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Why Independent Governance Matters and What this Entails

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My thanks to the National Federation for the opportunity to attend and speak at this conference. The conference theme is timely, with the Independent Review Group examining the role of voluntary organisations in publicly funded health and personal social services and the recent publication of the Charities Regulatory Authority Consultation paper on governance in the charity sector**.**

In the best tradition of good governance, let me declare my conflicts of interest before I begin. I am involved as chair or board member of a number of charitable organisations, some of which provide health or health research services, including a voluntary hospital group.

There are two themes that I'd like to explore in my presentation – why good governance matters to charities and why independent governance of voluntary health charities should matter to the Health Service Executive (HSE) and the Department of Health (DOH).

Why good governance matters to charities

There are over 9,900 registered charities in Ireland, with more 50,000 trustees involved. The sector employs 158,000 people. The annual turnover of charities is €12bn and they mobilise an army of nearly half a million volunteers to support their activities. [i]

There is great diversity in the charity sector. Some charities are very old, particularly in the health and disability sector; some are new; some are indigenous; some are branches of global charities and some are global charities themselves. There is an extraordinary range of activities in which charities are engaged - education, health, disability, sport, community development, homelessness, third world development, criminal justice, advocacy, to name a few.

A charity is the result of people coming together to undertake work on a not for profit basis that they deem to be important. Sign of a strong civil

society. Sometimes the charity is active in the absence of public provision. Other charities complement or add to public provision. Some address themselves to good cause that is appropriate to civil society. In Ireland, Company law, Revenue Commissioners and new charity regulation facilitate the formation and funding of charities and good governance when established.

Most people associated with the voluntary sector welcome the formal regulation of charities since 2014 when Charities Regulation Act 2009 was commenced and the Charities Regulatory Authority was established. Regulation builds the trust of the public in charities by proper scrutiny and elimination of organisations that purport to be charities but are in fact fun for the benefit of a few individuals. Charities regulation is also strengthening governance of charities, building on the excellent work of The Wheel and other voluntary coordinating bodies over many years to improve governance of the charitable sector.

Every charitable organisation I'm associated with has either achieved compliance with The Wheel's Code of Governance for voluntary bodies or is on the way to compliance. Well run charities welcome good governance standards.

Good governance helps ensure

- Respect for the vision of the founder/s – Bartholomew Mosse, St John of God, St Vincent de Paul, Catherine McAuley, Edmund Rice, Mary Aikenhead, those intrepid parents and friends of previous decades and all those people who inspired others to join them in dedicating their lives to the relieve suffering, educate the poor, advocate for social reform.

- Focus on the mission of the organisation

- Adherence to the laws of the land is respected

- Accountability to those who provide funding to the organisation – either taxpayer's money or public/private donations

- the organisation is accountable and transparent to its volunteers, staff and, most important of all, the clients it serves.

It is reassuring that the Charities Regulator, John Farrelly, understands the role of good governance in the sector and the need for a nuanced

approach. '*Good governance is the foundation stone of a well-managed charity. It needs to be proportionate to the size of the charity and to the work that particular charities do. It is clear from our work to date that a one-size-fits-all approach will not work.*[ii]

In May this year, the Charities Regulatory Authority published The *Report of the Consultative Panel on the Governance of Charitable Organisations.* The purpose of the document is '*to assist charities achieve their goals, meet their legal obligations and achieve transparency and accountability in all that they do.'* [iii]

The recommendations of the Consultative Panel are sound:

- A new, principles-based governance code for charities to be issued by the Charities Regulator
- Streamline compliance and reporting duplication between state bodies
- Better information for charity trustees
- Advisory maximum limits on the term of appointment of trustees
- Research on the profile and number of charity trustees in Ireland

While long overdue, the story of charity regulation so far is a good one. The Regulator understands the contribution that charities make to the quality of life in Ireland. The Regulatory Authority has closed sham charities. Weaknesses in the governance of other charities have been exposed and the whole sector is responding to the challenge of more transparent and accountable governance. It is, I'm afraid to say, a very different story to that of experience of charities in the health sector.

