



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Explanatory Guide to Schedules  
in Part 2 of Service Arrangements  
with non-HSE agencies funded under**

**Section 38 Health Act, 2004  
Section 39 Health Act, 2004  
Section 10 Child Care Act, 1991**

## **Arrangement Structure**

The Service Arrangement consists of two parts:

### **Part 1 Arrangement**

This consists of 33 Standard Clauses common to all Service Arrangements. They form the main body of the Arrangement and set out the legal framework under which both parties agree to work. This part of the Arrangement cannot be altered.

A separate guide is available for this part of the Arrangement.

### **Part 2 Schedules**

This consists of a set of 10 Schedules to the Arrangement. These Schedules specify detailed information on services delivered locally under each Care Group with a particular organisation / service provider. The format of this part of the Arrangement cannot be altered, however, the specific detail that is set out in the Schedules is determined at local level between both parties.

Separate sets of Schedules exist for Arrangements in relation to the provision of Acute Hospital Services and the provision of Primary, Community and Continuing Care Services.

A set of Schedules exist for each of the Care Groups in PCCC which have been pre-populated with relevant Care Group-specific information.

## **Explanatory Guide to Part 2 Arrangement Schedules**

### **Introduction**

The Schedules form the second part of the governance document for the Arrangements with non-statutory organisations in receipt of funding in excess of €250,000 per annum, funded under either Section 38 or Section 39 of the Health Act 2004.

Agencies in receipt of funding in excess of €250,000 per annum under Section 10 of the Child Care Act, 1991, are also covered by these documents.

Part 2 comprises 10 standard Schedules which must be completed for each Service Arrangement.

- Schedule 1 - Contact Details: Part A - The Executive & Part B - The Provider
- Schedule 2 - Quality and Standards
- Schedule 3 - Service Delivery Specification
- Schedule 4 - Performance Monitoring
- Schedule 5 - Information Requirements
- Schedule 6 - Funding
- Schedule 7 - Insurance
- Schedule 8 - Complaints
- Schedule 9 - Staffing
- Schedule 10 - Change Control

Templates for the Schedules are standard, however, unlike Part 1 of the Service Arrangement document which cannot be altered, the content of the Schedules will be individual to the particular Arrangement with the specific organisation.

To assist in the standardisation of Arrangements, Care Group-specific Schedules have been created by expert working groups and form a starting point for completing Schedules to Arrangements within the relevant Care Group.

Schedules are valid for one calendar year and must be fully reviewed annually in order to ensure that they accurately represent the up-to-date specific arrangements between both parties. While some Schedules may require significant review and alteration for use in the following year, other Schedules may be unchanged.

While Part 1 of the document is standard and may only be required to be signed once with an organisation, a set of Schedules is designed to capture comprehensive information in relation to a distinct cohort of services provided by an organisation and must, therefore, be negotiated and signed on an annual basis.

This guide is designed to provide assistance with the task of completing the individual Schedules.

Some organisations may be managed within the context of a single set of Schedules, where the management of the entity comes under the control of a single identified management structure within the HSE.

Other organisations will have multiple services and geographical areas which may require multiple sets of Schedules in order to correspond with the appropriate management structure within the HSE.

**At a minimum, a separate set of Schedules should be used for each Care Group for which services are provided by an organisation.**

A decision on whether more than one Local Health Office should come together to complete one set of Schedules for an Arrangement with an organisation will depend on a number of factors including: where the budget is held/how the funding is managed, and how the services are managed from an operational perspective;

### **National/Cross-Boundary Organisations**

The Protocol on cross-boundary working and the Business Support Unit (BSU) guidance document on this issue should also be consulted.

### **Organisations in the Disability Sector**

The national Disability Governance Group has decided that a single Service Arrangement should be signed with each national disability organisation or other disability organisation that spans more than one LHO area.

Lead Local Health Managers (LHMs) have been assigned to provide overall co-ordination in this regard and will be responsible for signing Part 1 of these single Service Arrangements. Each LHO will be responsible for completing a separate set of Schedules (i.e. Part 2 of the Service Arrangement) relating to services to be delivered in their area. The completed Schedules will then be collated by the Lead LHMs who will be responsible for signing Part 1 of the Arrangement.

### **Organisations in other Care Groups**

While no specific arrangements have been made for national or multi-area agencies outside of the Disability sector, the HSE Governance Framework allows flexibility whereby a single

Service Arrangement can be signed nationally, or for a HSE Administrative Area, as long as there is a nominated “lead” agreed to coordinate the process.

The National Register maintained by the Business Support Unit records Service Arrangements on the basis of each set of Schedules, with the facility to identify multiple sets of Schedules within a single Arrangement.

This guide utilises the Schedule format with the addition of notes (in green) to provide guidance, as necessary, on completing the various sections of same.

It is acknowledged that the development of the necessary capacity within existing Service Providers to fulfil the requirements of these detailed Schedules will be evolutionary.

While ensuring that the services are meeting the required minimum standards to ensure client safety etc., it is appropriate to recognise that, in certain organisations, there may be gaps in the information requirements and/or adherence to standards, codes of practice, etc. Where this occurs, it should be noted in the relevant Schedule and a timeframe for compliance should be agreed.

The schedules may be completed by either the HSE or the Agency or a combination of both, it is important to note that both parties need to validate and agree the information contained prior to formal sign off.

## **Protocols**

A range of Protocols have been agreed between the HSE and representatives of voluntary and non-statutory agencies which are designed to provide guidance in relation to the operation of Service Arrangements. Where a Protocol is relevant to a Schedule, it is noted in the relevant part of this guidance document and should be referred to when completing the relevant part of the Schedule.



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Health Service Executive

and

**[THE PROVIDER]**  
**Insert name of Provider**

**Care Group :**

**Insert relevant care group from this list:**

- **Children and Families**
- **Disability**
- **Mental Health**
- **Social Inclusion**
- **Older Persons**
- **Palliative Care**
- **Chronic Illness**
- **Primary Care**
- **Other (Where funding is for care group not specified above)**

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## SERVICE ARRANGEMENT

### PART 2 OF ARRANGEMENT –SERVICE SCHEDULES

**Insert Either**

- Section 38 Health Act, 2004
- Section 39 Health Act, 2004
- Section 10, Child Care Act, 1991

Depending on the legislation relevant to the Service Arrangement

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The lead “Nominated Lead Manager” will need to arrange for the numbering/referencing of each set of schedules within an individual arrangement. The Key contact for a set of schedules will need to know how many schedules there are within an arrangement, and at what level the arrangement is managed, in order to fill out their Register and to ensure that all sets of schedules are incorporated within the roll-up identification facility of the National Register.

## SCHEDULE 1

### Contact Details

This Schedule must be completed for each set of Schedules. In the case of nationally managed arrangements, a Schedule detailing the Lead Local Health Manager for the organisation will also be necessary.

