National Ambulance Service

Operational Plan 2015

18th December 2014

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NAS Service Priorities for 2015

System Wide Priorities

- Improve quality and patient safety with a focus on:
  - Service user experience
  - Development of a culture of learning and improvement
  - Patients, service users and staff engagement
  - Medication management, healthcare associated infections
  - Serious incidents and reportable events
  - Complaints and compliments
- Implement Quality Patient Safety and Enablement Programme
- Implement the Open Disclosure policy
- Implement a system wide approach to managing delayed discharges
- Continue to implement the Clinical Programmes
- Develop and progress integrated care programmes
- Implement *Healthy Ireland*
- Implement *Children First*
- Deliver on the system wide Reform Programme

Service Priorities

Finalise the Control Centre Reconfiguration Project

Drive Clinical Excellence

Foster a culture of strong performance management

Deploy the most appropriate clinical resources safely, quickly and efficiently

Deliver timely, clinically effective and standardised safe services

Supporting Service Delivery

- Implement the HSE Accountability Framework
- Deliver on the Finance Reform Programme
- Deliver the HSE Capital and ICT Capital plans
- Deliver on workforce planning and agency conversion
- Ensure compliance with Service Agreements

Contents

Introduction

In recent years, the National Ambulance Service (NAS) has embarked on a strategic investment programme to develop a modern, quality service that is safe, responsive and fit for purpose. The service is implementing a significant reform agenda which mirrors many of the strategic changes underway in ambulance services internationally as they strive for high performance, efficiency and cope with a continuously increasing demand on services. This is in line with the recommendations of the Department of Health's (DoH) strategic framework, Future Health, A Strategic Framework for Reform of the Health Service 2012 – 2015 to ensure a clinically driven, nationally co-ordinated system, supported by improved technology. Central to this reform is service improvement, quality and patient care with the NAS continuously striving to ensure that each patient's experience is not only safe and of a high quality but also caring and compassionate.

Internal service priorities for which funding was received include the completion of the National Control Centre Project, staffing ambulance stations and eliminating on call in the West (on a phased approach), the commencement of a procurement process of an electronic patient care record system and service costs associated with mechanical cardiopulmonary resuscitation (CPR) and defibrillator devices. As well as infrastructural developments, the NAS will ensure that clinical and managerial professionalism and excellence is enhanced and embedded in the service.

Migration to a modern single National Control Centre continues and this key project will deliver a modern National Emergency Control Centre across two sites, Rivers Building Tallaght (hub site) and Ballyshannon (resilience site) on a single computer based platform. The progression and continuous delivery on this project exemplifies how teamwork, professionalism and dedication ensure that safe, patient focused improvements in service delivery are achievable. This process has progressed to a point where at the end of 2014 four of the original nine sites remain in operation – Townsend Street, Wexford, Tullamore and Ballyshannon. The fit out of the single National Control Centre in Tallaght is complete and migration to the Rivers Building will be completed by Quarter 1 2015.

The development of a modern, fit-for-purpose and sustainable ambulance service necessitates the ongoing consideration of alternative service models and approaches to the delivery of pre-hospital care (for example, it may prove not to be necessary to transport all patients to an emergency department or an acute hospital and the skills and expertise of highly trained ambulance staff may be used differently). The move from emergency medical technicians to paramedics crewing emergency ambulances and the introduction and expansion of the cohort of advanced paramedics capable of giving advanced emergency care has significantly augmented the level of clinical care the NAS is capable of delivering. This capability will continue to develop and will enable the NAS to trial and implement alternative care pathways.

A national framework document on the transfer of care of patients to the Emergency Department is being developed, which will establish clear lines of responsibilities and the standards expected. A formal escalation process will be used by the NAS to alert the required levels of management both within NAS and the wider healthcare system about delays in the release of ambulance resources. The NAS continuously monitor the turnaround times at hospitals on a national and local basis and measurement of delay escalated is key performance indicator in 2015.

