

Public Consultation into role of Voluntary Organisations

(Version for Organisations)

Word version of survey for the following categories of respondent:

- Those affiliated with a relevant organisation but providing views in an individual capacity
- Those providing the official response on behalf of an organisation

Section 1 – Introduction

In Ireland, health and personal social care services are provided through three strands:

- (i) Public statutory organisations (primarily the HSE)
- (ii) Private/for profit organisations
- (iii) Voluntary/not-for-profit organisations

This consultation relates to the third type of service provision – that provided by so-called ‘voluntary organisations’.

Voluntary organisations are independently owned and governed not-for-profit organisations involved in the delivery of health and personal social services ranging from, for example, hospital care to community and residential care of those with physical and intellectual disabilities. They usually have charitable status and are also often registered companies. Voluntary organisations have a long tradition of providing health and personal social services. Some have been in existence for hundreds of years and were the only source of health and personal social care in Ireland prior to the development of state care in the twentieth century. Some of these organisations are under the ownership and supervision of religious orders. Voluntary organisations vary significantly in terms of size, the range of services provided and local, regional or national coverage. Voluntary organisations are usually governed by a non-executive Board of directors who contribute their time and expertise on an unpaid basis.

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. Funding of approximately €3.6 billion was provided to Section 38 and Section 39 organisations. This represents approximately one quarter of the total annual health budget. Of that amount, the thirty-nine Section 38 organisations (which includes a number of large voluntary hospitals) received approximately €2.8bn, while over 2,200 Section 39 organisations received €0.8bn.

Section 38

Section 38 organisations provide health or personal social services on behalf of the HSE. A list of Section 38 organisations can be found at [Appendix 1](#). The staff of Section 38 organisations are employed as public servants.

Section 39

Section 39 organisations provide health or personal social services that may be similar or ancillary to those which the HSE provides. Section 39 organisations range from large service providers to very small community-based social services. The staff of Section 39 organisations are not public servants – Section 39 organisations are responsible for determining the salaries and terms and conditions of their staff. Given the level of public funding involved they should have due regard to public pay policy.

Voluntary organisations highly value their independence and autonomy while agreeing on the need for appropriate oversight and accountability for the public funding received. In many cases,

voluntary organisations are almost entirely funded by the State. However, this varies across organisations and many also generate some own funding from additional sources, for example from fundraising or charitable donations.

An Independent Review Group has been established to examine the role of voluntary organisations in the operation of health and personal social services in Ireland. The terms of reference for the Independent Review Group can be found at [Appendix 2](#).

The Independent Review Group is seeking the views of service providers, service users, the public, funders, regulators, and other interested parties. Responses to this consultation will inform the work of the Independent Review Group as it examines these issues.

Completing this questionnaire

This questionnaire is broken into the following sections:

Section 1 - Introduction

Section 2 - Your details

Section 3 - Strengths and weaknesses of voluntary organisations

Section 4 - Relationship between the State and voluntary organisations. (This section covers the HSE, reporting arrangements, wider health system developments, and the role of the Department of Health.)

Section 5 - Funding arrangements

Section 6 - Governance

Section 7 - Legal classification of voluntary organisations

Section 8 - Smaller Section 39 organisations

Section 9 – Ethos

Section 10 - Any other issues

There is space for further comments at the end of each section and at the end of the questionnaire. It will take approximately one hour to complete the full questionnaire. However, many questions are optional and you are not obliged to answer all questions. It is possible to save your answers and continue at a later time. If you are completing this questionnaire in soft copy, check boxes can be selected by clicking within the white square () and deselected by clicking again.

If you have any questions about this consultation, please contact the Review Group Secretariat by emailing VoluntaryOrganisationsConsultation@health.gov.ie or by calling 01-6354418.

Closing date

The closing date for returning the questionnaire is 5pm, 11 May 2018.

Data Protection and Privacy Provisions

The information shared by you in this consultation will be used solely for the purposes of policy development and handled in accordance with data protection legislation. An analysis of replies

received as part of the public consultation may be published online, including a list of organisations and representative bodies that responded. Comments submitted by individuals may be used in the final consultation report but these will be anonymised. All personal data is securely stored and subject to data protection laws and policies.

Freedom of Information

Please note that replies received by the Review Group are subject to the Freedom of Information (FOI) Act 2014 and may be released in response to an FOI request. It is important to be aware that unless you clearly identify any commercially or personally sensitive information in your reply, you are submitting it on the basis that you consent to it being made available in full. If you consider any information you provide to be confidential or commercially sensitive, please indicate so in your response.

