



Pre-Hospital
Emergency Care
Council



Strategic Plan

2015 – 2017

Our Vision

That people in Ireland receive excellent pre-hospital emergency care

Our Mission

The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care

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Message from the Chairman



Mr Tom Mooney

On behalf of the Pre-Hospital Emergency Care Council (PHECC), I am delighted to welcome the publication of the new Strategic Plan 2015-2017.

The first decade or so of PHECC's existence was marked by the need to establish solid foundations for the organisation and its work. As we mature organisationally, and as the operating landscape evolves around us in dynamic fashion, it is absolutely essential that we be clear about our ambition and purpose in the years immediately ahead.

This 3 year Strategic Plan has been firmly anchored in the experiences gained by PHECC since its establishment and is the product of extensive consultation and debate within Council, with PHECC staff and a wide range of external stakeholders as detailed in the plan.

My appreciation goes out to the members of Council and the various Committees, the Director and all the PHECC team for their enthusiasm and efforts and to the Department of Health for their continued support and funding.

I would like to give a special mention to our colleague and friend Dr Geoff King, Director of the Pre-Hospital Emergency Care Council, who sadly passed away on the 29th August 2014. Ar dheis Dé go raibh a anam.

I also wish to acknowledge the overwhelming support given to PHECC by ambulance service management, by the emerging profession of pre-hospital emergency care practitioners, by the unions as well as by the private, voluntary and auxiliary sectors.

We look forward to a further three years of working together guided by this comprehensive Strategic Plan which sets out the parameters within which Council's work will be carried forward.

Mr Tom Mooney

Chairman - Pre-Hospital Emergency Care Council

1. Introduction

1.1 ABOUT THE PRE-HOSPITAL EMERGENCY CARE COUNCIL

The Pre-Hospital Emergency Care Council

The Pre-Hospital Emergency Care Council (PHECC) is an independent statutory body that sets the standards for education and training for pre-hospital emergency care in Ireland. The Council publish Clinical Practice Guidelines (CPGs) and recognise institutions to provide pre-hospital emergency care training and education. In addition to maintaining a register of practitioners, Council approve Pre-Hospital Emergency Care Service Providers to implement CPGs.

PHECC was established in 2000 by the Minister for Health and Children by Statutory Instrument Number 109 (PHECC Establishment Order). PHECC's responsibilities were extended by Statutory Instrument Number 575 of 2004 (PHECC Amendment Order) and The Health (Miscellaneous Provisions) Act 2007.

PHECC is committed to undertaking its statutory requirements with a focus on developing a 'common currency' for pre-hospital emergency care. As a result of this approach, PHECC has created efficiencies through the simplification, standardisation and the avoidance of duplication of pre-hospital emergency care functions. PHECC's approach has facilitated collaboration and teamwork within the sector and has enhanced care and a sharing of clinical services. As a result, the public and the healthcare sector have benefitted from increased quality of care and improved efficiency in the use of scarce resources.

Pre-Hospital Emergency Care Defined

Pre-hospital emergency care is any clinical care or intervention that an acutely ill or injured person receives from trained personnel in the pre-hospital environment. This immediate care can make a huge difference to someone's mortality or morbidity. Emergency care can be given by someone within the community such as a GP, someone who has trained as a responder, or by registered practitioners.

Pre-Hospital Emergency Care Council Functions

The precise roles and responsibilities of PHECC are detailed within the relevant Statutory Instruments of 2000, 2004 and the 2007 Health Act. EU Directives also refer to the formal role of PHECC, including its position as 'competent authority' (the body recognised to issue or receive training diplomas and other documents or information and to receive the applications) for the professions and professional activities of Emergency Medical Technicians, Paramedics and Advanced Paramedics.

In summary, the Council's statutory functions include education and training, examinations and registration, research, development of Clinical Practice Guidelines, fitness to practice and other tasks and functions. A brief overview of each of these functions is provided below.

Education and training

PHECC recognises institutions providing education and training to persons pursuing the award of the National Qualification for Emergency Medicine Technology (NQEMT) at EMT, Paramedic and Advanced Paramedic levels. PHECC also approves the course content for NQEMT and other pre-hospital emergency care education and training, periodically assesses the suitability of the education and training in pre-hospital emergency care as well as standards of theoretical and practical knowledge required for qualifications in pre-hospital emergency care.

