



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HEALTH SERVICE EXECUTIVE

NATIONAL FINANCIAL REGULATION

ENGAGEMENT AND MANAGEMENT OF CONSULTANTS

NFR-09

NFR-09 Engagement and Management of Consultants

9.1	Introduction	<i>on page 3</i>
9.2	Purpose	<i>on page 3</i>
9.3	Scope	<i>on page 4</i>
9.4	Assistance/Further Information	<i>on page 5</i>
9.5	Effective Date	<i>on page 5</i>
9.6	Definitions	<i>on page 5</i>
9.7	Project Planning	<i>on page 5</i>
9.8	Business Case	<i>on page 5</i>
9.9	Tender Management and Approval	<i>on page 8</i>
9.10	Contract Management	<i>on page 8</i>
9.11	Roles and Responsibilities	<i>on page 11</i>
9.12	Reporting and Documentation	<i>on page 11</i>
9.13	Training	<i>on page 12</i>
9.14	Reporting of Irregularities	<i>on page 12</i>
9.15	Audit	<i>on page 12</i>
9.16	Appendices	<i>on page 13</i>

9.1. Introduction

9.1.1. This regulation forms part of the National Financial Regulations (NFRs) of the Health Service Executive (HSE). The NFRs are an integral part of the overall system of Corporate Governance and Internal Control within the organisation.

9.1.2. External Support may be engaged only in the following cases:

- (i) Where the required knowledge or expertise is not available internally in the HSE.
- (ii) A need for an external assessment is deemed essential.
- (iii) If the external review is mandatory.

The underlying principle in all three cases is that such services are needed for a temporary period only.

9.1.3. An independent HSE / external consultant relationship must exist in all contractual arrangements.

The following characteristics are applicable to professional independent HSE/external consultant relationships:

- Disclosure of interest should be sought by the HSE in all procurement related transactions to ensure that there is no conflict of interest for the external consultant or members of their family or those with whom the consultant has business or other ties for purposes of financial gain beyond that received directly for consulting services.
- The individual or firm is solely responsible for the manner and details of performance. However, their performance should not interfere with or disrupt the management or the patient care objectives of the HSE.
- The HSE defines/controls the final results or end products only.
- All activities of the independent external consultant are conducted at his/her own risk. Thus, the HSE shall require the individual or firm to have prescribed minimum insurance coverage as a condition of service.

9.1.4. A business case ¹for the engagement of consultant support linked to the HSE's business strategy must be produced and must provide justification for the project to engage consultants.

The business case must justify the project in business terms; say what business benefits can be expected by implementing it; and must show why the project cannot be developed in-house and why external support is required.

The business case must demonstrate in clear concise terms understandable to senior management that the envisaged solution is the optimum combination of fitness for purpose and whole life cost that meets the HSE's policy objectives for the project and when implemented, it will achieve Value for Money (VfM).

¹ HSE Health Business Services (HBS) Procurement will provide assistance with the generation of this report.

The business requirements must be stated in sufficient detail to enable tenderers to make workable proposals and to ensure that 'project creep' does not occur. This is particularly important for business transformation and equivalent projects that demand a clear and consistent articulation of vision and goals.

- 9.1.5. No individual should be engaged as a consultant who has taken early retirement or severance pay, other than through a competitive quotation/tendering procedure in line with HSE's purchasing procedures and HSE Human Resources Circulars relating to Retirement/Resignation.

It is a specific condition of the HSE Voluntary Early Retirement Scheme that persons availing of the scheme will not be eligible for re-employment in the public health sector or in the wider public service or in a body wholly or mainly funded from public moneys. The same prohibition on re-employment applies under the HSE Voluntary Redundancy Scheme also, except that the prohibition will be for a period of 7 years, after which re-employment will require the approval of the Minister for Finance. These provisions also apply in the case of re-engagement on a contract for service (Refer Department of Health circular 07/2010).

- 9.1.6. There must be no engagement of external consultants without collaboration with HSE Health Business Services (HBS) Procurement.

