



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Funding Location	
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and

[THE PROVIDER]

SERVICE ARRANGEMENT

**PART 2 OF ARRANGEMENT – SERVICE SCHEDULES – 2021
(ACUTE HOSPITALS)**

Section 38 Health Act 2004

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SCHEDULE 1

Contact Details

Part A – The HSE	
Name CEO of Hospital Group	
Address:	
Telephone Number	
Fax Number:	
E-mail:	
Main Contact Person: <i>(This is the nominated key contact person who will have operational responsibility for the contract)</i>	
Authorised Signatory: <i>(This is the person who has been assigned responsibility for signing Service Arrangements. This should be in line with National Financial Regulations as appropriate) This should not be confused with the authorised signatory for Garda vetting.</i>	
H.R. Contact:	
Address:	
Telephone Number:	
E-mail:	
Finance Contact:	
Address:	
Telephone Number:	
E-mail:	
Quality & Patient Safety Officer:	
Address:	
Telephone Number:	
E-mail:	
Emergency Contact – name and title:	
Address:	
Telephone Number:	
E-mail:	

Note 1: The CEOs of all the Hospital Groups have received a formal delegation from the National Director of Acute Services and the delegation invests them with formal authority in respect of those hospitals within their Hospital Groups. Accordingly, the CEO of each Hospital Group has full authority to execute an annual Service Arrangement between the HSE and those hospitals within the Group which are funded pursuant to Section 38 of the Health Act, 2004.

Note 2: This Arrangement covers all of the funding that the Service Provider receives from the Executive in respect of Services (as defined in Part 1 of the Arrangement) and the details in this regard are set down in Schedule 3 (Service Delivery Specification) and Schedule 6 (Funding) hereunder. This Arrangement therefore takes precedence over all other documentation related to the provision of these Services.

Part B – The Provider¹	
Hospital CEO/Hospital Manager:	
Hospital Registered Name: (Legal Entity)	
Hospital Address:	
Legal Status:	
<p>Charity Status</p> <p>Are you a Charity?</p> <p>If <u>yes</u> is ticked above, you must be registered with the Revenue Commissioners and the Charities Regulator.</p> <p>Please provide the following information:-</p> <ul style="list-style-type: none"> • Revenue Commissioners CHY Number • Charities Regulator Number <p><i>If you are not registered, you must outline actions being taken to obtain registration.</i></p>	<p style="text-align: center;">Yes No</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;"><input style="width: 100%; height: 20px;" type="text"/></p> <p style="text-align: center;"><input style="width: 100%; height: 20px;" type="text"/></p>
Registered Company Number: (if applicable)	
Tax Clearance Number:	
Tax Registration Number: <i>(The Provider is deemed to give permission to the HSE to verify the Tax Clearance position on-line)</i>	
Main Contact Person – name and position title: <i>(This should be the person who has overall responsibility for execution of the contract and will be the key contact person with the Executive).</i>	
Board Chairman:	
Authorised Signatory – name and position title: <i>(This should be the person authorised by the Board of the Provider to sign the Service Arrangement). CEO / Chairperson or Equivalent (Senior Person delegated by the Board)</i>	
Address:	
Telephone Number:	
E-mail:	
Finance Contact:	
Address:	
Telephone Number:	

¹ Hospital Group Manager to ensure that all of this Part B is completed, or place a note on file explaining why any aspect is not applicable to the Provider.

E-mail:	
H.R. Contact:	
Address:	
Telephone Number:	
E-mail:	
Quality and Safety Contact – name and title:	
Address:	
Telephone Number:	
E-mail:	
Emergency Contact – name and title:	
Address:	
Telephone Number:	
E-mail:	

SCHEDULE 2

Quality and Safety

(i) Mission Statements

The mission of the Health Service Executive is:

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.

The mission of the Hospital Group is:

[Hospital Group to insert details here]

The mission of the Provider is:

[Provider to insert details here]

1. Principles

The Parties agree that in carrying out their respective obligations under this Service Arrangement, they shall each agree to:

- (a) Comply with all relevant statutory regulations including EU Directives relating to quality and standards of service and provision of information – including engagement with appropriate regulatory authorities;
- (b) Comply with all relevant National Standards (HIQA), National Clinical Effectiveness Committee National Clinical Guidelines and National Clinical Audit;
- (c) Identify respective clear lines of responsibility, authority and accountability for the quality and patient safety of services provided;
- (d) Promote a culture which drives continuous quality improvement;
- (e) Participate in the Executive's quality and safety programmes and initiatives, including Medication Safety, HCAI/AMR, Falls Prevention, and Pressure Ulcer Prevention. Also participate in the Quality Improvement Programmes in Histopathology, Radiology and GI Endoscopy, Quality and Safety audits including audits conducted by the Quality Assurance and Verification Division (QAVD) and those overseen by the National Office for Clinical Audit (NOCA);
- (f) Collect and provide quality and safety information to the Executive to enable performance management and surveillance of quality and safety of the hospital

system; including the publication of a Hospital Patient Safety Indicator Report and Maternity Patient Safety Statements.

- (g) Participate in secondary quality and safety programmes and initiatives where necessary for regulatory compliance (for example, laboratory INAB), however accreditation with external bodies may only be sought with the written approval of the Executive; and
- (h) Ensure that where Service Arrangements with third parties are put in place, they shall also comply with the requirements of this Schedule.

2 Regulation and Compliance

The Executive is committed to achieving full compliance with relevant legislation, regulations and statutory obligations. Providers must ensure that they meet their legislative and regulatory obligations.

The Parties are required to work with regulatory bodies to promote and implement structured programmes of quality assurance to ensure that standards of quality and patient safety are adopted by and embedded within the service, and that value for money in the delivery of health and personal social services is achieved.

The Provider shall comply with its statutory obligation to provide information to HIQA in accordance with the Health Act, 2007 and shall comply with all mandatory reporting and provide information, as required, to all relevant regulatory bodies (e.g. Mental Health Commission, HIQA, HSA etc.) These reports and information shall also be sent to the Executive on request. In undertaking this Service Arrangement, the Provider will implement recommendations arising from both internal and external reviews/reports and investigations in collaboration with the Executive.

A list of the main regulatory bodies/units is available on the HSE Website:-

<http://www.hse.ie/eng/about/Who/OID/usefullnks/>

3. Corporate Governance

The Provider shall ensure compliance with the Standards for Governance (as defined in Part 1 of this Arrangement). The Provider shall submit an Annual Compliance Statement to the Executive prior to May 31 of each calendar year (or such other date as the Executive may notify to the Provider) setting out its compliance with the Standards for Governance.

The Provider shall use the Code of Practice for the Governance of State Bodies as a guide in ensuring that it has adequate systems of internal controls.

The Provider shall have a Code of Governance in place that is consistent with the *Framework for the Corporate and Financial Governance of the Health Service Executive* prepared by the Executive pursuant to Section 35 of the Health Act 2004.

The Executive may at any time request, and be provided with, a copy of the Provider's Code of Governance.

4 Governance for Quality and Safety

The Executive, the Hospital Group and Provider must at all times, concentrate on effective governance for quality and safety throughout the service. The Provider's governance arrangements must ensure that there are clear lines of accountability, authority and responsibility at individual, team and service levels so that healthcare professionals, managerial staff and everyone working in the service are aware of their responsibilities, accountability and authority.

Processes for Governance of Quality and Safety:

- Accountability arrangements for quality, patient safety and clinical outcome;
- The use of Quality and Performance Indicators;
- Arrangements for patient / service user and public community involvement;
- Integrated Risk Management, systems and processes;
- Patient safety programmes;
- Clinical effectiveness and audit plans;
- Learning and sharing information pertaining to quality and patient safety;
- Staffing and Staff Management for quality and patient safety;
- Information management for quality and patient safety;
- The organisation's support programme to build capacity and capability for quality and patient safety.

The *National Standards for Safer Better Healthcare* (2012) provides a high-level outcome framework for the delivery of quality and safety.

In 2016 the HSE introduced the '*Framework for Improving Quality in our Health Service*', which has been described as a set of key principles that have a major influence on the way in which we deliver services. The Framework for Improving Quality is developed to influence and guide thinking, planning and delivery of care. It is firmly orientated towards quality, safety and to improve patient experience and outcomes. It provides a strategic approach to improving quality whether at the frontline, management, board or national level. The Framework is informed by international models and evidence as well as local improvement experience and learning.

The Framework is comprised of 6 drivers/principles for improving quality:

1. Leadership for Quality
2. Person and Family Engagement
3. Staff Engagement
4. Use of Improvement Methods
5. Measurement for Quality
6. Governance for Quality

Focusing on only one of the drivers within a service will not give the desired effect for improvement. It is the combined force of drivers working together that creates the environment and acceleration for improvement. A critical element in any movement to improve quality is putting in place the supportive structures for quality and funding leadership positions to drive improvement in organisations.

The '*Framework for Improving Quality in our Health Service*' has a clear aim to foster a culture of quality that continuously seeks to provide safe, effective, person centred care across all services. Building such a culture is paramount to ensure long term progress to improve quality of care.

You will find a copy of the ‘*Framework for Improving Quality in our Health Service*’ document along with more information on the help and support available from our website.

Further information available at:

<http://www.hse.ie/eng/about/Who/QID/Framework-for-Quality-Improvement/>.

Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (HSE 2014).

The HSE have undertaken a revision of the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (2014). A revised Adult Safeguarding Policy when implemented will have an operation remit for all HSE and HSE funded services. Each Organisation providing Health and Personal Social Services will be expected to be fully compliant when the revised policy is implemented. This revised policy will set out the updated reporting process and the requirement for funded services that certain relevant professionals within their services carry out safeguarding roles.

