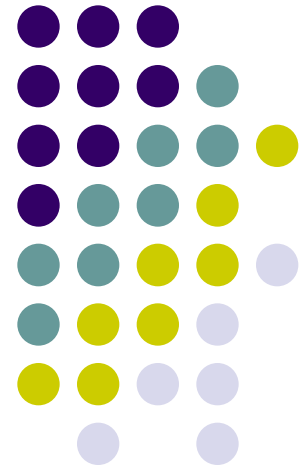


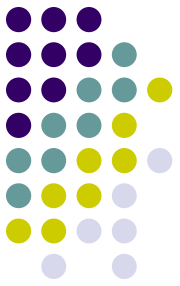
Governance of Voluntary Hospitals: the CEO's perspective

Governance and Patient Safety Conference:
October 27, 2011

Liam Duffy, Chief Executive, Beaumont
Hospital

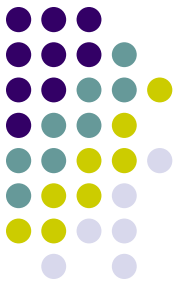


Documents and Reports Received



- Building a Culture of Patient Safety - Report of the Commission on Patient Safety and Quality Assurance 2008
- The Good Governance Standard for Public Services UK 2005
- A Guide for Board Members of State Bodies in Ireland 2002
- Compliance with Legal and General Accountability Obligations (Dublin Academic Teaching Hospitals 2000)

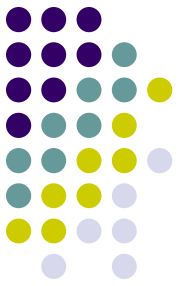
Voluntary Hospitals: Current State

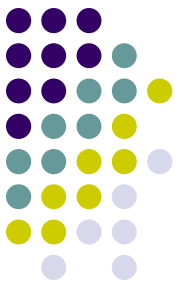


- Varying establishment arrangements
- **Legislative:** Establishment Orders/Statutory Instruments – Beaumont, St James's and Tallaght
- **Charters:** Royal Hospital Donnybrook
- **Company Law:** Mater and St Vincent's

● **Models are consistent and provide for:**

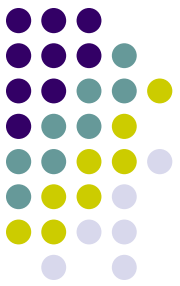
- Establishment of Boards of Management
- Composition of membership
- Appointment of Chief Executives
- Role of Consultants/Medical Boards
- Delegation of responsibilities to Chief Executive
- Accountability for corporate and clinical governance with CEO in DATHs hospitals
- Corporate governance, e.g. finance; performance management
- Clinical governance – audit
- Research and education





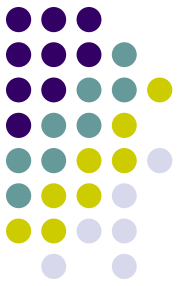
Clinical Audit

- Need for robust and standardised clinical audit systems
- Focus on data integrity
- Varying levels of commitment amongst specialties
- Cancer care programmes leading edge, national focus on systems and maintaining compliance



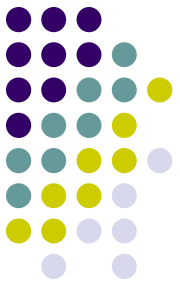
- Arrangements align with Report of the Commission on Patient Safety/Quality Assurance
- Need for standardised approach for clear governance for all facilities or groups of providers
- Establish similar arrangements for primary and community services
- Implementation
- Patient safety legislation provides the opportunity
- Need to separate role of HSE as purchaser/provider of services
- Financial arrangements for HSE hospitals and voluntary hospitals contradictory

Complaints



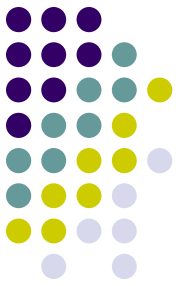
- Robust programme in place
- Regional and national focus

Performance Management



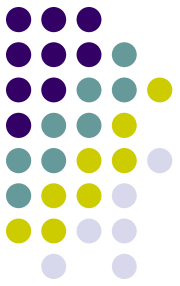
- Importance of clinical directorate structures
- Roll-out not completed; many hospitals have lead role only
- Need to identify key performance indicators at a specialty and individual level

Training



- Robust training for all staff; need for learning and development strategies
- Opportunity to prioritise education, training and research on patient safety in undergraduate and postgraduate courses
- System of life-long learning and professional development for clinicians and healthcare managers

Incident Reporting



- Robust systems in place across providers
- Lack of monitoring
- Opportunity for CIS and hospitals to focus on trends, patterns in individual hospitals and individual consultants

Whistle-blowing



- Should not be needed if there is sufficient level of incident reporting, monitoring and audit
- One system needed