Examinations and registration

PHECC conducts the examinations leading to the award of the NQEMT (at EMT, Paramedic and Advanced Paramedic levels), awards the NQEMT, assesses the equivalence of professional education and maintains a record of NQEMT holders and holders of non-national qualifications. PHECC also maintains statistical records for research and planning and maintains a register of pre-hospital emergency care practitioners who are holders of the NQEMT.

Research

PHECC promotes research into pre-hospital emergency care, including emerging technology, education and training, the formulation of experimental curricula and the evaluation of existing courses and assessment and examination procedures.

Clinical Practice Guidelines

PHECC publishes Clinical Practice Guidelines for pre-hospital emergency care across six defined levels of pre-hospital emergency care. PHECC reviews and updates the Clinical Practice Guidelines periodically, ensuring that they are fit-for-purpose, evidence-based, and relevant to the needs of the patients, responders, practitioners and services. PHECC makes these guidelines available to pre-hospital emergency care service providers and others as appropriate.

Fitness to practice

PHECC is responsible for conducting inquiries into allegations of professional misconduct or unfitness (or both) to engage in the practice of pre-hospital emergency care on the part of persons who are named on the register.

Other Tasks and Functions

PHECC is responsible to undertake such other appropriate tasks and functions as may, from time to time, be assigned to the Council by the Minister.

Current Council Structure

The current PHECC Council has a full complement of seventeen members who were appointed by the Minister for Health in January 2013. The Council membership reflects the Emergency Medical Service (EMS) profession, service providers, training institutions, trade unions and the public. In addition, there are also representatives from the nursing and medical professions along with individuals who have a special interest or expertise in pre-hospital emergency care.

The Council is advised and assisted by various Committees and Working Groups which consist of both Council members, the healthcare sector and community partners. These include:

- The Education and Standards Committee which makes recommendations regarding policy and procedure in Education and Training Standards
- The Audit Committee, which reports to Council, monitors and reviews the effectiveness of financial controls, health and safety matters and assesses organisational risk exposure.
- The Quality and Safety Committee which advises on operational aspects of clinical care matters
- The Priority Dispatch Committee which considers and advises Council on priority dispatch matters. The Priority Dispatch Committee is a Standing Committee of Council
- The Fitness to Practice Committee oversees the practice of PHECC registered pre-hospital emergency care practitioners
- The Medical Advisory Committee is an expert group which considers medical matters as referred to it either by Council, the Quality and Safety or Education and Standards Committees or by the PHECC office.
- The Appeal Panel considers appeals of decisions of the Director and adjudicates on those appeals
- The Examiner Panel
- The Examination Quality Group
- The Test Item Writing Group

1.2 STRATEGIC PLANNING PROCESS

This Strategic Plan builds on the progress achieved during the 2011-2014 Strategic Plan. Within the context of a challenging and changing healthcare environment, the plan sets a clear direction for The Council for the next three years. The development of the Strategy was overseen by Council and was driven by members of the Executive Management Team. A series of Strategic Planning Workshops, facilitated by Prospectus Management Consultants, were undertaken in order to identify priority areas and to help plan and establish the strategic direction of the Pre-Hospital Emergency Care Council.

The Strategic Planning Process commenced with two working sessions with the Council which focused on the development of the Strategic Plan. The process also involved extensive consultation with internal and external stakeholders. An on-line survey of key external stakeholders including, for example, the National Ambulance Service and the Dublin Fire Brigade. A second survey of PHECC staff was also carried out. There were also some one to one interviews with PHECC staff. One to one interviews with a number of key external stakeholders including the Secretary General of the Department of Health and the National Director of Clinical Programmes in the Health Service Executive were also carried out to help inform the development of the PHECC Strategic Plan 2015-2018. Greater detail on the Strategic Planning Process is provided in Appendix A of this document. A full list of all those involved in the consultation process is also provided in Appendix B.

2. Context for this Strategic Plan

As part of the strategy development process it was important to undertake an analysis of the major drivers of change within the environment in which PHECC operates. This analysis was formed by undertaking a combination of desk research and consultation with staff and key stakeholders. A summary of the major environmental drivers is presented below.