The above paragraph refers to staff that are dealing with Vulnerable Adults, rather than with Children exclusively.

Agencies will also be required to work with the HSE on the notification requirements of “specified information” to the National Vetting Bureau and future employers – Organisations to follow guidance when provided

5 Quality Assurance/Monitoring

As part of the Executive’s obligations in meeting regulatory and compliance requirements, the Executive, and Service Providers, are required to provide assurance both internally and externally.

The performance monitoring outlined in Schedule 4, includes Quality Indicators and outcome measurements that Providers will be required to report against as part of this Schedule. These Quality Indicators are included in the 2021 National Service Plan Indicator Suite. Throughout the year there may be changes to some of these indicators/outcome measurements and the Executive hereby agrees to inform the Provider at the earliest opportunity of any such changes.

In undertaking its responsibilities, the Executive, in addition to undertaking the processes outlined above, will also undertake healthcare audit and monitoring to provide assurance to the Executive. All the services covered may be subject to audit by the Health Care Audit Function of the QAVD, and the National Office of Clinical Audit (NOCA). The Provider will facilitate and fully support the audit process and implement recommendations from such audits.

The Executive and the Provider have an obligation to meet the National Standards for Safer Better Healthcare. The performance of the Provider in self-assessing against the standards will be monitored by the Executive. Providers should utilise the HSE Quality Assessment and Improvement (QA+I) tools(s).

The Executive and the Provider have an obligation to implement the complement of National Clinical Effectiveness Committee (NCEC) National Clinical Guidelines and National Clinical Audit. Providers will be obliged to provide assurance through operational and service plans, as well as monthly performance reports.

The Regulatory Authority (HIQA) as part of its monitoring programme will carry out independent audits and inspections of hospitals in line with its regulatory remit.

There are five distinct processes that will be required in order for the Executive and the Provider to meet their obligations above.

5.1 Internal Assurance – The CEO of the Hospital Group will support and encourage Providers, through the reporting structures of the organisation, to undertake a process of local auditing and monitoring to continually improve performance leading to compliance with the various standards/codes of practice.

5.2 The CEO of the Hospital Group will undertake to monitor local implementation, monitoring and reporting on all indicators, outcome measurements, risk and incident reporting and assessments against standards, and implementation of recommendations.

5.3 Healthcare Audit: The Provider, the CEO of the Hospital Group, the Acute Operations National Director or QAVD may request an audit at any time to provide independent evidence and assurance of performance.

5.4 External Assurance - The CEO of the Hospital Group shall support and encourage the Provider to participate in all relevant external assurance programmes as outlined by regulatory Bodies to include publication of the Hospital Patient Safety Indicator reports and Maternity Patient Safety Statements. The Provider shall ensure that a hospital completes these monthly and discusses same at Hospital Management Team each month in accordance with agreed HSE procedures for same.

5.5 The Provider shall monitor implementation of the *National Standards for Safer Better Healthcare* and supporting standards and guidance, which shall be reviewed in line with the overall review procedures of this Arrangement.

6 Quality and Safety Committee of the Board

The Provider shall establish a Quality and Safety Committee of its' Board, comprising non-executive and executive members, which shall support the Board in overseeing quality and safety of services. The responsibility for Quality and Safety ultimately remains with the Board and should be a standing agenda item on each Board meeting agenda. The entire Board see the areas that are important to the specific quality and safety objectives/targets. The Board Committee, chaired by a non-executive director, shall operate on behalf of, and report directly to, the Board.

The Quality and Safety Committee has the following functions:

- Provide a level of assurance to the Board on appropriate governance; structures, processes, standards, oversight and controls;
- Oversee the development by the executive Management Team of a quality improvement plan for the service in line with agreed Quality Improvement Strategy. This should be based on a self-assessment of quality and patient safety by the Provider on their organisation against the National Standards of Safer Better Healthcare (2012).

- Recommend to the Board a quality and safety programme and an executive Management Team structure, policies and processes that clearly articulates responsibility, authority and accountability for quality, safety, and risk management across the Service;
- Secure assurance from the executive Management Team on the implementation of the quality and safety programme and the application of appropriate governance structure and processes (e.g. communicating risk) including monitored outcomes through quality indicators and outcome measures;
- Secure assurance from the executive Management Team that the hospital services is conforming with all regulatory and legal requirements to assure quality, safety and risk management; and
- To consider in greater depth matters referred to the Committee by the Board and referral of issues to the Board for consideration when necessary.

Further details regarding the Quality and Safety Committee of the Board are available at: <https://www.hse.ie/eng/about/who/qid/governancequality/qscommittee/>

7 Quality and Safety Executive Committee

The Provider shall establish a Quality and Safety executive Committee (sometimes called Clinical Governance) to manage quality and safety on behalf of the executive Management Team. The executive Committee is a multidisciplinary team of representative employees whose roles are directly concerned with establishing, developing and implementing governance for quality and safety within the service. It will focus on driving the implementation of improvements and safeguards in quality and safety. The executive Committee is accountable to the CEO / Hospital Manager. This committee may establish subcommittees/groups to lead on specific elements of quality and safety as required.

8 HSE Initiatives (including Standards and Guidance)

To support the Executive and Providers to continually improve their performance leading to compliance with the *National Standards for Safer Better Healthcare 2012*, the Executive will continue to initiate, support and deliver on a number of Quality and Patient Safety initiatives.

- (a) The Provider shall support and contribute to the development, implementation and review of all initiatives, standards and guidance associated with the services. Such initiatives will be supplementary to and shall not affect existing statutory requirements and relevant legislation.
- (b) The Provider shall comply with initiatives with a view to continuous quality improvement.

These include but are not limited to:

- Implementation of the Executive's Clinical Design and Innovation (National Clinical Programmes (NCPs), Integrated Care Programmes) and their supporting initiatives).

- Implementation of standardisation of pathways and processes across a Hospital Group or Community Health Organisation.
- Implementation of the Executive’s QID programmes, such as: Patient and Staff Partnership; Quality Improvement (QI) projects; and information analysis. QID provides support to build capacity of staff to improve quality using a number of approaches including, education, training, mentorship and resources to prepare staff to implement priority national QI programmes.
- Utilise the Executive’s ‘*Framework for Improving Quality in our Health Service*’
- Implementation of the Executive’s incident management policies and guidelines, such as; the HSE Integrated Risk Management Policy and the HSE Incident Management Framework, and complaints management and quality assurance
- Implementation of quality and safety initiatives as set out in relevant national strategies (e.g National Cancer Strategy, National Maternity Strategy).
- Implementation of the National Clinical Effectiveness Committee National Clinical Guidelines and National Clinical Audit.

9 Serious Incidents and Serious Reportable Events (SREs)

The Provider shall report all Serious Incidents & Serious Reportable Events (SREs) to the HSE through governance arrangements and lines of accountability and manage in accordance with the HSE Incident Management Framework and Guidance (2020).

Some SRE categories are considered to be largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by the healthcare providers concerned (e.g. wrong site surgery).

Others are serious incidents that may not have been preventable or predictable but which need to be examined to determine if in these areas, safety was compromised or can be improved (e.g. patient falls).

10 Review

This Schedule should be reviewed at the Review Meetings and may be amended, if necessary, to reflect and address any issues arising during the Year. If any changes are made to the Schedule following the review, the revised Schedule should be signed and dated by both parties, **as set out hereunder:**

Review Date	Comments

Agreed **as amended**, and signed on behalf of the **EXECUTIVE** by:

Signature: _____
Print Name: _____
Date: _____

Agreed **as amended**, and signed on behalf of the **PROVIDER** by:

Signature: _____
Print Name: _____
Date: _____

SCHEDULE 3

Service Delivery Specification

Note : This Schedule sets out all the Services which the Service Provider provides on behalf of the Executive

Guidance Note

1 Purpose of this Schedule

This Schedule is intended to specify the functional details of the health and personal social services which will be provided by the Provider in consideration for the Funding (as set out in **Schedule 6**) provided by the Executive. The performance of the Services will be monitored as set out in **Schedule 4 (Performance Monitoring)**.

The statement of purpose as required by HIQA shall be consistent with the services described and funded under this Arrangement.

2 Broad Principles of Service Provision

In identifying the Services to be provided both Parties should be guided by the following principles:

- (a) Improving health and patient care;
- (b) Providing patient centred care;
- (c) Planning services to take cognisance of patient/user requirements at the pre treatment, treatment, recovery, discharge and follow up stages of the patient's journey;
- (d) Compliance with legal responsibilities and obligations including the Health Acts 1947 to 2010, the Medical Practitioners Act 2007, Nurses and Midwives Act 2011, Health and Social Care Professionals Act 2005 and the Pharmacy Act 2007 (each as amended modified or re-enacted from time to time);
- (e) Delivering high quality care through effective integrated corporate and clinical governance;
- (f) Providing cost effective services and value for money;
- (g) Equity of access to services;
- (h) Interdisciplinary cross-sector working and appropriate interfaces with other hospitals, Hospital Groups and non-acute care delivery system, as appropriate;
- (i) Delivering services in accordance with health and safety laws and best practice; and
- (j) Providing information and evidence of implementation of these principles.

3 Determining the Scope and Quantum of Services

The demand for different aspects of the Services and the available capacity of the Provider should be analysed to determine the appropriate type, range and volume of the Services which can be funded by the Executive and provided by the Provider under this Arrangement. The Services funded should reflect the priorities with due regard to demographic trends.