9.2. Purpose

- 9.2.1. The purpose of this regulation is to guide the HSE Management in the engagement of consultants, through a competitive procedure; to comply with national and EU public procurement policy and legislation; to put in place appropriate management processes for the successful completion of the project; to achieve the benefits that should subsequently accrue to the HSE and to do so in such a way that Value for Money is obtained.

9.3. Scope

- 9.3.1. The engagement of a consultancy source may take the form of

- a fixed period employment contract or
- the appointment of an external resource to fulfil a required task.

- 9.3.2. This is an important distinction and, in the case of the former, falls within the HSE's employment procedures, i.e., the post is advertised, short listed and interviewed prior to appointment. This process around the contract of employment is managed by the Human Resources Division and is outside the scope of this regulation.

- 9.3.3. In cases where the HSE is contracting a service i.e. buying in expertise from a person or firm, this engagement falls under the directives of this regulation.

- 9.3.4. This regulation is not a legal interpretation of Irish Law or EU Directives on public procurement. Officers must also comply with the relevant circulars and follow other guidelines and in particular all related provisions in the HSE NFR 01: 'Purchase to Pay' Process and HSE Procurement Policy. Refer to the list of source and reference material, used in the compilation of this regulation, and provided in Appendix 2 to this regulation.

- 9.3.5. This regulation does not present the specific details with regard to Information and Communications Technology (ICT) Consultancy Projects. For further details please refer to HSE NFR-07 ICT Funding and Approval.

9.4. Assistance / Further Information

- 9.4.1. Additional information regarding this regulation should be addressed to the Assistant Chief Financial Officer (ACFO), Finance Specialists and /or Assistant National Director of Portfolio & Category Management in the HBS Procurement
- 9.4.2. Requests for changes or deviations from specified directives should be made in writing to the above ACFO and may be implemented only after written authorisation is received.
- 9.4.3. It is intended that this regulation will be regularly updated to reflect and incorporate new and additional legislative and other directives. Notifications will be issued on HSE National Intranet - National Financial Regulations and via email communications.

9.5. Effective Date

- 9.5.1. This regulation is effective immediately and supersedes all prior regulations/directives issued relating to engaging external consultants. This regulation applies to all HSE employees.

9.6. Definitions

- 9.6.1. Throughout this regulation the term consultant refers to the following:

A person, organisation or group engaged to provide intellectual or knowledge-based services (e.g. expert analysis and advice) through delivering reports, studies, assessments, recommendations, proposals, or carry out investigations etc. that contribute to decision or policy-making in the HSE. The engagement should be for a limited time period to carry out a specific finite task or set of tasks that involve expert skills or capabilities that would not normally be expected to reside within the contracting authority.

9.7. Project Planning

- 9.7.1. The need for external support should be identified in the HSE's yearly Corporate Procurement Plan (C.P.P.).
- 9.7.2. Budget holders must ensure that adequate budgetary provision for the engagement of consultants is provided for.
- 9.7.3. If funds have not been budgeted in advance, then they must be sought through the Division of Service and approved by the Chief Financial Officer (CFO), prior to submission of the business case for approval.

9.8. Business Case

- 9.8.1. A written business case must be prepared in advance of engaging all consultant services, irrespective of value². All business cases must be prepared by

² For contracts below the EU threshold the businesses case requirements in 9.8.2 can be developed at an appropriate level of detail applicable.

Assistant National Director level or equivalent salary grade or designated officers.