Unprecedented Change in Healthcare Policy

The PHECC 2015-2017 Strategic Plan is set in the context of significant policy developments leading to some fundamental reforms of the Irish health system. The Department of Health's *"Future Health: A Strategic Framework for Reform of the Health Service 2012-2015"*¹ document which was published in November 2012 set out the main healthcare reforms that would be introduced in following years. It envisaged a single-tier health system, which requires a major restructuring of current service delivery, organisational, financial, governance and accountability systems. The planned reorganisation of service delivery in line with the establishment of the Hospital Groups is now at the core of the Government's health reform programme. The recently appointed Minister for Health, Mr Leo Varadkar, has stated his priorities will include progressing Hospital Groups, building Universal Primary Care, putting in place new Community Healthcare Organisations and progressing changes in the way healthcare services are funded (Money Follows the Patient). Some of these initiatives will have particular relevance to PHECC. Specific examples are detailed in the section below.

Structural Change and Service Redesign

In May 2013 the Government published its report on *"The Establishment of the Hospital Groups as a transition to Independent Hospital Trusts"*.² The report sets out the establishment of six large Hospital Groups covering acute hospitals across the country. The long term purpose of Hospital Groups is to enable the introduction of Universal Health Insurance and pave the way for not-for-profit Hospital Trusts. Hospital Groups are intended to allow for greater autonomy and decision making power, potential for greater local procurement and a streamlined redesign of services. The intention is to have fewer, bigger health care providers and a clear clinical map. Each Hospital Group is built around an academic core. The establishment of Hospital Groups is likely to impact how PHECC engages with key stakeholders in the health system. The establishment of Hospital Groups will also require a high-performing emergency ambulance service with appropriate integration with the acute hospital and primary care services.

A significant reform programme has been underway in recent years to reconfigure the management and delivery of pre-hospital care services. This ambulance service reform programme is in line with the recommendations set out in *'Future Health'* which also states that "it is very important that a clear and transparent system for the use of ambulance services is established as hospital groups are set up and we move towards UHI and the formal inclusion of private hospitals within the overall governance system". As part of the reform, the rationalising of the control system across the State, to one national centre on two sites, Tallaght and Ballyshannon, is expected to be completed in 2015. Additionally, in

¹ Department of Health, 'Future Health - A Strategic Framework for Reform of the Health Service 2012 – 2015', November 2012

² Department of Health, 'The Establishment of Hospital Groups as a transition to Independent Hospital Trusts', May 2013

2012 an Intermediate Care Service (ICS) was rolled out to allow emergency ambulances to focus on services delivered by Paramedics and Advanced Paramedics

This service will also support the implementation of the Clinical Care Programmes and the Small Hospitals Framework which highlights the need for emergency patient transport issues to be addressed if the changes to patient services are to be successful. Working arrangements have been modernised to reflect standard national working arrangements. The Ambulance Service Reform aims to ensure that pre-hospital care is delivered in an appropriate and timely manner. PHECC will continue to remain up to date with relevant advances in the Ambulance Service reform and indeed in the overall reform agenda and aims to adapt to these changes accordingly in a proactive manner.

It is worth noting that this Strategic Plan has been developed against a backdrop of a move towards consolidation of health and social care professions regulatory bodies operating in the Irish health system into CORU (Health & Social Care Professional's Council). PHECC had previously been identified as a possible regulatory body to be merged with CORU however no decision has been made regarding the future position of PHECC. At the time of developing the Strategic Plan, it is assumed PHECC will remain a stand-alone organisation for the life of this Strategic Plan.

The Increasing Importance of Stakeholder Engagement

Stakeholder Engagement has long been recognised as a central part of PHECC's effectiveness. It is clear that PHECC is operating in a complex, evolving and frequently changing environment. Consequently it is crucial that this Strategic Plan is sufficiently flexible to accommodate structural change and service reform as they emerge. The Council recognises that patient awareness, expectations and the requirement to share information, both treatment and performance related, has grown significantly.

There has been a large degree of structural change in the healthcare environment over recent years. Former HSE structures have now been abolished and have been replaced, in part, by five new National Directorates. A re-mapping of the National Clinical Programs is also underway and these will be aligned more closely with the HSE's five operational Directorates.

In addition to the structural changes, there has been considerable turnover in senior personnel in the Department of Health itself, the HSE, HIQA and Hospital Group Boards and Executives. All of these office-holders and organisations are central to PHECC's strategic direction and its ability to discharge its mandate effectively.

