



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

<b>HSE Community Health Organisation Or National Office</b>	<b>3</b>

and

**M.S. Society  
Care Group : **DISABILITY****

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**SERVICE ARRANGEMENT**

**PART 2 OF ARRANGEMENT –SERVICE SCHEDULES - 2016**

Section 39 Health Act 2004

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These schedules should be indexed as appropriate in Part 1 of the Service Arrangement

The Schedules include detailed instruction which form part of the conditions of funding and should **not** be removed, some detailed instruction for schedule completion and examples have been provided which **may** be deleted.

**Only Items in Blue Text may be deleted.**

**For 2016 CHO Care Group Schedules may be combined by including relevant individual schedules and indexing them as A, B, C, etc. for single sign off by Chief Officer and the Authorised Signatory of the Agency**

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## SCHEDULE 1

### Contact Details

#### Purpose

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

<b>Part A – The HSE</b>	
<b>Community Health Organisation Number</b>	3
<b>Chief Officer/Equivalent Name</b>	Bernard Gloster
<b>Chief Officer/Equivalent Address:</b>	HSE Offices, 31/33 Catherine Street, Limerick
Telephone Number:	061-483277
Fax Number:	061-483211
E-mail:	Bernard.gloster@hse.ie
<b>Main contact person:</b> <i>(This is the nominated key contact person who will have operational responsibility for the contract)</i>	Carmel McLoughlin, Business Manager, Disability Services
<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>	Carmel McLoughlin
<b>Service Lead:</b>	Carmel McLoughlin, Business Manager, Disability Services
Department/Specific area of responsibility:	Disability Services
Address:	St. Joseph’s Hospital, Limerick
Telephone Number:	061-461136
E-mail:	<a href="mailto:Carmelh.mcloughlin@hse.ie">Carmelh.mcloughlin@hse.ie</a>
<b>H.R. Contact:</b>	Jackie Nix
Address:	Human Resource Department, St. Joseph’s Hospital, Limerick
Telephone Number:	061-461345
E-mail:	Jackie.nix@hse.ie
<b>Finance Contact:</b>	Angela Togher
Address:	St. Joseph’s Hospital, Limerick
Telephone Number:	061-461131
E-mail:	Angela.togher@hse.ie
<b>Emergency Contact:</b> <i>(Ref: Local emergency/crisis protocol)</i>	Carmel McLoughlin
Address:	As above
Telephone Number:	As above
E-mail:	As above

<b>Part B – The Provider</b>									
<b>Registered Name: (Legal Entity)</b>	MS Ireland								
<b>Trading Name:</b>									
<b>Address:</b>	Tara, St. Nessans Road, Ballykeefe, Limerick								
<b>Legal Status:</b> <i>For incorporated entities, please note changes to the categorisation of companies under the Company's Act 2014.</i>  <i>You will need to have registered your company as appropriate by the 31<sup>st</sup> August 2016 and are required to change your registered name to include the relevant designation.</i>  <i>All information regarding this process is available on the Company Registration Office Website link below.</i>  <a href="https://www.cro.ie/New-Act-2014/Need-to-Convert/">https://www.cro.ie/New-Act-2014/Need-to-Convert/</a>	Company Ltd by Guarantee								
<b>Registered Charity Status:</b>  Are you a registered Charity  If yes please provide the following information:-  <b>Inland Revenue CHY Number</b>  <b>Charities Regulator Number</b>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Yes</td> <td style="text-align: center; width: 50%;">No</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px;">CHY5365</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px;">20007867</td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHY5365		20007867	
Yes	No								
<input checked="" type="checkbox"/>	<input type="checkbox"/>								
CHY5365									
20007867									
<b>Registered Company Number:</b>	296573								
<b>Tax Clearance Number :</b>	08296573-28376W								
<b>Tax Registration Number:</b> <i>(The Provider is deemed to give permission to the HSE to verify the Tax Cleared position on-line)</i>	<b>8296573B</b>								
<b>Parent organisation Name and Address:</b> <i>(Where an organisation is a subsidiary of a national organisation)</i>	<b>MS Ireland 80 Northumberland Rd, Donnybrook Dublin 4</b>								
<b>Franchise organisation Name and Address:</b> <i>(Where the legal entity is operating as a franchise)</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 contact person with the Executive)</i>	<b>Olga Estridge</b>								
<b>Chief Officer/Director or appropriate senior official (please give title):</b>	<b>Ava Battles</b>								
<b>Chairperson:</b>	<b>Paddy Stronge</b>								

<b>Authorised signatory:</b> <i>(This should be the person authorised by the Board of the Provider to sign the Service Arrangements)</i> <i>Chairperson or Equivalent</i>	Ava Battles
Address:	<b>MS Ireland 80 Northumberland Rd Donnybrook Dublin 4</b>
Telephone Number:	<b>01-678 1600</b>
Email:	<b>avab@ms-society.ie</b>
<b>Service Lead/s</b>	<i>Expand where appropriate to each service type and/or geographic area.</i>
Specific area of responsibility:	<i>Olga Estridge</i>
Address:	<b>MS Ireland, 80 Northumberland Road, Dublin 4.</b>
Telephone Number:	<b>01 6781600</b>
E-mail:	
<b>Finance Contact:</b>	<b>Memory Chipere</b>
Address:	<b>MS Ireland, 80 Northumberland Rd, Donnybrook, Dublin 4</b>
Telephone Number:	<b>01-678 1600</b>
E-Mail:	<b>memoryc@ms-society.ie</b>
<b>H.R. Contact:</b>	
Address:	<b>MS Ireland, 80 Northumberland Rd, Donnybrook, Dublin 4</b>
Telephone Number:	<b>01-678 1600</b>
E-mail:	davida@ms-society.ie
<b>Emergency Contact:</b> <i>(Ref: Local emergency/crisis protocol)</i>	
Address:	<b>Tara, St Nessans Road, Ballykeefe Dooradoyle, Limerick</b>
Telephone Number:	<b>061-303802</b>
E-mail:	

## SCHEDULE 2

### Quality and Safety

#### **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 Web-Link Document referenced below is available on the following link:

[http://www.hse.ie/eng/services/publications/Non\\_Statutory\\_Sector/Web\\_Links\\_to\\_Generic\\_Schedule\\_Documentation\\_Jan\\_2016.doc](http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Generic_Schedule_Documentation_Jan_2016.doc)

#### **1. 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:**

*To enable and empower people affected by Multiple Sclerosis to live the life of their choice to their fullest potential*