Why Independent governance of charities should matter to the DOH and the HSE

Charities are particularly active in the health and personal social care sector. In 2017, the HSE funded over 2,200 voluntary organisations under Section 38 and Section 39 of the Health Act 2004 to deliver health and personal social care services.[iv] The funding provided was approx €3.6bn under both sections and was equivalent to one quarter of the total health budget in that year.

In 2017, 39 voluntary agencies received €2.8bn under Section 38 – the voluntary hospitals and 12 voluntary disability service providers - while the remainder received €.8bn under Section 39. Of interest is that

Beaumont and St James's Hospitals, both statutory hospitals, are funded under the same section.

There appears to be a difficult relationship between DOH/HSE and voluntary bodies in the health sector.

The relationship appears to have deteriorated rapidly since the crisis in public finances in 2009-11. There was a significant reduction in funding for services at a time of growing demand and higher standards of care required by HIQA. Issues which in a previous period might have been resolved diplomatically between the HSE and service providers have instead been handled acrimoniously and, sometimes, in the full glare of the media. These rows have damaged the trust of public and service users in the voluntary organisations concerned. There appears to be an unprecedented level of hostility towards some voluntary organisations. One has the impression that HSE is more concerned with pursuing historic pension and salary issues than with ensuring good relationships with organisations delivering vital services to the public.

Hospital Groups

If skirmishes are being fought with charities in the disability sector, the battle over the future of voluntary organisations is raging in the hospital sector.

Voluntary hospitals are vulnerable on many fronts. They are overly dependent on annual state grants from the HSE and the conditions that may be attached to that funding. As religious commitment in society declines, less people share the values of their founders and may not appreciate or may even resent the diversity that voluntary hospitals bring to service provision. There is also a relentless centralisation of control at work in the health services that threatens their independent governance. The battleground is the creation by the DOH and HSE of Hospital Groups.

The reports on the problems of Tallaght and Portlaoise hospitals some years ago highlighted the consequences of poor governance for the quality of care patients receive. These reports helped focus attention on the close connection between good governance and the quality of care in a hospital. The HIQA report on Portlaoise also drew attention to problems of hospital governance, or rather the lack of it, in the HSE. Against this background, the new governance structure for hospital groups and their implications for voluntary hospitals need careful

examination. To understand the implications of what is proposed and to understand why the proposals pose a major threat to the future of voluntary hospitals, it is necessary to stand back and ask the question – where did the proposal for hospital groups come from?

What to do with HSE Hospitals?

The Programme for Government in 2011 announced a major reform of the health service, including the gradual introduction of Universal Health Insurance (UHI) and the abolition of the HSE. The Programme for Government announced that

'*Under UHI* public *hospitals will no longer be managed by the HSE. They will be independent, not-for-profit trusts with managers accountable to their boards. Boards will include representatives of local communities and staff.*

Smaller hospitals may combine in a local hospital network with a shared management and board'.[v]

It is clear from this quotation that the original intention of the Government was to provide an independent governance structure for former HSE hospitals and to encourage the smaller of those hospitals to combine in hospital networks. There was no reference to hospital groups at all. There was no mention of the inclusion of voluntary hospitals or of the hospitals with statutory boards, such as St James's Hospital or Beaumont Hospital.

However, by the time of the publication of **Future Health –A Strategic Framework for Reform of the Health Service 2012-2015** in November 2012, thinking had changed. According to this policy statement,

'*Public hospitals will be reorganised into more efficient and accountable hospital groups that will harness the benefits of increased independence and a greater control at local level.*

The current system of governance in the Irish hospital sector is unsatisfactory. The distinction between the voluntary and statutory sectors has created an uneven terrain for optimising patient care and has restricted the development of the management systems and leadership we require to run a world class, national hospital network. We want to take the best of the governance and autonomy currently found in the voluntary sector and create a new governance system that can give the benefits of

increased independence and greater control of local clinical leadership to every hospital in Ireland.' [vi]

One can see in this statement that the 'public hospitals' referred to are no longer the HSE hospitals of the Programme for Government. 'Public hospital' is now being used as the generic term to include HSE and other statutory hospitals on the one hand and voluntary hospitals on the other and all are to be organised into hospital groups. And the distinction between statutory and voluntary hospitals has been identified as part of the problem – in a sweeping and highly contestable statement that the distinction between the two kinds of hospital has restricted the development of management systems and leadership.