9.8.2. Specifically, the business case must address:

- the **purpose of the project** and how it aligns with the HSE's strategic objectives and priorities. The policy objectives and business outcomes must be clearly defined, measurable, and justify investment in the project;
- the **scope of the project**. It is particularly important to establish project boundaries at the outset to prevent 'project creep' occurring;
- the **deliverables** expected from the project and how their implementation will achieve the HSE's policy objectives for the project;
- the **future cost savings and benefits** (if any), with associated time frames;
- the **budget availability**, sources of funds and identification of cost centre/ General Ledger code;
- specified **timelines**;
- **future phases** (if any), i.e. is this a stand alone project or will its implementation commit the HSE to additional expenditure on goods or services in the future? If so, estimates of these future phases must be included in the whole life cost of the project at this pre tender stage;
- the **benefits management strategy** and post-implementation review (if appropriate). The HSE must state what it will do to achieve the benefits of the project when completed. This involves the management and organisational changes required to implement the deliverables. The intention to carry out a post-implementation review, which will focus on the achievement of the benefits, should be signalled at this stage;
- the **identification of risks**, i.e. an initial assessment of the risks to the project from the perspective of the HSE. Risk management is an integral part of all stages of projects and a process to mitigate and manage all risks identified must be put in place;
- the **whole life cost** of the project, with a clear distinction between initial, operational and maintenance costs over the life of the project;
- the estimated **maximum price** that will be paid to the contract holder. In its financial justification, the HSE must estimate the maximum price it will pay the contract holder to produce the envisaged deliverables to agreed quality standards and the target date(s) by which the deliverables should be produced. Even if prices cannot be precisely estimated at business case stage (e.g. for pilot projects) an affordability threshold for the project must be set before going to market and to guide future decision making;
- the **cost management** procedures envisaged, i.e. how the HSE intends to manage the estimating, control, approval and reporting of all cost-related aspects of the project;

- an evaluation of all possibilities other than engaging external support, including doing the project in-house and **why the project can not be done in-house**;
- an inventory of the type and level of **specific skills required** by the HSE from the contract holders to carry out the project;
- whether the project will result in a **transfer of skills** from the consultants to HSE;
- the HSE's envisaged scenario for the **project management arrangements** (including the proposed allocation of tasks between the contract holder and the HSE department to minimise cost). Projects must not proceed without clearly defined lines of authority, responsibility and accountability and a means of ensuring that they are observed in practice;
- the identification of the HSE Officer who will act as **project manager** with individual responsibility and the estimated amount of his / her time and the numbers, grades and time of other personnel allocated to the project must be estimated. This is to set out the minimum commitment in human resource terms needed from the HSE if the project is to proceed and to ensure that there are no illusions about the level of commitment required. A project sponsor may also be assigned to oversee the project and support the project manager where required;
- **justification for not using any existing framework agreements** (if any). If the HSE has a suitable existing framework agreement and it is not proposed to utilise the framework, the reason for not doing so must be clearly stated;
- the type of **tendering procedure proposed** and the reasons for proposing it. This must show that the proposed selection procedure is compatible with National Public Procurement policy, EU Procurement Legislation, HSE Procurement Policy and HSE NFRs. If it is proposed not to follow a competitive process the justification for it must be stated in the business case. The justification must include confirmation that the recommended procurement strategy is in line with procurement regulations. HBS HSE Procurement is best placed to advise on the appropriate procedure in each business case.

9.8.3. Absence of a business case

There may be occasions when the HSE needs to engage external support at short notice to deal with matters of public urgency. In these cases there may be no time to prepare a business case. If this happens the project manager must ensure that the decision to proceed without a business case is approved and signed off at the relevant Leadership Team Member or officer designate.

9.8.4. Review and Approval

All business cases must be approved by the HSE Performance Management Control Committee (PMCC).

The review of the business case must, at a minimum,

- (i) determine whether the need for consultancy services has been established;
- (ii) ensure that budgetary provision has been made for such services.

The approved business case must be lodged in the project file.

9.8.5. The PMCC shall determine the contract approval process and any other governance arrangements to apply. This shall be communicated in writing to the project manager and retained on the project file for reference.

9.9. Tender Management and Approval

9.9.1. A competitive process must be used whatever the value and all consultants must be engaged following such a process.

9.9.2. All requirements to engage consultants are considered significant and must involve HSE HBS Procurement. A request for procurement support regarding engagement of consultant must be forwarded to and agreed with HSE Procurement Portfolio & Category Management. See Procurement Support Request Form (PSR) in appendices.

9.9.3. All tender management and approvals must comply with the policies and procedures in the HSE NFR-01; Purchase to Pay Process, HSE Procurement Policy.

