



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Procedure for HSE Approval for Lease

Procedure No. 418

	Print Name	Title	Date
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Reviewed by	J.G. MacNamara	T.S.O.	30/05/05
Corporate Authorisation	J.G. MacNamara	T.S.O.	30/05/05

INTRODUCTION

This document must be completed and provided to the HSE when a request to enter into a lease is made. This document is not completed and submitted to the HSE until internal approval is granted. (See Procedure 419)

Scope

This procedure applies to the Health Service Executive.

Responsibility

It is the responsibility of the Property Manager and General Manager for the service area to ensure that the document is completed satisfactorily.

Definitions

WTE – Whole Time Equivalent

VAT – Value Added Tax

PROCEDURE

1.0 When seeking HSE approval for a lease the service requiring the property should be identified. Information should be included stating where the service currently operates from (if relevant), the current rent payable, the facilities at the current premises, the benefits of a new premises etc.

2.0 When a new premises has been identified as suitable for the service, the following terms must be stated under which the lease would be available:

- Address
- Landlord
- Description of Property and Area
- Condition
- Fit – out, if required and cost and source of funding
- Rent
- Rent Free Period
- Rent Review clause
- VAT liability, if any
- Term
- Break Option and penalties, if any
- Service Charge
- Repairing and Insuring liabilities
- Car Parking
- Planning / User
- Was legal advice obtained
- Detailed information on source of funding; whether funding has been approved and when and how long funding is in place for.

- Other Information, if relevant

3.0 The document must then be signed off by the Property Manager and approved by the Chief Officer and National Director

Reference: Appendix 1 – Leasehold Transaction

Appendices:
Appendix 1



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Briefing Note to Board

Leasehold Transaction

Property:	Term of Lease:
Lessor:	
Lessee:	
HSE area:	Service Area:

Background Information:

Lease Details	
Form of Lease: (New / Renewal / Assignment)	Lease Amount:
Commencement Date:	Break Option(s):
Rent Review Period(s):	Permitted User(s):
Lessee's Repairing Obligations:	
Insurance Obligations:	
Reinstatement Obligations:	

COSTS (if applicable)			
	Amount	Source	Date of Approval
Approved Capital Funding:			
Approved Revenue Funding:			
	Current year	Next Full Year	
Additional Capital Funding Required:			
Additional Revenue Funding Required:			
Additional WTEs Required:			

Prepared by: _____ Date: _____

Date approved by Chief Officer: _____ Decision Ref. _____

Office Use: _____

Received by S.P.D.: _____ HSE Ref. No. _____

Approved by: _____ (National Director) Date: _____

Date approved by HSE Board member: _____ Decision Ref. _____