But perhaps there is a crumb of comfort to be found in the comment that the new groups will be based on the '*best of the governance and autonomy currently found in the voluntary sector'*. I will return to that issue later in this paper.

Higgins Report

In February 2013, Professor John Higgins, presented the report of the strategic group on ***The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts*** to the Minister for Health.[vii] It is worth noting that no member of the strategic group was from a voluntary hospital. The Minister moved quickly to establish the recommended hospital groups on an administrative basis. And while the Higgins Report refers to consultative meetings, there does not appear to have been any formal consultation by Government with the voluntary hospitals for which the changes implied fundamental change.

The Higgins report recommended six hospital groups in addition to that formed by the group of voluntary paediatric hospitals that will merge into a new entity, with a state appointed board, and move to the new Children's Hospital when constructed. Minister Reilly moved quickly to put the hospital groups in place on an administrative basis.

A Hospital Group

It is instructive to reflect on the scale of the hospital groups that have been established on this informal basis. The Ireland East Hospital Group is the largest of the groups and involves 11 hospitals, of which six are voluntary and five are statutory. Between them they provide for the hospital needs of population of 1.1m people, in a part of the country in

which the population is growing rapidly. The geographic remit covers Dublin, Meath, Westmeath, Carlow, Kilkenny, Wicklow and Wexford. In 2016, the combined turnover of the hospitals in the group was over €1bn. The hospitals in the group were responsible for 130,000 discharges, 188,000 day case discharges and 734,000 outpatient appointments. Nearly 300,000 people were treated in the accident and emergency departments and 14,600 babies were delivered. The hospitals in the group employed 11,000 people, of which 7,000 are health professionals. [viii] By any standards, this Ireland East Hospital Group is a large and complex network, requiring sophisticated governance.

Governance of the Hospital Groups

The Minister for Health appointed the chairs of each group in 2014. Chief executives were also appointed – but because the boards are non-statutory and administrative only, the employment contract of the CEO is with the HSE. At the end of 2017 and early 2018, members have been appointed to the 'boards' of all but one hospital group. It was initially proposed that the hospital groups be established under the Health Act 2004 as committees of the HSE but this proposal was dropped following opposition from the hospitals involved.[ix]

The information provided in 2017 to prospective members of the boards of the hospital groups makes clear that the sole line of executive accountability for the Group CEO is to the HSE's National Director for Acute Hospital Services. While the document specifies that the relationship between the Group CEO and the voluntary hospitals '*under their remit'* is governed exclusively by the Service Level Agreement entered into between the HSE and each voluntary hospital, it is expected that the group boards will *'facilitate a direction of travel towards independence with responsibility for the governance, management, administrative, financial and clinical affairs within a performance and accountability framework'*. [x]

Perhaps it is not surprising then that the CEO of HiQA, Phelim Quinn, in referring to the follow up to hospital inspections by HIQA has pointed to the lack of clarity about governance in our hospitals – *'Sometimes it is very, very difficult to actually get a handle on where accountability sits'*, he said. [xi]

Legal Status of the Voluntary Hospitals

The most serious criticism of **Future Health**, the **Higgins report** and the **White Paper on UHI** is that they did not address the issue of legal status and ownership of voluntary hospitals in the context of a hospital group or future trust. One would have expected some acknowledgement of the legal basis upon which voluntary hospitals were established – by Royal Charter, under Acts of Parliament, as limited companies with charitable status, or Public Juridic Persons – and the fiduciary duties of the trustees, governors or directors arsing from their legal obligations. But no, they are treated as 'public hospitals' in the same category as the HSE hospitals that have no tradition of independent governance.

There are only two references in the Higgins report that touch on the issue of the independence of voluntary hospitals within hospital groups.

Where a hospital group has one or more pre-existing hospital boards, the hospitals in the group must work through voluntary delegation of powers and common membership, to reach a position where the interim group board is the effective decision making body for the hospitals in the group.[xii]

The Position of the Voluntary Hospitals
Voluntary hospitals, given their current independent legal status, should retain their own management teams who will be responsible to the group leadership team for delivery of the element of the group Business Plan/MOU. However, as the group management team begins to deliver group corporate functions, it should be possible for voluntary hospital group members to begin to reform their management teams within an overall agreed framework for the group.[xiii]

This is all that the official policy documents on hospital groups have to say about the position of voluntary hospitals – hospitals that currently provide 30 per cent of the hospital services in the country and some which have been operating successfully for over 250 years!

