratory services.

Appendix 2: HSE-Specific Responsibilities

Specific additional responsibilities apply to the staff of the HSE or HSE-funded agencies.

Note: In no way do these responsibilities diminish the primary responsibility of employees to proactively advocate within their organisation in the best interest of service users and act in their best interest.

1. Support the HSE by:
 - I. Supporting colleagues and the HSE in the performance of its functions.
 - II. Promoting the goals and objectives of the HSE and not undermining any of them through action or omission.
 - III. Seeking to resolve grievances and concerns through agreed channels (this includes HSE National Policy on Open Disclosure, The Good Faith Reporting Policy code and the provisions in the Health Act 2007 and The Civil Liability (Amendment) Act 2017 Part 4 which would be external channels).
 - IV. Ensuring any actions do not negatively impact on public confidence in the HSE and its good name.
2. Employees cannot be members of either House of the Oireachtas or the European Parliament.
 - I. An employee, who is or becomes a member of either House of the Oireachtas, or the European Parliament, is immediately seconded from employment with the HSE until they cease to be a member (section 22 of the Health Act 2004).
 - II. A person who is or becomes a member of either House of the Oireachtas, the European Parliament or a local authority is not eligible for appointment as a board member or Chief Executive Officer. In addition, a member of either House of the Oireachtas, or the European Parliament is not eligible for appointment as an employee of the HSE (sections 11, 17 and 27 of the Health Act 2004).
3. Employees must not seek contracts with government departments or offices for supply of goods or services whether for their own benefit or for the benefit of any company with which they may have an involvement in a private capacity, unless specifically sanctioned by the Director General of the HSE.
4. Employees may have access to or hear information concerning the medical or personal affairs of clients and/or employees, or other health service business. Such records and information are strictly confidential and can only be divulged or discussed in the performance of normal duty. Disclosure of records or information under various statutory provisions (e.g. Freedom of Information Acts 1997, 2003 and 2014; Data Protection Acts 2001 and 2003 and the General Data Protection Regulation (GDPR) May 2018; the Health Acts 1947 to 2009) will be made in accordance with HSE policies, procedures and protocols.

5. Employees must be impartial in the performance of their duties.
 - I. It is each employee's responsibility to carry out his/her duties in a party political neutral manner. Public political activities should not, under any circumstances, be undertaken in paid HSE hours by any employee.
 - II. Employees should ensure that views expressed by them or actions taken related to their public political activities are not presented or interpreted as official comment on behalf of the HSE, but that they are their own or those of the political organisation they are representing. Neither should such views or actions compromise their due of loyalty to the HSE.
 - III. An employee may, in his/her role as a trade union representative, make a statement in that capacity, but will ensure that such a statement is not presented as official comment on behalf of the HSE.



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