An Intermediate Care Service (ICS) was established to assist with the timely transfer for non emergency patients; when transferring between hospitals within the healthcare system or moving to step down facilities in the community. This initiative to date has had a positive impact on the availability of emergency ambulances for pre hospital care and facilitates emergency ambulance personnel to focus on the core function of the delivery of pre hospital care. The 2014 level of funding was maintained for 2015 and the key performance indicator has therefore not changed.

The National Out-Of-Hospital Cardiac Arrest Register (OHCAR) is hosted by the Department of Public Health Medicine in the HSE West, with the NAS as the major funder. It is administered and supported by the Discipline of General Practice, NUI Galway. The National OHCAR project was established in June 2007, in response to a recommendation in the Report of the Task Force on Sudden Cardiac Death. The need for OHCAR was reinforced in the policy document 'Changing Cardiovascular Health' and the 'Emergency Medicine Programme Strategy'. Since 2012, OHCAR became one of only three national OHCA registries in Europe. OHCAR data is increasingly used in national report suites. Most recently OHCAR data from 2012 and 2013 was included in Health Technology Assessment of Public Access Defibrillation by HIQA. Reporting of OHCA outcomes is the first clinical key performance indicator for the NAS, in 2015.

The Advanced Quality Assurance Audit (AQuA) process enables the NAS to audit the emergency calls which are received at the emergency call centres. This computer based system enables the NAS to monitor and audit the calls effectively and efficiently ensuring that compliance levels are maintained at Accreditation – Centre of Excellence standards. All control centres carry out this audit and it is a key performance indicator in 2015.

The NAS will continue to play an active role in supporting community engagement on the development of community first responder schemes. Volunteers operate the community first responder schemes within the community they live or work and are trained to respond to incidents within a pre-defined geographical area such as a village or small town, and are linked to the NAS. Community First Responders (CFRs) are trained as a minimum in basic life support and the use of a defibrillator and can attend an actual or potentially life-threatening emergency. CFRs can play a vital role in helping the NAS to save lives. A new National Forum for Community First Responder Schemes is now in place. The NAS supports the continued development of first response schemes and agrees that the most rural and sparsely areas should be targeted.

Major reviews of the service were undertaken or commissioned during 2014. Three of these reports remain to be completed in 2015. The outputs of these important reviews, namely: HIQA Report (2014) published on the 2nd December 2014, the National Ambulance Service Capacity Review (2014), the Provision of Emergency Ambulance Service in Dublin City and County (2015), Management Structural Review (2015), and Fleet Management (2015) will inform the strategic planning process which will shape the development of ambulance services in the coming years. The findings will be co-ordinated to ensure that there is a comprehensive and coherent response. The NAS will work with the DOH and the HSE to ensure the development of an Action Plan, with timelines, to realise a new vision for the ambulance service, in Ireland. Reflecting on lessons learnt to date the NAS fosters a service devoted to a culture of continuous learning and improvement; putting patients' needs first and striving to ensure that the value of patient centre care is communicated and understood by all staff.

The Management Structural Review, in 2015, will ensure that governance and management arrangements will support the implementation of future strategic objectives informed by the major reviews. The professional workforce has underpinned the change management to date and will continue to drive ongoing successes. A project management approach using a formal project approach will be taken to deliver the range of projects supported by the NAS.

The NAS will engage proactively in the delivery of the National Clinical Programmes with relevant stakeholders in the seven Hospital Groups and nine Community Healthcare Organisations.

The NAS welcomes the additional funding provided in 2015 which includes funding of the 2014 deficit and the provision of €5.4m for internal service priorities. The Operational Plan reflects realistically the service which now can be provided by the NAS, in 2015, with the available monies.

The NAS is aware that it will be held to account in 2015 for efficiency and control in relation to service provision patient safety, finance and human resources. The enhanced governance and accountability framework for 2015 makes explicit the responsibilities of NAS to deliver on the targets set out in the National Service Plan across the balanced scorecard domains of Quality, Patient Safety, Access to Services, Finance and Human Resources. Management will engage proactively with the National Performance Oversight Group.