#### **Purpose**

The purpose of this schedule is to set out the key contact details of both the Executive and the Provider.

This allows for an easy reference of contact names/numbers for the operational management of the Arrangement.

<b>Part A – The HSE</b>	
<b>Name &amp; Address of Regional Director of Operations</b>	
<b>Name of Local Health Manager /designated Lead Manager where schedules pertain to more than one LHO area:</b>	
<b>Local Health Office or relevant area office Address:</b>	
Telephone Number:	
Fax Number:	
E-mail:	
<b>Main contact person:</b> <i>(This is the nominated key contact person who will have operational responsibility for the contract)</i>	
<b>Authorised signatory:</b> <i>(This is the person who has been assigned responsibility for signing service arrangements) This should not be confused with the authorised signatory for Garda vetting.</i>	
<b>Service Lead: Details to be provided here of the various HSE managers with responsibility for the day to day management of the service categories covered under the Arrangement.</b>	<i>(Please expand as necessary, for each relevant service category)</i>
Department/Specific are of responsibility:	
Address:	
Telephone Number:	
E-mail:	
<b>H.R. Contact:</b>	
Address:	
Telephone Number:	
E-mail:	
<b>Finance Contact:</b>	
Address:	
Telephone Number:	
E-mail:	

<b>Emergency Contact:</b> <i>(Ref: Local emergency/crisis protocol)</i>	Insert name and contact details of the HSE's out-of-hours contact person. Please refer to the agreed Protocol regarding this process.
Address:	
Telephone Number:	
E-mail:	

<b>Part B – The Provider</b>	
The National Register includes a master database of agencies with relevant information as requested below. Please ensure that the master agency database details are checked against the details completed below as this is important from a legal perspective.	
<b>Registered Name:</b>	
<b>Address:</b>	
<b>Legal Status:</b>	Please state here the legal status of the Provider. See following list for possible classifications: <ul style="list-style-type: none"> <li>• Registered Charity</li> <li>• Statutory Body</li> <li>• Registered Charity &amp; Registered Company</li> <li>• Limited Company by Guarantee</li> <li>• Limited Company by Guarantee &amp; Registered Charity</li> <li>• Other (Please describe.)</li> </ul>
<b>Registered Charity Status:</b>	Insert "Yes" or "No", as appropriate, here.
<b>Registered Charity Number:</b>	If "Yes" above, insert Registered Charity (CHY) Number here.
<b>Registered Company Number:</b>	If the legal status is a Registered Company, insert the Registered Company Number here.
<b>Tax Clearance Number :</b>	If a Charity Number is given above, then a Tax Clearance (TC) Number is not required here, however, if no CHY No. is given above, then a TC Number must be provided here for payment purposes.
<b>Parent organisation Name and Address:</b> <i>(Where an organisation is a subsidiary of a national organisation)</i>	
<b>Main Contact Person:</b> <i>(This should be the person who has overall responsibility for execution of the contract and will be the key link person with the Executive.)</i>	
<b>Chief Officer/Director or appropriate senior official (please give title):</b>	
<b>Chairperson:</b>	
<b>Authorised signatory:</b> <i>(This should be the person authorised by the Board of the Provider to sign the Service Arrangements)Chairperson or Equivalent</i>	
Address:	
Telephone Number:	



Email:	
<b>Service Lead/s Details to be provided here of the agency's various managers with responsibility for the day to day management of the service categories covered under the Arrangement.</b>	<i>Expand where appropriate to each service type.</i>
Specific area of responsibility:	
Address:	
Telephone Number:	
E-mail:	
<b>Finance Contact:</b>	
Address:	
Telephone Number:	
E-Mail:	
<b>H.R. Contact:</b>	
Address:	
Telephone Number:	
E-mail:	
<b>Emergency Contact:</b> <i>(Ref: Local emergency/crisis protocol)</i>	<i>Insert name and contact details of the Provider's out-of-hours contact person. Please refer to the agreed Protocol regarding this process.</i>
Address:	
Telephone Number:	
E-mail:	

## SCHEDULE 2

### Quality and Standards

This Schedule must be completed for each different service category within an Arrangement, i.e. for each Care Group. Where a national Arrangement exists, then this Schedule may be developed as a single standardised Schedule for each service category and forwarded to the relevant LHOs for utilisation locally.

#### Purpose

This schedule should specify the quality service standards, and service assurance aspects which must be adhered to by the Provider in consideration for the funding (see **Schedule 6, Funding**) provided by the Executive. The template below sets out the quality details which should be completed.

#### Mission Statements

*This section contains the mission statements of both the Executive and the Provider.*

**The mission of the Health Service Executive is:**

*To enable people live healthier and more fulfilled lives*

**The mission of the provider is:**

Insert Mission Statement of Provider here

Where there is an issue with a particular Statutory Regulations, Quality Standards, Code(s) of Practice, or Procedure or Quality System and it is deemed necessary for the service, a time table for compliance, if appropriate, should be noted within this Schedule.

It is important to ensure that any areas of non-compliance do not pose a potential risk to the safety and/or welfare of service users.

If there is any doubt in this regard advice should be sought from Senior Care Group Management regarding the appropriate remedial action to be taken in these circumstances.

#### Principles Underpinning Quality & Standards

Services must comply with all *relevant statutory regulations*, strategy & guidance documents in relation to quality and standards associated with the service in question. The following listing represents relevant regulations for these services, and it is required that all services are in accordance with the principles set out in these regulations. The list below may not be exhaustive and may be added to as appropriate.

**The intention here is to list all potentially relevant legislation. If a particular piece of legislation is not relevant, then it is in order to remove it from the list, however, if the legislation to be removed is highlighted in orange below, then it is recommended that**

**advice is sought as to the reasons behind its removal. Furthermore, if an additional piece of legislation is not included here but is deemed relevant, it should be included in the table below.**

**The generic listings below does not currently include specific references to legislation pertaining to children or older persons; however, if any such legislation is relevant, it should be included.**

<b><u>Generic may apply to all</u></b>	<b><u>Care Group Specific - (Disability Care Group used as an example)</u></b>
Health Act 2004	Child Care Act 1991
Health Act 2007	Children First - National Guidelines for the Protection and Welfare of Children 1999
Quality & Fairness - A Health System For You 2001	Protection of Persons Reporting Child Abuse Act 1998
Disability Act 2005	Commission to Inquire into Child Abuse (Amendment) Act 2005
Trust in Care 2005	Ombudsman for Children Act 2002
Vision for Change 2006	Children's Act 2001
The Non Fatal Offences Against the Person Act 1997	Mental Health Act 2001
Equality Act 2004	Protection of Children (Hague Convention) Act 2000
Companies Act 1990	Education for People with Special Educational Needs (EPSEN) Act 2004
Data Protection Acts 1988 & 2003	United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities 1993
Freedom of Information Acts 1997 & 2003	United Nations Convention on the Rights of the Child
Safety Health & Welfare at Work Act 2005	National Standards for Children's Residential Centres 2001
E.U. Procurement Directive 2004/18/EC	
Competition Act 2002	
Health & Social Care Professionals Act 2005	
Public Health Tobacco (Amendment) Act 2004	
Ombudsman Act 1980	
Employment Equality Acts 1998	
Equal Status Acts 2000	
Ethics in Public Office Acts 1995	
Comptroller and Auditor General (Amendment) Act 1993	
Standards in Public Office 2001	