#### **2. Corporate and Quality/Social Care Governance**

##### **Corporate, Clinical/Social Care Governance**

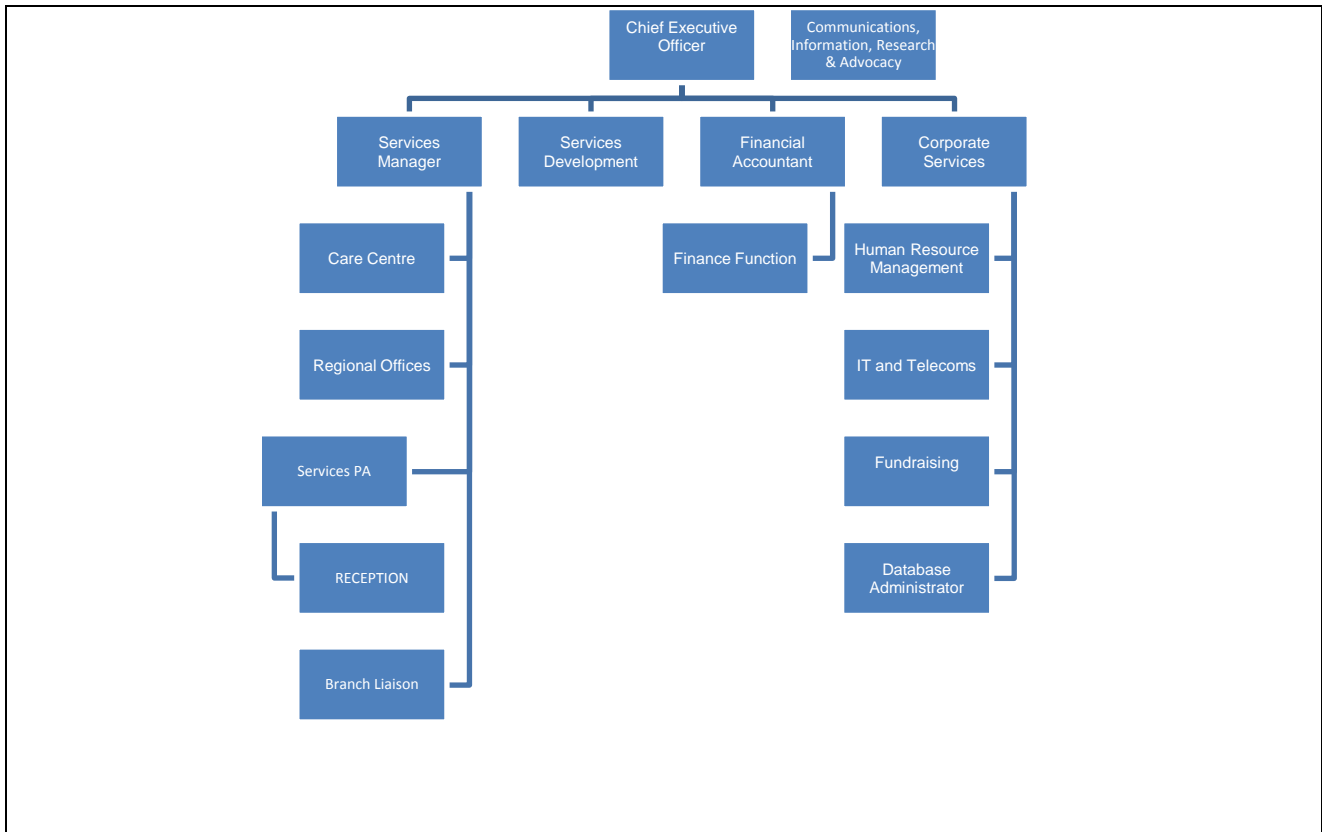
*This section should provide details of the Corporate, Clinical/Social Care Governance Structure in place.*

*Documents to be supplied and appended to these schedules (also listed in Schedule 5 information requirements)*

- (1) Organisation Chart Governance*
- (2) Memoranda & Articles of Association or equivalent*

The Quality and Patient Safety Division (now Quality Improvement Division) of the HSE has provided resources and guidance on Governance for Quality and Safety which is available on the HSE website and will provide support to organisations on Clinical Governance on request.

*A listing of the available guides is provided in the generic web-link document [http://www.hse.ie/eng/services/publications/Non\\_Statutory\\_Sector/Web\\_Links\\_to\\_Generic\\_Schedule\\_Documentation\\_Jan\\_2016.doc](http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Generic_Schedule_Documentation_Jan_2016.doc)*



**Quality and Safety Board Committee (As per clause 24.6 in Part 1 the Provider is required to establish a Quality and Safety Board Committee, the composition and roles of which is outlined below)**

- The Provider shall establish a Quality and Safety Board Committee, comprising of non-executive and executive members, which oversees quality and safety on behalf of the Board. The Quality and Safety Board Committee operates on behalf of, and reports directly to, the Board. The Quality and Safety Committee has the following functions:
  - oversee the development by the executive/senior management team of a quality and safety programme for the Services;
  - recommend to the Board a quality and safety programme and an executive/senior management team structure, policies and processes that clearly articulates responsibility, authority and accountability for quality, safety and risk management across the Services;
  - secure assurance from the executive/senior management team on the implementation of the quality and safety programme and the application of appropriate governance structure and processes (e.g. risk escalation) including monitored outcomes through quality indicators and outcome measures;
  - secure assurance from the executive/senior management team that the hospital/community service is conforming with all regulatory and legal requirements to assure quality, safety and risk management; and
  - act as advocates for quality and safety issues which cannot be resolved by the executive/senior management team, bringing them to the appropriate national regulatory forum.

There are 6 sub committees of the Board of MSI, one of which is Services Monitoring & Evaluation which has responsibility for Service and Outcomes.

[Clause 16.3 c of the Service Arrangement stipulates that each organisation:-](#)

*“establishing an appropriate structure of board committees to include the functions of an audit, remuneration, risk, quality and safety and, if appropriate, a nomination committee:”*

**Confirmation required that the functions outlined above for board monitoring of Quality and Service User Safety are covered by a Board Committee.**

There are 6 sub committees of the Board of MSI, one of which is Services Monitoring & Evaluation which has responsibility for Service and Quality Outcomes.

### 3. Regulation

**Service Providers must ensure they are aware of their statutory obligations with regard to legislation and regulation.**

#### **Regulatory Bodies**

*A full listing of the main regulatory bodies/units, is available on the web link below.*

**[http://www.hse.ie/eng/about/Who/qualityandpatientsafety/OPS\\_usefullinks/#table3](http://www.hse.ie/eng/about/Who/qualityandpatientsafety/OPS_usefullinks/#table3)**

#### **Regulation:**

*The following listing sets out those regulations which the Executive wish to highlight as particularly relevant for the services under this arrangement. The list below may not be exhaustive and may be added to as appropriate.*

#### **Generic may apply to all**

**Please ensure that the generic list of documents is examined thoroughly and relevant legislation, policy etc is complied with. Click on web link above to access.**

#### **Care Group Specific**

Web Link to Disability specific documentation listed below:

[http://www.hse.ie/eng/services/publications/Non\\_Statutory\\_Sector/Web\\_Links\\_to\\_Disability\\_Schedule\\_Documentation\\_Jan\\_2016.doc](http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Disability_Schedule_Documentation_Jan_2016.doc)

Disability Act 2005

Child Care Acts 1991 – 2013

National Standards for the Protection and Welfare of Children (HIQA) July 2012

Children First – National Guidelines for the Protection and Welfare of Children 2011

Interim Guide for the Development of Child Protection Policy, Procedure & Practice (Tusla March 2015)

HIQA Registration Process for Service Providers

The Protection of Persons Reporting Child Abuse Act, 1998

Commission to Inquire into Child Abuse (Amendment) Act 2005

Ombudsman for Children Act 2002

Children’s Act 2001

Mental Health Acts 2001 – 2008

Protection of Children (Hague Convention) Act 2000

Education for People with Special Educational



	Needs (EPSEN) Act 2004
	United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities 1993
	United Nations Convention on the Rights of the Child