Role and Function

The role and purpose of the NAS is to provide patients with a clinically appropriate and timely pre-hospital care and transportation service. Pre-hospital emergency care and transportation services are provided as an integral part of a continuum of care for patients / clients. The provision of high quality services requires the NAS to operate in partnership with a wide range of stakeholders. It also involves working closely with other health care providers at primary and community, secondary and tertiary care levels and in both unscheduled and scheduled care settings.

Strategic Role Includes:

- Strive to provide our patients and clients with the highest quality of care, delivered by a skilled and professional work force, ensuring the best possible health outcomes.
- Play a key role in the National Emergency Management Team.
- Prepare plans, policies and budgets for the implementation of national policy in support of Department of Health and Health Service policies.
- Implement national policy for the provision of pre-hospital emergency care in Ireland and the provision of critical care and intermediate care transport for the Health Service.
- Establish and manage service agreements with service providers whom the NAS is required to support.
- Work with other public services and government agencies in support of national health and social care policies.
- Ensure that all services being provided are meeting public service financial and value for money policies and standards.
- Support research and development in relation to expanding the specialty of pre-hospital emergency care.

Operational Role Includes:

- Serve the needs of patients and the public as part of an integrated health system, through the provision of high quality, safe and patient centred services. This care begins immediately, at the time that the emergency call is received, through to the safe treatment, transportation and handover of the patient to the clinical team at the receiving hospital or emergency department. The NAS has significant interactions directly with the public, G.P.'s, other emergency services and the hospital system and in particular Emergency Departments (EDs).
- Operate the single National Control Centre.
- Provide pre-hospital emergency care e.g. emergency response to road traffic accidents and patients with sudden illness and injury.
- Provide non emergency patient care e.g. Intermediate Care Services.
- Establish and operate the Health Service National Communications and Command and Control services. Coordinate all aero medical missions through the National Aero Medical Coordination Centre (including those of the Irish Coast Guard and the Irish Air Corps).
- Coordinate the movement of transplant patients.
- Provide transport service to critically ill infants and paediatrics and their clinical care team to high acuity care – National Neonatal Transport Programme (NNTP).
- Participate with internal and external organisations in the planning of and mitigation of the effects of major emergencies.
- Provide specialist response teams to lead or support the Health Service's response to maritime, public health (e.g. Ebola Virus Disease), public order, Hazardous Material (HAZMAT) and Chemical, Biological, Radiological or Nuclear (CBRN) incidents.
- Provide pre-hospital specialist professional training and related services.
- Provide emergency ambulance service in the greater Dublin area in conjunction with the Dublin Fire Brigade.
- Main funder of the National Out-of-Hospital Cardiac Arrest Register.
- Fund provision of the ambulance service provided by the DFB.

Service Reform

Major reviews of aspects of the service commenced in 2014 and will be completed in 2015. The outputs of these important reviews in relation to the HIQA Report (2014), the National Ambulance Service Capacity Review (2014), the Provision of Emergency Ambulance Service in Dublin City and County (2015), Management Structural Review (2015), and Fleet Management (2015) will inform the strategic planning process which will shape the development of ambulance services in the coming years. The most important test of any review recommendation is whether it enables and supports real long term change, achievement and improvement. The continued contribution of a hard working, skilled and dedicated workforce will ensure that review recommendations become a reality.