## Codes of Practice

*This section should set out all relevant codes of practice to be adhered to in relation to the services specified in **Schedule 3 Service Delivery Specification**. This should include any agreed local and national codes of practice associated with such services. This list may not be exhaustive and may be added to if appropriate.*

**The intention here is to list all potentially relevant Codes of Practice. If a particular Code of Practice is not relevant, then it is in order to remove it from the list, however, if the Code of Practice to be removed is highlighted in orange below, then it is recommended that advice is sought as to the reasons behind its removal. Furthermore, if an additional Code of Practice is not included here but is deemed relevant, it should be included in the table below.**

**The generic listing below does not currently include specific references to Codes of Practice pertaining to children or older persons; however, if any such Codes of Practice are relevant, they should be included.**

<b>Code of Practice -Generic may apply to all</b>	<b><u>Code of Practice - Care Group Specific (Disability Care Group used as an example)</u></b>
HR/Employment Codes of Practice incl:-Bullying Policy etc.	Elder Abuse Code of Practice
Risk Management	HSE Elder Abuse Policy – Responding to Allegations of Elder Abuse 2007
Records Management	Child Protection Policy
Confidentiality	Code of Ethics & Good Practice for Children’s Sport 2006
Trust in Care 2005	Our Duty to Care - The Principles of Good Practice for the Protection of Children & Young People 2002 (DOH&C)
Codes of Professional Conduct as Pertains to Relevant Disciplines	Guidelines on Person Centred Planning in the provision of Services for People with Disabilities in Ireland (NDA)
Financial/Accountancy Code of Practice	
Code of Good Practice in Professional Supervision & Mentoring ( <i>Various as appropriate</i> )	
Safety Statement	
Infection Control Policy (Local)	

## Quality and Standards in Place

*This section should specify the actions the Provider is taking to maintain quality and service standards. Is the organisation implementing any of the following or other similar measures? Alternatively an agreed quality and standards development plan can be attached as part of this schedule. Differentiate between mandatory & optional. This list may not be exhaustive and may be added to if appropriate.*

**The intention here is to list all the areas where the Provider has specific procedures and policies in place to maintain quality and standards. The listing below sets out the areas where it would be normal practice to have such policies and procedures in place. If a particular policy or procedure currently listed is not relevant, then it is in order to remove it from the list, however, if a policy or procedure to be removed is highlighted in orange below, then it is recommended that advice is sought as to the reasons behind why it is not in place. If an additional policy or procedure is not included here but is deemed relevant, it should be included in the table below.**

<b>Generic May apply to all</b>	<b>Care Group Specific (Older Person's Care Group (Residential Setting) used as an example)</b>
Individual Care Plans for Clients	National Quality Standards for Residential Care Settings for Older People in Ireland (HIQA)
Personal Development Plans for Staff	Standards for Health Promotion in Hospital (WHO) 2004
Personal Outcomes Accreditation	10 Steps to Healthy Aging
Financial Audit	Nursing Homes Local Standards
Records Management Practices	Guide to Fire Safety in Existing Nursing Homes and Similar Type Premises 1996 (Department of the Environment Heritage and Local Government)
Risk Management	
Continuous Quality Improvement	
Service Quality Accreditation	
Residential Care Guidelines & Standards	
Excellence Through People	
HACCP (system of food quality standards)	
ISO Standards	
Health Quality Mark	
Your Service Your Say – The Policy and Procedures for the Management of Consumer Feedback to include Comments, Compliments and Complaints in the Health Service Executive August 2008 (Schedule 8 refers)	
Template for Capturing Statistics Relating to Complaints & Guidelines for the Completion of the Template	
Standard Operating Procedure for Dealing with the Provision of Information to Elected Public Representatives November 2007	
National Strategy for Service User Involvement in	

the Irish Health Service 2008-2013	
Framework for Corporate & Financial Governance for Agencies Funded by the Department of Health & Children April 2006	

### Monitoring of Quality and Standards

*This section should outline the plan/actions the agency has in place to monitor quality and standards. This should include actions such as:*

- *Audit tools appropriate to service*
- *Service user inputs*
- *Service user satisfaction surveys*
- *Service user evaluations*
- *Carer evaluations*
- *Service evaluations*

*The information recorded below should link to **Schedule 3 Service Outcomes**.*

**If an organisation utilises a Specific national/international quality systems please supply details of same.**

**Specific elements of this system should also be separately listed see examples above.**

**E.g. The organisation has obtained level “X” status in “Name Quality System”**

**This system includes service user/carer participation by way of evaluations of services, periodic, random and on exit or transfer**

**Services are audited annual by external auditors through the quality system and the organisation is currently rated “X” on a scale of “Y”. Etc.**

### Corporate & Clinical Governance

*This section should provide details of the Corporate & Clinical Governance Structure in place (This may include organisation chart.) Please provide documentation including the Memoranda & Articles of Association.*

Please provide details here setting out the Provider’s Corporate Governance Structure and Clinical Governance Structure (including organisational chart(s), if available). Copies of the agency’s Memorandum & Articles of Association also need to be provided.

However, if the Arrangement is with a **national organisation**, then the above-mentioned Memorandum and Articles of Association should be retained/held nationally but reference to this fact should be made in the local Schedule.

***If specific local arrangements exist these should be outlined, within the local Schedule.***

Note: The National Business Support Unit will obtain electronic copies of Memoranda & Articles of Association for a HSE library of same.

## Quality Assurance

*This section should set out the requirements, if any, of the Executive in relation to participation of the Provider in quality assurance programmes e.g. ISO9002 Standard, HIQA programmes, and HSE Transformation Quality Initiatives.*

**This section should detail all involvement by the Provider in quality assurance programmes, as required by the Executive.**

**The Generic listing below sets out the minimum standard to be adhered to. If any of the elements outlined below are not in place, the reason for this should be noted. HSE managers who have any doubts in regard to this, they should seek advice from their senior manager.**

**The Care Group specific listing below should detail the specifics quality assurance programmes relevant to the service in question which are in operation by the Provider.**

<b>Generic - may apply to all</b>	<b>Care Group Specific (Older Person's Care Group (Residential Setting) used as an example)</b>
HSE Process to review documentation supplied by the Service Provider to include Child Protection Policies	Nursing Homes Inspection Teams
Involvement of Quality Assurance, Audit & Risk & Financial Audit	Draft National Quality Standards for Residential Care Settings for Older People in Ireland (HIQA)
Involvement of HIQA in the evaluation Process	
Infection Control	
Ombudsman	
Ombudsman for Children	
E.U. Consumer Affairs	
Consumers Association of Ireland	

## Schedule 3 Service Delivery Specification

### Purpose

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 Funding**) provided by the Executive.