9.9.4. No contract is to be awarded without first agreeing in writing detailed terms and conditions of the contract including project plan (deliverables, review milestones, deadlines and personnel), acceptance, price and payment schedules, termination causes, change control, ownership and any other clauses required to protect HSE's interests. Such details should be included in the Service Level Agreement (SLA).

9.10. Contract Management

9.10.1. Passive supervision of contract holders does not constitute project management. The HSE must be pro-active to ensure that the expected business benefits are realised and that Value for Money is achieved.

9.10.2. The HSE must set up a contract management structure appropriate to the value and complexity of the contract being managed. As contracts are not self-managing, the HSE needs to allocate sufficient resources to manage contracts, with a nominated staff member as project manager, responsible for the management of the contract holders, and the involvement of the appropriate stakeholders (e.g. the business, technical, and user assurance co-ordinators). In the majority of cases, the nominated project manager, for any major project, will be freed up from certain routine responsibilities and this should be formally noted at the appropriate management level in the HSE. In the course of a contract, the work of core officers must not be allocated to contract holders, unless this is the subject of a specific contract.

9.10.3. The HSE must provide the contract holder with the name and contact details of the HSE officers who will act as the project manager and others who have a duty of acting as official contact(s) with contract holders for the purposes of the contact. The HSE nominated project manager is responsible for the actions outlined in this regulation.

9.10.4. Project Review Meeting

Project review meetings, to review progress to date against the project plan, must take place on a schedule (e.g. monthly or quarterly review, ad hoc after an exceptional event, etc.) previously agreed and written in the contract. Each project must have a project inception meeting to launch the project, agree the

project plan, etc. and a finalisation meeting to close the project. Each meeting must be minuted by the HSE and the minutes agreed with the contract holder. If contract holders are to provide progress-to-date or other interim reports at project review meetings this should be specified in the Request for Tenders (RfT) and included in the contract. If the deliverables / services are broken down into work packages / terminal elements etc, the HSE should formally order the start of work on each individual work package and formally close off each work package when its deliverables / services have been accepted and payment approved. No deliverable / service should be accepted or payment authorised unless its acceptance is formally agreed and minuted at a project review meeting.

Each project review meeting must address the current status of risks / threats to the project and should put in place whatever is necessary to mitigate and manage all risks. Even if the contract holder has not been required to produce a separate risk management plan the risks will have already been identified by the HSE in the business case and by the contract holder in their tender and / or project management plan. All new risks identified in the course of the project and the likelihood of their impact must be assessed and appropriate counter measures agreed.

Particular care should be taken to ensure that objectivity is not compromised where contractors are examining and / or making recommendations in a policy environment.

The agreed and signed minutes of project review meetings and the formal acceptance of deliverables must be recorded in the project file.

9.10.5. Change Management Procedures

Change management is an integral part of good project management. Change management procedures must be put in place to control project change. Project change must not occur on an informal basis. Each change must be the subject of a request for the change from the HSE to the contract holder and a formal written response from the contract holder. Proposed cost increases must be priced on the unit costs specified in the contract. Each time a project change occurs, the contract must be appropriately modified to reflect the change. Change control procedures must ensure that a fixed price or maximum price contract cannot become, in effect, a variable priced contract on a 'time and materials' basis, due to the HSE requesting, or the contract holder proposing, multiple incremental changes to the specification. If this were to occur, the business case has probably not been stated correctly or the technical specifications were not drawn up correctly or an inadequate response received from the contract holder. HSE must ensure that project implementation does not become a cycle of upgrades, new functionality, etc. that was not in the original specification or the contract holder's tender. If this occurs a mid-term review on the future of the project must take place.

All requests for change and the contract holder's response must be filed in the project file.

