

Findings of Expert Panel

Pre-Hospital Emergency Care Services Dublin
December 2015

The Expert Panel

- Stephen Brady – Chair
- Dr. Niamh Collins, Consultant in Emergency Medicine
- Eugene McMahon, Partner, Mazars
- Matt Twomey, former Assistant City Manager

Terms of Reference for Panel

- Evaluate and analyse the three proposals submitted from DCC, DFB and the Trade Unions
- Make recommendations that address the concerns expressed in the HIQA report 2014
- Ensure that all recommendations give primacy of focus to patient care and contribute to greater efficiency for the exchequer

Findings of Expert Panel

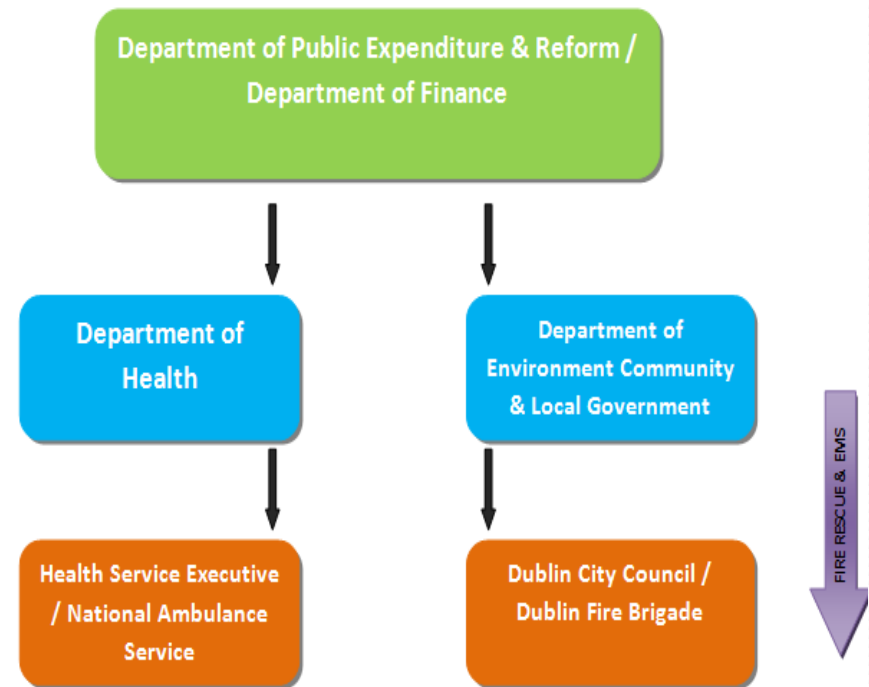
- Statutory Authority & Parity
- Funding
- Corporate Governance
- Clinical Governance
- Call Taking & Dispatch
- Capacity

Statutory Authority & Parity

- Both NAS & DFB provide pre-hospital emergency care services with statutory authority
 - NAS – under the Health Act 1970
 - DFB – under Section 25 of the Fire Services Act, 1981 (affirmed by the E.U. Court of Justice, 2007 & the Minister for Health, Seanad Debates, 2015)
- **The Expert Panel recognise the validity and benefits of the different models of EMS provision i.e.**
 - **NAS – standalone EMS service**
 - **DFB – Fire based EMS service**
- **The Expert Panel assert that the history and legal status of each service provider demands they be treated with parity of esteem and the recommendations of the panel full reflect that parity**

Funding

- Historical funding arrangements have not been effective
- A Service Level Agreement is neither necessary or appropriate
- **The expert panel recommend that a new Funding Structure be implemented**
- Full financing of the two services be provided through the two different Government Departments i.e. DECLG and DH under the auspices of DPFR