Transition to Independent Hospital Trusts

According to the policy documents, the creation of the hospital groups is a transition to the creation of independent hospital trusts. But what will these trusts look like and what independence will they have?

We are given very little information about the nature of these future trusts – we are told that they will require primary legislation, and the groups will be subject to government policy on procurement, pay and recruitment. The only 'trust' that has advanced is that set out in draft legislation for the structure for the National Children's Hospital, which will subsume two voluntary hospitals – Our Lady's Hospital Crumlin and Temple St Hospital and the paediatric services of Tallaght Hospital. In this case, the boards of the three hospitals agreed, some under pressure, to transfer their paediatric services (and in the case of Crumlin) their assets to the new hospital trust. The negotiations on the governance of the new Hospital were long and detailed and those negotiating on behalf of the voluntary hospitals won a number of concessions. These included a statement in the preamble to the draft legislation that the new Hospital will '*fulfil its object and exercise its functions in a manner which has due regard to the culture and tradition of voluntarism'*,[xiv] the election of the chair by the members of the board, rather than appointment by the Minister and some other safeguards around the appointment of members of the board. It is also proposed that it be a charity, or at least has charitable status, under the Revenue Commissioners.

However, the National Children's Hospital will be a statutory body, subject to extensive control by the HSE, the Minister for Health and the Minister for Public Expenditure and Reform, even to the extent that the Minister for Health can dismiss its board if there are three consecutive meetings without a quorum.

The initial signs that the future trusts will be independent are not encouraging. The Irish state has no track record of devolution in any sector. On the contrary, the practice since independence has been of relentless centralisation, as we have seen only too well in the health services and in local government. More fundamentally, it is not in the state's power to 'devolve' autonomy from voluntary hospitals to the new hospital groups.

The Hospital Trusts were to be part of a new structure for a health service funded through social insurance in which the HSE would be abolished and its many functions carried out by other bodies. However, all that happened was the abolition of the board of the HSE. For the past 7 years, the Director General of the HSE reported directly to the Secretary General of the DOH. What was once a clear division of roles in the health service between that of the Department in respect of finance, legislation and national policy and that of the health boards and then HSE to deliver health services, has been blurred if not entirely removed. At the same

time, the control of public funds voted for the health services returned from the HSE to the DOH. The Minister and the Department have now highly centralised control of the health system and while the current government is committed to reappointing a board of the HSE, the heads of the legislation suggest that the current level of control by the Department of the HSE will remain.[xv]

Even when the proposed 'independent' trusts are established by legislation, the Higgins report recommended that the CEO of each Trust report *through* his or her chair to the Director of the HSE/Director of Hospital services or equivalent. This is most peculiar governance, as anyone who has every managed an organisation or been on the board of an organisation, even a public organisation, will know.

The establishment of hospital groups, even on an informal basis, has had an insidious effect on the governance of those voluntary hospitals that are members of each group. In many cases, the CEO, the finance officer or the HR manager of voluntary hospitals have been appointed to a group role and have become HSE employees, with their substantive roles filled by people acting up. Senior staff of voluntary hospitals now have to report not only to their boards and the HSE but to the hospital group of which they are a member, thus weakening their accountability to their boards. In some cases, the chair of the voluntary hospital has been appointed chair of the hospital group, thereby creating a serious conflict of interest. One could conclude that this is the death of the voluntary hospital sector by a thousand cuts rather than an open execution.

While the language of independent trusts appears to be borrowed from English experience, the application in an Irish context seems to have overlooked a number of safeguards to independence that have been built into the Foundation Hospital Trusts in England – such as their reporting relationship to Parliament, not the Secretary of State for Health and the provision that residents of the catchment area of the Trust and the staff of the Trust can become members of the Trust and appoint Governors who in turn appoint the board of management. In a Irish context, the combination of ministerial appointment of board members and an overwhelming dependence on public funding – either under the current budget allocations or the proposed money follows the patient model and for capital developments – plus the requirement of compliance with policies and directions on procurement, payroll and recruitment and you have state owned and managed public organisations in all but name.