Any changes in the contract impacting on cost & not provided for at business case approval/tender management stages must be approved in accordance with section 9.8.4 (Review and Approval)

9.10.6. Mid Term Review

All projects with a budget above €200,000 and / or with an estimated duration of 1 year or more must include a mid-term review in their project management.³ A mid-term review is not a review of the objectives or the need for the project. It is to allow the project team to take stock and to review progress to date against the project plan, and expenditure to date against the budget, and to confirm that the project will be delivered on schedule and / or on budget. The mid-term review can be carried out either when approximately half the project schedule has elapsed or when approximately half the budget is consumed. A mid-term review must produce a report showing the actual achievement of deliverables against the project plan and expenditure to date against foreseen costs and conclusions must be drawn. For most projects (i.e. those proceeding on schedule and on budget) the mid-term review can be part of normal project management procedures. However, if milestones are not being achieved on schedule, if deliverables are not meeting quality objectives or if funds are being spent at a faster pace than originally envisaged, a mid-term review, using external support if necessary, should be carried out earlier in the project. In this case the review must also address the specific issues that are causing serious deviations from the project plan and / or budget.

If the mid-term review considers that revisions may be necessary to the contract, these should be specified in detail in the report, together with explanations and estimated costs. If a contract revision, refocusing of the project or contract cancellation is proposed, under no circumstances should these be acted upon until the report is signed off by the appropriate authority level as determined by the revised total value of the contract or the original value (whichever is the greater). Where necessary, legal advice should be obtained.

9.10.7. Certifying Final Report

All contracts for external support must produce a final report as a deliverable.

This must show

- the progress of the project against the project plan;
- the dates the deliverables were accepted;
- the payments made to the contract holders;
- details of any problems that occurred and how they were solved, etc.;
- details of the implementation of the project's deliverables and how they met or did not meet the HSE's policy objectives for the project.

The payment schedule to the contract holder should be structured so that the final payment to the contract holder is not made until the final report is accepted.

All project management reports, including the mid-term review and the final report must be addressed to the appropriate authority level, signed off and be lodged in the project file.

9.10.8. Project Closure

As stated above, each project must have a formal project closure mechanism agreed at project inception. Project closure will be achieved on the HSE's acceptance of the final report from the contract holder. After project closure, any retained payments can be released.

³ It is recommended that mid-term reviews also take place in contracts of lower value or shorter duration.

9.11. Roles and Responsibilities

- 9.11.1. Projects to engage consultants must not take place without clearly defined lines of authority, responsibility and accountability and a means of ensuring they are observed in practice.
- 9.11.2. The project organisation (i.e. the HSE's intended management structure for the project and the envisaged allocation of staff to the project) must be defined in the business case.
- 9.11.3. Typically, for all but the smallest projects, this will involve the project sponsor at senior level to oversee the project, the appointment of a staff member as project manager and the assignment of appropriate business, technical and user co-ordinators.
- 9.11.4. The project manager is responsible for managing the external support to achieve project targets and for reporting progress to the relevant Leadership Team Member in the format prescribed and at the agreed intervals.
- 9.11.5. The responsibilities of the project manager in relation to the management of the contract will normally include:
- ensuring that each stage of the selection process is carried out correctly and is documented;
 - ensuring that contract files are maintaining covering business case and approval, tender management and approval and contract management and review;
 - ensuring that Department of Public Expenditure & Reform (DPER) sanction and other appropriate approvals are obtained where appropriate;
 - monitoring progress against the contract terms including the organisation of regular project management meetings;
 - keeping a payment schedule;
 - ensuring that invoices contain sufficient detail to enable the approving officer to satisfy him/herself that all works included in the invoice have been satisfactorily completed i.e. ensuring that the consultant concerned provides any additional information requested by the project manager in carrying out this assessment. The requirement to respond to any reasonable requests for clarification and explanatory supporting documents to support invoices should be set out in the terms of reference pertaining to the retention of the consultant. Invoices should be supported by authorised HSE signature confirming the milestones/deliverables have been met.
 - ensuring that payments are properly approved; and
 - ensuring that the project is evaluated on completion.