In this dynamic environment, over the lifetime of the 2015-2017 Strategic Plan, Council must consider how best to manage new relationships with a view to influencing decision-making and protecting the public. This strategy details specific actions around engaging with key stakeholders to develop alliances in support of PHECC's mission to protect the public.

Focus on Quality and Safety in Pre-Hospital Emergency Care

Quality and safety in pre-hospital emergency care are paramount. In March 2012, HIQA as part of its Assurance Programme commenced a review of pre-hospital emergency care. The aim of the programme is aimed at providing assurance on the safety and quality of healthcare services in line with the requirements of the Health Act 2007, the National Standards for Safer Better Healthcare and other relevant healthcare standards.

HIQA's role in monitoring pre-hospital emergency care services has become more prominent recently as time based indicators and patient experience are used to measure service delivery. Key Performance Indicators (KPIs) for emergency response times were set and published by HIQA in 2011 for the statutory ambulance services. HIQA currently review and monitor statutory ambulance service performance against these KPIs.

The HSE is also focusing on quality and patient safety and include ambulance response times and quality and patient safety measures in their 2014 Service Priorities for National Ambulance Service. The HSE also report on their service plan targets. The National Transport Medicine Programme (NTMP) which was launched by the HSE in 2013. The primary objective of the NTMP is to establish a comprehensive Retrieval/Transfer system for seriously ill babies, children and adults throughout Ireland.

A Patient Safety Agency is due to be established on an administrative basis shortly and it will be a legal requirement for continuous professional development/education to be established and made the responsibility of Professional Bodies regulating agencies. It is likely that the pre-hospital emergency care sector and PHECC will attract more attention as quality in pre-hospital emergency services will remain high on the agenda for policy-makers and quality assurance agencies.

Efficiency Drive and Pre-Hospital Emergency Care

There is a continued emphasis on streamlining services within the pre-hospital emergency care sector. Savings are being sought from the ambulance service through new rosters and the elimination of "cost-ineffective" work practices at a time when the ambulance control has been reconfigured from nine sites to two sites and several Emergency Departments such as Mallow Hospital and St. Colmcilles have been closed. Increasing levels of service demand and the requirement to deliver savings continues to drive intense financial pressure in the Irish health system. Between 2008 and 2013 the health service budget has been reduced considerably and given the drive for efficiency it is likely that PHECC will continue to operate in a cost reduction environment. This was a major determinant in the development of this 2015-2017 Strategic Plan.

Pre-Hospital Emergency Care Research

Research is vital to the progress of high quality patient care in pre-hospital emergency care sector. Pre-hospital emergency care is constantly changing and evolving and as a result a strong research culture in Ireland is important. PHECC understands the need and importance of research in the pre-hospital emergency care sector. As part of this Strategic Plan, the Council have designed a strategic objective which focuses on commissioning and supporting Irish based research in pre-

hospital emergency care. To date, PHECC has played a pivotal role in pre-hospital emergency care research in Ireland, for example through funding the Centre for Prehospital Research (CPR) at the University of Limerick.

3. Strategic Direction

Within the context of the challenges and opportunities presented by the environment in which the Pre-Hospital Emergency Care Council operates, this section outlines the strategic direction of the Council over the next three years.

3.1 VISION

Our Vision Statement reflects the overall ambition of the Council. It serves as the baseline from which our Strategy is developed.

That people in Ireland receive excellent pre-hospital emergency care

Our Vision Explained:

This statement sets out the intention that the Pre-Hospital Emergency Care Council will endeavour to ensure that the Irish population receive the highest standard pre-hospital emergency care.

3.2 MISSION

Our Mission Statement articulates how we will work towards our Vision. It communicates our purpose and indicates who we are, what we do and who we serve.

The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care

Our Mission Explained:

Our Mission Statement has remained largely unchanged from that presented in our 2011-2014 Strategic Plan. Our purpose is ultimately to protect the public by reviewing and maintaining pre-hospital emergency care standards of excellence.

3.3 PHECC VALUES

In delivering on the ambition of our Vision and Mission, everything we do for the organisation itself and for those whom we serve, will be shaped by a number of explicit Values. We put particular emphasis on clarity around these Values and their importance as shapers of every dimension of our organisation and individual performance. Most high performing organisations are Value driven and PHECC is no different in this regard.