Section 2 - Your details

In this section, we ask you to tell us a little about yourself so we can look at the responses received from different points of view. This is the only reason for collecting this information.

Q: Please provide the name of your organisation:

Organisation name _____

Q: Please provide the address and contact details of your organisation:

Address _____

Contact details _____

Q: Please provide your details:

Title _____

First name _____

Surname _____

Job title (optional) _____

Q: Please select the category that best describes your organisation:

- Service provider
 - Representative group
 - Trade union
 - Public body
 - Other (please specify) _____
 - Prefer not to say
-

Q: Which category of service provider do you fall into?

- HSE
 - Private / For profit
 - Voluntary / Not-for-profit
 - Not applicable
-

Q: Is your organisation a Section 38 or a Section 39 organisation?

- Section 38
 - Section 39
 - Both (please explain) _____
 - Neither (please explain) _____
 - Not applicable
-

Q: What is your annual level of public funding?

- < €50,000
 - €50,000 – €150,000
 - €150,000 – €250,000
 - €250,000 – €3m
 - > €3m
 - Prefer not to say
 - Not known
 - Not applicable
-

Q: Please indicate the area(s) in which your organisation is active. Tick all that apply.

- Acute hospitals
 - Mental health
 - Physical disability
 - Sensory disability
 - Intellectual disability
 - Older persons
 - Palliative care
 - Community support
 - Advocacy
 - Other (please specify) _____
-

Q: Please indicate the geographical reach of your organisation:

- National
 - Regional
 - Local
 - Prefer not to say
-

Q: If applicable, please indicate the size of your membership:

Section 3 – Strengths and weaknesses of voluntary organisations

Voluntary organisations have a long tradition of providing health and personal social services. Many were founded over two centuries ago and were the only sources of health and personal social care for the poor of Ireland before the days of state-provided health care. Voluntary organisations can foster reform and innovation and also advocate the cause of disadvantaged groups. They can raise significant sums from private sources to support investment in local care and care for those with particular illnesses or disabilities. In many cases, voluntary organisations were established to meet a specific need where there was a gap in service provision. These organisations may grow in size and require greater levels of state funding to continue their work.

Voluntary organisations often rely, to a varying extent, on volunteers who provide their time freely to support their activities or to fundraise. Voluntarism brings benefits both to those who provide their time, as well as to local communities and society as a whole. Volunteering can provide a sense of purpose and increased well-being, while also helping to build a more cohesive society.

In this section, we would like to hear your views on the strengths and weaknesses related to providing health and personal social care services through voluntary organisations.

Q: What are the strengths of voluntary organisations (compared to the public and/or private sectors)?

Examples could include the capacity for innovation, the ability to advocate the cause of disadvantaged groups, the ability to raise own sources of income etc.

In answering this question, please identify strengths in order of importance (with Strength 1 being the biggest strength)

Strength 1 _____

Strength 2 _____

Strength 3 _____

Strength 4 _____

Strength 5 _____

Q: How can the strengths you have identified above be supported and preserved in the future?

Q: What are the weaknesses of voluntary organisations (compared to the public and/or private sectors)?

Examples could include the risk of duplication among providers, organisations being too small scale, an overly high burden of overheads etc.

In answering this question, please identify weaknesses in order of importance (with Weakness 1 being the biggest weakness)

Weakness 1 _____

Weakness 2 _____

Weakness 3 _____

Weakness 4 _____

Weakness 5 _____

Q: How can the weaknesses you have identified above be eliminated or minimised in the future?

Q: Any further comments you wish to add in relation to the strengths and weaknesses of voluntary organisations

Section 4 - Relationship between the State and voluntary organisations

The role played by voluntary organisations in the area of health and personal social care, how they are organised, and their arrangements with the State have changed over time and will continue to evolve as Irish society changes.

A number of state authorities have oversight roles in relation to voluntary organisations. For example, many must report to the Companies Office, to the Charities Regulator and to the HSE. Many are also subject to inspections by HIQA. The requirements of transparency and accountability must be balanced against the administrative burden and cost placed on service providers, as well as the proportion of their total funding provided by the State.

With regard to HSE oversight, Section 38 and 39 providers in receipt of €250,000 and above annually are required to sign a standard Service Arrangement (SA). The SA comprises two Parts:

Part 1 sets out the detailed terms and conditions which attach to the release of funding to providers. Part 1 generally covers a period of four years.

Part 2 (the schedules) sets out inter alia the annual amount of funding to be released and the quantum of services to be provided for the funding. Part 2 is reviewed annually.