4 Significant Changes to Services or Related Matters

In relation to all services and related matters funded by the Funding set out in Schedule 6 of these Schedules, there is a requirement for the Management of the Service Provider to keep the CEO of the Hospital Group fully informed and updated in advance of any proposed significant or material alterations, increases, reductions or cessations in respect of the services provided, or any related matters, in accordance with this Arrangement. Funding allocation is contingent on maintaining capacity and agreed service provision, thereby safeguarding access for patients; as such any changes to capacity must be agreed in advance with the CEO of the Hospital Group.

5 Clinical Design and Innovation

Clinical Design and Innovation will progress the establishment and enablement of integrated care through four Integrated Care Programmes – Prevention and Management of Chronic Disease, Older People, Patient Flow, Children and Maternity Care.

6 Details of Service Provision

Section 1 – Outline of Services Funded by the HSE:

1.1 Services: “Services” means the services to be provided by the Provider in accordance with the terms of this Arrangement. The following clinical services are funded by the HSE and provided by the Provider.

These, and only these, are the clinical services to which this Service Arrangement relates.

(Please insert in Table 1 below the list of clinical services appropriate to the individual hospital. The description of the services provided should specify and identify objectives, nature and function of services that will be delivered.

Section 1.1. A – General Services

Services to be provided	Service Description
<i>Example</i>	
Cardiology	
General Surgery	
Orthopaedics	

Treatment Capacity

Code	Care Area	Specialty	Bed Function	Bed Category	No of Beds
7800	<i>Example</i>				
Total					

Relevant Targets / Metrics are set down in Appendix 2

Section 1.1. B – Screening Services

Services to be provided	Service Description
<i>Example</i>	
BowelScreen	
BreastCheck	
CervicalCheck	
Diabetic RetinaScreen	

Treatment Capacity

Code	Care Area	Specialty			
7800	<i>Example</i>				
Total					

Relevant Targets / Metrics are set down in Appendix 2

Section 2 - Details of relevant Activity Levels and Targets as set out in the Hospital Group Operational Plan 2021.

Note: The table contained in Appendix 2 is the full range of metrics/Targets from the National Service Plan 2021 / Hospital Group Operational Plan 2021.

Therefore, Appendix 2 will need to be reviewed to customise the targets/metrics for each Provider Organisation and those not relevant deleted.

The Targets, Activity levels and reporting responsibilities will have to be customised, where appropriate, for each Provider Organisation.

This section should contain all of the relevant details that are contained in both the HSE National Service Plan and the National Operational Plan

2.1 Hospital Name: XXXX – Expected Activity Targets for 2021

Acute Hospital Care					
Activity	Reporting Period	NSP2020 Expected Activity	Projected Outturn 2020	Expected Activity 2021	
Discharge Activity	M (1 Mth in arrears)				
Inpatient					
Day case (includes dialysis)					
Total inpatient and day cases*					
Emergency inpatient discharges					
Elective inpatient discharges					
Elective day case discharges**			N/A	N/A	N/A
Maternity inpatient discharges					
Inpatient discharges ≥75 years					
Day case discharges ≥75 years					
Level of GI scope activity					
Level of dialysis activity					
Level of chemotherapy (R63Z) and other Neoplastic Dis, MINC (R62C)					
Emergency Care		M			
New ED attendances					
Return ED attendances					
Injury unit attendances					
Other emergency presentations					
Births					
Total no. of births					
Outpatients					
No. of new and return outpatient attendances*					

Activity	Reporting Period	NSP2020 Expected Activity	Projected Outturn 2020	Expected Activity 2021
Delayed Transfers of Care No. of acute bed days lost through delayed transfers of care				
No. of beds subject to delayed transfers of care				
Healthcare Associated Infections (HCAI) No. of new cases of CPE		N/A		N/A
Rate of venous thromboembolism (VTE, blood clots) associated with hospitalisation		New PI NSP2020	New PI NSP2020	N/A
* Excludes NTPF activity				
** Data for this activity measure to be defined and captured from 2020 onwards				

Note 1 *Projected Outturn 2020 and Expected Activity does not include or take account of the impact on activity levels of any NTPF arranged inpatient or day case procedures, or first outpatient appointments for patients in public hospitals or private hospitals.*

Note 2 *The Executive and the Provider acknowledge the potential impact of the Covid-19 pandemic on the services, funding and activity targets set out in this Service Arrangement. The risks presented by Covid-19 will be assessed and managed as part of an overall HSE co-ordinated response. Any changes to the Service Arrangement will be effected in accordance with the change control process outlined in Part 1 of this Arrangement.*

It is envisaged that agreed changes will be actioned at the earliest opportunity but, in any event, no later than 31st December, 2021.

Section 3 - Agreements in relation to Miscellaneous Matters that are encompassed by the Annual Funding:

The Executive and the Provider acknowledge their joint responsibility to support the recommendations of the Covid-19 Nursing Homes Expert Panel in respect of Covid-19 Response Teams and Community Support Teams.

This section should set out/specify any important matters to be funded from the hospital's Financial Allocation not already encompassed by the Service Delivery Specification in this Schedule.

Examples might be:

- the implementation of recommendations contained in a report that are to be implemented during the calendar year in question.

NOTE: This section is to facilitate Hospital Groups in contractually underpinning any additional or particular agreements/projects/initiatives that have been agreed with Provider Hospitals and which are funded as part of the overall funding that is being released to that hospital for 2021. For example, it may be appropriate to reference an agreement/project/initiative and append the details of any such agreements/projects/initiatives to this set of schedules.

Section 4 – Other details relating to service delivery:

4.1 Emergency Department (ED) Services

The Provider undertakes to treat any presenting Service User who requires emergency treatment or to make and arrange a referral to another Provider where the Provider is unable to treat the Service User. Transfers (exceptionally after arrival or more usually diversion of ambulances to alternative Providers) for capacity reasons should only occur as a last resort. Transfers for capacity reasons may only be made with the agreement of the receiving Provider.

Each Provider shall implement the '*System Wide Escalation Framework and Procedures*' and align any existing escalation plans with the specific measures and thresholds contained within the *National Escalation Framework* to ensure a single escalation plan and consistent implementation of the Framework.

4.2 Development of Existing Services and Introduction of New Services

- (a) Where the scope of the Services provided pursuant to this Arrangement is increased (outside the normal expansion of services due to additional funding through Service Development funding), whether by developing existing Services or introducing new Services, the increase must be authorised in advance in writing by the Executive utilising the Change Control process in Schedule 10 (Change Control).
- (b) A detailed specification for the Additional Services must be agreed in writing between the parties to this Arrangement prior to any Additional Services being provided by the Provider, including the range, type, and volumes of Services, together with the amount and timing of payments due in respect of the Additional Services utilising the Change Control process in Schedule 10 (Change Control).
- (c) Any reduction in service or capacity must be authorised in advance in writing by the Executive utilising the Change Control process in Schedule 10 (Change Control).
- (d) The Contract Change Note under Schedule 10 shall be appended to this Arrangement and the terms thereof shall be incorporated into this Schedule (and Schedule 6 in the case of the funding for the Additional Services) at the next Review Meeting.

4.3 Activity Based Funding (ABF) - Healthcare Pricing Office

ABF aligns activity with cost (weighted units). This approach to funding sees Providers funded in line with the activity that they undertake. The Provider will be analysed on a diagnosis related groups (DRGs) basis. Budgets will reflect the affordable activity level to be provided and the cost associated therewith.

4.4 Policies, Procedures and Protocols

- (a) The Provider shall have policies, procedures and protocols in place in line with best practice for the services being provided.
- b) The Provider shall provide the Executive with a copy of any policy, procedure or protocol currently operated by the Provider upon receipt of a written request from the Executive.
- c) The Provider's policy in relation to admissions shall clearly state that, save in exceptional circumstances, emergency Service Users only are admitted through the Emergency Department service.
- d) The Provider shall work with the Executive's non-acute Service Providers to ensure that appropriate care is provided to Service Users on discharge from hospital. The Provider shall ensure that a process is in place to ensure that Service Users are discharged when clinically appropriate.
- e) The Provider shall operate a Cancellation of Appointment Policy under which, in the event of the Provider cancelling an appointment, arrangements are made to accommodate the Service User at the next available date. The Provider will endeavour not to cancel Service User appointments unnecessarily and will notify the Service User of the cancellation at the earliest possible date.

4.5 Review

This Schedule should be reviewed at the Review Meetings and may be amended, if necessary, to reflect and address any issues arising during the Year. If any changes are made to the Schedule following the review, the revised Schedule should be signed and dated by both Parties, **as set out hereunder:**

Review Date	Comments

Agreed **as amended**, and signed on behalf of the **EXECUTIVE** by:

Signature: _____
Print Name: _____
Date: _____

Agreed **as amended**, and signed on behalf of the **PROVIDER** by:

Signature: _____
Print Name: _____
Date: _____

SCHEDULE 4

Performance Monitoring

1. Performance Management

The HSE Performance and Enhanced Accountability Framework (2018) describes in detail the means by which the HSE, and, in particular, individual hospitals / CEOs of Hospital Groups will be held to account in 2021 for their efficiency and control in relation to service provision, patient safety, finance and human resources. Outcomes, services and key performance indicators (KPIs) are used to measure hospital performance towards achieving the desired health outcomes. KPIs also provide a means by which to communicate to the service users/public how hospitals are performing. A formal escalation, support and intervention process for underperforming hospitals will continue in 2021 and it will include a range of supports and sanctions for significant or persistent underperformance.

2. Current Information Requirements

It is a requirement of the Service Arrangement that performance data is provided as required. Data is required to measure quality and quantity of funded services and to track whether performance reflects service priorities within the National Service Plan and relevant Hospital Group Operational Plans.