#### 4. Quality and Standard Codes of Practice

<p><b>A: Quality and Standards in Place:</b>  <i>This section should specify the additional particular actions the Provider should be implementing to ensure quality and service standards. This list may not be exhaustive and may be added to if appropriate. Any of the internal policies and procedures may be requested by the Executive for review and approval, in addition the Executive may seek evidence of the Provider's compliance with same. The Provider shall comply with any such request.</i></p>	
<p><b>Generic May apply to all</b></p>	<p><b>Care Group Specific</b></p>
<p><b><u>Please ensure that the generic list of documents is examined thoroughly and relevant legislation, policy etc is complied with. Click on web link above to access.</u></b></p> <p>While it is your responsibility to ensure you are aware of all relevant legislation, regulation and standards applicable to your organisations services the three below have been highlighted as being of particular importance.</p>	<p>Web Link to Disability specific documentation listed below:</p> <p><a href="http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Disability_Schedule_Documentation_Jan_2016.doc">http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Disability_Schedule_Documentation_Jan_2016.doc</a></p> <p>National Standards for the Protection and Welfare of Children (HIQA) July 2012</p> <p>Children First – National Guidelines for the Protection and Welfare of Children 2011</p> <p>Interim Guide for the Development of Child Protection Policy, Procedure &amp; Practice (Tusla March 2015)</p>
<p><b>Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (HSE 2014).</b>- <i>Each organisation must cooperate with the HSE in the implementation of the national policy for Safeguarding Vulnerable Persons at Risk of Abuse [incorporating services for elder abuse and for persons with a disability] which includes the appointment of a Designated Officer/liaison Person. Organisations are also required to work in partnership with the HSE Safeguarding &amp; Protection Teams which are being established to ensure that the policy is implemented in a consistent manner across all sectors.</i></p>	<p>National Standards for Children's Residential Centres 2001</p> <p>National Standards for Special Care Units (DRAFT) HIQA 2014</p> <p>National Standards for Residential Services for Children and Adults with Disabilities Jan 2013 (HIQA)</p> <p>Protocol on the Role of the National Advocacy Service for People with Disabilities (HSE)</p> <p>Time to Move on from Congregated Settings – A Strategy for Community Inclusion (HSE – June 2011)</p> <p>National Housing Strategy for People with a Disability 2011 – 2016</p>
<p>Children First – National Guidelines for the Protection and Welfare of Children 2011</p>	<p>New Directions – Personal Support Services for Adults with Disabilities 2012</p>
<p>National Standards for the Protection and Welfare of Children (HIQA) July 2012</p>	<p>Report of the Working Group on Respite/Residential Care with Host Families in a Community Setting 2012</p>
	<p>National Policy and Strategy for the Provision of Neuro-Rehabilitation Services in Ireland 2011 - 2015</p>
	<p>National Review of Autism Services, Past,</p>

	Present and the Way Forward 2012
	Review of National Audiology Review Group (HSE – April 2011)
	HSE Policy on Domestic, Sexual and Gender Based Violence
	National Strategy on Domestic, Sexual and Gender-Based Violence 2010-2014
	Report of the Value for Money and Policy Review of the Disability Services Programme (VFM) July 2012
	National Standards for Safer Better Healthcare (HIQA) June 2012
	National Policy and Procedure for Safeguarding Vulnerable Persons at Risk of Abuse December 2014
	Policy on Protecting HSE Staff from Second Hand Smoke in Domestic Settings (Nov 2014)
<p><b>B: Codes of Practice:</b>  <i>This section should set out additional relevant codes of practice to be adhered to in relation to the services specified in <b>Schedule 3 Service Delivery Specification</b>. 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. Any of the internal policies and procedures may be requested by the Executive for review and approval, in addition the Executive may seek evidence of the Provider's compliance with same. The Provider shall comply with any such request.</i></p>	
<b>Code of Practice –Generic may apply to all</b>	<b>Code of Practice –Care Group Specific</b>
<p><b><u>Please ensure that the generic list of documents is examined thoroughly and relevant legislation, policy etc is complied with. Click on web link above to access.</u></b></p>	Web Link to Disability specific documentation listed below:
	<a href="http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Disability_Schedule_Documentation_Jan_2016.doc">http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Disability_Schedule_Documentation_Jan_2016.doc</a>
	Guidelines on Person Centred Planning in the provision of Services for People with Disabilities in Ireland (NDA)
	Code of Ethics & Good Practice for Children's Sport 2006 (Irish Sports Council)
	Our Duty to Care - The Principles of Good Practice for the Protection of Children & Young People 2002 (DOH&C)

## 5. Quality Assurance and Monitoring of Quality and Standards

<p><b>Quality Assurance:</b>  <i>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. HIQA programmes. Any of the internal policies and procedures may be requested by the Executive for review and approval, in addition the Executive may seek evidence of the Provider's compliance with same. The Provider shall comply with any such request.</i></p>	
<b>Generic may apply to all</b>	<b>Care Group Specific</b>
<b><u>Please ensure that the generic list of documents is examined thoroughly and</u></b>	Web Link to Disability specific documentation listed below:

<p><b>relevant legislation, policy etc is complied with.</b>  <b><u>Click on web link above to access.</u></b></p>	<p><a href="http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Disability_Schedule_Documentation_Jan_2016.doc">http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Disability_Schedule_Documentation_Jan_2016.doc</a></p> <p>National Standards for Residential Services for Children and Adults with Disabilities Jan 2013 (HIQA)</p> <p>Audit of staffing rosters and demonstration of critical review and adjustment to rationalise staff deployment patterns in line with client need, with monitoring and quantification of efficiencies achieved (VFM Review recommendation)</p> <p>Children First in Disability Services – A Guide to Policy Formation and Implementation</p> <p>National Standards for the Protection and Welfare of Children (HIQA) July 2012</p> <p>National Standards for Safer Better Healthcare (HIQA) June 2012</p> <p><b><u>Serious Reportable Incidents</u></b>  The Senior Accountable Officer is required to immediately notify any ‘Serious Reportable Event’ to the Divisional Office for Quality and Patient Safety in the relevant Division (i.e. Social Care; Primary Care; Mental Health etc) and to ensure that the incident has been entered on the National Incident Management System (NIMS) and on the Incident Information Management System (IIMS). The relevant Divisional Office for Quality and Patient Safety must notify the National Incident Management and Learning Team (NIMLT) of the HSE via the Incident Information Management System (IIMS). A list of Serious Reportable Events is available on the NIMLT page of the Quality Assurance and Verification Division (QAVD) website:  <a href="http://hsenet.hse.ie/qav/nimlt">http://hsenet.hse.ie/qav/nimlt</a></p> <p>The Senior Accountable Officer is also required to ensure that all incidents relating to patient care and safety; staff safety; accidents, loss or damage to property; incidents involving vehicles are appropriately recorded on the State Claims Agency NIMS system.</p>
<p><b>Monitoring of Quality and Standards</b>  <i>This section should outline the plan/actions the agency has in place to monitor quality and standards. This should include actions such as:</i></p> <ul style="list-style-type: none"> <li>• <i>The development of a Quality Profile, which is a comprehensive, timely and reliable report that describes the quality and safety of the healthcare provided by the service provider.</i></li> </ul> <p>The Quality Improvement Division has developed a draft quality profile framework, which is available on the HSE website and is working with divisions and early adopter sites in 2016 to support development and implementation of quality profiles at local level.</p> <p><i>A listing of the available guides is provided in the web-link document under the heading Quality Assurances (Appendix 2 of these schedules).</i></p> <p>Examples</p> <ul style="list-style-type: none"> <li>• <i>Audit tools appropriate to service</i></li> </ul>	

- *Service user inputs*
- *Service user experience surveys*
- *Service user evaluations*
- *Carer evaluations*
- *Service evaluations*
- *Staff engagement*
- *Staff experience surveys*

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

***Where an external Accreditation system is in use this should be included, however where possible this should be agreed in advance with the Executive, through the national consultative forum.***

## 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 may be augmented by the addition of relevant reports and completion of excel templates to allow for effective information management. The schedule is divided into four parts:

Section 1 Service Overview - this should include a general overview of the services provided and may be augmented by the addition of relevant reports.