Protection of the Public

Protecting the public through promotion of excellence is our principal commitment and responsibility

Professionalism

We encourage professionalism, setting high standards for our practitioners and ourselves

Leadership

We will continue to promote and advocate for the emergency care agenda in Ireland

Integrity

We endeavour to conduct our organisation in a fair, transparent, consistent fashion

Best Practice

We seek to promote best practice in pre-hospital emergency care education and research

3.4 STRATEGIC OBJECTIVES

The Council cannot achieve its Mission and Vision without a set of clear Strategic Objectives. Over the next three years, it is our intention to concentrate on seven priority areas. The priority areas and corresponding Strategic Objectives for each priority area are presented below:

Priority Areas	Strategic Objectives
<i>Delivery</i>	<ol style="list-style-type: none">1. To improve capacity and capability of PHECC registered practitioners, responders and others to deliver excellent pre-hospital emergency care2. To improve patient care through clinical audit
<i>Education</i>	<ol style="list-style-type: none">3. To promote quality education and training for PHECC registered practitioners, responders and others to enable safe practice
<i>Research</i>	<ol style="list-style-type: none">4. To commission and support a programme of Irish based research in pre-hospital emergency care
<i>Governance</i>	<ol style="list-style-type: none">5. To ensure all organisational governance functions comply with national standards and best practice
<i>Leadership & Advocacy</i>	<ol style="list-style-type: none">6. To further develop PHECC's role as an advocate for the national emergency care agenda and take a leadership role in this respect
<i>Alliances /Collaboration</i>	<ol style="list-style-type: none">7. To actively forge and develop strategic alliances in support of PHECC's overall mission
<i>Organisational Effectiveness</i>	<ol style="list-style-type: none">8. To ensure the organisation is appropriately resourced and run effectively and efficiently

4. Implementing Our Strategy

4.1 ACTION PLAN

Actions have been identified for each strategic objective, setting out specific activities and tasks that will contribute to the achievement of the objective. These actions are presented at a high level, demonstrating the overall areas of work under each objective, and will be supported by a detailed Implementation Plan and an ongoing monitoring process.

Delivery

1. To improve capacity and capability of PHECC registered practitioners, responders and others to deliver excellent pre-hospital emergency care
2. To improve patient care through clinical audit

1. Improve capacity and capability of PHECC registered practitioners, responders and others to deliver excellent pre-hospital emergency care

To attain Strategic Objective One, PHECC will implement a set of actions with an emphasis on establishing an Exception Register, developing and publishing Clinical Practice Guidelines and developing a Quality Review Framework. The full suite of actions to be undertaken in order to achieve Strategic Objective One are as follows:

- 1.1 Safeguard patient care by facilitating the administration of specific medications in special/unique circumstances through the establishment of Exception Registers
- 1.2 Protect patients by setting and monitoring a credentialing, licensing and privileging practice regime for practitioners, responders and service providers
- 1.3 Prioritise patient needs in the development and publication of Clinical Practice Guidelines
- 1.4 Ensure best practice in pre-hospital emergency care by publishing relevant standards of operation (including - events, priority dispatch, Transport Medicine Programme etc.)
- 1.5 Promote service excellence for the public by developing a Quality Review Framework (QRF) for licensed CPG providers (including self-assessments, onsite reviews, methodology procedures, timeline etc.)

2. To improve patient care through clinical audit

The actions to be undertaken in order to achieve Strategic Objective Two are as follows:

- 2.1 Evaluate clinical audit procedures to ensure patients receive high quality care
- 2.2 Develop evidence based processes to support clinical practice. (Including CPG feedback usage)

Education

3. To promote quality education and training for PHECC registered practitioners, responders and others to enable safe practice

PHECC, as the EMS Regulator has a responsibility to set the education and training standards for responders and practitioners in Ireland. The full suite of actions to be undertaken in order to achieve Strategic Objective Three are as follows:

- 3.1 Implement, monitor and maintain Continuous Professional Competence (CPC) for registered practitioners
- 3.2 Implement the Quality Review Framework for recognised institutions
- 3.3 Conduct a review of the current number of educational levels and consider additional levels
- 3.4 Publish competency standards to support high quality pre-hospital emergency care by responders and practitioners
- 3.5 Ensure best practice in competency standards are incorporated into course content
- 3.6 Maintain and implement national examinations for pre-hospital emergency care and, where devolved, the validity of the NQEMT process
- 3.7 Support innovative approaches to education and training