Information requests to be dealt with through the CEO of the Hospital Group.

Note: The table contained in Appendix 2 is the full range of metrics/Targets from the National Service Plan 2021, and the Hospital Group's Operational Plan 2021.

Therefore, Appendix 2 will need to be reviewed to customise the targets/metrics for each Provider Organisation and those not relevant deleted.

The Targets, Activity levels and reporting responsibilities will have to be customised, where appropriate, for each Provider Organisation.

3. Reporting Requirements - Significant Issues

1. Under Clause 10.3(b), in the event that issues are anticipated or arise, which result in the Provider exceeding the approved Funding for the Financial Year, the Provider shall at the earliest possible time notify the Executive in writing of such issues. This written notice must include the Provider's proposals as to how it will manage the issues to ensure that the Services are provided within the Funding by the end of the Financial Year.
2. Under Clause 3.2(c)(xvii) immediately or as soon as practicable, and in compliance with the DPA, notify the Executive in writing of the occurrence of any significant matters which may affect the delivery, provision or level of the Services. In the case of a serious incident which is categorised as a Serious Reportable Event, the Chief Executive Officer or equivalent should immediately notify the Executive, and all other applicable parties

which may include, but are not limited to, the State Claims Agency and HIQA or the Mental Health Commission.

3. Under Clause 16.5, where an issue of serious concern in relation to governance is identified, it shall be notified in writing to the Executive promptly together with a proposal for dealing with the issue and a timetable within which the issue will be addressed.
4. All audit (Internal Agency, Internal HSE, C&AG and External) recommendations must be implemented. Agencies must agree to a management action plan and then to implement on that basis within agreed timelines.

4. Outcomes

Service levels will be monitored at the Performance Review meetings. Service provision will be measured against targets agreed and outlined above and in the Provider’s Financial Plan. Variances between levels of service provided, quality and patient safety metrics, financial performance, employment ceilings and other matters will be monitored and the HSE may request the Provider to take such actions as necessary to bring activity, employment numbers and finances back in line with the agreed levels where variances have occurred.

5. Performance Indicators

The Provider shall report against relevant Performance Indicators on a monthly/quarterly, bi-annual/annual basis, as agreed with the CEO of the Hospital Group.

6. Performance Accountability Framework

Performance will be assured in line with the Performance and Enhanced Accountability Framework outlined in Accountability Section of the National Service Plan 2021.

Review Meetings			
<i>This section should set out the schedule of formal review meetings (Please note that separate guidance will be issued in this regard).</i>			
Frequency including dates.	Description	Location	Attendees

7. Review

This Schedule should be reviewed at the Review Meetings and may be amended, if necessary, to reflect and address any issues arising during the Year. If any changes are made to the Schedule following the review, the revised Schedule should be signed and dated by both Parties, **as set out hereunder:**

Review Date	Comments

Agreed **as amended**, and signed on behalf of the **EXECUTIVE** by:

Signature: _____
Print Name: _____
Date: _____

Agreed **as amended**, and signed on behalf of the **PROVIDER** by:

Signature: _____
Print Name: _____
Date: _____

SCHEDULE 5

Information Requirements

(i) Section 38 of the Health Act, 2004

In addition to its statutory obligation under Section 38 of the Health Act, 2004 (as amended) and without prejudice to the requirements set out in the relevant clause of Part 1 of this Arrangement, the Provider will comply with the following obligations to provide information to the Executive:

Information provided will be reviewed by the Executive for compliance with the terms of this Service Arrangement.

The requirements set out in this schedule are without prejudice to the requirements set out in relevant clause of Part 1 of this Arrangement.

(a) Annual Report

The Provider shall provide an Annual Report to the Executive in respect of the Services no later than 30 September in each Year.

The Annual Report will include the following minimum information:

- A general statement on the Services provided;
- Governance arrangements;
- A certification confirming the Provider's compliance with the Standards for Governance;
- Report on implementation of the Provider's Business Plan;
- Report on implementation of capital projects (if any);
- Report required by Part 9 of the Health Act 2004; and
- The Annual Audited Accounts.

(b) Audited Accounts

The Provider shall submit a copy of its final signed audited accounts (including auditor's report to the Executive, together with a copy of the auditor's management letter (if issued), and organisation's separate response to the auditor's management letter (if issued), by 31st May for periods ending at or prior to 31st December of the prior year. For the avoidance of doubt, the expenses of the audit of the Provider's accounts shall be payable by the Provider. The detailed Income and Expenditure account should be included in your submission; the detailed Income & Expenditure account does not need to be audited.

The Provider shall publish the annual audited accounts for each financial year on the website of the Provider (*or where the Provider does not have a website*, in such other manner as agreed with the Executive).

Please note that the accounts are required to be audited regardless of exemptions under S358 of the Companies Act 2014. It should also be noted, while organisations may fall within the abridged reporting and audit exemption thresholds of the Companies Act, the accounts to be submitted to the HSE, filed with the CRO, and published on the organisations Website must be the audited unabridged version and contain the detailed Income & Expenditure account referred to above and the disclosure requirements outlined below. In the case of companies, the Annual Return to the CRO should be submitted by the 31st May or as soon as possible thereafter.

- (i) The Provider shall ensure that the published annual audited accounts comply in all respects with the disclosure requirements in respect of the Funding set out in the Department of Public Expenditure and Reform Circular 13/2014 Management of and Accountability for Grants from Exchequer Funds (including any interpretations or clarifications of such requirements issued by the Department of Finance, Department of Public Expenditure and Reform, Department of Health and/or the Executive) and as set out in that circular that the annual audited accounts include the information outlined below in respect of Funding and expenditure related thereto (as distinct from other funding or monies received by the Provider during the Financial Year) and from all other State bodies (for the purposes of this clause, a “Grant”):

a) Name of Grantor (e.g. HSE Funding)

The name of the grantor, specifying the exact title to be used in the report (e.g. Department of Environment, Community & Local Government, Health Service Executive etc.). Where the grant making agency is not a Government Department e.g. Pobal, the sponsoring Government Department must also be recorded.

(b) Name of Grant (e.g. HSE Revenue Grant / HSE Capital Grant)

The actual name of the grant programme e.g. Rural Water Development Programme.

(c) Purpose of Grant

The purpose for which the funds are applied under the following headings:

- Pay and general administration
- Service provision / charitable activity
- specified others, including such expenditure as advertising, consultancy

The Annual Financial Monitoring Return outlines the HSE requirements in this regard and should be completed in full, the particular requirements for expenditure disclosure include

- Legal Fees
- Insurances
- Financial Audit
- Accountancy
- Other Professional Fee (please list separately)

(d) Accounting for Grants:

- (i) The amount and term of the total grant awarded;
- (ii) The amount of the grant taken to income in the current financial statements;
- (iii) Where (ii) above differs from the cash received in the relevant financial period, a table showing:
 - (a) The grant taken to income in the period
 - (b) The cash received in the period, and
 - (c) Any grant amounts deferred or due at the period end.

- (ii) The Provider shall ensure that the published annual audited accounts separately identify the following items:

- (I) fundraising, and the proceeds thereof, received by the Provider; and
- (II) monies generated from commercial or other activities of the Provider, and specifying such activities.
- (III) Salaries should be disclosed as per requirements of Part 1 in bands of €10K from €65K (Grade 8) disclosure as per SORP will be accepted as alternative i.e. bands from €60K.
- (IV) The C.E.O. or equivalent salary should be disclosed
- (V) Where your organisation is funded over 50% from Exchequer Funding this should be noted.
- (VI) The Directors Report published with the AFS should include a Statement confirming that your organisation, as a publically funded body, is required to comply with Public Pay Policy and that it is in compliance with this Policy.

(c) Annual Financial Monitoring Return

An Annual Financial Monitoring Return (AFMR) is required to be returned with your AFS which provides detail of the Service Arrangement Funding which can be directly linked to your Annual Financial Statements.

(d) Audits, Evaluations, etc.

The Provider shall, upon request, provide the Executive with a copy of any audit, evaluation, inspection, investigation or research undertaken by or on behalf of the Provider or any third party in connection with the quality of any or all of the Services.

(e) Annual Compliance Statement

The Provider shall conduct an annual assessment of its corporate governance practices and submit an Annual Compliance Statement to the Executive prior to 31 May of each year (or such other date as the Executive may notify to the Provider) setting out its compliance with the Standards for Governance in respect of the preceding calendar year. The Annual Compliance Statement shall be approved by the Board of the Provider and signed by the Chairman and one director on behalf of the Board of the Provider.

(f) **Other Information**

In addition to the monitoring data required by the Executive, other data may be requested on an “ad hoc” basis for specific purposes, and the Provider will comply with all requests for such information, including but not limited to information required for the following reasons:

- (i) Parliamentary Questions;
- (ii) Freedom of Information Requests;
- (iii) Responses to complaints from Service Users and/or advocates; and
- (iv) Other relevant information as requested by the Executive and/or the CEO of the Hospital Group.

Please include any major review of services, governance or finances undertaken or commissioned by your organisation.