Section 2 This section should include service location, description, scope and quantum of services, service user numbers and catchment areas. This section may be more suitably managed by the use of excel, and may be subject to a national standard template, dependant on care group and services provided. *(This will be made known to you by your relevant HSE Contact)*

*Where service quantum is variable, and the funding provided is dependent on the services provided, a description of the authorisation process and tariff per unit of service should be included in this section and referenced in Schedule 6 Funding.*

Section 3 Information is also required on the following aspects of the service

- a) Service Outcomes
- b) Staff Qualifications
- c) Access, Referrals, Admission and Discharge procedures
- d) Performance indicators
- e) Third Party contracting

Section 4 Additional Services - This section sets out the process to be undertaken to increase the quantum and scope of services already agreed in this Arrangement.

#### **Section 1:**

##### **Service Overview:**

Please provide a brief overview of the service provision - relevant Care Group e.g. intellectual disability, physical & sensory disability, children services, social inclusion, mental health, older persons etc. You may reference additional documentation if this would provide further context. *The statement of purpose as required by HIQA shall be consistent with the services described and funded under this arrangement.*

***In the case of services where both ID and P&S services are provided please indicate this by including both in the description***

**PHYSICAL & SENSORY DISABILITY**

**If applicable, list additional documents appended:**

**Section 2:**

There is a National Standard Template (Excel) in use for all disability services to ensure consistency of information management. This will be made available to you by your HSE contact, or is available on the internet site.

[http://www.hse.ie/eng/services/Publications/Non\\_Statutory\\_Sector/Standard\\_Templates\\_For\\_ms.html](http://www.hse.ie/eng/services/Publications/Non_Statutory_Sector/Standard_Templates_For_ms.html)

This template provides the required information for section 2 of this schedule and should be appended when this schedule is signed by both parties. *An electronic copy of the template must also be made available to the Executive.*

Following a pilot with a number of disability Service Providers and agreement through the Disability Umbrella body forum, the 2014 Template has been reworked to provide a more integrated approach, with links to the Key Performance Indicator data, all required excel templates are also included as a composite workbook with the Staffing templates requirements of Schedule 9 also incorporated.

Full instruction is provided with the template.

Additional requirements for Section 2:

- *The provider will keep accurate data on each client and will register each client who consents to be registered on the National Intellectual Disability Database or the Physical and Sensory Disability Database and where appropriate will support the completion of the Guidance Service/RT Database, in line with the nationally agreed policies and procedures and will provide data to the HSE on all clients in receipt of services for the purposes of monitoring and tracking.*
- *Information needs to be reconciled to the relevant disability databases and the number of people not registered on the databases should be stated.*

*Where service activity and payment are not determined but are managed by an agreed approval process this should be detailed. Where this is ongoing and activity and funding can be reasonably estimated this information should also be included clearly indicating that it is a provisional estimated figure. Information should be noted in the comment section of the excel template, where relevant.*

*(Schedule 10 Change control will not be required for any activity and payments included).*

**Catchment Area(s) may be incorporated into template above. Otherwise, please provide requested information**

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.)

	<b>Total</b>
CO CLARE	<b>160</b>
CO LIMERICK	<b>211</b>
EAST LIMERICK	<b>33</b>
TIPPERARY NORTH	<b>87</b>
<b>Total Known to Midwest office</b>	<b>491</b>

### **Section 3:**

#### **a) Service Outcomes**

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 of an increasing emphasis on outcomes. Do you have a Framework in Place to Measure Quantitative and Qualitative Outcomes? If so please give details.

It should be noted that:

- Cognisance needs to be taken not to marginalise the most disadvantaged or complex 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 Quality and Safety**

*Examples could include.*

- Number of clients taking up supported employment.
- Level of Outcomes achieved as anticipated in I.C.P.'s.
- 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.*

**MIDWEST REGION:**

- **Case Work** The person with MS and their family is supported throughout the challenges that MS may present to the individual and family members
- **Respite:** Both the person with MS and their carers will benefit from a break reducing stress and fatigue on both parties and again improving on the quality of life of the individual. The MS Care Centre also allows for the possibility of a head-to-toe assessment with the MDT and MS Nurse Specialist allowing for greater self management of symptoms. It also provides a management pathway that is shared with the key health care providers with the consent of the person with MS.
- **MS related education programmes:** Information days covering Relapse Management, Diet & Nutrition and a Self-Management programme are planned – these will address many issues faced by people with MS in their daily lives with this disabling condition. Learning about their condition and being able to learn coping mechanisms will lessen the impact of the condition, lead to greater self management and improve quality of life and reduce acute admissions.
- **Family and Carer Support Programmes:** Programmes delivered to children

and carers will allow access to trained counsellors and allied health professionals in order to meet the challenges faced by family members and to teach coping mechanism for the stresses of living with someone with MS

## **b) 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 promotions.

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.

**Current approved Staff names and qualifications :**

### **Recruitment Policy MS Ireland**

The Multiple Sclerosis Society of Ireland aims to provide efficient quality services to all its members and service users and believes that the success or otherwise of this aim depends on staff and employees who work for it.

Accordingly, The Multiple Sclerosis Society of Ireland is committed to recruiting the right people into the right job at the right time and in the right numbers in a fair, consistent and cost effective manner. It undertakes to ensure all appointments and promotions comply with the relevant practices and principles as set out in the codes of practice issued by the CPSA and the HSE. Appointment and promotions are made on the basis of clear and justifiable job related criteria and, in accordance with its equal opportunity policy, recruit the best person for the job irrespective of colour, race, ethnic or national origin, sex or marital status or disability.

The Multiple Sclerosis Society of Ireland's consideration shall be given to filling vacancies from within existing workforce, providing they meet all qualification criteria (HSE where relevant) set in the job specification and/or as part of their personal career development



program.

If the job criterion entails specialist skills, which are not wholly or partly available in the existing personnel, The Multiple Sclerosis Society of Ireland reserves the right to advertise for the new vacancy externally without advertising internally.

### **Roles, Responsibility and Authorities**

#### **Roles**

- All staff shall have a job description which details their roles. These shall be created by HR and the relevant Line Manager.
- The job description shall be provided to staff at the commencement of their employment with MS Ireland.
- All staff shall have appropriate qualifications, education, training and experience to fulfil their roles at MS Ireland. On-going continuous professional development shall be provided to assist staff in fulfilling their roles.

#### **Responsibilities**

- All staff has a responsibility to fulfil their roles, as identified in their job descriptions, to the best of their ability.
- Staff has a responsibility to notify their Line Manager without delay of any difficulty encountered in fulfilling the requirements of their work.
- All staff has a responsibility to behave with respect and dignity towards our clients, fellow colleagues and other stakeholders.