9.12. Reporting and Documentation

- 9.12.1. A project file must be opened and maintained for each project requiring external consultancy support.
- 9.12.2. At a minimum, the complete file(s) must contain the documents listed for the project file in Appendix 1 of this financial regulation.
- 9.12.3. Reporting on contracts
- For all capital projects with a cost in excess of €30 million and for all ICT, consultancy and other projects with a cost in excess of €5 million, the designated HSE officer must furnish a separate progress report, on a

quarterly basis, to the Director General (DG), to the Directorate and subsequently to the Minister for Health. These reports may be subject to inspection by DPER.

- The Head of HBS Procurement must report quarterly to the Directorate on all new engagements. This report is to be submitted to the PMCC for approval before submission to the Directorate in the format prescribed.

9.13. Training

9.13.1. Staff training must be part of policy implementation. Each location should train all current employees of the policies and procedures of this regulation and should train every new employee as part of the employee's initial induction.

9.13.2. Furthermore, the policy should set a schedule for continuing refresher training to ensure that employees remain vigilant with respect to their obligations.

9.14. Reporting of Irregularities

9.14.1. Any member of staff who considers that there may have been any irregularities that could lead to misappropriation of funds or an instance of fraud must communicate the facts surrounding this instance in writing to their line manager immediately.. The manager to whom the matter has been reported must inform their relevant Assistant National Director or equivalent salary grade, the National Director Internal Audit, the National Director HBS Head of Procurement for appropriate action.

9.15. Audit

9.15.1. The external and internal auditors of the HSE have the right to unrestricted access to all vouchers, documents, books of account, and computer data and to any other information which they consider relevant to their enquiries and which is necessary to fulfil their responsibilities. Both internal and external auditors also have the right to direct access to any employee or person responsible with whom it is felt necessary to raise and discuss such matters.

9.15.2. Sample checks may take place at regular intervals in each financial year.

9.15.3. Every officer shall attend at such place and at such time as may be appointed by the auditor and shall submit his/her books and accounts for examination and checking.

9.15.4. Where any irregularities are disclosed at the checking of the accounts of an officer, the auditor shall report such irregularities to the CFO, who shall cause a full investigation to be made and shall take all necessary action.

9.16. APPENDICES

APPENDIX 1: Project File Requirements

At a minimum the project file must contain:

- a record of the meeting at which it was decided to engage external support and the reasons justifying this decision;
- the business case and approval;
- the cost benefit analysis (if performed);
- all correspondence with the Department of Public Expenditure & Reform (DPER) and Department of Health;
- the contract notice;
- all advertising related to the tender;
- the Request for Tenders(Rft);
- all clarifications sent to those who requested the tenders;
- the report of the opening of the tenders;
- the winning tender. (Unsuccessful tenders should be archived together with a copy of the RfT, the contract notice and the evaluation report);
- the evaluation report;
- the acceptance by senior management of the evaluation team's report;
- the acceptance letter to the successful tenderer informing of the result of the tender competition;
- the letters to the unsuccessful tenderers;
- the contract award notices;
- the contract;
- the project management plan (including the risk assessment);
- the minutes of all project management meetings (including the project inception meeting);
- all orders to the contract holder for work packages / services;
- all requests / responses for project change;
- for framework agreements all correspondence, including orders, relating to individual contracts / draw downs.
- all requests for payment together with evidence of approval for payment of these requests by the contract holder;
- all requests for expenses, supporting documentation and vouched expense claims from the contract holder;
- all acceptance notes for deliverables and services;
- all acceptance notes for expenses;
- all correspondence with the contract holder. E-mails should be recorded in a specific folder, subject to archive, on a network drive. Important e-mails should be printed down, initialled, and the hard copies stored in the project file;
- contract management review meetings and related reports
- the final report;
- the post-implementation review or reviews/reports by third parties.