(ii) **Review**

This Schedule should be reviewed at the Review Meetings and may be amended, if necessary, to reflect and address any issues arising during the year. If any changes are made to the Schedule following the review, the revised Schedule should be signed and dated by both Parties, **as set out hereunder:**

Review Date	Comments

Agreed **as amended**, and signed on behalf of the **EXECUTIVE** by:

Signature: _____
Print Name: _____
Date: _____

Agreed **as amended**, and signed on behalf of the **PROVIDER** by:

Signature: _____
Print Name: _____
Date: _____

Annual Declarations By signing these Schedules and indicating ‘Yes’ below you are affirming these declarations. <u>Mandatory</u>	Yes	No	N/A	Comment If no provide details / reasons / steps taken etc. In separate submission
I confirm that I have complied with requirements of the <u>National Policy and Procedure Safeguarding Vulnerable Persons at Risk of Abuse</u>				
Adherence to Principles of HSE National Financial Regulation (NFR) No 6 – Fixed Assets				
I confirm that I have a <u>Risk Management Policy and operational procedures</u> in place consistent with the size and scale of the organisation and that it is consistent with HSE Policy.				
I confirm that I have <u>Health and Safety Statements</u> in place for all relevant service locations.				
I confirm that I have <u>insurance policies</u> in place which are consistent with the requirements as outlined in Part 1 and Schedule 7 and that the policies include an indemnity in favour on the HSE.				
I confirm that I have complied with requirements of reporting requirements for all <u>Serious Reportable Events</u> . https://www.hse.ie/eng/about/qavd/incident-management/				
I confirm that I have complied with requirements of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012				
I confirm that I have complied with the Data Protection Act 2018				
<p>I confirm that I have complied with all requirements of Children First Act 2015 and Children First National Guidance for the Protection and Welfare of Children 2017.</p> <ul style="list-style-type: none"> (i) A Children First Risk Assessment has been carried out (this applies to relevant services as per Schedule 1 of the Act) (ii) A Child Safeguarding Statement is in place (this applies to relevant services as per Schedule 1 of the Act) (iii) Mandated Persons (as per Schedule 2 of the Act) have been identified and informed of their role (applies to all services) (iv) A Child Protection & Welfare Policy is in place (applies to all services) (v) All staff and relevant volunteers have completed the HSE e-Learning Module “An Introduction to Children First” (applies to all services) (vi) The HSE Children First Self-Audit Checklist has been completed and is available on request (applies to all services) <p>Please refer to the Children First: ‘Children First’ website for information https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/childrenfirstnationaloffice/</p>				
List additional as required.				

Provision of Information Template

Hospital Provider:					Nominated Co-ordinating Officer:	
Hospital Area/Location (If Applicable):					Hospital Manager:	
Date:						
Documentation Required	Applicable √ Non Applicable X	Date Received	√	Date to be received (where delay is agreed)	No Changes √	Commentary: (If documentation not provided, reasons for non provision and date if/when documentation to be expected)
Mandatory Annual Submissions Necessary						
*Audited Financial Statements (AFS) (Required by 31 st May for periods ending on or prior to 31 st December in the prior year, must be final and signed by two Directors)						
The AFS should be accompanied by:-						
*External Auditors Management Letter						
*Provider Response to External Auditors Management Letter						
*Annual Financial Monitoring Return						
<i>* Where previous years reports/accounts not yet available, the latest available should be provided with a date agreed for receipt of the previous years.</i>						
*Annual Report (Previous year)						
Tax Clearance Statement (Mandatory annual requirement where no charity No. Exists. May also be required in addition to charity number).						
<i>This requirement may be achieved by HSE verifying online at Revenue.ie, if Agency Registration number and Tax Clearance Number is provided in Schedule 1 Part B.</i>						
Business / Strategic Plan or equivalent document as agreed by HSE						
Quality & Patient Safety Improvement Plan based on self-assessment of quality and patient safety by the Provider on their organisation against the National Standards for Safer Better Healthcare (2012)						
Senior Staffing (Schedule 9)*						
Annual Compliance Statement from Board (National Compliance Unit)		National Compliance Unit				
Controls Assurance Statement (CAS) and Complete the Internal Controls Questionnaire (ICQ) on a yearly basis.						
List additional as required						

Submissions as Required	Applicable √ Non Applicable X	<i>Tick box if document provided, or give date to be provided.</i>	√	Date to be received (where delay is agreed)	No Changes √	Commentary: (If documentation not provided, reasons for non provision)
Documentation only required if updated						
Constitution (formerly Memorandum and Articles of Association or other governing document) (Mandatory Requirement, Schedule 2 section 2)						
Complaints Procedures (as per Schedule 8) (Mandatory Requirement)		Consumer Affairs				
Structure (Organisation organogram outlining Agency structure, reporting relationships) (Mandatory Requirement Schedule 2 section2)						
Admissions & Discharge Policy						
Code of Governance / Corporate & Clinical Governance Policy						
Policy for obtaining feedback from Service Users and Staff						
Policy/Procedure for Patient Private Property as per Schedule 6						
Annual Compliance Statement	√	By the 31 st May		To be returned to the National Compliance Unit		
Children First Please refer to the 'Children First' website for information: https://www.hse.ie/eng/services/list/2/prietarycare/childrenfirst/childrenfirstnationaloffice/ Compliance with Children First Act 2015 and Children First National Guidance for the Protection and Welfare of Children 2017. Complete 'Implementation and Compliance Self-assessment Checklist for HSE funded Agencies' available at: https://www.hse.ie/eng/services/list/2/prietarycare/childrenfirst/hsefundedagencies.html	√			Checklist is to be completed annually. It is not required by the HSE, however, it must be retained by Service Provider for HSE review, on request.		
Notification of Serious Reportable Events to HSE, HIOA and other relevant authorities. A list of Serious Reportable Events is available on the NIMLT page of the Quality Assurance and Verification Division (QAVD) website: https://www.hse.ie/eng/about/qavd/incident-management/ (Mandatory Requirement)						
Codes of Practice (list as appropriate)						
(1)						
(2)						
<i>Add lines as required</i>						
Protocols						

<i>(list as appropriate)</i>						
(1)						
(2)						
<i>Add lines as required</i>						
Information as required under EU regulations 883/2004 and 987/2009 on the co-ordination of social security systems as outlined in the HSE's NFR 25.13 and appendices 1-3.						
List additional as required						
Please include any major review of services, governance or finances undertaken or commissioned by your organisation.						

SCHEDULE 6

Funding

1. Total Funding

- (a) Subject to Clause 4 of Part 1, the Funding (inclusive of all duties, taxes, expenses and other costs associated with or incurred in the provision of the Services) to be paid by the Executive to the Provider in consideration for the provision of the Services in accordance with the terms of this Arrangement in the financial year commencing on 1st January 2021 and ending on 31st December 2021 (the “**Financial Year**”) shall not exceed EUR € .00. The Executive will use its reasonable endeavours to notify the Provider of the level of Funding in advance of the financial year.

FUNDING DETAILS (specific to this set of Schedules)

Description	Amount €	Description of payment methodology
Core Funding from Hospital Group -		
General Services		
Screening Services		
National Cancer Control		
National Women and Infants Programme		
Other Amounts (Best estimate if possible where actual not known)		
Total Funding for the year	€	

Note 1: *The Executive and the Provider acknowledge the potential impact of the Covid-19 pandemic on the services, funding and activity targets set out in this Service Arrangement. The risks presented by Covid-19 will be assessed and managed as part of an overall HSE co-ordinated response. Any changes to the Service Arrangement will be effected in accordance with the change control process outlined in Part 1 of this Arrangement.*

It is envisaged that agreed changes will be actioned at the earliest opportunity but, in any event, no later than 31st December, 2021.

- (b) The Funding is payable for the provision of the Services (as specified in Schedule 3) only. Any other services provided by the Provider that have not been authorised in advance in writing by the Executive shall be outside the scope of this Arrangement (“**Unfunded Services**”) and the costs of the Unfunded Services and all responsibilities, obligations and liabilities relating to or arising in connection with the Unfunded Services shall be the sole responsibility of the Provider.
- (c) Should a Provider fail to operate within the available resource to end 2021, the Provider shall have a ‘2021 1st charge financial gap’ to be closed in 2022. Also, should the Provider’s cost levels remain at the same level by 31st December 2021

which gave rise to the 2021 deficit, the Provider will, in addition, have a 2021 ‘run-rate financial gap to be closed in 2022’.

- (d) You must adhere to any agreed price list/pricing schedule. Please attach the agreed price list / pricing schedule as an appendix to this document.

2. Capital Funding

Capital funding is outside the scope of this Arrangement and as such is not included in this Schedule.

3. Payment of the Funding

- (e) The Funding shall be payable in weekly instalments to an account nominated by the Provider and will be issued in accordance with the rules applicable to the Health Service Executive’s Funding Allocation as allocated by the Department of Health.
- (f) Where the provision of Additional Services by the Provider is authorised in writing by the Executive during the Financial Year (by means of a signed Schedule 10 Contract Change Note):
 - (i) the amount and timing of payments due in respect of the Additional Services, and the specifications for those Additional Services shall be agreed in writing between the Executive and the Provider prior to any Additional Services being provided by the Provider using the Contract Change process in Schedule 10; and
 - (ii) the Contract Change Note shall be appended to this Arrangement and the terms thereof shall be incorporated into this Schedule (and Schedule 3 in the case of the specifications for the Additional Services) at the Review Meeting.