#### **Authorities & Reporting Relationships**

- All staff shall have sufficient authority, within their scope of practice, to enable them to deliver effective and efficient services.
- Staff required by legislation to hold and maintain a valid registration is required to submit their registration details, PIN no. etc. annually. Up to date registrations and PIN nos. are monitored by line managers and are required to be presented at annual performance reviews.
- MS Ireland has a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for areas of activity including support services, such as maintenance.

### **c) 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 the principles outlined below:-**

**In the performance of their duties the Provider must and shall procure that its Provider Personnel:**

1. Maintain the high standards of service delivery by:
  - a. discharging responsibilities conscientiously, honestly and impartially;
  - b. always acting within the law; and
  - c. performing duties with efficiency, diligence and courtesy.

2. Observe appropriate behaviour at work by:
  - a. dealing with the public sympathetically, fairly and promptly; and
  - b. treating colleagues with respect.
3. Maintain the highest standards of probity by:
  - a. conducting themselves with honesty, impartiality and integrity;
  - b. never seeking to use improper influence, in particular, never seeking to use political influence to affect decisions;
  - c. implementing and abiding by guidelines in respect of offers of gifts or hospitality; and
  - d. avoiding conflicts of interest.
4. Act in good faith toward and in the best interests of the Executive by:
  - a. supporting the Executive and its personnel in the performance of its functions;
  - b. promoting the goals and objectives of the Executive and not undermining any of them through action or omission;
  - c. ensuring any actions taken maintain public confidence in the Executive.
5. Act impartially in the performance of their duties.
6. Carry out duties in a party political neutral manner. Public political activities should not, under any circumstances, be undertaken while undertaking services for the Executive.
7. Ensuring that views or actions taken related to public political activities are not presented or interpreted as official comment on behalf of the Executive.
8. Respecting the constraints of the law.
9. Must not improperly disclosing information gained in the course of their work.
10. Respecting the privacy of medical or personal information of patients/service users, Provider Personnel or other health service business.
11. Maintain the highest standards of service in all dealings with the public.
12. Have due regard for State resources to ensure proper, effective and efficient use of public money.
13. Show respect for colleagues, patients and service users including beliefs and values.
14. Not use their position to benefit themselves or others with whom they have personal or business ties.
15. Not engage in outside business or activities which would in any way conflict with the interests of their function.
16. Not receive or accept benefits of any kind from a third party which might reasonably be seen to compromise personal judgement or integrity. All gifts and benefits received must be disclosed to a more senior manager or designated person.
17. Not accepting hospitality of any kind from a third party which might reasonably be seen to compromise personal judgement or integrity. Every care must be taken to ensure that any acceptance of hospitality does not influence, or be seen to influence, the making of decisions; and
18. Ensure clear and appropriate standards are in place and notified to all Provider Personnel in relation to all of the above.
19. Employees who are convicted of criminal offences, or given the benefit of the Probation Act when tried for a criminal offence, must report that fact to their employer. The employee must make such a report to his/her supervisor (who, in turn, will advise the Director of Human Resources) or directly to the Director of Human Resources.

#### **d) Access, Referrals, Admissions & Discharge Procedures**

This section should set out (attach if more appropriate) the agreed policies and protocols in operation for access criteria, referral 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.) understands the criteria governing access to, use of and discharge from the service. *Any of the internal policies and procedures may be requested by the HSE for review and approval and the Provider shall comply with any such request.*

**For Providers with direct service provision such as day, residential or respite services the Admission Discharge/Transfer policies are required to be submitted to the Executive.**

**Admission criteria and procedure should include an assessment and prioritisation process agreed by the HSE:-**

*It is accepted by the Service Provider that should vacancies arise in congregated settings during the year for reasons of client deaths or transfers, the funding linked to the vacancies will be utilised to address emergency residential needs presenting.*

Generic may apply to all services	Care group Specific
<b><u>Please ensure that the generic list of documents is examined thoroughly and relevant legislation, policy etc is complied with. Click on web link above to access.</u></b>	Web Link to Disability specific documentation listed below:  <a href="http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Disability_Schedule_Documentation_Jan_2016.doc">http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Disability_Schedule_Documentation_Jan_2016.doc</a>
	For Service Providers with direct Service Provision such as Day or Residential Services the Admission/Discharge/Transfer Policies are required to be submitted to and agreed by the Executive.

**e) Performance Indicators**

Not part of the National Performance Indicators

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 and indicators, where appropriate.

Relevant Service Plan Targets/Metrics will need to be included here. They are available on the intranet site (web-link below).

[http://www.hse.ie/eng/services/publications/Non\\_Statutory\\_Sector/National\\_Service\\_Plan\\_2016\\_Balance\\_Score\\_Card\\_PI\\_Suites.html](http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/National_Service_Plan_2016_Balance_Score_Card_PI_Suites.html)

All relevant National Performance Indicators should be included along with any locally agreed performance indicators and cost containment measures and value for money initiatives.

Any additional performance metrics as collected by Corporate Planning and Corporate Performance Business Information Unit may also be relevant to this funding arrangement and should be included

Services should measure their performance over time to identify improvement or dis-improvement against their own activity and national performance (where available).

--

**f) Third Party Contracting**

This section should provide full particulars of any third parties who are engaged by the Provider to provide any part of the service (Please note that all new third party arrangements require prior approval by the HSE in accordance with relevant Clause of the Part 1 Service Arrangement)

*This is for services as specified under this arrangement. It does not include non service user contracting arrangements such as cleaning or catering etc.*

**Details to include:**

Name and address of third party organisation.

Details of the services delivered, to include service location and quantum

Details of the agreements in place (copies to be provided if requested by the HSE)

## **Section 4:**

### **Additional Services**

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 utilising the Change Control process in Schedule 10 Change Control.

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.

The contract Change Note under Schedule 10 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.

Templates may be advised by your HSE contact

## 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.

<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	Bi-annual	Quarterly	Monthly
	Financial Report/Management Accounts – Activity *	x			
	Financial Report – Governance	x			
	Activity Data – summary of services *		x		
	Activity Data – Admissions/Discharges/Relocations				
	Staffing reports				
	Review of Service Plan Priorities	x			
	Health Statistics (as relevant) to HSE				
	Quarterly Monitoring Returns on the Value for Money review initiatives including the review & adjustment to rationalise staff deployment patterns in line with client need etc.				
	Quarterly Monitoring Returns of the service specification template with updated position at each quarter end.			x	
	Bi-Annual Complaints reporting (As per Schedule 8)		x		
	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 immediately. (As per schedule 8)	x			
	Information returns as required for the monitoring of the effects of all public sector agreements				
	Information requirements as collected through the National Disability Databases. <ul style="list-style-type: none"> <li>• National Physical and Sensory Disability Database (NPSDD)</li> <li>• National Intellectual Disability Database (NIDD)</li> <li>• HSE Occupational Guidance Disability Database <ul style="list-style-type: none"> <li>○ Rehabilitative Training Database (RTD)</li> <li>○ Work Activity/Work Like Database</li> </ul> </li> </ul>	x			
	Disability Act Compliance data collection process				
	<b>** Key Performance Indicators:</b> <ul style="list-style-type: none"> <li>• <b>Information and a template will be provided.</b></li> <li>• Please see National Service Plan metrics for your Care Group in <b>Appendix 1</b> attached and include relevant Performance Indicator reporting requirements here.</li> <li>• Additional performance metrics as collected by Corporate Planning and Corporate Performance</li> </ul>				