Section 38 and 39 providers in receipt of less than €250,000 annually are subject to a Grant Aid Agreement, which involves a lighter imposition of reporting obligations.

In this section we would like to hear your views on the relationship between the State (including the HSE and Department of Health) and voluntary organisations in the area of health and personal social care, for example reporting arrangements and wider health system developments.

Q: What principles should guide the relationship between the State and voluntary organisations into the future?

Examples could include partnership, respect, trust, accountability etc.

In answering these questions, please identify principles in order of importance (with Principle 1 being the most important).

Principle 1 _____

Principle 2 _____

Principle 3 _____

Principle 4 _____

Principle 5 _____

Q: Is the current balance of accountability vs. autonomy for voluntary organisations appropriate?

- Yes (please explain why) _____
- No (please explain why not) _____
- Do not know

Q: How would you describe the current relationship between voluntary organisations and the HSE?

- Extremely good
- Somewhat good
- Neither good nor bad
- Somewhat bad
- Extremely bad
- Do not know

Q: If you wish, please provide examples to support your answer

Q: If applicable, please provide suggestions as to how the relationship between voluntary organisations and the HSE could be improved

Q: How do you feel the following are currently managed in the Service Arrangement (SA) process?

Please select the box which you think most appropriately describes how each of the issues on the left are managed. You may also add additional issues to this list beside 'Other'.

	Extremely well	Very well	Moderately well	Slightly well	Not well at all	Do not know
Recognition of full costs of service provision in the SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrangements for dealing with budget deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal provisions in the event of disagreement between a voluntary organisation and the HSE concerning the SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of SAs to be signed by each organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional variations among Community Healthcare Organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of autonomy to implement signed SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q: If applicable, please provide suggestions as to how the Service Arrangement process could be improved

Suggestion 1 _____

Suggestion 2 _____

Suggestion 3 _____

The Grant Aid Agreement document is the legal contract for voluntary organisations funded under Section 39 of the Health Act 2004 which are in receipt of funding below €250,000

Q: If applicable, please outline your views in relation to the Grant Aid Agreement process.

What works well _____

What could be improved _____

Q: Do you think a single centralised IT system should be developed in order to improve and standardise information flows between voluntary organisations and the HSE?

Yes (please include any further comments)

 No (please include any further comments)

 Do not know

Q: What would be the implications for your organisation of a single centralised IT system for use between voluntary organisations and the HSE?

- Positive implications _____
 - Negative implications _____
 - Do not know
-

In addition to reporting to the HSE, voluntary organisations are currently required to report the same or similar data to a number of State bodies such as the Charities Regulator, Health Information and Quality Authority and Companies Registration Office.

Q: In your opinion, should there be an agreed set of core data that is readily available to each of these State bodies?

- Yes (please include any further comments)

 - No (please include any further comments)

 - Do not know
-

Q: In your opinion, should the State invest in a single IT solution to collect and host this data?

- Yes (please include any further comments)

 - No (please include any further comments)

 - Do not know
-

Q: What would the implications of a cross-agency core data set and single IT solution be for your organisation?

- Positive implications _____
 - Negative implications _____
 - Do not know
-

Q: In your view, are voluntary organisations sufficiently involved in the development and implementation of policy or organisational changes in the health service?

- Yes (please provide any further comments)

 - No (please provide any further comments)

 - Do not know
-

Q: What are the implications for voluntary organisations of current and potential reforms (such as those outlined in the Sláintecare Report, Hospital Group and Community Healthcare Organisation development etc.)?

Q: What should the role of the Department of Health be in relation to voluntary organisations?

Q: Any further comments you wish to add regarding the relationship between the State and voluntary organisations

Section 5 - Funding arrangements

In 2017, the HSE provided funding of approximately €3.6 billion to Section 38 and Section 39 organisations. This represents approximately one quarter of the total annual health budget. Capital funding is also provided to organisations e.g. for buildings and equipment.

Q: In your view, are the current arrangements for protecting the State's investment of capital funding sufficient?

- Yes
- No
- Do not know

Q: If not, what else is needed? How should the State best protect its investment in capital buildings and equipment?

Q: Should all voluntary organisations in receipt of public funding be required to clearly state how assets owned by the organisation and used to deliver publicly funded services will be disposed of in the event of the winding up of the organisation?

- Yes (please provide your views on why and how)

 - No (please explain why not)

 - Do not know
-

Under the present arrangements, it is possible for the same organisation to be paid two different rates for the same service – one through the Service Arrangement and the other as a result of tendering to provide services.

Q: Have you encountered such a situation?