A particular concern has been the reluctance of the Minister and Department to publish draft legislation which would provide the legal framework for the hospital groups. It is interesting that one of the recommendations of the HIQA report on Portlaoise Hospital was that the DOH

'*should expedite the necessary legal framework to enable the group boards of management and chief executive officers of each hospital group to comprehensively perform their governance and assurance functions.'* [xvi]

While the Minister for Health, Leo Varadkar committed to implementing this recommendation without delay, the only published proposal to date is for the governance of the hospital trusts is for the National Children's Hospital which does not fit a scenario where a voluntary hospital wants to continue its independent governance. However, in August 2017 Minister Vradkar established the Independent Group, chaired by Catherine Day, to recommend '*how the relationship between the State and voluntary organisations in the arena of health and personal social services should evolve in the future'*.[xvii] The Review Group is to give particular attention to the issue of providing services through religious or faith-based organisations.

The Independent Review Group has engaged in extensive consultation on the issues in its terms of reference. Question 7 of the Review Group's consultative questionnaire provides an insight into the thinking of the secretariat, if not the members of the Review Group. The question is posed - should voluntary organisations funded under Section 38 of the Health 2004 '*be offered the option of becoming statutory bodies'* on the basis that they '*are virtually fully funded by the State and their employees are public servants'*. [xviii]

The members of the Independent Review Group – Catherine Day, Professor Jane Grimson and Dr Deidre Madden - are highly accomplished and respected individuals whom I have no doubt will provide an objective analysis of the current relationship between the voluntary organisations and the HSE/DOH and sound recommendations fro the future. Their report is expected this summer.

Slaintecare Report

The Slaintecare Report published in May 2017, while admirable in many ways, is explicit in its view that '*it is not appropriate that so much of the*

Irish public health service is in private ownership'. [xix] While not advancing any argument as to why the diversity of ownership is '*not appropriate'*, it appears to share the assumption that the mix of public, voluntary and private providers is preventing the integration of care in the health services. It calls for the divestment of these facilities over a reasonable period. It expresses concern about '*the proliferation of S 39 organisations'* and the overreliance of the State on charities for the delivery of what should be a State responsibility. While recognising the important advocacy role that many charities perform, it calls on the Charities Regulator to carry out a substantial rationalisation of the sector to achieve '*greater coherence and value for money'*. [xx] So not much succour to be found in for voluntary healthcare organisations within the covers of this influential report.

Nationalisation of voluntary hospitals?

What is clear from this account of the development of policy on the creation of hospital groups and trusts is that without debate or rigorous analysis, it has changed from a proposal to resolve the future ownership of HSE hospitals to one that is radically reorganising all statutory and not for profit hospitals in the state. It suggests that what is proposed is not so much a divestment of HSE/Department of Health responsibility for the hospitals in public ownership as – and I choose my words carefully - an effective nationalisation of hospitals that are independently owned and/or governed in the proposed trusts. And if the voluntary hospitals are offered '*the option of becoming statutory bodies'* can the disability organisations be far behind?

Challenge assumptions

We need to challenge the assumptions under which these policy changes are being made.

The first question is whether we have we too many charities. Comparative figures provided by the Charities Regulatory Authority suggest, if anything, we may have too few. The table below makes a rough comparison between the number of charities in countries in the English speaking world and their populations to give a ratio of charities per head of population.

Has Ireland too many charities?

	No of charities	Population(m)	Ratio charity:pop

Ireland	9061	4.773	526
Australia	55,851	24.13	432
Canada	86,264	36.29	420
England/Wales	168,237	58.414	347
New Zealand	27,762	4.693	169
N.Ireland	6,009	1.862	309
Scotland	24,353	5.405	222

Source: Charities Regulatory Authority, Consultation paper on governance in the charity sector, Appendix for the number of charities. Various sources for population.

It would be very helpful if the Charities Regulatory Authority were to publish comparative figures on the number of charities, their activities, their funding sources so that we could have an informed debate about the relative size of the voluntary sector in this country.