	Business Information Unit may also be relevant to this funding arrangement and should be included.				
	<p>The Senior Accountable Officer is required to immediately notify any ‘Serious Reportable Event’ to the Divisional Office for Quality and Patient Safety in the relevant Division (i.e. Social Care; Primary Care; Mental Health etc) and to ensure that the incident has been entered on the National Incident Management System (NIMS) and on the Incident Information Management System (IIMS). The relevant Divisional Office for Quality and Patient Safety must notify the National Incident Management and Learning Team (NIMLT) of the HSE via the Incident Information Management System (IIMS). A list of Serious Reportable Events is available on the NIMLT page of the Quality Assurance and Verification Division (QAVD) website: <a href="http://hsenet.hse.ie/qav/nimlt">http://hsenet.hse.ie/qav/nimlt</a></p> <p>The Senior Accountable Officer is also required to ensure that all incidents relating to patient care and safety; staff safety; accidents, loss or damage to property; incidents involving vehicles are appropriately recorded on the State Claims Agency NIMS system.</p>	As relevant			
	<p>Compliance with Children First National Guidance for Protection and Welfare of Children 2011</p> <p><b>1) Implementation and Compliance Checklist for HSE funded Agencies</b></p> <p><a href="http://www.hse.ie/eng/services/list/2/PrimaryCare/childrenfirst/informationresponsibilities/InformationforHSEFundedAgenciesontheImplementationofandCompliancewithChildrenFirstNationalGuidance2011andtheChildrenFirstAct2015.html">http://www.hse.ie/eng/services/list/2/PrimaryCare/childrenfirst/informationresponsibilities/InformationforHSEFundedAgenciesontheImplementationofandCompliancewithChildrenFirstNationalGuidance2011andtheChildrenFirstAct2015.html</a></p>				
	Other – List				

*\* 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.*

*\*\*Further information (definitions, calculations, etc) on the KPIs (Key Performance Indicators) is available in the "KPI Metadata"*

<http://www.hse.ie/eng/services/publications/corporate/performance-reports/>

<b>Review Meetings</b>
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*This section should set out the schedule of review meetings appropriate to the level of funding provided. (Please note that separate guidance is available in this regard)*

<b>Month</b>	<b>Description</b>	<b>Location</b>	<b>Attendees</b>
Bi-annual	Review of Services	MS Offices	Services Manager HSE, other HSE staff as required Regional Community Worker MS, other staff as required



## SCHEDULE 5

### Information Requirements

#### Purpose

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

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.

**The attached Template should outline the specific return requirements and the dates submitted/required.**

<b>Annual Report</b>	<b>Details of the format required</b>
	<p><i>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:</i></p> <ul style="list-style-type: none"><li>• <i>A general statement on the services provided;</i></li><li>• <i>Governance arrangements;</i></li><li>• <i>Report on the implementation of the Business Plan or equivalent;</i></li><li>• <i>Report required by Part 9 Section 55 (Complaints) of the Health Act 2004;</i></li><li>• <i>The Annual Audited Accounts.</i></li></ul>

<b>Audited Accounts</b>	<b>Details of the format required</b>
	<p><i>The Provider shall submit a copy of its final signed audited accounts and the auditor's certificate and report on the accounts to the Executive, including the management letter, 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.</i></p> <p><i>The Provider shall publish the annual audited accounts for each financial year on the website of the Provider (or in such other manner as agreed with the Executive).</i></p> <ul style="list-style-type: none"><li>▪ 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"):</li></ul>

a) Name of Grantor

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**

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

**(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.

- The Provider shall ensure that the published annual audited accounts separately identify the following items:
  - fundraising, and the proceeds thereof, received by the Provider; and
  - monies generated from commercial or other activities of the Provider, and specifying such activities.

**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.*

- Provide Title of each in Template attached to this Schedule

**Other Information**

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

- Provide Title of each in Template attached to this Schedule

The Senior Accountable Officer is required to immediately notify any ‘Serious Reportable Event’ to the Divisional Office for Quality and Patient Safety in the relevant Division (i.e. Social Care; Primary Care; Mental Health etc) and to ensure that the incident has been entered on the National Incident Management System (NIMS) and on the Incident Information Management System (IIMS). The relevant Divisional Office for Quality and Patient Safety must notify the National Incident Management and Learning Team (NIMLT) of the HSE via the Incident

Information Management System (IIMS). A list of Serious Reportable Events is available on the NIMLT page of the Quality Assurance and Verification Division (QAVD) website:  
<http://hsenet.hse.ie/qav/nimlt>

The Senior Accountable Officer is also required to ensure that all incidents relating to patient care and safety; staff safety; accidents, loss or damage to property; incidents involving vehicles are appropriately recorded on the State Claims Agency NIMS system.

Compliance with Children First National Guidance for Protection and Welfare of Children 2011  
1) Implementation and Compliance Checklist for HSE funded Agencies

<http://www.hse.ie/eng/services/list/2/PrimaryCare/childrenfirst/informationresponsibilities/InformationforHSEFundedAgenciesontheImplementationofandCompliancewithChildrenFirstNationalGuidance2011andtheChildrenFirstAct2015.html>

### **Annual Compliance Statement**

*Where required by the Executive, a Major Provider shall furnish a statement confirming compliance with governance requirements to the Executive in such form, manner and intervals as directed by the Executive.*

*“Major Provider” means a Provider who is in receipt of Funding of €10 million or greater per annum or receives 50% or more of its gross receipts from the Executive (or similar State or Government body).*

**Governance Information Requirements  
Provision of Information Template**

<b>Documentation Required</b>	<i>Tick box if document provided, or give date to be provided.</i>			<b>Commentary: (If documentation not provided, reasons for non provision)</b>
	<i>Date received</i>	√	Date to be received (where delay is agreed)	
<b>Annual Submissions Necessary</b>				
* <b>Annual Report</b> (Previous year) (Mandatory annual Requirement)				Required when issued
* <b>Audited Accounts</b> (previous year) (Mandatory annual Requirement)				Required when issued
* <b>External Auditors Management Letter of Previous Year</b> (Mandatory annual Requirement)				Required when issued
* <b>Provider Response to External Auditors Management Letter</b>				
* Where previous years reports/accounts not yet available, the latest available should be provided with a date agreed for receipt of the previous years.				
<b>Tax Clearance Certificate</b> (Mandatory annual Requirement where no charity No. exists may also be required in addition to charity number ) <a href="#">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.</a>				Required when issued
<b>Business Plan or equivalent document as agreed by HSE</b> (Mandatory Requirement)				
<b>Insurance Policy documentation</b> (Mandatory annual Requirement) <i>See Schedule 7 for minimum requirements</i>	√	√		New doc required from 1/06/2015
<b>Senior Staffing (Schedule 9)*</b>	<b>Or Electronic Version of Composite Templates.</b>	n/a in midwest		
<b>Staff complement (Schedule 9)*</b>		√		
<b>Service Specification (Schedule 3)*</b>				
*(Mandatory annual Requirement)				
<b>List additional as required</b>				