4. Integrated Management Reporting (IMR)

- (g) The Provider will be required to complete a financial return each month and submit it to the Executive on or before the due date specified by the Executive. The Executive retains the right to alter the due date by giving 30 days notice to the Provider in writing.
- (h) The Provider shall from time to time be required to provide ad hoc financial data for purposes such as evaluating costs and other financial evaluations.
- (i) The Provider will work with the Executive to identify processes that will improve the quality of financial data and reporting.
- (j) The current timetable for submission of the Integrated Management Report is 12 midday on the 15th of each month. If the 15th of the calendar month falls on a non business day submission is due at 12 midday on the closest previous working day to the 15th.
- (k) The KOSI Model is to be used monthly in line with deadlines to facilitate accurate projections
- (l) The Provider shall be required to submit a Balance Sheet/Accruals at least bi-annually

- (m) The Provider Finance Committee or equivalent may be requested to meet with the Executive bi-annually or on request.
- (n) The Provider to provide an annual extract from the payroll system that will provide the core data input required to produce a detailed Pay Budget for the following year. This file will exclude employee names but should include other key variables (WTE/Annual Salary/PRSI/Grade Point/Grade Cost/Increment Date etc) the timing of this to be advised.
- (o) The HSE proposes to move to a much earlier date for the submission of the Integrated Management Report (IMR). The IMR will be required by 5.00pm on the fifth working day after the month end. The HSE will work with the provider in order to achieve the new deadline. It is also proposed that all Section 38s not currently submitting IMRs in the standard format (6 outside East) will commence doing so in 2018 and again the HSE will work with the relevant agencies to bring this about. In due course it is similarly expected that this will extend to larger Section 39s.

5. Patient Private Property

Where an organisation has charge of client’s private property, then an appropriate system of administration and control needs to be in place to ensure compliance with regulations. Provide details below or append appropriate documentation.

6. Department of Public expenditure and reform Letter of Sanction as relevant for DOH/ HSE VOTE-Requirements for Funded Agencies).

<i>The HSE will make known to you directly any requirements in this regard, either below or during the course of the year.</i>
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7. Procurement – Requirements for Funded Agencies

Pursuant to the Government decision of April 2013 in relation to Procurement, which mandates ‘Health’ to act as one voice in the market, relevant Service Providers are required to work in a collaborative partnership with the Executive on initiatives to develop and implement a single multi-annual Procurement Plan (Health Procurement Plan) involving both the Executive and the Service Providers funded by the Executive. The Health Procurement Plan will be underpinned by an analysis of expenditure on procurement and the procurement and purchasing structures in each Service Provider organisation. The plan will set practical and strategic aims, objectives for improved procurement outcomes and appropriate measures to achieve these aims will be implemented.

To enable delivery of the Health Procurement Plan, Service Providers are required to undertake the following:

1. *The Provider shall nominate a senior manager to coordinate the Service Provider’s Procurement Plan activity in the context of implementing the Health Procurement Plan.*

2. *The Executive will maintain a Central Contracts Register and Procurement Plan Management System (PPMS) for Service Providers and will provide a suite of dashboard reports and analyses to the Service Provider on its contractible expenditure / Procurement Plan. These reports will identify the current position and activity, and opportunities for the Service Provider to achieve improved compliance and better value for money.*
3. *The Provider shall provide periodic summary reports of its 'Spend Data' and information on all contracts / agreements negotiated locally to facilitate effective data analysis and procurement planning. Where data is not available at item level or is incomplete, the Service Provider shall authorise the Executive to work in conjunction with the relevant suppliers to obtain the necessary breakdown and details.*
4. *The Provider shall provide information on both the procurement and purchasing structures in the Service Provider's organisation.*
5. *The Provider shall identify all staff members authorised to source suppliers and to contract / place purchase orders on its behalf and ensure;*
 - *That each authorised officer is registered on www.hbspass.ie which has details on all Contracts awarded by the HSE and the Office of Government Procurement (OGP) and on approved suppliers, and,*
 - *That they use www.hbspass.ie as their primary source for identifying sources of supply of products and services.*
6. *The HSE and all Service Providers funded by the HSE are mandated to use contracts put in place by HSE Health Business Service (HBS) Procurement and the OGP.*
7. *All expenditure over €25,000.00 must be advertised on the eTenders website. (Circular 10/14 refers.*

Information and Guidance on Procurement is available on: www.hbspass.ie

Professional Procurement Advice and guidance is available from:
procurement.support@hse.ie

8. Finance

8.1 The National Single Integrated Financial Management and Procurement System (IFMS) - SAP S/4HANA will replace many legacy Finance and Procurement systems across the Health Service (both Statutory and Voluntary). All Section 38 (s.38) organisations and those Section 39 (s.39) organisations that receive annual funding of more than €3 million will be within the scope of IFMS.

Under IFMS, new ways of working will be introduced in accordance with the Irish Health Service Financial Management Framework through the implementation of standard National Accounting and Procurement processes, a single National Chart of Accounts and National Enterprise Structure and a new National Shared Services Model all operated on the single S/4HANA platform.

Section 4 of the Financial Management Framework sets out the approach to organisations funded under s.38 and s.39 of the Health Act, 2004, including specifics on the HSE's commitment that IFMS needs to support all Voluntary Boards and Management Teams in meeting their obligations as separate legal entities (sub-section 1) as well as assurances that IFMS will not be used to prevent local decisions on spend (sub-section 2).

In order to realise the benefits of national standardised processes, including improved quality and comparability of data, IFMS brings with it the need to adopt a national shared services approach via HBS. To underpin this requirement, for each specific shared service, separate agreements will be put in place with each Voluntary organisation to provide clarity regarding the relevant service levels and turnaround times.

One of the key prerequisites to the IFMS implementation project is the completion of the initial high-level process designs for the Health Sector. Work on this project commenced in 2019 under the governance of the Process Councils. Designated regional and local process operators from both the Statutory and Voluntary sectors are working with the Process Councils and central design teams, with the initial process designs completed in Q4 2019.

The detailed technical design and build of the IFMS commenced in late 2019 and is due for completion in mid-2021 at which point the deployment of IFMS will begin.

Three Voluntary organisations (a large s.38 Acute Hospital, a large s.38 Community Organisation and a large s.39 Community Organisation) will be included in the first Phase of IFMS Implementations during the period 2021 to 2023. From 2023, following completion of this first phase, IFMS will then be deployed to the remaining s.38 and s.39 organisations. Planning for future deployments of IFMS will started early in 2020. It is anticipated that logical groupings of s.38 and s.39 organisations will implement IFMS over a 3 to 5 year period from 2023.

In these circumstances, s.38 and relevant s.39 organisations are expected to fully engage with the HSE and the IFMS project team in respect of the implementation of the IFMS project.

Please Note: Where the finance system of a Voluntary organisation requires replacement or upgrade, the organisation must seek the advice of the IFMS Project Team and the HSE's Office of the Chief Information Officer prior to undertaking any upgrades or replacements, taking into account the above deployment timescales of IFMS.

8.2 Financial Governance

As an Organisation funded from public exchequer sources you are required to conform to the governance principles as outlined in the Service Arrangement and DPER circular 13/2014, in addition to the separate disclosure requirements outlined in Schedule 5 regarding the Annual Financial Statements, and the Annual Financial Monitoring Return, these include the following:-

1. The funding provided under the Service Arrangement (SA) must be utilised for the specific purposes as outlined therein.
2. DPER Circular 13/2014 Statement of Principles outlines core principles in the administration and management of funding from exchequer sources; these include Clarity, Governance, and Value for Money and Fairness. As an organisation in receipt of Exchequer Funding by way of this Service Arrangement you are obliged to ensure you comply with these principles.

This requires your organisation to have in place strong financial controls to ensure that only expenditure germane to the activities of the organisation are paid from public funds. Such controls should include the following: that gifts, parking fines, entertainment and alcohol should not be funded from public funds. Expenditure on foreign travel and restaurants should also be subject to strict controls and all such expenditure should be documented

fully, to identify the purposes of the activity and those participating, and to ensure that it has been properly approved.

3. Robust systems of internal controls which include written financial procedures, to mitigate risks, including financial risk are essential, it is also essential that they are reviewed by the board on an on-going basis (See Note 1).
4. Your accounts need to state whether your organisation was in receipt of over 50% of your total income from public exchequer sources in the year.
5. Your organisations Annual Financial Statements (unabridged) should be made available on your organisations Website.
6. Where funding sources, other than those made known to the HSE under the Service Arrangement are available to your organisation, there should be no duplication in purpose or expenditure.
7. All remuneration (including perquisites) paid to employees is in accordance with public health sector pay policy including Circular 11/2013 *Compliance with Health Sector Pay Policy* and the Department of Health Consolidated Payscales and pension arrangements. Other sources of funding are not being used to supplement employee remuneration (including perquisites) that exceed Department of Health Consolidated Payscales and pension arrangements.
8. HSE Circular 22/2015 and DOH Circular 11/2015 sets down the Salary rates for future CEO appointments in Section 38 agencies.
9. That the approved Salary Scales represent the salary payable for a full-time position and where a Service Provider and their employees are performing additional duties for other entities, the funding provided by the HSE in respect of those salaries will be reduced proportionally.
10. All related party transactions should be recorded and transparently disclosed in the AFS and no employee and or director executive or otherwise, should be in receipt of additional payments from related entities.
11. The Provider is compliant with public procurement law, regulations and guidelines as set out in Part 1 of the Service Arrangement and with the principles of the *Code of Practice for the Governance of State Bodies*.
12. The Board has a management system in place which identifies any contracts in excess of €25,000 which were not subjected to the appropriate competitive procurement process.
13. Your organisation should be Tax compliant and have current Tax Clearance.
14. Where capital assets are funded/part funded by the HSE, the State's interest should be protected through entering into a Grant Agreement with the HSE and the Asset should be used for the purpose as set out therein and will not be sold or used as security for any loan or mortgage without the prior agreement of the HSE.
15. All audit (Internal Audit Agency, Internal Audit HSE, C&AG and External) recommendations must be implemented. Agencies must agree to a management action plan and then to implement on that basis.
16. Auditors shall be given full access to all information, records, assets, property and personnel required by them for audit or investigation purposes and shall be given every assistance in the conduct of their work.
17. The Agency must report to the HSE any suspected or actual cases of serious irregularities in the nature of fraud or corruption which has come to its attention.