One must challenge the assertions about the adequacy of voluntary hospital governance in the policy documents. Where is the evidence that it is the difference in governance between HSE/statutory hospitals and voluntary hospitals that is holding Ireland back from having a world class hospital network? Is governance the problem as distinct from the inadequate investment in appointing specialists, weak clinical leadership at national and hospital level, inadequate manpower planning, under investment in primary care and diagnostics, lack of investment in IT systems – all of which are identified as weaknesses by the Slaintecare Report - or the over-centralisation of decision making in the HSE/DOH?

We know that the combination of good governance, excellent clinical leadership, strong service commitment and adequate resources in our voluntary maternity hospitals have established Ireland's international reputation in obstetrics – a reputation acknowledged by the Higgins report. We also know from the success of the national cancer strategy led by Professor Tom Keane some years ago that a combination of excellent clinical leadership, good planning and adequate resources overcame many of the perceived deficiencies in the organisation of hospitals in Ireland without any change in governance or ownership. Yes, HIQA in its report of May 2012 identified problems with the governance of Tallaght Hospital that impacted on the Hospital's services but these problems were all remedial and as far as I know have been addressed. Should the experience of one voluntary hospital blacken the reputation of the entire sector?

And what about private hospitals – which are mostly run for profit? They are to be providers of hospital services under UHI yet they will continue as independent hospitals. Can it be argued that by remaining outside hospital groups, the private hospitals are creating inefficiencies and lack of accountability and holding Ireland back from achieving a world class hospital network? Or is there something different about a private hospital that exempts them from the logic applied by the Higgins Report to statutory and voluntary hospitals?

We also need to challenge the assumption that because voluntary organisations received State funding and their staff are considered to be 'public servants' that their rationale for being 'voluntary' no longer exists. The 'State' is not a disembodied entity that can assume the untrammelled right to decide how the taxes people pay for services should be distributed. Officials like to think of the State as the 'piper calling the tune' but changing the metaphor slightly, perhaps state officials merely pass the cap around to pay the piper, with money collected from us, the taxpayers, who call the tune. The categorisation of staff of the larger voluntary agencies as 'public servants' dates from the financial crisis and is largely based on the entitlement of permanent staff to state supported pension.

We should also challenge the assumption that faith based organisations dependent on public funding have no place in a secular society; that in a secular society every institution should provide every service that is lawful, no matter what the ethos of that institution. That is a totalitarian position, not one that is appropriate to a democratic, pluralist society that can accommodate all shades of opinion. We have a well established recognition of personal conscientious objections for health professionals, provided arrangements are made for the care or transfer of the patient, most recently enshrined in the Protection of Life during Pregnancy Act, 2013. Can the same recognition of conscientious objection by a voluntary hospital or healthcare agency not be provided for in legislation?

Treatment of Voluntary Sector

One has to ask why is the voluntary hospital sector is being treated in the way I have outlined? Instead of facing up to the implications of centrally established and controlled hospital groups for the future of the independent ownership and governance of the voluntary hospitals, so far all we have been presented with are words of advice on how such

hospitals should reconcile the conflicts that will arise for their boards and management teams because of their inclusion in hospitals groups.

I am not a lawyer but it seems to me that any suggestion that a legally appointed board of a hospital voluntarily hands over its responsibilities for governance of its hospital to an un-established, interim group of people, no matter how well intentioned, would put the board of that hospital in serious breach of its legal responsibilities. There are similar problems with any suggestion that the management team of a voluntary hospital bypass its board and report to a group management structure – particularly during this 'administrative' phase of the existence of hospital groups.

Has the Government made a calculation that the boards of voluntary hospitals are going to roll over and hand the ownership and control of their hospitals to the state without protest?

Harassment of Voluntary Hospitals

Helena O'Donoghue, a leader of the Mercy Order in Ireland, in an article in **The Furrow** in 2014 refers to what she describes as the 'harassment' of voluntary hospitals in the context of the decision to amalgamate the three voluntary children's hospitals without seeking their prior agreement and the stipulation from Government that the Mater provide a site, free and unencumbered, for a Children's Hospital which it would not either own or manage.[xxi] The author sees a gradual erosion of independent decision making and culture and ethos of voluntary hospitals to such an extent that their trusteeship, responsibility and mission are no longer recognised. She reminds us that voluntarism is defined by its altruistic purpose, ability to respond to need, capacity to innovate and ability to balance efficiency with human values. She makes a cogent case for the continuation of voluntary, not for profit and mission driven ownership of hospitals in Ireland on the grounds of the public good, including the promotion of diversity, choice of service provider and support for freedom of association.