The performance of the Services will be monitored as set out in **Schedule 4 Performance Monitoring**.

**This schedule provides information on the service target group, quantity of service to be delivered, and delivery location, together with specific service outcomes and performance indicators, along with information on access routes to the services.**

**Depending on the complexity of the service it may be easier to utilise an excel spreadsheet to provide the detail for section 1 and 2 below.**

**The Excel Spreadsheet only covers section 1 and 2 below (Plus Catchment area if incorporated) the rest of this schedule will still need to be completed.**

*The Disability Care Group are utilising a format with an agreed minimum data set for 2009 with the option for more detailed information to be supplied if available.*

**If the tabular format suggested is not adequate to capture the complexity of the service provision, the user is free to provide the information in the way best suited to the service provision while ensuring that all the information requested is provided.**

<b>Care Group</b>
<i>Please insert relevant Care Group e.g. intellectual disability, physical &amp; sensory disability, children services, social inclusion, mental health, older persons etc.</i>
<b>May form part of excel spreadsheet if this format is being used.</b>

*All of the instructions boxed in green below can be deleted from the actual agreed schedule*

The format of this section will depend on the nature of the service and whether there are quantifiable deliverables.

The tabular format suggested below, may not be suitable to sufficiently capture the information in certain cases.

Please complete this section to suit your particular requirements, ensuring that the general heading descriptions are incorporated.

<b>Premises at which service will be delivered</b>	<b>Description Of Services</b>	<b>Scope of Services to be Provided (Quantitative)</b>	<b>No. of Service Users Availing of the Service.</b>
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**May form part of excel spreadsheet if this format is being used.**

*This section should clearly set out the premises from which services will be provided and/or alternatively whether it is a home based service etc. and the associated Working Hours.*

*This section should specify and identify objectives, nature and function of services that will be delivered. This should also include the target group for whom the service is designed.*

*This section should set out clearly the level of service to be provided*

*This section should indicate the number of clients being provided with a service. [Delete this column if not appropriate].*

- *Each separate service delivery location needs to be identified, where separate distinct services are provided from one location, it is advised to enter separate lines to identify each service quantum.*

*An example would be a location in use for team*

- 1) Day service
- 2) Multi disciplinary therapy
- 3) Regional management team

*This would require three separate entries.*

*Another example would be a location in use for service*

- 1) Centre Based Respite
- 2) Home Support service
- 3) Management team

*This would require three separate entries.*

- *Where information is available, or for new services, further columns should be included identifying the direct staffing and funding associated with each separate service quantum.*

*The objective being to allocate resources to the services delivered.*

- *An agreed timetable between the provider and key contact needs to be established to provide a detailed integrated specification which provides service quantum, staffing and funding information for each unit of service delivery (if deemed appropriate).*

*The above relates to existing services.*

- *Where the service provider is making premises available to the service then this may be highlighted in this schedule.*

- *Where vacancies exist within a service unit these need to be clearly identified by the inclusion of an additional information column.*

*It may be more appropriate to utilise excel for this section if the service quantum is diverse, and staffing and funding information is available.*

The National Business Support Unit will build up a portfolio of templates and these will be available for distribution.

**The following Templates are currently available on the intra net and internet sites**

[http://hsenet.hse.ie/HSE\\_Central/Commercial\\_and\\_Support\\_Services/National\\_Contracts\\_Office/Non\\_Statutory\\_Provided\\_Services/](http://hsenet.hse.ie/HSE_Central/Commercial_and_Support_Services/National_Contracts_Office/Non_Statutory_Provided_Services/)  
[http://hse.ie/eng/Publications/Non\\_Statutory\\_Sector/](http://hse.ie/eng/Publications/Non_Statutory_Sector/)

1. Minimum Data set for Disabilities, 2009

*This is the Template for national use in the disability care group for 2009 which contains the minimum acceptable data set, this is compulsory unless template 2 is utilised which contains more detailed information.*

This Template is called

**Schedule 3 Template (Excel) Disability Agencies compulsory minimum data set 5/3/2009**

2. Disability template where more detailed information is available

*This is the template for use within the Disability care group where information is available for funding and costs down to service unit level.*

This Template is called

**Schedule 3 Template (Excel) Disability Agencies Costs & funding service unit information 19/05/2009.**

3. Template for other care groups with mandatory and non mandatory fields identified.

*This template is not compulsory but may be used where the activity information required for schedule 3 would benefit from an excel format.*

This Template is called

**Schedule 3 Template (Excel) all Care Groups (excl Disability) 19/05/2009**

4. Resource allocation model to assist in the costing of service units. This template provides calculation for the staffing once detail on salaries and WTE are entered.

*Useful to provide “costing” information down to service unit once all resources are attributed to same.*

This Template is called

**Schedule 3 Template (Excel) all Care Groups Advanced resource allocation model**

*This template (No 4) is only available on request from the Business support Unit as it requires individual training.*

*Requests should be emailed to [Patriciam.mccormack@hse.ie](mailto:Patriciam.mccormack@hse.ie)*

**Service Outcomes To be completed based on examples set-out below**

*This section needs to indicate the anticipated outcomes that the service will deliver so that they can be monitored and evaluated. This is on the basis that there needs to be an increasing emphasis on results i.e. outcomes.*

*Do you have a Framework in Place to Measure Qualitative Outcomes? If so please give details. It should be noted that:*

- *Cognisance needs to be taken not to marginalise the most disadvantaged or difficult cases in order to achieve better outcomes.*
- *Initial intermediate outcomes e.g. number of persons signing up for training awareness programmes, may be set out.*

*The information recorded below should link to **Schedule 2 Monitoring of Quality and Standards***

*Examples could include.*

- Number of clients taking up supported employment.
- Level of Outcomes achieved as anticipated in I.C.P.'s.
- Facilitating clients to reach their maximum potential.
- Number of clients moved to supported living in the community.

*For each outcome specified above please state results achieved with identifiers for the relevant clients.*

### **Staff Qualifications** *To be completed based on examples set-out below*

*This section should contain a statement regarding qualifications of staff as appropriate.*

The agencies statement should refer to HR policy regarding recruitment of staff with appropriate recognised qualifications for relevant positions & the validation process engaged in with the relevant professional bodies. Reference should also be made to the implementation & support of Continuous Professional Development for all relevant grades of staff. Where appropriate staff should be registered with the appropriate professional organisation as required by legislation.