Research

4. To commission and support a programme of Irish based research in pre-hospital emergency care

PHECC recognise the importance of a strong pre-hospital emergency care research base in Ireland. PHECC play a vital role in integrating key learnings and skills from research into the educational system and into the day to day practices of practitioners. The actions identified under Strategic Objective Four are as follows:

- 4.1 Conduct a review of pre-hospital emergency care research being undertaken in Ireland
- 4.2 Develop a Research Plan which prioritises research topics, a compilation of research partners and sources, and arrangements effective dissemination of research including international research
- 4.3 Research development of the paramedic scope of practice to facilitate specialisms e.g. intensivists, community paramedics, physician assistants (Emergency Department) etc.
- 4.4 Develop and recommend other pre-hospital emergency care, evidence based standards as appropriate
- 4.5 Engage and promote pre-hospital emergency care research in partnership with the Health Research Board and tertiary level institutions.

Governance

5. To ensure all organisational governance functions comply with national standards and best practice

Reflecting on the current operating environment, PHECC recognise the importance of operating in an effective, efficient, transparent and accountable manner. To achieve Strategic Objective Five, the Council has identified the following actions:

- 5.1 Conduct a review of PHECC structures and processes to ensure Council and Committees operate at maximum efficiency. (To include areas such as Council responsibilities, effectiveness, performance evaluation processes etc.)
- 5.2 Support effective Council membership through developmental programs
- 5.3 Explore the development of a PHECC Strategic Advisory Board
- 5.4 Revise and review the risk register on a regular basis
- 5.5 Pursue legislative change in support of protection of title for Paramedics and also to strengthen Fitness to Practice provisions

Leadership & Advocacy

6. To further develop PHECC's role as an advocate for the national emergency care agenda and take a leadership role in this respect

PHECC aims to continue to act as a leader in the pre hospital emergency care sector in Ireland. In doing so PHECC will advocate for the pre-hospital emergency care and the protection of the public. The full set of actions to be undertaken in relation to Strategic Objective Six are as follows:

- 6.1 Seek further structured engagement with relevant stakeholders to ensure PHECC's participation in discussions regarding the implementation of the Hospital Groups
- 6.2 Promote the role and importance of paramedics in the general and wider health communities
- 6.3 Review PHECC external communications and consider how these can be enhanced
- 6.4 Promote the implementation of an electronic patient care report nationally and pre-hospital emergency care information standards with particular reference to integration with in-hospital patient care systems
- 6.5 Promote an awareness among the general public of pre-hospital emergency care matters/programme

Alliances / Collaboration

7. To actively forge and develop strategic alliances in support of PHECC's overall mission

As identified in the stakeholder management section above, it is clear that PHECC need to proactively manage and engage with a number of key stakeholders in the Irish health system. The actions identified under Strategic Objective Seven are as follows:

7.1 Develop a Stakeholder Engagement Plan in order to strategically develop alliances with the following organisations and groups

- HSE, HIQA, CORU, Academic and Research institutions, similar Regulatory Bodies
- International Centers of Excellence and International Experts
- General public

7.2 Promote standard pre-hospital emergency care nomenclature i.e. definitions and terms

Organisational Effectiveness

8. To ensure the organisation is appropriately resourced and run effectively and efficiently

PHECC recognises that organisational effectiveness is crucial in delivering the 2015-2017 Strategic Plan. The full set of actions to be undertaken in relation to Strategic Objective Eight is as follows:

8.1 Invest, as required, in personnel development initiatives and functional improvement at operational level to deliver on PHECC's strategic objectives

8.2 Exploit IT systems for maximum efficiency and effectiveness

8.3 Implement a records management policy in keeping with best practice

8.4 Align staff performance management/development reviews with the Business Planning system

Appendix

A. STRATEGY PLANNING PROCESS

The development of the PHECC 2015 - 2017 Strategic Plan was overseen by the Council Members and driven by a Strategy Steering Group, consisting of the Executive Team and representatives from the administration and support function. The Strategic Planning Process was facilitated by Prospectus Management Consultants.