18. The Directors Report published with the Annual Financial Statements should include a Statement confirming that your organisation as a publically funded body is required to comply with Public Pay Policy and that it is in compliance with this Policy.
19. Statutory Instrument 120/2014 General Government Secure Borrowings Order 2014 requires that all Section 38 Agencies have the prior approval of the Department of Finance for any Loan or Mortgage against Assets or Revenues. See **Note 2** below.

Note 1 – Financial Procedures

All organisations funded by the HSE are expected to have **written** financial procedures commensurate with the size and scale of the organisation’s operations.

Where organisations are in receipt of funding under a Service Arrangement, organisations are expected to have policies and procedures equivalent to the HSE’s National Financial Regulations (NFR) in place where relevant to the organisation.

It should be noted that NFR 1 is considered applicable for all organisations.

The HSE’s National Financial Regulations should be used as the basis of your organisations regulation where your organisation engages in associated activities.

An example would be where your organisation has fixed assets it would be expected that you would have Fixed Asset systems equivalent to NFR-06 Fixed Assets and Capital Accounting or where you have Credit Cards NFR-10 Credit Card and Procurement Cards. This will include approval of all credit card statements and the provision of receipts to accompany credit card statements.

Note 2: Control of Secure Borrowings

Your attention is drawn to an update in the regulation currently in clause 3.2 C (xv) of the Service Arrangement Part 1:-

“comply, if applicable, with the provisions of Department of Finance Circular No. 3/2011 (Control of Secured Borrowings by General Government) and General Government Secured Borrowings Order 2011 (S.I. No. 40 of 2011);”

The new regulation is Circular 1/2014 and S.I. No.120 of 2014.

As a Section 38 Agency you are required to adhere to the requirements of this regulation.

Under this Statutory Instrument, the consent of the Minister for Finance to engage in secured borrowing (see section 67(2) of the Credit Institutions (Stabilisation) Act, 2010) is necessary and must be sought in advance.

The requirement in law is that your organisation *“shall not mortgage, pledge or encumber its own assets or revenues to secure any present or future indebtedness or any guarantee or indemnity given in respect of such indebtedness without the consent of the Minister for Finance”*.

9. Review

This Schedule should be reviewed at the Review Meetings and may be amended, if necessary, to reflect and address any issues arising during the Year. If any changes are

made to the Schedule following the review, the revised Schedule should be signed and dated by both Parties, **as set out hereunder:**

Review Date	Comments

Agreed **as amended**, and signed on behalf of the **EXECUTIVE** by:

Signature:

Print Name:

Date:

Agreed **as amended**, and signed on behalf of the **PROVIDER** by:

Signature:

Print Name:

Date:

SCHEDULE 7

Insurance

This schedule sets out the mandatory minimum requirement that the Provider must have in relation to insurance and liability cover, in addition to the indemnities provided under the relevant clause of Part 1 of the Service Arrangement.

Where a Service Provider is a listed Delegated State Authority (DSA) of the State Claims Agency, evidence of cover under the General Indemnity Scheme (GIS) can be provided for liabilities that relate to personal injury and/or third party property damage.

Professional Indemnity

(a) Where appropriate, the Provider may apply for coverage under the Clinical Indemnity Scheme in respect of professional medical services negligence.

(b) To the extent professional service is provided and not otherwise covered have Professional Indemnity and/or professional medical services indemnity insurance in accordance with the following thresholds or such other thresholds as may be specified by the Executive from time to time:

- Low risk. €1million up to €4million any one occurrence and in the aggregate.
- Medium Risk: €4million up to €6.4million any one occurrence and in the aggregate.
- High Risk: Minimum €6.4million up to €10million any one occurrence and in the aggregate. (*Significant risk may require higher indemnity*).

Other Insurances

Service Providers are responsible for ensuring that all appropriate insurances are in place. Insurances other than those outlined in this schedule may be required.

Note: Section 38 (Acute) Service Providers are reminded that where a Service Provider has access to the National Incident Management System (NIMS) there is a legal obligation to report incidents via (NIMS) to the State Claims Agency as per Clause 3.2 (c) (vi) of Part 1 of the Service Arrangement.

Review

This Schedule should be reviewed at the Review Meetings and may be amended, if necessary, to reflect and address any issues arising during the Year. If any changes are made to the Schedule following the review, the revised Schedule should be signed and dated by both Parties, **as set out hereunder:**

Review Date	Comments

Agreed **as amended**, and signed on behalf of the **EXECUTIVE** by:

Signature: _____
Print Name: _____
Date: _____

Agreed **as amended**, and signed on behalf of the **PROVIDER** by:

Signature: _____
Print Name: _____
Date: _____

SCHEDULE 8

Complaints

The National Complaints Governance and Learning Team has developed systems with the Non-Statutory sector for the submission of Policy and Procedure Documents and reporting schedules. This document and reporting templates and explanations of headings are available for download from

http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Complaints_Documentation.html

Please note that where a Service Provider has access to the National Incident Management System (NIMS) they shall use that system to manage complaints through the Complaints Management System (CMS) module.

Purpose

This schedule specifies the requirement for Providers to have in place a complaints policy in compliance with Part 9 of the Health Act 2004, and Health Act 2004 (Complaints) Regulations 2006 (S.I. 652 of 2006). The Provider's performance in complaints handling and resolution will be monitored as set out in this Schedule.

Timetable for submission of Policy & Procedures Document			
<p>The Provider shall submit a copy of its complaints policy to the relevant Consumer Affairs (CA) Area Office / National Complaints Governance and Learning Team, who link in directly with the Provider if any changes/amendments are required for approval and will validate the policy. The CA Area Office / National Complaints Governance and Learning Team contact will advise the Provider and the Hospital Group when the policy has been approved.</p> <p>Consumer Affairs / National Complaints Governance and Learning Team contact details are provided as an attachment to this Schedule.</p>			
Date to be Submitted by Provider	Date to be Reviewed by Executive	Amendments (Yes/No)	Comments
<p><i>The key contact person should agree the date the policy should be submitted. Alternatively, if the policy has already been submitted, enter the date it was received.</i></p>	<p><i>The policy should be submitted to the relevant Consumer Affairs Officer / National Complaints Governance and Learning Team as appropriate.</i></p>	<p><i>This section will be advised by the relevant Consumer Affairs Officer / National Complaints Governance and Learning Team contact as appropriate.</i></p>	<p><i>This section will be advised by the relevant Consumer Affairs Officer / National Complaints Governance and Learning Team contact as appropriate.</i></p>

General Report on Complaints Received by the Provider in accordance with Section 55(2) of the Health Act 2004. Report to be submitted to the National Complaints Governance and Learning Team and the key contact person as set out in Schedule 1 (contact details). Standard Template must be utilised.

The Provider will submit returns on an agreed template to the National Complaints Governance and Learning Team contact on a quarterly basis for the periods of January-March, April-June, July-September, October-December. The deadline for the return of these templates shall be 20th of the month following each quarter respectively (dates outlined below). Any queries arising from the templates will be followed up by the National Complaints Governance and Learning Team.

The National Complaints Governance and Learning Team will liaise directly with the Providers to ensure that statistics are submitted on time and a reminder will issue one month prior to the deadline for submission.

Date to be Submitted by Provider	Date to be Reviewed by Executive	Comments
20 th April, 2021 20 th July, 2021 20 th October, 2021 20 th January, 2022	<i>This section will be advised by the National Complaints Governance and Learning Team.</i>	<i>This section will be advised by the National Complaints Governance and Learning Team.</i>

General Report on Reviews assigned to the Provider by the Executive under Section 49(4) of the Health Act 2004. A Provider must report on the number, nature and outcome of any reviews it undertakes.

Date Submitted by Provider	Date Reviewed by Executive	Comments
20 th April, 2021 20 th July, 2021 20 th October, 2021 20 th January, 2022	<i>This section will be advised by the National Complaints Governance and Learning Team.</i>	<i>This section will be advised by the National Complaints Governance and Learning Team.</i>

Report on Complaints received by the Provider involving alleged or suspected client abuse involving staff or volunteers. Any complaints dealing with the above should be advised to the key contact person immediately. A record of same should be kept by the Provider as follows. This should also be submitted with the general report above.

Date Submitted to Provider	Referred to HSE (Yes/No and Date)? If No, please comment	Summary of Action Taken	Date Reviewed by Executive	Comments

Contact – National Complaints Governance and Learning Team

Contact Details:

Ms. Elaine Ahern
Data Quality Manager,
NCGLT,
QAV Division,
31/33 Catherine Street, Limerick.