*(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 may be attached.

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.

### **Catchment Area(s)** *To be completed based on examples set-out below*

*Below could be part of excel format in section 1 and 2 above*

*Where appropriate this section should describe the catchment area for the services and a spatial map if available should be attached. The Electoral Divisions of the catchment area (if known or if appropriate) should also be listed.*

*(Please note that this section will not apply to all services, as some services will be demand led regardless of a client's home address.)*

e.g :  
by health and social care networks  
by DED  
by LHO's  
by HSE Area

National	
<p><b>Access, Referrals, Safeguarding, Admissions &amp; Discharge Procedures</b>  Two Protocols are relevant to this section. They provide minimum acceptable standards and should be referred to when completing this section. They relate to:</p> <ul style="list-style-type: none"> <li>• Admission and Discharge</li> <li>• Access Rights</li> </ul>	
<p><i>This section should set out (attach if more appropriate) the agreed policies and protocols in operation for access criteria, referral, safeguarding etc. for service(s). It should include, when required, agreement on access for all clients including those with greater levels of dependency or behavioural problems. Attach, where appropriate, any policy documents in this regard to ensure that everyone (client, families, HSE staff etc.) understand the criteria governing access to, use of and discharge from the service.</i></p> <p><b>The Generic listing sets out the minimum standard to be adhered to. If any of the elements outlined below are not in place, the reason for this should be noted. HSE managers who have any doubts in regard to this should seek advice from their senior manager.</b></p> <p><b>Care group specific requirements should detail the specifics relevant to the service in question.</b></p>	
<b>Generic may apply to all services</b>	<b>Care group Specific</b>
Referral Policy	
Admissions Policy	
Discharge Policy	
Trust in Care 2005	
Policy and Procedures for the Notification to HSE of Discharge or Change of Circumstances of Clients	
Case Conference Policy	
Policy on Anti Discriminatory Practice	
Anti Bullying Policy	
Health and Safety Policy	
Non-Accidental Injury Policy	
Policy to Protect Staff	

<p><b>Performance Indicators</b>  <b>To be completed as outlined below. The reporting timetable will be set out in Schedule 4</b></p>
<p><i>This section should specify the Performance Indicators needed by setting out details appropriate to the service. This should include any relevant local and national standards, where appropriate. Examples of targeted activities include:</i></p>

The Performance Indicators which originate from the Health Service Executive Service Plan and be linked to service outcomes.  
All relevant National Performance Indicators should be included along with cost containment measures and value for money initiatives.  
These Performance Indicators should correlate with statistical data as collected by the HSE's Performance Monitoring and Evaluation Unit (PME) & or other existing measures, within the specific service sector.

### **Additional Services**

Where the service quantum is not static and subject to change, the process for managing such changes needs to be agreed. This section outlines the requirements for this process.

The additional services will form part of the Change Control information for Schedule 10.

*Where the scope of the Services provided pursuant to this Arrangement is increased, whether by developing existing Services or introducing new Services, the increase must be authorised in advance in writing by the Executive (the "Additional Services").*

*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 (the "Additional Services Addendum").*

*The Additional Services Addendum shall be appended to this Arrangement and should be in the general format of the functional headings as set out earlier in this schedule.*

Elements to be covered should include.

- Location of service
- Description of service
- Quantum of service if applicable
- Start date of service
- End date of service if applicable
- Staffing implication
- Funding required current year
- Funding required full year costs
- Client identifier and profile either individual or general cohort description.

**The National Business Support Unit will build up a portfolio of templates and these will be available for distribution.**

## SCHEDULE 4

### Performance Monitoring

#### Purpose

This schedule states the agreed performance management requirements. These have been developed with reference to the Performance Indicators detailed within **Schedule 3 (Service Delivery Specification)**. This schedule also contains the associated reporting timetable regarding reports and meetings. The level of performance monitoring will depend on the type of service and the level of functions.

There is an agreed Protocol regarding Performance Monitoring.

Wherever possible and, in particular for National Agencies providing services across a number of locations, there should be a standard approach to performance monitoring.

The Performance Monitoring unit provide direction in their requirement for specific services.

<b>Information Requirements</b>				
<i>The following table should outline the key information required to monitor the activity and performance levels (tick as appropriate). This section aims to set out the list of reports that the Provider must provide to the Executive to facilitate the performance management function. (Please note that separate guidance as to the format of the individual reports i.e. financial, activity data, P.I.s etc. will be provided).</i>				
Form No.	Report Required	Annual	Quarterly	Monthly
	Financial Report – Activity * At a minimum pay, non-pay and income should be identified separately. Where there are internal management reports within the agency which provide this information it is in order that these are utilised rather than asking for new templates to be devised.			
	Financial Report – Governance This refers to financial statements where an agencies overall financial position can be assessed. It may be necessary to request this information more than annually if there is concern regarding their governance, internal monthly/quarterly management accounts which provide this link can be utilised rather than getting the agency to provide additional reports.			
	Activity Data – summary of services * This should relate to the specification of services outlined in schedule 3. National templates for monitoring will			

	be provided by the Performance Monitoring Unit. These should be formally identified in this schedule and the timetable for submission agreed.			
	Activity Data – Admissions/Discharges/Relocations This should relate to the specification of services outlined in schedule 3. National templates for monitoring will be provided by the PMU. These should be formally identified in this schedule and the timetable for submission agreed. Referral information may also be requested.			
	Staffing reports These will be as requested by NEMU in organisations within the Employment Control Framework. The Disability Governance Group has implemented the use of the NEMU template for the capture of actual staffing numbers. Other care groups are recommended to adapt this template as a matter of best practice.			
	Review of Performance Indicators The performance indicators identified in schedule 3, reporting template and timetable for submission should be agreed here. Templates and timetables should reflect the requirements of the Performance Monitoring Unit.			
	Health Statistics (as relevant) to HSE Performance Monitoring Unit To be completed where specific Health Stats pertain to the services delivered.			
	Other Should contain any other information necessary to manage the performance of the services covered by the arrangement.			

- *Where information is available, and for new services, the financial reports should separately identify each separate service, and link the service activity and staffing with the funding allocated. Excel spread sheets with examples will be available.*

### **Review Meetings**

*This section should set out the schedule of review meetings appropriate to the level of funding provided. (Please note that separate guidance will be issued in this regard).*

The provisions of the HSE Financial Regulations should be referred to along with the agree Protocol on Review Process. These set out minimum requirements. Meetings may be held more frequently if deemed appropriate.