Yes

No

Q: If yes, in your view does this have benefits or disadvantages for the provider and/or service user? Please explain your answer

Benefits for the provider

Benefits for the service user

Disadvantages for the provider

Disadvantages for the service user

Other (please specify)

Do not know

Q: How important do you see each of the following for voluntary organisations into the future?

Please select the box which you think most appropriately describes the importance of each of the issues on the left are for voluntary organisations into the future. You may also add additional issues to this list beside 'Other'.

	Extremely important	Very important	Moderately important	Slightly important	Not at all important	Do not know
Move to multi-annual financing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More transparent allocation of grant funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move to a commissioning model for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q: Any further comments you wish to add in relation to funding

Section 6 – Governance

Voluntary organisations are usually governed by a non-executive Board of directors who contribute their time and expertise on an unpaid basis. The Board has responsibility for ensuring that an effective system of internal and financial control is in place. It oversees the strategic direction of an organisation, measures its performance and approves its financial statements as being accurate.

Q: What do you think are the main issues facing the Boards of voluntary organisations?

Issue 1 _____

Issue 2 _____

Issue 3 _____

Issue 4 _____

Do not know

Q: Any further comments you wish to add regarding the governance of voluntary organisations

Section 7 – Legal classification of voluntary organisations

This section seeks your views on the legal classification of voluntary organisations providing publicly funded health and personal social services as set out in the Health Act 2004.

Q: In your opinion, what are the advantages and disadvantages of being a Section 38 organisation?

Advantage 1 _____

Advantage 2 _____

Advantage 3 _____

Disadvantage 1 _____

Disadvantage 2 _____

Disadvantage 3 _____



Q: In your opinion, what are the advantages and disadvantages of being a Section 39 organisation?

Advantage 1 _____

Advantage 2 _____

Advantage 3 _____

Disadvantage1 _____

Disadvantage 2 _____

Disadvantage 3 _____



Q: Does the current legal distinction between voluntary organisations under Section 38 and Section 39 of the Health Act 2004 appropriately reflect a differentiation in service provision, public funding and reporting arrangements?

Yes (please explain your answer)

No (please explain your answer)

Do not know

Q: Given that the majority of Section 38 organisations are virtually fully funded by the State and their employees are public servants should they be offered the option of becoming statutory bodies?

Yes (please explain why) _____

No (please explain why not) _____

Do not know

Q: Should larger Section 39 organisations (e.g. those receiving over €5 million in state funding) be offered the option of becoming Section 38 bodies over time?

Yes (please explain why) _____

No (please explain why not) _____

Do not know

Q: Is there a case for developing a new category for larger Section 39 organisations (e.g. those receiving over €5 million in state funding)?

Yes (please explain why) _____

No (please explain why not) _____

Do not know

Q: If yes, please answer the following

How would this category differ from the existing Section 38 and Section 39 categories?

What funding arrangements should apply to this new category?

Any other comments

Q: Any further comments you wish to add on the legal classification of voluntary organisations

Section 8 - Smaller Section 39 organisations

There are currently approximately 2,240 Section 39 voluntary organisations delivering health and personal social care services in Ireland. They provide a wide range of services in areas such as intellectual and physical disability, mental health, care for older people, palliative care and more. Levels of funding range from very small amounts to several million. Some of these organisations may provide similar services and each carries its own administrative burden relating to accounting, legal, human resources management etc.

Q: Should smaller Section 39 organisations (e.g. those receiving less than €5 million in state funding) be encouraged to use shared services, for example for accounting, legal matters, human resources management etc.?

- Yes
 - No
 - Do not know
-

Q: If so, who should initiate and lead this process?

Q: In your view, what are the barriers to greater use of shared services among Section 39 organisations?

Barrier 1 _____

Barrier 2 _____

Barrier 3 _____

Q: In your view, is there a case for amalgamating many of the smaller Section 39 organisations (e.g. those receiving less than €5 million in state funding)?

- Yes (please explain why) _____
 - No (please explain why not) _____
 - Do not know
-

Q: If so, who should initiate and lead this process?

Q: In your view, what are the barriers to amalgamation of smaller Section 39 organisations?

Barrier 1 _____

Barrier 2 _____

Barrier 3 _____

Q: Any further comments you wish to add on smaller Section 39 organisations

Section 9 – Ethos

Every organisation has an ethos, often expressed as a statement of values, mission or vision statement that attempts to concisely describe what it does and how it does it. 'Patient-centred care', 'kind and considerate personal relationships', 'dignity', and 'compassion' are examples of terms frequently used to express ethos. Some voluntary organisations have a faith-based ethos while others do not.

Q: Have you ever experienced care in a faith-based health or personal social care organisation?

