



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## **Procedure for HSE Approval for Property Transaction**

### **Procedure No. 416**

	<b>Print Name</b>	<b>Title</b>	<b>Date</b>
<b>Prepared by</b>	<b>Jacqueline Kenny</b>	<b>Property Manager</b>	<b>16/06/10</b>
<b>Reviewed by</b>	<b>Clodagh Hanratty</b>	<b>Estates</b>	<b>16/06/10</b>
<b>Corporate Authorisation</b>	<b>Joe Hoare</b>	<b>Estates Manager</b>	<b>16/06/10</b>

## **INTRODUCTION**

This document must be completed and provided to the HSE when a request for any property transaction is made. This includes all purchases, disposals and leases.

### **Scope**

This procedure applies to the Health Service Executive.

### **Definitions**

VFM – Value for Money  
V.O. – Valuation Office  
O.S. Ordnance Survey  
WTE – Whole Time Equivalent

### **Responsibility**

It is the responsibility of the Property Manager/Estate Manager and Local Health Manager/ Hospital Network Manager/ Head of Directorate to ensure that the document is completed satisfactorily.

## **PROCEDURE**

**1.0** Proposals for all property transactions must be submitted by filling out the template document (HSE Property Transaction Application Form. - See Appendix 1)

**2.0** The type of transaction (acquisition or disposal) should be identified. If a leasehold transaction, the duration of the term should also be included.

**3.0** The location and description of the property should be given along with the HSE administrative area and Service/Care Group/ Directorate.

**4.0** Where a leasehold transaction, the parties to the lease should be given and the main terms of the lease e.g. rent, area, term, service charges, rent review, repairing, insuring and break option provisions.

**5.0** Where a purchase, the vendor should be identified. Information regarding the area, purchase price and method of acquisition should be included. Background information to the transaction should also be given and a VFM statement made.

**6.0** Where a disposal the purchaser should be identified. Information regarding the area, disposal price and reason for the disposal should be given. Background information to the transaction should also be given. A VFM statement should be made as should a statement advising that the property is surplus to operational requirements.

**7.0** Technical reports are included regarding compliance with Planning Permission and Fire Safety Certification, and a Valuation report should also be attached, where

required. Maps and any other relevant information, including any legal advice obtained, should also be included.

**8.0** The section on costs should be completed giving full expected revenue and capital costs.

**9.0** The document must then be checked by the Property Manager and signed by the Local Health Manager/ Hospital Network Manager/ Head of Directorate.

**Reference:** Appendix 1 – HSE Property Transaction Application Form

**Appendices:**

**Appendix 1:**



Application Form -  
Version 4 Aug 09.doc

**Please Refer To Checklist Attached When Completing This Form**

<i>Please Tick As Appropriate</i>	ACQUISITION	DISPOSAL
FREEHOLD	<input type="checkbox"/>	<input type="checkbox"/>
LEASEHOLD	<input type="checkbox"/>	<input type="checkbox"/>

Lease Duration	Up to 1year	1-3 years	3-5 years	5-10 years	10-20 years	20-35 years	35-50 years	50-99 years or over
Please tick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMPLETE **SECTION 1** IN RESPECT OF ALL TRANSACTIONS

**Section 1**

<b>Address of Property:</b>		<b>Description:</b>	
<b>HSE Administrative Area:</b> <u>HSE Dublin Mid Leinster</u> <input type="checkbox"/> <u>HSE Dublin North East</u> <input type="checkbox"/> <u>HSE West</u> <input type="checkbox"/> <u>HSE South</u> <input type="checkbox"/>			
<b>Service/Care Group:</b> <b>PCCC</b> <u>Disability Services</u> <input type="checkbox"/> <u>Mental Health</u> <input type="checkbox"/> <u>Community Health</u> <input type="checkbox"/> <u>Older Persons</u> <input type="checkbox"/> <u>Childcare</u> <input type="checkbox"/> <u>Other:</u> <input type="checkbox"/> <u>Social Inclusion</u> <input type="checkbox"/> <u>Dental</u> <input type="checkbox"/> _____ <b>NHO</b> <u>Acute Services</u> <input type="checkbox"/> <u>Other:</u> <input type="checkbox"/> _____  <b>Other Directorates</b> <u>Population Health</u> <input type="checkbox"/> <u>Finance</u> <input type="checkbox"/> <u>Human Resources</u> <input type="checkbox"/> <u>Internal Audit</u> <input type="checkbox"/> <u>Corporate Planning</u> <input type="checkbox"/> <u>Estates</u> <input type="checkbox"/> <u>Procurement</u> <input type="checkbox"/> <u>ICT</u> <input type="checkbox"/>			

**Section 2 PLEASE COMPLETE FOR LEASEHOLD TRANSACTIONS ONLY**

<b>Lessor: (Please tick)</b> <b>HSE</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> <i>(If other please give name and address)</i>		<b>Lessee ((Please tick)</b> <b>HSE</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> <i>(If OTHER please give Name &amp; address)</i>	
<b>Background Information:</b>		<b>Please provide by way of completed template and attach for transactions under market value or over €70,000</b>	
<b>Needs Assessment:</b>			
<b>Option Appraisal:</b>			
<b>VFM:</b>			
<b>Risk Assessment:</b>			
<b>Form of Lease (Pls tick):</b> <b>New</b> <input type="checkbox"/> <b>Renewal</b> <input type="checkbox"/> <b>Assignment</b> <input type="checkbox"/>			
<b>Area (i.e. sq.ft./sq.m)</b>		<b>Rent (per sq.ft./sq.m)</b> €	
<b>Previous Rent (per sq.ft./sq.m) (for renewal leases only)</b> €			
<b>Rent Review Clause:</b>			
<b>Term of Lease:</b>		<b>Cost of Lease per annum: (excl. VAT liability here)</b> €	
<b>Total Cost of Lease for Full Term: €</b>			
<b>Details of VAT liability:</b>			
<b>Commencement Date:</b>		<b>Break Option(s) &amp; penalty (if any)</b>	
<b>Service Charge per annum:</b> €		<b>Other Charges p.a.: i.e. heating, communications, ESB etc. (estimate)</b> €	