<b>Annual Declarations</b> <u>Mandatory</u>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b> If no provide details / reasons / steps taken
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				etc. In separate submission
<b>HIQA Registration Confirmation of Certification for all relevant areas.</b> I confirm that all relevant Services have a valid HIQA Registration.				
<b>National Policy in place for Safeguarding Vulnerable Persons at Risk of Abuse</b>				
(i) Policy in Place				
(ii) Designated Officer in Place				
List additional as required				

<b><u>Documentation Required</u></b>	<i>Tick box if document provided, or give date to be provided.</i>		Date to be received (where delay is agreed)	<b>Commentary: (If documentation not provided, reasons for non provision)</b>
		√		
	<b><i>Date received</i></b>			
<b><u>Submissions as required (may not be annual)</u></b>				
<b>Memorandum and Articles of Association or other constitutional document</b> (Mandatory Requirement, Schedule 2 section 2)	√	√		
<b>Complaints Procedures (as per Schedule 8)</b> (Mandatory Requirement, managed through Consumer Affairs)	13/03/2015	√		
<b>Structure</b> Provide an organisational organagram outlining <ul style="list-style-type: none"> <li>➢ Agency structure,</li> <li>➢ Reporting relationships</li> </ul> Mandatory Requirement Schedule 2 section2)	√	√		
<b>Admissions &amp; Discharge Policy</b> (Schedule 3 Section 3(c) mandatory for each direct service provision provided)	n/a in Midwest Area			
<b>Code of Governance</b>	√	√		Web link: <a href="http://www.ms-society.ie/pages/what-we-do/principles-of-governance">http://www.ms-society.ie/pages/what-we-do/principles-of-governance</a>
<b>Risk Management Policy</b>	Risk Register only in place			
<b>Policy for obtaining feedback from service users and staff</b>				
<b>Quality and Safety indicators</b>				
<b>Safety Statement</b>	10/03/2015	√		
<b>Audits, Evaluations List below</b>				
<b>Policy/Procedure on Patient Private Property as per Schedule 6.</b>				
<b>Compliance with Children First National Guidance for Protection and Welfare of Children 2011</b> <b>1) Implementation and Compliance Checklist for HSE</b>				

<p><b>funded Agencies</b>  <a href="http://www.hse.ie/eng/services/list/2/PrimaryCare/childrenfirst/informationresponsibilities/InformationforHSEFundedAgenciesontheImplementationofandCompliancewithChildrenFirstNationalGuidance2011andtheChildrenFirstAct2015.html">http://www.hse.ie/eng/services/list/2/PrimaryCare/childrenfirst/informationresponsibilities/InformationforHSEFundedAgenciesontheImplementationofandCompliancewithChildrenFirstNationalGuidance2011andtheChildrenFirstAct2015.html</a></p>				
<p>The Senior Accountable Officer is required to immediately notify any '<b>Serious Reportable Event</b>' to the Divisional Office for Quality and Patient Safety in the relevant Division (i.e. Social Care; Primary Care; Mental Health etc) and to ensure that the incident has been entered on the National Incident Management System (NIMS) and on the Incident Information Management System (IIMS). The relevant Divisional Office for Quality and Patient Safety must notify the National Incident Management and Learning Team (NIMLT) of the HSE via the Incident Information Management System (IIMS). A list of Serious Reportable Events is available on the NIMLT page of the Quality Assurance and Verification Division (QAVD) website: <a href="http://hsenet.hse.ie/qav/nimlt">http://hsenet.hse.ie/qav/nimlt</a></p> <p>The Senior Accountable Officer is also required to ensure that all incidents relating to patient care and safety; staff safety; accidents, loss or damage to property; incidents involving vehicles are appropriately recorded on the State Claims Agency NIMS system.</p>	When relevant			
<p><b>List additional as required</b></p>				

## 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

Subject to Clause 4 of Part 1 of this Arrangement, the Funding 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 (including in respect of the first Financial Year of this Arrangement, services provided from 1 January 2015 until the Commencement Date specified in Part 1 of this Arrangement in accordance with terms and conditions in effect prior to the Commencement Date) in the financial year commencing on 1<sup>st</sup> January 2016 and ending on 31<sup>st</sup> December 2016 (the “**Financial Year**”) shall not exceed EUR €61,673. 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	Area	Amount €	Payment Method
Core Funding – Lead Community Health Area / LHO	Limerick	61,673	EFT
Funding other Community Health Areas / LHO’s	Dublin South Central	32,633	EFT
Funding other National HSE Offices			
Other amounts ( <i>Best estimate if possible where actual not known</i> )			
<b>Total Funding for the year</b>		€94,306	

The total to be paid should be detailed linking back to **Schedule 3 Service Delivery Specification**.

Where this is a continuation of a prior year arrangement, changes to the allocation from the previous year should be detailed.

\*Fixed Cash profile is outlined below:

**Schedule of Payments to Provider Account Number:   600775**

<b>Date</b>	<b>Details</b>	<b>Amount</b>	<b>Method</b>
January to December	Core Allocation – paid quarterly	€61,673	EFT

\* will be issued in accordance with the rules applicable to the Health Service Executive’s allocation as 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.*

**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.*

**Department of Public expenditure and reform Letter of Sanction 2015/2016 for DOH/HSE VOTE-Requirements for funded agencies.**

*The HSE will make known to you directly any requirements in this regard, either below or during the course of the year.*



### **Procurement – Requirements for Funded Agencies.**

- Pursuant to the Government decision of April 2013, 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 Office of Government Procurement.
- All expenditure over €25,000.00 must be advertised on the eTenders website. (Circular 20.04)
- Details of the requirements are included in the appendix of web linked documentation under Procurement and also via the HSE Website - local HSE HBS Procurement Personnel are available for advice as required.
- Having analysed their purchasing requirement each Service Provider must put in place a three-year Procurement Plan, which must be reviewed annually. In light of the requirement to obtain value for money, and making best use of staffing resources, there is a requirement to co-ordinate and aggregate these Procurement Plans, as appropriate.
- Note: A training video on Procurement compliance is available on the HSE Website ([www.hse.ie](http://www.hse.ie))

## SCHEDULE 7

### Insurance

#### Purpose

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 relevant clause of Part 1 of the Service Arrangement.

1. Public Liability insurance with a limit of indemnity of €6,500,000 (€6.5 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) where Agency turnover is under €40 Million
  - €6,500,000 (€6.5million) where Agency turnover is €40 Million or overany 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 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.

Medium risk: €4million up to €6.4million any one occurrence.

High risk: €6.4million up to €10million any one occurrence. (*Significant risk may require higher indemnity*).

(This would not apply to those bodies who have the protection of the State Claims Agency Clinical Indemnity Scheme).
5. 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.

## SCHEDULE 8

### Complaints

The National Advocacy Unit 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](http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Complaints_Documentation.html)

#### Purpose

This schedule specifies the requirement for the 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** The Provider shall submit a copy of their complaints policy to their relevant Consumer Affairs (CA) Area Office, who link in directly with the Provider if any changes/ amendments are required for approval and will validate the policy. The CA Area Office contact will advise the Provider and the Community Health Area when the policy has been approved.