APPENDIX 2: Reference Material

- Government Decision S360/01/01/002 of 11 Deireadh Fómhair, 2005
- Achieving Value for Money in Public Expenditure, Mr Brian Cowen T.D., Minister for Finance, 20 October 2005
- Department of Public Expenditure & Reform (DPER) letter of 25 January 2006 to Secretaries General concerning the Government Decision of 11 October 2005, in regard to management of ICT projects and consultants, and the announcement of the Minister for Finance of additional general measures to secure better value for money from public expenditure
- Directive 2004/18/EC of the European Parliament and of the Council of 31 March 2004 on the coordination of the procedures for the award of public works contracts, public supply contracts and public service contracts (OJ L 134/114)
- European Commission Interpretative Communication on the Community law applicable to contract awards not or not fully subject to the provisions of the Public Procurement Directives (2006/C 179/02) of 24 July 2006
- Statement of the Council and the Commission re Article 20 of Council Directive 93/38/EEC of 14 June 1993 coordinating the procurement procedures of entities operating in the water, energy, transport and telecommunications sectors (OJ No L 111, 30.4.94)
- Additional procedures to apply to certain consultancies and procurements relating to proposed consultancy (or other services) comprising a significant element of direct service to a Minister or Minister of State, Department of the Taoiseach, February 2005
- An inquiry into certain matters in relation to procurement as requested by the Taoiseach, Mr. Bertie Ahern, T.D., (The Quigley Report), January 2005
- Guidance arising from the Quigley Report Recommendations, DPER, September 2005
- Civil Service Code of Standards and Behaviour, Standards in Public Office Commission, 2004
- Public Procurement Guidelines Competitive Process, DPER, 2004

- Circular 16/97 Delegation Arrangements for IT Related Expenditure (Including Office Machinery), Department of Public Expenditure & Reform (DPER)

- Circular 16/97 Progress Report Template, IT Control, CMOD, DPER

- Circular 22/95 Tax Clearance Procedures Public Sector Contracts, DPER

- Value Added Tax Information Leaflet No. 1/05 Fourth Schedule Services, Office of the Revenue Commissioners, 2005
- Guide to Professional Services Withholding Tax, Office of the Revenue Commissioners
- European standardised curriculum vitae format: <http://europass.cedefop.eu.int/>
- Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the Public Sector, DPER, February 2005

- Value for Money Special Reports, Office of the Comptroller and Auditor General

- Code of Practice for the Governance of State Bodies, DPER, 2001

- Report of the Working Group on the Accountability of Secretaries General and Accounting Officers, DPER, July 2002

- FOI & Public Procurement, FOI CPU Notice No. 9, DPER
- Buying Green - a handbook on environmental public procurement, European Commission, 2004
- Guidance Note on Engaging Advertising, Public Relations and Creative Design Services, Government Contracts Committee, 2003

APPENDIX 3: Procurement Support Request Form (PSR).



Feidhmeannacht na Seirbhíse Sláin
Health Service Executive

Portfolio and Category Management

Procurement Support Request

REQUESTOR	
Division	
Title	
Contact No.	
Contact Email	
Date of request	

Title of Project:

1. Brief Description of Request

2. Brief Description of Type of Goods/Services Required e.g. Service, Purchase, Implementation, Training, consultancy.

3. Geographic Scope - Location(s) at which the service or good is required.

4. Is there a current supply arrangement for this service? if so, please give a *brief* description e.g. supplier, service provided, locations etc.

5. Estimated Budget

€

6. Anticipated Benefit / Value for Money

7. Please specify staff available to work on with Procurement on this request

Name	Title	Role	% availability

In order to ensure efficient processing of this request at least one resource is required to assist with any clarifications needed with regard to this request.

8. Is This a Once off or Recurring Requirement

9. Are there any Specific Known Risks Attached with this Request (e.g. deadline, urgency etc.)

10. Budget Holder Sign –Off

Name	Title	Date

Notes

1. Priorisation

PSR may be prioritised with regard to estimated budget and /or anticipated VFM impact.

2. Budget & Approvals

It is the budget holders responsibility to ensure that all appropriate budgets and approvals are in place. Particular attention is drawn to new financial regulations (details available from the Finance Division) and that certain goods/services also require prior approval by the HSE Leadership Team/Department of Public Expenditure & Reform (DPER) e.g. certain ICT projects (details available from HBS ICT).

Completed PSRs should be forwarded to grainne.duggan@hse.ie for recording purposes.