- Yes, as a service user myself
 - Yes, as a staff member
 - Yes, with a family member
 - Yes, other (please specify) _____
 - No
 - Do not know
-

Q: If so, do you think the religious ethos of the organisation was apparent in the range of services available / not available and/or the way they were delivered?

- Yes (please explain how the religious ethos was apparent)

 - No

 - Do not know
-

Q: If an organisation receives any amount of funding from the State, should it be required to state explicitly (e.g. in its ethos or mission statement) that its services are open to those of all faiths and none irrespective of the ownership of the organisation?

Yes (please explain your answer)

No - should depend on amount or proportion of funding received (please explain your answer)

No - other (please explain your answer)

Do not know

Q: Any further comments you wish to add in relation to the ethos of voluntary organisations

Section 10 - Any other issues

Q: Please provide any further comments that you feel are relevant to the role of voluntary organisations in publicly funded health and personal social services now and into the future

Thank You!

Appendix 1 - List of Section 38 Organisations

1. Beaumont Hospital
2. Brothers of Charity Services Ireland
3. Cappagh National Orthopaedic Hospital Designated Activity Company
4. Carriglea Cairde Services
5. Cheeverstown House Company Limited by Guarantee
6. Children's University Hospital
7. Cope Foundation
8. Coombe Lying-In Hospital
9. Cork Dental School & Hospital
10. Central Remedial Clinic
11. Daughters of Charity Disability Support Services Company Limited by Guarantee
12. Dublin Dental Hospital
13. Incorporated Orthopaedic Hospital of Ireland
14. KARE, Promotion Inclusion for People with Intellectual Disabilities
15. The Children's Sunshine Home Company Limited by Guarantee
16. Leopardstown Park Hospital Trust
17. Muirosa Foundation
18. National Maternity Hospital
19. Mater Misericordiae University Hospital
20. Mercy University Hospital Cork Company Limited by Guarantee
21. National Rehabilitation Hospital
22. Our Lady's Children's Hospital, Crumlin
23. Our Lady's Hospice & Care Services
24. Peamount Healthcare
25. Rotunda Hospital
26. Royal Hospital Donnybrook
27. Royal Victoria Eye and Ear Hospital
28. South Infirmary Victoria University Hospital
29. St. James's Hospital
30. Saint John of God Community Services Company Limited by Guarantee
31. St. John's Hospital
32. St. Michael's House
33. Saint Michael's Hospital - Dun Laoghaire
34. Saint Patrick's Centre (Kilkenny)
35. St. Vincent's Hospital Fairview
36. St. Vincent's Healthcare Group
37. Stewarts Care Limited
38. Sunbeam House Services Company Limited by Guarantee
39. Adelaide & Meath Hospital, Dublin incorporating the National Children's Hospital

Appendix 2 – Terms of Reference of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services

The Review Group shall examine and inquire into the current role and status of voluntary organisations in the operation of health and personal social services in Ireland, including religious and faith-based organisations, the strengths and weaknesses of this mode of service provision, the issues which arise in connection with the provision of services to the public through such organisations, and to make recommendations on how the relationship between the State and voluntary organisations in the arena of health and personal social services should evolve in the future. In particular, the Review Group shall

- Examine and inquire into the role played by voluntary organisations in the provision of health and personal social services in Ireland including the contribution such organisations have made and continue to make to the Irish health service;
- Seek views and consult with service providers, service users, the public, funders, regulators, and other interested parties;
- Provide a factual report with an overview of the different types of legal status and governance structures of health and personal social service providers which are owned, managed or governed by voluntary organisations, with more detailed factual information on the major acute hospitals and such other major providers as the review Group may deem appropriate;
- Outline the issues which, in the view of the Review Group, arise at present from the model of providing services to the public in the area of health and social care through voluntary organisations, and any particular issues arising in connection with providing services through religious or faith-based organisations, having particular regard to the availability of publicly funded health services, equality considerations, patient safety, value-for-money, clinical governance, education and training of healthcare professionals, performance oversight, protection of public capital investment and risk management.
- Outline the issues which, in the view of the review Group are likely to arise in the future from this model, having regard to changing patterns of religious affiliation in the population, changes in the organisations providing such services (including declining vocations to religious life), possible changes in the configuration of services, and possible future requirements for hospital amalgamation or co-location.
- Make recommendations to the Minister for Health on the principles which should inform the future relationship between the state and voluntary service providers; and
- Suggest options to the Minister for actions that would enhance the delivery of services and safeguard public investment, particularly where large capital investments are required or where withdrawal of services is being considered.