Conclusion

In my view, the Minister and the Department of Health need to explain how their proposals for hospital groups will protect the '*best of the governance and autonomy currently found in the voluntary sector'* as it is far from clear from what has been written to date in policy documents and the actions taken they will do anything of the sort. On the contrary,

the evidence suggests that what is in train will destroy that very autonomy and governance and the quality of patient care that is associated with the voluntary sector. There is surely room in our health service for a diversity of governance arrangements and it is not beyond the imagination of creative minds to design a governance structure that will combine the benefits of a hospital network – and there are clear benefits for patients from hospitals working together in an integrated way - with respect for the independent ownership and governance and autonomy of participating hospitals. The same argument can be made for the continued participation in health and social care services of the voluntary agencies in the disability sector. The work of the Independent Review Group will be of great importance to shaping the relationship of the voluntary sector and the health authorities and hopefully opening a new, and more constructive chapter in that relationship.

As part of that new relationship, I'd like to suggest that, the Charities Regulatory Authority could play a useful role to play in confirming for all funders that the governance of a voluntary organisation is in order and that governance would no longer be part of the discourse between the HSE as a funder and the voluntary service providers. That discourse should be predominantly about the most effective way of meeting the needs of patients and clients with available funds.

There is clearly common cause to be made between the voluntary organisations in the disability sector and those in the hospital sector to make the argument to the public, politicians and officials about the added value of voluntary participation in the delivery of health and social services. It may need some rethinking of the language used about voluntary involvement and the messages to be conveyed about the entire sector but the existential threats that I have outlined demand a coherent response. I have no doubt that the voluntary sector can rise to that challenge as you have successfully risen to so many challenges in the past.

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[i] Charities Regulatory Authority, Report of the Consultative Panel on the Governance of Charitable Organisations, May 2018, pg 8 and Deidre Garvey, Irish Times 10 May 2018
[ii] John Farrelly, Charities Regulator, Cork Examiner , 11 May 2018

[iii] Ibid www.charitiesregulatoryauthority.ie
[iv] Health Act 2004 Section **38.—**(1) The Executive may, subject to its available resources and any directions issued by the Minister under *section 10* , enter, on such terms and conditions as it considers appropriate, into an arrangement with a person for the provision of a health or personal social service by that person on behalf of the Executive.

Section 39.—(1) The Executive may, subject to any directions given by the Minister under *section 10* and on such terms and conditions as it sees fit to impose, give assistance to any person or body that provides or proposes to provide a service similar or ancillary to a service that the Executive may provide

[v] Programme for Government 2011 pg 34 www.taoiseach.ie
[vi] Future Health –A Strategic Framework for Reform of the Health Service 2012-2015, para 9.3, www.health.gov.ie
[vii] The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts, February 2013, www.health.gov.ie
[viii] Ireland East Hospital Group, Annual Report 2016
[ix] Remarks by Jim Breslin, Secretary General, DOH at the Voluntary Healthcare Forum 27 May 2015
[x] www.*StateBoards.ie Appointment as Members of the RCSI Hospital Group Board Sept 2017*

[xi]Medical Independent 5 April 2018
[xii] Higgins Report p 32 emphasis mine
[xiii] Higgins Report p 104 emphasis mine
[xiv] The General Scheme of the Children's Health Bill, 2017 , Part 1 Preamble
[xv] General scheme Health (amendment) Bill – HSE Board Bill 2018, www.health.gov.ie
[xvi] HIQA Report of the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise, May 2015, recommendation 4
[xvii] Independent review Group to examine the role of voluntary organisations in publicly funded health services. www.health.gov.ie 29 August 2017
[xviii] Independent Review Group, Consultative Questionnaire www.health.gov.ie
[xix] Oireachtas Committee on the Future of Healthcare, Slaintecare Report 2017 pg 92
[xx] Ibid
[xxi] Helena O'Donoghue, The Furrow Vol 65, No 9 September 2014