Car Parking/Charge per space: €	No. of Spaces:
Insurance Obligations:	
Repairing Obligations:	

**Section 3: PLEASE COMPLETE FOR FREEHOLD ACQUISITIONS (PURCHASES) ONLY**

Vendor:		
Purchase Price: €	Area [Site] (i.e. sq.ft./sq.m)	Area [Building] (i.e. sq.ft./sq.m)
Acquisition Method:		
Background Information:		Please provide by way or completed template and attach for transactions under market value or over €70,000
Needs Assessment:		
Option Appraisal:		
VFM:		
Risk Assessment:		

**Section 4: PLEASE COMPLETE FOR FREEHOLD DISPOSALS (SALE) ONLY**

Vendor:	Purchaser:
Disposal Price/ €	Area (i.e. sq.ft./sq.m)
Background Information: <i>(Attach separate sheet to this form if necessary)</i>	
Reason for Disposal:	
Confirm that Property is surplus to HSE Requirements:	
VFM:	
Associated Risks:	
Method of Disposal:	
Verification that Service Manager is aware that reinvestment of proceeds from sale in Local Services cannot be guaranteed <i>(Ref. Vote Accounting Systems)</i>	

**Section 5 TECHNICAL REPORTS – PLEASE ATTACH SUPPORTING DOCUMENTATION AND CONFIRM THE FOLLOWING ATTACHED TO ACCOMPANY YOUR TRANSACTION**

Please tick YES/NO or give reason	YES	NO	Comment
Planning Permission for Proposed Use (PP)	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Safety Certification for Proposed Use (FSC)	<input type="checkbox"/>	<input type="checkbox"/>	
Valuation Included ( V.O must supply for Transactions under market value and all transactions greater than €1M)	<input type="checkbox"/>	<input type="checkbox"/>	
Maps (OS & Site Layout) Included	<input type="checkbox"/>	<input type="checkbox"/>	
Permitted use(s) of building under lease/ PP/FSC:	<u>Service/Care Group:</u>	<u>Service/Care Group:</u>	<u>Service/Care Group:</u>
Exclusions to use(s) to building under lease/ PP/FSC:	<u>Service/Care Group:</u>	<u>Service/Care Group:</u>	<u>Service/Care Group:</u>
<b>Legal Report</b> <i>(if appropriate)</i>			
Outline Legal Advice Received			
Any other information:			

**Section 6 COSTS (IF APPLICABLE) FOR LEASES CONFIRM IF REFURBISHMENT INCLUDED IN LEASE**

	Amount	Source	Date of Approval
Total Capital Funding Required;			
Purchase	€		
Other Costs	€		
Full Year Revenue Funding:	€		
	Existing Staff	Proposed Staff (short/med/long term)	
Occupancy of Premises			
Note: Approval of the Property Transaction conveys no commitment to additional revenue or WTEs			

**Section 7 CONTACT DETAILS OF PERSONS SUBMITTING THE TRANSACTION**

Property Contact Person & Details: (Please Print Name)		Signature:
.....		.....
Date:	Area:	
Email:	Tel:	
Confirm that State interests/HSE interests are maintained in this transaction.		

<b>Approved by:</b> LHO Manager / Hospital Network Manager / Head of Directorate [Name & Details: (Please Print Name)] .....		Signature:
Date:		Area:
Email:		Tel:

Note: The Property Committee will confine its use of information provided to verify that local approval process has been followed in relation to the property transaction and for property committee recommendations and reports.

**PLEASE NOTE:**

- Legal documents in duplicate for signing and sealing to be submitted following approval.

Office Use  
Received by HSE Corporate

Date: \_\_\_\_\_

CHECK LIST FOR FILLING IN ATTACHED FORM

**Section 1:**

Section 1 must be completed in full, in respect of all property transactions, giving the name, address and description of the property being Purchased/Disposed or Leased.

✚ In the case of a LEASE - SECTIONS 1, 2, 5, 6 AND 7 must be completed.

✚ In the case of a PURCHASE - SECTIONS 1, 3, 5, 6 AND 7 must be completed.

✚ In the case of a DISPOSAL - SECTIONS 1, 4, 5, 6 AND 7 must be completed.

If there is not enough space on the form in relation to your transaction or should you wish to include any other information, please attach [typed up] an **ADDITIONAL INFORMATION SHEET** clearly stating Address & Description of the property on the top of this sheet and attached same to the form.

Please ensure that supporting documents for Section 5 are also attached before sending your completed form to the HSE Property Committee.

***[PLEASE NOTE THAT ALL THIS INFORMATION MUST BE SENT TO THE HSE CORPORATE PROPERTY SECTION  
10 DAYS IN ADVANCE OF THE PROPERTY MEETING AT WHICH THE TRANSACTION WILL BE REVIEWED].***

***The last section of the form gives details of the contact person that we can contact should there be any queries in relation to the transaction. Please ensure that telephone numbers and/or email address are given so that there is no delay with your transaction.***