The PHECC 2015 - 2017 Strategy Steering Group:

- Mr. Barry O'Sullivan, Deputy Director
- Ms. Pauline Dempsey, Educational Standards, Qualifications Assessment, Recognised Bodies and Individuals
- Mr. Brian Power, CPGs, Equipment and Medication Matters
- Ms. Jacqueline Egan, Clinical care information and NQEMT examinations

The PHECC Council Members:

- Tom Mooney, Chair
- Mr. Robert Kidd
- Prof. Patrick Plunkett
- Mr. Stephen Brady
- Dr. Hugh Doran
- Dr. Mick Molloy
- Ms. Glenna Woods
- Mr. Martin Dunne
- Mr. Michael Dineen
- Mr. Thomas Keane
- Mr. David Maher
- Mr. Shane Mooney
- Mr. Thomas Tinnelly
- Mr. Barry O'Brien
- Dr. Cathal O'Donnell
- Ms. Valerie Small
- Mr. Michael Brennan

The objective of the process was to develop a Strategic Plan for the Pre-Hospital Emergency Care Council, which would build on current realities and requirements. The strategy development process was conducted during the period April-September 2014. It sought to be inclusive, participative and to facilitate skills transfer. It was characterised by the following key components:

- Two workshops with the Council (as listed above)
- A series of workshops with the Strategy Working Group (as listed above)
- Environmental analysis
- One-to-one external stakeholder consultation
- Stakeholder survey
- Staff consultation
- Staff survey

This strategic planning process challenged The Council to make strategic decisions; assessing the internal and external environmental context and matching the organisation's strengths and available resources to the opportunities identified whilst seeking to address perceived weaknesses and external threats.

The result is the formulation of clearly defined objectives that will guide the Pre-Hospital Emergency Care Council over the next three years. These are supported by specific actions and a series of metrics to ensure that the delivery of the new Strategic Plan is monitored and any necessary adjustments are identified and made as required.

B. CONSULTATION PROCESS

Four separate sets of consultations helped to form this PHECC 2015-2017 Strategic Plan, These included staff consultation, staff survey, one-to-one external stakeholder consultation and an external stakeholder survey. Details of who was involved in each consultation process is provided below.

Staff consultation

One to one meetings were held with the below PHECC staff:

- Ms. Pauline Dempsey, Educational Standards, Qualifications Assessment, Recognised Bodies and Individuals
- Mr. Brian Power, CPGs, Equipment and Medication Matters
- Ms. Jacqueline Egan, Clinical care information and NQEMT examinations

Staff survey

An on-line survey was sent out to all PHECC staff as listed below:

- Sylvia O'Mahony, Finance and Corporate Services Support Officer
- Marian Spence, Council Secretary and Accreditation Officer
- John Lally, ICT and Corporate Services Support Officer
- Claire Finn, Registration Officer
- Deirdre Borland, Programme and Committees Support Officer
- Margaret Bracken, Exams and Reception Support Officer
- Anne Keogh, Registration and Reception Support Officer
- Liz Dempsey, Examinations Officer
- Kieran Reid,
- Beth Breslin,
- Ms. Pauline Dempsey, Educational Standards, Qualifications Assessment, Recognised Bodies and Individuals
- Mr. Brian Power, CPGs, Equipment and Medication Matters
- Ms. Jacqueline Egan, Clinical care information and NQEMT examinations

One-to-one external stakeholder consultations

One to one meetings and phone calls were conducted with a number of external stakeholders during which they were asked about how PHECC carries out its functions, what PHECC should focus on in the coming years and the challenges PHECC faces in the coming years. The list of those consulted is listed below:

- Ambrose McLoughlin, Secretary General, Department of Health
- Ross Hattaway, Department of Health
- Deirdre Walsh, Principal Officer Professional Regulatory Unit, Department of Health
- Joan Regan, Acute Hospitals Policy Unit, Department of Health
- Áine Carroll, National Director, Clinical Programmes, Health Service Executive
- Martin Dunne, Director, National Ambulance Service

Stakeholder survey

An on-line survey was sent out to approximately 120 stakeholders in April 2014. The below list of stakeholders were asked a number of questions about PHECC and the environment in which it operates:

- National Ambulance Service
- Dublin Fire Brigade
- Emergency Care
- Healthcare Organisation
- HEART ER Ltd
- HSE
- ICGP
- Irish College of Paramedics
- Medical Council
- Medical Ambulance Ltd.
- Nursing and Midwifery Board of Ireland
- PHECC Audit Committee
- Recognised training institutions
- RocDOc
- Safety Ireland
- Sinnott Training & Certification Ltd
- St. John Ambulance Ireland
- Veterinary Council of Ireland
- Cara Ambulance Service Ltd