Tel: 061 483209
email: nationalcglgt@hse.ie

Contact Details – Consumer Affairs

<p><u>CHO 1, CHO 2, Mid-West Community Healthcare and Saolta Hospital Group</u></p> <p>CONTACT DETAILS</p> <p>Mr. Liam Quirke, Area Manager, Consumer Affairs, HSE West, Merlin Park University Hospital, Galway.</p> <p>Tel: 091 775751 Fax: 091 771318 Email: consumeraffairs.west@hse.ie</p>	<p><u>CHO 7, Dublin Midlands Hospital Group and Ireland East Hospital Group</u></p> <p>CONTACT DETAILS</p> <p>Ms Debbie Keyes, Regional Manager, Consumer Affairs, HSE Dublin Mid-Leinster, Third Floor Scott Building, Midland Regional Hospital Campus, Arden Road, Tullamore, Co. Offaly. Tel : 057 93 57876 Fax: 057 93 57881 Email: Deborah.keyes@hse.ie</p>
<p><u>Cork & Kerry Community Healthcare, CHO 5, UL Hospital Group and South South-West Hospital Group</u></p> <p>CONTACT DETAILS</p> <p>Ms. Mary Deasy, Regional Manager, Consumer Affairs, HSE South, Model Business Park Model Farm Rd., Cork.</p> <p>Tel : 021-4928538 Email: consumerrelations@hse.ie</p>	<p><u>Dublin North East, CHO 6, CHO 8, CHO 9, RSCI Hospital Group and Children's Hospital Group</u></p> <p>CONTACT DETAILS</p> <p>Ms. Rosalie Smith-Lynch, Regional Manager, Consumer Affairs, HSE Dublin North East, Bective Street, Kells, Co.Meath.</p> <p>Tel: 046 9251264 / 049 4377343 Fax: 049 4377379 Email: consumeraffairs.hsedne@hse.ie</p>

SCHEDULE 9

Staffing

1. Employment Numbers and pay costs

- (a) The Provider is required to maintain workforce pay costs within the approved limit as set out in paragraph (b) of this clause (“Pay & Numbers Strategy/Funded Workforce Plan”) and must not exceed the approved costs without prior consultation with and advance written agreement by the CEO of the Hospital Group.
- (b) Pay & Numbers Strategy/Funded Workforce Plan costs shall be notified by the HSE in line with current Government policy on workforce costs and within the overall budget for the health services.
- (c) The Provider is not authorised to pay salaries in excess of the consolidated scales for approved grades except where explicitly authorised by the Department of Health and/or the Department of Public Expenditure and Reform
- (d) HSE Circular 22/2015 and DOH Circular 11/2015 sets down the Salary rates for future CEO appointments in Section 38 Agencies.
- (e) That the approved Salary Scales represent the salary payable for a full-time position and where a Service Provider and their employees are performing additional duties for other entities, the funding provided by the HSE in respect of those salaries will be reduced proportionally.
- (f) Without prejudice to the foregoing, if the Provider exceeds the Pay & Numbers Strategy/Funded Workforce Plan costs the Provider must set out a revised plan (to be included in this Schedule) in accordance with relevant DoH and HSE Circulars, as may be issued by the HSE from time to time, to bring it within the agreed limits.
- (g) The Executive reserves the right to modify the workforce pay budget by giving notice in writing to the Provider at the Executive’s sole discretion.
- (h) Note: The Provider shall comply at all times with the Hospital Group’s Employment Control policy, the *2015 HSE National Framework on Pay-bill Management and Control Framework* issued on 13th March 2015 the Revised Procedures and Process for the Recruitment/Filling of Senior Level Posts in the Staff Category of Management /Administration issued on 28th February, 2020 and the *HSE Pay & Numbers Strategy/Funded Workforce Plan*
- (i) The Provider is required to comply with the Financial Emergency Measure in the Public Interest Act, 2015 (please note Section 12 of this Act).
- (j) The Provider is required to advise the CEO of the Hospital Group of any particular recruitment initiatives, such as recruitment abroad, e.g. medical/nursing workforce and other staff categories.
- (k) The Provider is required to endeavour to retain all nurse graduates within the limitations of the Pay & Numbers Strategy/Funded Workforce Plan.

2. Staff Qualifications

Staff Qualifications

This section should contain a statement regarding the registration and qualifications of staff as appropriate.

The agency's statement should contain a statement confirming that recruitment and selection practices comply with the principles set out in the relevant Codes of Practice issued by the Commission for Public Service Appointments (CPSA) and HSE HR policies on the recruitment, selection, clearance/vetting and contracting processes required for new appointments and for new appointments and for promotions.

In relation to Garda Vetting Agencies are required to comply with HSE Circulars:
HR Circular 012/2018 re National Vetting Bureau Acts 2012-2016 – Garda Vetting of New Employees and Other Persons engaged in “Relevant Work” With Children or Vulnerable Adults; AND with
HR Circular 022/2017 re National Vetting Bureau Acts 2012-2016 - Garda Vetting of Existing Health Service Employees Engaged in “relevant work” with Children or Vulnerable Persons (Section 21).

The statement should also confirm that the Agency only appoint staff who meet the relevant HSE declared qualifications and experience appropriate to the position being filled and that the qualifications has been validated by the relevant competent authority.

Reference should also be made to the Agency's staff induction programme, training, on-going education, personal or professional development as well as the structures and processes employed to support staff in improving individual and organisational performance.

Reference should be made to those staff that are required by legislation, to maintain a valid registration with the appropriate professional organisation, and the process the Agency has in place to ensure that all such staff conform to this requirement.

(This section is the narrative which relates to the statistical data which will be returned in **Schedule 9 on Staffing Numbers**)

Copies of policy documents should be attached or web referenced.

An outline of the skill mix employed and the appropriateness of this particular mix to meet the needs of the client base should be included.

Children First Training

- The ‘Children First’ elearning Module which has been developed by the HSE is now available through HSELand - <http://childrenfirst.hseland.ie>.
- All staff in HSE funded agencies, including those in agencies supporting adults, must complete the HSE ‘Children First’ eLearning Module, which is available through HSELand – <http://childrenfirst.hseland.ie>.
- Volunteers involved in service provision and/or in contact with service users, must also complete the eLearning Module. Volunteers can access the eLearning module through – <https://childrenfirst.hseland.ie>.
- Staff and relevant volunteers must complete the online module, prior to commencement of work or as soon as practicable on commencement.
- The training must be completed every 3 years.

3. Code of Conduct for Provider Personnel

The Provider shall have a code of conduct in place, with notification of same to all Provider Personnel that reflects DOH Code of Practice for Personnel Health Providers:- “Supporting a Culture of Safety, Quality and Kindness: A Code of Conduct for Health and Social Service Providers” May 2018. In this regard, Providers should be aware of the requirements of HR Circular 062/2020.

4. Pay & Numbers Strategy/Funded Workforce Plan Reporting

In compliance with the Pay & Numbers Strategy 2020, monthly reporting by Hospital Groups/Hospitals on their compliance with their allocated pay budgets will be submitted to the Chief Financial Officer. The report should also include specific details and rationale of any net WTE growth, by grade group, and any excess of starters over leavers on payroll, setting out their impact on pay expenditure and forecasted position to end of 2021 and into 2022. The report should in addition provide an assessment of progress or otherwise on agency and overtime expenditure and performance against targets in both of these areas.

5. Timetable for Return of Health Service Personnel Census (HSPC) EMR

The EMR template will be provided by the Human Resource function of the Executive.

Returned monthly on or before 10th of the month for the previous month and in accordance with the instructions as circulated by Strategic Workforce Planning and Intelligence, National Human Resources, HSE. Other HR workforce payroll costs and information as outlined above, on Pay & Numbers Strategy/Funded Workforce Plan, required on a monthly basis and as may be notified by the Executive.

6. HR Balanced Scorecard

The Provider is required to comply with the actions and reporting requirements associated with the National HR Balanced Scorecard as issued by the National Director of HR.

7.

Senior Staff		MANDATORY REQUIREMENT								
Please provide details of all staff in your organisation in receipt of salaries above €69,676 as at 01.10.2020 (equivalent to Grade 8 on consolidated salary scales). Where your organisation is part of a group company any staff member who participates in the management/administration of the services or agency funded under this Service Arrangement should be included.										
Please complete one template for your organisation and submit to the Delegated Responsible Manager as set out in Schedule 1.										
A National standard Excel Template is available where numbers are high and may be a required return. This is available for download from the following web-link. https://www.hse.ie/eng/services/publications/non-statutory-sector/standard-templates-forms.html										
Note: (1) Each Individual Salary should be entered separately; (2) all payrolls should be included to show each individual total salary package; (3) there is no requirement to name or uniquely identify the entries but each individual salary should have a separate line.										
Provide Date of information provided ->		Annual Equivalent								
Position / Title	Grade (equivalent to HSE consolidated Pay scales)	Salary € (annual gross salary for 2021)	Allowances €	Pension € (employers contribution)	Other Benefits Cash equivalent €	Provide details of benefits provided	% Funded by HSE	Detail the CHO areas funding the position	Comments	

Review

This Schedule should be reviewed at the Review Meetings and may be amended, if necessary, to reflect and address any issues arising during the Year. If any changes are made to the Schedule following the review, the revised Schedule should be signed and dated by both Parties, **as set out hereunder:**

Review Date	Comments

Agreed **as amended**, and signed on behalf of the **EXECUTIVE** by:

Signature:

Print Name:

Date:

Agreed **as amended**, and signed on behalf of the **PROVIDER** by:

Signature:

Print Name:

Date:

SCHEDULE 10

Change Control

The Change Control process is fully automated through the HSE Service Provider Governance (SPG) Online system.

IN WITNESS WHERE OF this Arrangement is executed by the parties as follows:-

Signed by
for and on behalf of the **[PROVIDER]:**

Name:

Date
.....

Title:

Signed by
for and on behalf of
[HEALTH SERVICE EXECUTIVE]

Name:

Date
.....

Title

Hospital Group Key Actions

Operation Plan for 2021

INSERT ACTIONS HERE

Metrics/Targets from the National Service Plan 2021 / Hospital Group
Operational Plan 2021

These can be subdivided to reflect the different services as appropriate in Schedule 3 as follows:

(Insert metrics/targets below as relevant)

Detailed Targets / Metrics in respect of all Services
Targets / Metrics in respect of General Hospital Services
Targets / Metrics in respect of Screening Services
Targets / Metrics in respect of Cancer Control
Targets / Metrics in respect of National Women and Infants' Programme