<b>Month</b>	<b>Description</b>	<b>Location</b>	<b>Attendees</b>



## SCHEDULE 5

### Information Requirements

#### Purpose

This schedule sets out wider information requirements in the context of the service in question and the statutory obligations for the Provider, under Section 38 of the Health Act 2004, to provide business critical information to the Executive i.e. Annual Reports, Audited Accounts and other evaluation reports.

#### 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;*
- *Report on the implementation of the Business Plan or equivalent;*
- *Report required by Part 9 Section 55 (Complaints) of the Health Act 2004;*
- *The Annual Audited Accounts.*

*This is in line with the requirements of the Companies Act.*

#### Audited Accounts

***In accordance with Section 38 (Arrangements with Service Providers) of the Health Act, 2004, the Provider shall submit a copy of its audited accounts and the auditor's certificate and report on the accounts to the Executive within the period specified by the Executive.***

*For the avoidance of doubt, the expenses of the audit of the Provider's accounts shall be payable by the Provider.*

*The Provider's audited accounts shall separately identify funding received from the Executive, as distinct from other funding received during the financial year.*

***Bolded only in s38 schedules***

#### Audits, Evaluations, etc

*This section should set out details 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.*

***Details in relation to the items listed above should be inserted here if relevant.***

#### Other Information

*This section should set out any other information requirements relevant to the particular services being provided.*

Other relevant information should be inserted here

There is a protocol regarding Information sharing which should be referred to.

## SCHEDULE 6

### Funding

#### Purpose

This Schedule is intended to specify details of funding, payments and financial monitoring for the health and personal social services which will be provided by the Provider. The performance of the financial management will be monitored as set out in Financial Reporting **Schedule 4 Performance Monitoring**.

#### Total Payments

The funds (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 1<sup>st</sup> January [●] and ending on 31<sup>st</sup> December [●] (the “**Financial Year**”) **Insert year to which the schedules refer here** shall be EUR [●]. **Insert the amount of the agreed funding here** The Executive will use its reasonable endeavours to notify the Provider of the level of Funding in advance of the financial year.

The total to be paid should be detailed linking back to **Schedule 3 Service Delivery Specification** where appropriate and/or setting out the various amendments if this is an annual review of an existing service arrangement.

**Where a detailed excel spreadsheet with resource allocation is in use for schedule 3 this is relevant for use as a supporting document for this schedule.**

**A protocol outlining funding negotiation has been developed and should be referred to.**

**The National Business Support Unit will build up a portfolio of templates and these will be available for distribution.**

\*Fixed Cash profile is outlined below:

<b>Schedule of Payments to Provider Account Number: Enter Providers Bank</b>			
<b>Account Number here and complete the schedule of payments below</b>			
<b>Date</b>	<b>Details</b>	<b>Amount</b>	<b>Method</b>

\* will be issued in accordance with the rules applicable to the Health Service Executive’s Vote (Vote 40) appropriated by the Exchequer each year.

#### **Charging of Service Users**

*This section should set out the criteria and procedures for charging service users and the rates that will be applied.*

**Details of charges to users of the service should be included here.**

**The provisions of Clause 3.2 (c) (xvi) of the Service Arrangement are relevant here. Section 38 Providers must comply with the provisions of Health (Charges**

**for In-Patient Services) Regulations 2005 where relevant. Section 39 Providers must comply with directions from HSE in relation to fees or charges.**

### **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.

**An outline of the management system for client's private property should be set out here where relevant.**

## SCHEDULE 7

### Insurance

**This schedule sets out specific detail in relation to the requirements of Service Arrangement set out in Clause 14 – Insurance.**

**The levels of cover are mandatory and there is no scope to change them. HSE staff should contact the BSU or their relevant Insurance section if further clarification is required.**

### Purpose

This schedule sets out the mandatory requirement that the Provider must have in relation to insurance and liability cover, appropriate to the service, in addition to the indemnities provided under Clause 15 of Part 1 of the Service Arrangement.

1. Public Liability insurance with a limit of indemnity of €6,400,000 (€6.4 million) any one occurrence, with an indemnity to the Executive arising from the provision of the Services, which insurance will also cover claims arising from the activities of any sub-contractor engaged by the Provider.
2. Employers Liability insurance with a limit of indemnity of €12,700,000 (€12.7million) any one occurrence, with an indemnity to the Executive arising from the provision of the Services.
3. Motor Insurance (if services involves use of motor vehicle by service provider on business of the HSE) with a third party property damage limit of €2,600,000 (€2.6million) any one occurrence with an indemnity to the HSE arising from the use of motor vehicle in the provision of the Services.
4. Professional Indemnity
  - (a) Where appropriate, the Provider must apply for professional indemnity coverage under the Clinical Indemnity Scheme.
  - (b) To the extent professional service is provided and not otherwise covered have Professional Indemnity in accordance with the following thresholds or such other thresholds as may be specified by the Executive from time to time:

Low risk: Professional Indemnity with a limit of indemnity of €2,600,000 (€2.6million) any one occurrence.

Medium risk: Professional Indemnity with a limit of indemnity of €4,000,000 (€4million) any one occurrence.

High risk: Professional Indemnity with a limit of indemnity of €6,400,000 (€6.4million) any one occurrence.

(This would not apply to those bodies that have the protection of the Enterprise Liability - Clinical Indemnity Scheme).

## SCHEDULE 8

### Complaints

#### Purpose

This schedule specifies the requirement for the Providers to implement a complaints policy within a period of [**Insert no of months, should not be more than 3, or if report has been submitted insert this fact. x**] months, in compliance with Part 9 of the Health Act 2004, Health Act 2004 (Complaints) Regulations 2006 (S.I. 652 of 2006) and the ‘Your Service Your Say’ policy and procedures for the management of complaints in the Health Service Executive. Provider’s performance in complaints handling and resolution will be monitored as set out in this schedule.

HSE Consumer Affairs have developed systems with the Non-Statutory sector for the submission of Policy and Procedure Documents and reporting schedules. This document is attached to this guide as **appendix 1** and includes the reporting template and explanations of heading.