In the case of a national service provider, a copy of the complaints policy must be submitted to the National Advocacy Unit

A list of area officers and their contact details are provided as an attachment to this Schedule

Date to be Submitted by Provider	Date to be Reviewed by Executive	Amendments (Yes/No)	Comments
Submitted in 2009 on a national basis for all LHO areas	<i>The report should be submitted to the relevant Consumer Affairs Officer / National Advocacy Unit as appropriate.</i>	<i>This section will be advised by the relevant Consumer Affairs Officer / National Advocacy Unit contact as appropriate.</i>	Complaints policy approved in line with HSE requirements

**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 relevant Consumer Affairs Officer 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 relevant CA Area Office or National Advocacy Unit contact 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 or National Advocacy Unit contact.

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.		
<b>Date to be Submitted by Provider</b>	<b>Date to be Reviewed by Executive</b>	<b>Comments</b>
Submitted on a national basis July 2014 (to cover the period Jan-June 2014) and January 2015 (to cover the period July-December 2014)	<i>This section will be advised by the relevant Consumer Affairs Area Officer.</i>	<i>This section will be advised by the relevant Consumer Affairs Area Officer.</i>

<b>General Report on Reviews assigned to the Provider by the Executive under Section 49(4) of the Health Act 2004. An agency must report on the number, nature and outcome of any reviews it undertakes.</b>		
<b>Date Submitted by Provider</b>	<b>Date Reviewed by Executive</b>	<b>Comments</b>
	<i>This section will be advised by the relevant Consumer Affairs Officer / National Advocacy Unit contact as appropriate.</i>	<i>This section will be advised by the relevant Consumer Affairs Officer / National Advocacy Unit contact as appropriate.</i>

<b>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 immediately. A record of same should be kept by the provider as follows. This should also be submitted with the general report above.</b>				
<b>Date Submitted to Provider</b>	<b>Referred to HSE (Yes/No and Date)? If No, please comment</b>	<b>Summary of Action Taken</b>	<b>Date Reviewed by Executive</b>	<b>Comments</b>

## Contact Details – Consumer Affairs

<p><b>WEST</b></p> <p><b>CONTACT DETAILS</b></p> <p>Mr. Christopher Rudland, Area Manager, Consumer Affairs, HSE West, Merlin Park University Hospital, Galway.</p> <p>Tel: 091 775751 Fax: 091 771318 Email: Chris.rudland@hse.ie</p>	<p><b>DUBLIN MID LEINSTER</b></p> <p><b>CONTACT DETAILS</b></p> <p>Ms Debbie Keyes, Area Manager, Consumer Affairs,  HSE Dublin Mid-Leinster, Block 4, Central Business Park, Clonminch, Tullamore, Co. Offaly.</p> <p>Tel : 057 93 57876 Fax: 057 93 57881  Email: Deborah.keyes@hse.ie</p>
<p><b>SOUTH</b></p> <p><b>CONTACT DETAILS</b></p> <p>Mr. Liam Quirke, Area Manager, Consumer Affairs, Office Complex, Kilcreene Hospital, Kilkenny.</p> <p>Tel : 056 7785598 Fax: 056 7785549  Email: Liam.quirke@hse.ie</p>	<p><b>DUBLIN NORTH EAST</b></p> <p><b>CONTACT DETAILS</b></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: Rosalie.smythlynch@hse.ie</p>

## SCHEDULE 9

### Staffing

#### Purpose

The purpose of this schedule is to ensure that there is an effective monitoring process in place to maintain the funded workforce (employment numbers and pay costs) within the agreed levels for the delivery of the services specified in **Schedule 3**.

#### Employee Totals

*This section should detail the employee totals which are associated with the services specified in Schedule 3. This should give grade detail.*

**A National Standard Excel Template is in use for this return and is a required return.**

1.2 WTE Community Worker (aligned with Social Worker – non-professional - 0.2 WTE funded from other HSE area (Dublin South Central)  
0.5 WTE Admin (Grade4) (unfunded)

#### Employment Monitoring Return

*This section sets out the timetable for return of the employment monitoring report.*

Date Due	Date Received	Comment

#### Senior Staff

#### MANDATORY REQUIREMENT

Please provide details of all staff in your organisation in receipt of salaries above €64,812 (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 1 Template for your organisation and submit to your delegated HSE manager (or as instructed), where your organisation has activity crossing more than one Area each relevant copies may also be requested by each local Community Health Area.

**A National standard Excel Template is available where numbers are high and should be used instead of this section.**

Each Individual Salary should be entered separately; **all payrolls** should be included to show each individual total salary package.

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					Provide details of	% Funded by HSE	Detail the CHO areas	Comments
Position / Title	Grade (equivalent)	Salary € (annual)	Allowances €	Pension € (employers)	Other Benefits				

	to HSE consolidat ed Pay scales)	gross salary for 2016		contribution)	Cash equivalent €	benefits provided		funding the position	

## SCHEDULE 10

### Change Control

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

*Where service activity and payment are not determined but are managed by an agreed approval process this should be detailed in schedule 3 and a change control is **not** required.*

Where the services are in the main static but subject to changes as service users exit and enter it is important that the **Access, Referrals, Admission and Discharge Policies** are agreed with the Provider and include an authorisation process with the HSE (see schedule 3 section 3 d). Changes to the service quantum under these authorised and agreed processes need to be reflected formally by a Change Control / Schedule 10. It is a matter for the HSE Service Manager and Provider to agree whether the change control process is activated for each change, on a periodic basis or in an annual final Change Control / Schedule 10.

#### **Contract Change Note**

*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 **[PROVIDER]:**

Date .....



Signed by .....  
for and on behalf of **HEALTH SERVICE EXECUTIVE**:  
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.

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

Signed by .....  
for and on behalf of M.S. IRELAND

*Name:* .....

Date  
.....

*Title* .....

Signed by .....  
for and on behalf of the  
**HEALTH SERVICE EXECUTIVE:**

*Name:* .....

Date  
.....

*Title:* .....

**Relevant Balanced Score Card and Performance Indicators Suite 2016  
(Extract from relevant Operational Plan 2016)**

See web link below to access

**[http://www.hse.ie/eng/services/publications/Non\\_Statutory\\_Sector/National Service Plan 2016 Balance Score Card PI Suites.html](http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/National_Service_Plan_2016_Balance_Score_Card_PI_Suites.html)**

## **Legislation, Policies, Procedures, Codes of Practice**

*The web link documents provides, a hyperlink to all relevant documentation and have been devised to provide a “generic” listing which is relevant for all funding arrangements and a separate document for each service category mainly care groups. It is important that both documents are considered, and relevant Legislation, regulation, standards, policies, procedures and codes of practice are adhered to.*

Please ensure that the **Generic** list of documents referenced in both Schedule 2 and Schedule 3 is examined thoroughly and relevant legislation, policy etc is complied with.

**See web link below to access**

**[http://www.hse.ie/eng/services/publications/Non\\_Statutory\\_Sector/Web\\_Links\\_to\\_Generic\\_Schedule\\_Documentation\\_Jan\\_2016.doc](http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Generic_Schedule_Documentation_Jan_2016.doc)**

Please ensure that the **Care Group Specific** list of documents referenced in both Schedule 2 and schedule 3 is examined thoroughly and relevant legislation, policy etc is complied with.

**See web link below to access**

**[http://www.hse.ie/eng/services/publications/Non\\_Statutory\\_Sector/Web\\_Links\\_to\\_Disability\\_Schedule\\_Documentation\\_Jan\\_2016.doc](http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Web_Links_to_Disability_Schedule_Documentation_Jan_2016.doc)**