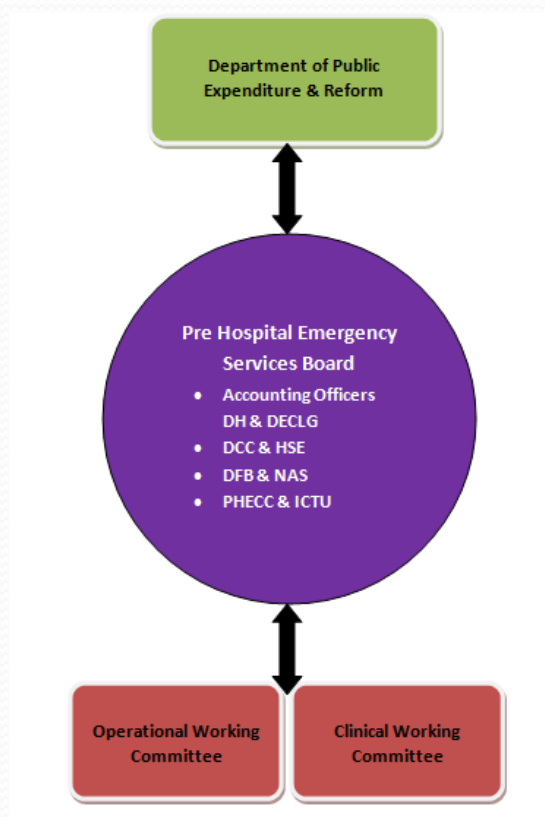


Corporate Governance

- Effective governance must be embedded in an organisation
- **The Expert Panel recommends that a new Corporate Governance structure is put in place**
- Will provide clarity in respect of responsibilities, recognise the competencies and knowledge of the two providers & emphasise primacy of patient care
- Will address many of the concerns highlighted in the HIQA report
- **Recommend that an over arching Governance Structure be set up**
 - Pre-Hospital Emergency Services Board with membership:-
 - Accounting officers DH & DECLG
 - DCC & HSE
 - DFB & NAS
 - PHECC & ICTU
 - Role of the Board
 - Strategic Direction
 - Financial Resources
 - Ensure collaboration on delivery of pre-hospital emergency care services in Dublin
 - Oversee implementation of joint action plan that addresses the HIQA recommendations
 - Two working committees to be set up to better coordinate services at a functional level

Corporate Governance cont'd

Governance Structure



Working Committees

Pre-Hospital Emergency Services Operations Group Rotating Chairperson – Chief Fire Officer (DFB) or the Director (NAS)

- Assistant Chief Fire Officer & Deputy
- Head of Operations (NEOC) & Deputy
- ICT representatives NAS & DFB
- Data / Audit Managers NAS & DFB

Pre-Hospital Emergency Services Clinical Group Chairperson – PHECC nominee or other third party

- Medical Directors NAS & DFB
- Deputy Medical Directors NAS & DFB
- Operational Officers NAS & DFB
- Data / Audit Managers NAS & DFB

Clinical Governance

- Clinical governance – the structures & processes within an organisation that enable the delivery of quality care to the patient
- HIQA did not recommend that either organisation assume control of clinical governance
- Good clinical governance demands that an organisation have both responsibility and control to maintain safety, quality and efficiency
- **The panel recommends that both the HSE & DFB as statutory providers maintain control over their own clinical governance**
- The new corporate governance structures will provide for parallel clinical governance structures integrated at strategic level
- **There is an imperative for greater cooperation and communication between DFB & the HSE to drive higher standards in patient care**

Call Taking & Dispatch

- The expert panel recognise the inherent differences in the services provided i.e.
 - NAS – pre-hospital emergency care and non emergency care services
 - DFB – integrated Fire based EMS service
- The panel assert that the proposal to transfer over 100,000 calls to the newly established NEOC has implications in terms of the safe management of such a large call volume increase
- **It is the panels recommendation that the call taking / dispatch models in both centres are retained**

Fire based EMS in call taking & dispatch

- It is the panel's view that should any element of the Fire based EMS model be removed (i.e. call taking) it would detrimentally affect the safe delivery of the emergency response system and adversely affect patient care.
- It is internationally recognised that that pre-hospital emergency care begins immediately at the time the emergency call is received. In this context Fire based EMS ensures:-
 - Simultaneous dispatch of both Fire & EMS
 - A fast clinical response to life threatening incidents
 - Sufficient numbers of trained personnel at scene

What is Fire based EMS?

- Fire based EMS is an integrated response system that is wholly equipped to simultaneously address the various needs of patients on scene. Inherent in this system is the recognition that many times, patients not only have medical needs, but may also require simultaneous physical rescue, protection from the elements and the creation of a safe physical environment.
- The Fire based EMS model uses cross-trained / multi disciplinary Firefighter / Paramedics which are all-hazards responders, prepared to handle any situation that may arise at a scene including patient care and transport.

Call Taking & Dispatch cont'd

- The panel recognise that both providers must work together to better coordinate the services and make individual service improvements
 - The new corporate governance structures will provide both organisations the autonomy to strategically plan and develop operations and training
 - **The panel commissioned expert technical advice and recommend that an integrated technical solution should be developed to ensure a common view of resources across both systems without compromising patient safety.**

Capacity

- The expert panel are of the view that some of the issues of concern identified by HIQA are directly related to capacity.
- The governance structures recommended provide a framework for strategic capacity issues to be addressed for both statutory providers.

Conclusion

- *The recommendations of this report will present major challenges for all parties*
- *They will provide a necessary framework towards addressing the concerns in the HIQA report and achieving a first rate clinically focused pre-hospital emergency care service*
- *The guiding principle of this report has always been **Safety & Patient Welfare***

- Any Questions