<b>Timetable for submission of Policy &amp; Procedures Document</b>			
<p>The Provider shall submit a copy of their complaints policy to their relevant Consumer Affairs Area Office, for approval, who will validate the policy and link in directly with the Provider if any changes/ amendments are required. The CA Area Office will advise the Provider and the Local Health Office when the policy has been approved.</p> <p><b>Appendix 2</b> provides a list of area officers and their contact details.</p>			
<i>Date Submitted by Provider</i>	<i>Date Reviewed by Executive</i>	<i>Amendments (Yes/No)</i>	<i>Comments</i>
Date to be agreed with the Provider by Key Contact	Area Officer consumer affairs to advise	Area Officer consumer affairs to advise	

<b>General Report on Complaints Received by the Provider</b>		
<p>The Provider will submit returns on an agreed template (See Appendix 1) to the relevant CA Area Office on a bi-annual basis for the periods of January-June and July-December. The deadline for the return of these templates shall be 20<sup>th</sup> July and 20<sup>th</sup> January respectively. Any queries arising from the templates will be followed up by the Consumer Affairs Area Officers.</p> <p>The Consumer Affairs Area Office 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.</p>		
<i>Date to be Submitted by Provider</i>	<i>Date Reviewed by Executive</i>	<i>Comments</i>
20 <sup>th</sup> July		
20 <sup>th</sup> January		

<p><b>General Report on Reviews assigned to the Provider by the Executive under Section 49.4 of the Health Act 2004.</b></p> <p>An agency must report on the number, nature and outcome of any reviews it undertakes.</p> <p>If a specific review is required requests should be made to the Head of Consumer Affairs who assigns an appropriate review officer on a case by case basis.</p>				
<i>Date Submitted by Provider</i>	<i>Date Reviewed by Executive</i>	<i>Comments</i>		
<p><b>Report on Complaints Received by the Provider Involving Alleged or Suspected Client Abuse Involving Staff or Volunteers</b></p> <p><b>Any complaints dealing with the above should be advised to the Key contact immediately. A record of same should be kept by the provider as follows. This should also be submitted with the general report above.</b></p>				
<i>Date Submitted to Provider</i>	<i>Referred to HSE (Yes/No and Date)? If No please comment.</i>	<i>Summary of Action Taken</i>	<i>Date Reviewed by Executive</i>	<i>Comments</i>

## SCHEDULE 9

### Staffing

#### Purpose

The purpose of this schedule is to ensure that there is an effective monitoring process in place to maintain employment numbers within the approved ceiling limit, where applicable.

**Where a detailed excel spreadsheet with resource allocation is in use for schedule 3 this is relevant for use as a supporting document for this schedule; if not Excel Spreadsheets are available for compiling information relevant to this Schedule and are available on the HSE Intranet.**

**The provisions of this Schedule vary depending on whether an agency is being funded under Section 38 or Section 39 of the Health Act, 2004.**

<b>Employee Ceiling (where applicable) Applicable to Section 38 Service Arrangements</b>
<i>This section should detail the employee ceiling which must not be exceeded.</i>
Employee ceiling for year commencing 01/01/___ is [ • ]. <b>The approved Employment Ceiling for the Provider should be entered here along with the year applicable</b>

<b>Employee Totals Applicable to Section 39 Service Arrangements</b>
<i>This section should detail the employee totals which are associated with the services specified in <b>Schedule 3</b>. This should give grade detail.</i>
<b>The agree staffing associated with the Service Arrangement should be entered here</b>

<b>Employment Monitoring Return (where applicable), the “EMR”</b>		
<b>Details of the dates on which monitoring returns should be made should be entered here.</b>		
<b>Section 38 Agencies must comply with the NEMU reporting format and schedule Is it also recommended that Section 39 agencies follow the same format</b>		
<i>This section sets out the timetable for return of the employment monitoring report.</i>		
Date Due	Date Received	Comment



## SCHEDULE 10

### Change Control

#### Contract Change Note

**This document should be completed in relation to material changes relating to the Service Arrangement which occur after agreeing the Schedules for the year.**

**It should be signed by both parties and ideally by the representatives of the HSE and Provider who signed the original Service Arrangement.**

**The information contained in the Change Control document should be included in the main body of the Schedules at the next annual review where relevant.**

***The Protocol on Value for money and funding reductions should be referenced, if relevant.***

*All requests for a variation to the arrangement should be accompanied by a completed and signed copy of the Contract Change Note below:*

#### Contract Change Note

*Reference Number:* .....

WHEREAS the Service Provider and the Executive entered into an arrangement for the supply of Services dated [ ] (the "Original Arrangement") and now wish to amend the Original Arrangement.

IT IS AGREED as follows:

1. With effect from [ ] the Original Arrangement shall be amended as set out in this Contract Change Note:

*[\*Drafting Note: Full details of any amendments to the Original Arrangement should be inserted here.]*

Save as herein amended all other terms and conditions of the Original Arrangement shall remain in full force and effect.

Signed by

.....

for and on behalf of the **HEALTH SERVICE EXECUTIVE:**

Date

.....

Signed by

.....

for and on behalf of **[PROVIDER]:**

Date

.....

\* Elements to be covered should include.

- Location of service
- Description of service change
- Quantum of service change if applicable
- Start date of service change
- End date of service change if applicable
- Staffing implication of service change
- Funding change required current year
- Funding change required full year costs
- Client identifier and profile either individual or general cohort description, involved in service change.

**The National Business Support Unit will build up a portfolio of templates and these will be available for distribution.**

**IN WITNESS WHEREOF** this Arrangement is executed by the parties as follows:-

Signed by

.....

for and on behalf of the

**HEALTH SERVICE EXECUTIVE**

Date

.....

Signed by

.....

for and on behalf of **[PROVIDER]**:

Date

.....

## **Appendix 1**

### **Complaints covered under Sections 38 and 39 of the Health Act 2004.**

Providers who have entered into a Service Agreement under Section 38 or 39 of the Health Act 2004 are obliged to submit information to the Health Service Executive on complaints.

Section 55(2) of the 2004 Act states that :

*A service provider who has established a complaints procedure by agreement with the Executive shall in each year, at such time and in such manner as the Executive may determine, provide the Executive with a general report on the complaints received by the service provider during the previous year including-*

- (a) the total number of complaints received*
- (b) the nature of the complaints,*
- (c) the number of complaints resolved by informal means, and*
- (d) the outcome of any investigations into the complaints.*

In order to ensure compliance with Part 9 of the Health Act 2004 along with the Health Act 2004 (Complaints) Regulations 2006 (S.I. 652 of 2006) the following procedure shall be followed to allow for the smooth and efficient collection of data in relation to complaints:

- The Local Health Office will provide the Consumer Affairs Area Officers with an up-to-date list of Agencies providing services under Sections 38 and 39 of the Health Act 2004 at 6monthly intervals in May and November of each year.
- The Provider shall submit a copy of their complaints policy to their relevant Consumer Affairs Area Office, for approval, who will validate the policy and link in directly with the Provider if any changes/ amendments are required. The CA Area Office will advise the Provider and the Local Health Office when the policy has been approved.
- The Provider will submit returns on an agreed template to the relevant CA Area Office on a bi-annual basis for the periods of January-June and July-December. The deadline for the return of these templates shall be 20<sup>th</sup> July and 20<sup>th</sup> January respectively. Any queries arising from the templates will be followed up by the Consumer Affairs Area Officers.
- The Consumer Affairs Area Office 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.

- The Consumer Affairs Area Offices will provide guidance, support and training around complaints handling to Providers.

Copy of the template to be used is attached for information, along with an explanatory sheet for each heading.


(ii) Complaints received this month	(iii) Total Complaints on hand current month	(iv) Complaints Excluded under Section 9	(v) Anonymous Complaints	(vi) Complaints dealt with at Stage 1	(vii) Complaints Withdrawn	(viii) Complaints dealt with within 30 working days at Stage 2	(ix) Complaints dealt with within 60 working days at Stage 2	(xii) Complaints Pending at end of Month	(xiii) Informal Mediation Used	(xiv) Comments/ Suggestions	(xv) Positive Feedback
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- i) **Complaints received pending at end of last month:** This section refers to the number of complaints that are on hand at the beginning of the month before the receipt of any new complaints. It is a direct correlation to the number of complaints that are on hand at the end of the previous month. This field will automatically be populated by the system once the first month of the year has been entered, therefore it will not require further attention from the complaints officer from February onwards.
- ii) **Complaints received this month:** This is the total number of all complaints received by the complaints officer for the month in question.
- iii) **Total Complaints on hand current month:** This figure is a total of the previous two columns and will automatically be entered when columns (i) and (ii) are populated.
- iv) **Complaints Excluded under Part 9 of the Health Act 2004:** Complaints that fall outside of the scope of the complaints policy as detailed under Part 9, Section 48, e.g. a matter that is or has been the subject of legal proceedings before a court or tribunal.
- v) **Anonymous Complaints:** Complaints that have been received but for which the source of the complaint is unknown, or if the person making the complaint does not wish to have their details known. As these complaints cannot be formally investigated they are noted as being received and referred to the appropriate line manager for their information.
- vi) **Complaints dealt with at Stage 1:** Stage 1 of the complaints process deals with informal complaints (verbal) that are dealt with at the point of contact.
- vii) **Complaints Withdrawn:** This refers to a complaint that has been noted on the system, but which subsequently is withdrawn by the complainant – no further investigation is conducted.
- viii) **Complaints dealt with within 30 working days at Stage 2:** Stage 2 of a complaint refers to a formal written complaint. If the complaint has been finalised within the 30 working day guideline and no extension of time is required then it is noted in this section.
- ix) **Complaints dealt with within 60 working days at Stage 2:** If a formal written complaint has not been finalised within the 30 day timeframe it then falls into this category once it has been dealt with within 60 working days. Any complaints that have taken longer than 60 working days do not fall into this category.
- x) **Complaints pending at end of month:** This category will automatically be populated by taking the totals from sections (iv) to (ix) and subtracting them from section (iii). As a complaint officer, you do not have to complete this section.


- xi) **Informal mediation used:** Regardless of which stage the complaint has been dealt with, if mediation has been used it should be noted here. This will not have a bearing on the overall totals as they are included in sections (iv) to (ix).
- xii) **Comments/Suggestions:** Any comments or suggestions received by the complaints officer should be noted here.
- xiii) **Positive Feedback:** All positive feedback received back regarding a service should be included in here.

## Appendix 2 Contact Details – Consumer Affairs


### For Donegal, Sligo and Leitrim contact:

Mr. Ken Lillis	Consumer Affairs Area Officer	HSE, Navenny House, Navenny Street, Ballybofey, Co. Donegal.	Tel: 074 9189153/4 Fax: 074 9130380	
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### For Galway, Mayo and Roscommon contact:

Mr. Liam Quirke	Consumer Affairs Area Officer	HSE West, Merlin Park University Hospital, Galway	Tel: 091 775373 Fax: 091 775858	
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### For Clare, Limerick and North Tipperary contact:

Ms. Sinéad Kelleher	Consumer Affairs Area officer	HSE West, 31/33 Catherine Street, Limerick.	Tel: 1850 24 1850 Fax: 061 483350	
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In relation to appeals contact:

## WEST CONTACT DETAILS

### Area Manager:

Mr. Christopher Rudland,  
Area Manager,  
Consumer Affairs,  
HSE West,  
MerlinPark University Hospital,  
Galway.

Tel: 091 775751

Fax: 091 771318

## DUBLIN MID LEINSTER CONTACT DETAILS

<b>For Dun Laoghaire, Dublin South East, Dublin South City, Dublin West, &amp; Wicklow contact:</b>			
Mr John Cullen,	Consumer Affairs Area Officer,	HSE Dublin Mid-Leinster, Oak House, Limetree Avenue, Millennium Park, Naas, Co. Kildare	Tel: 045 880 494 
<b>For Kildare/West Wicklow, Dublin South West, Longford, Laois, Offaly, &amp; Westmeath contact :</b>			
Ms Wendy Buckley	Consumer Affairs Area Officer	Dublin Mid-Leinster, Block 4 Central Business Park, Clonminch, Tullamore, Co. Offaly.	

### Area Manager's Office Contact Details:

Ms Debbie Keyes,  
Area Manager,  
Consumer Affairs,  
Block 4, Central Business Park,  
Clonminch,  
Tullamore,  
Co. Offaly.

Tel : 057 93 57600


Fax: 057 93 57881

Email: [Email](#)




## SOUTH CONTACT DETAILS

### For Cork & Kerry contact:

Ms. Evelyn Murray,	Area Officer,	HSE South, Aras Slainte, Wilton Road, Cork.	Tel: 021 4923774 Fax: 021 4923627:	
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### For Carlow, Kilkenny, Waterford, Wexford and South Tipperary contact:

Ms Sinead Byrne,	Area Manager,	Consumer Affairs, HSE South Office Complex, Kilcreene Hospital, Kilkenny.	Tel: 056 7785598 Fax: 056 7785549	
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### Area Manager's Office Contact Details:

Ms Sinead Byrne,  
Area Manager,  
Consumer Affairs,  
Office Complex,  
Kilcreene Hospital,  
Kilkenny.

Tel : 056 7785598


Fax: 056 7785549

Email: [Email](#)


## DUBLIN NORTH EAST CONTACT DETAILS

### **For Cavan, Dublin (Dublin City north of the River Liffey, and Fingal County), Louth, Meath and Monaghan**

Louth,Cavan,Meath,Monagahan

Fred Hegarty,	Consumer Affairs Area Officer	HSE Dublin North East, St. Felim's Complex, Cavan.	Tel: 049/4360460 Fax: 049/4360494	
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Dublin South East, Dublin South Central, East Wicklow

AnnMarie Donohue,	Consumer Affairs Area Officer H.S.E. Dublin North East (Dublin North)	Unit 7 Swords Business Campus Balheary Road Swords Co. Dublin	Tel: 01 8908728 Fax: 01 8131882	
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#### **Area Manager:**

Ms. Rosalie Smith-Lynch,  
Area Manager,  
Consumer Affairs,  
HSE Dublin North East,  
Dublin Road,  
Kells,  
Co.Meath.

Tel: 046 9280551 / 049 4360462/435

Fax: 049 4360494

Email: [Email](#)