Synopsis of Reviews:

- The published report of HIQA's audit of the NAS against the Safer Better Healthcare Standards was published on December 2nd 2014. Refer to page 18 of this document for further detail.
- The Capacity Review will independently determine the resource requirements and optimal deployment of the resources to meet the needs of a modern ambulance service and to assist in the delivery of the target response times. A detailed technical analysis and review of Computer Aided Dispatch (CAD) data, coupled with data regarding ambulance deployment and rostering was conducted. Advanced modelling techniques designed to determine the ability of current resources to meet existing and anticipated demand will identify gaps in provision going forward. The final report is due early 2015.
- The HSE and the Dublin City Council commissioned a joint review of all aspects of the emergency ambulance service operated by the Dublin Fire Brigade (DFB) in Dublin City and County. The review is a complex piece of work involving data from both organisations. The review will examine the current arrangements for the provision of emergency ambulance services in the Dublin Area. Submissions have been invited from key stakeholders and there has been extensive engagement with external stakeholders in this regard. The review is expected to be completed in Q1 2015.
- The Management Structural Review will ensure that governance and management arrangements will support the implementation of future strategic objectives informed by the major reviews. This review is expected to be completed Q2 2015.
- An expert technical review undertaken in relation to older vehicles was commissioned in 2014 and is due for completion in Q1 2015.

Also, the enhanced governance and accountability framework for 2015 makes explicit the responsibilities of NAS to deliver on the targets set out in the National Service Plan across the balanced scorecard domains of Quality, Patient Safety, Access to Services, Finance and Human Resources. Management will engage proactively with the National Performance Oversight Group.

Resource Overview

This Operational Plan is set in the context of Gross Budget of €144m (a 4.6% increase on 2014 budget), which includes funding of the 2014 deficit and the provision of €5.4m for internal service priorities. The Operational Plan reflects realistically the service which now can be provided by the NAS, in 2015, with the available monies.

Internal service priorities for which funding was received include the completion of the National Control Centre Project, staffing ambulance stations and eliminating on call in the West (on a phased approach), the commencement of a procurement process of an electronic patient care record system and service costs associated with mechanical cardiopulmonary resuscitation (CPR) and defibrillator devices. As well as infrastructural developments, the NAS will ensure that clinical and managerial professionalism and excellence is enhanced and embedded in the service.

Estate infrastructure funding (€0.550m) secured is targeted to complete the National Control Centre (€0.250m) and an ambulance base in Swords (€0.300m).

Information and communication technology investment funding of €2m was assigned (Computer Aided Dispatch system €1.2m, Mobile Terminal Data €0.450m, Electronic Patient Care Record System €0.204m, Out-of-Hospital-Cardiac Arrest Data Hub €0.140m and Emergency Managed Suite €0.024m). The allocated fleet budget allocation (€7.5m) will secure the purchase of 47 emergency ambulances.

Service Quantum Summary

In 2015 the NAS will:

- Respond to approximately 308,000 calls of which 79,000 are ECHO / DELTA (highest acuity level) calls (with a fleet of 500 vehicles)
- Transport approximately 4,800 intermediate care patients
- Train 50 Paramedics
- Train up to 40 Advanced Paramedics
- Train a minimum of 17 control staff
- Provide over 3 million operational staff hours*

In addition to the above, it is anticipated that the NAS will coordinate and dispatch:

- 360 Irish Coast Guard calls
- 340 Emergency Aero Medical calls
- 120 Air Ambulance calls
- 480 Neonatal Transfers
- 120 Paediatric Transfers**

*The NAS will not be in a position to show accurate returns until a national human resources system is rolled out in 2015. Figures cited are only estimated, cannot be validated and are based on full service rosters.
** Service only fully operational since the middle of October 2014. Activity projected based on current activity (which included an induction and familiarisation phase) and current hours of service.

Performance Management Improvement

The NAS will continue to assess its structures and processes to ensure that it is in a position to produce measurable improvements in patient experience, effectiveness, safety, health and well being assurance for quality and safety within its services.

The NAS welcomes the Performance Accountability Framework, as stated in the NSP 2015. A key feature of this framework will be the introduction of formal Performance Agreements:

- The first level will be the National Director Performance Agreement between the Director General and each National Director
- The second level will be the Hospital Group CEO Performance Agreement and the CHO Chief Officer Performance Agreement which will be with the National Director Acute Hospital and relevant National Directors for community services respectively

National Directors will be accountable for the delivery of their Divisional component of the NSP. The will be reflected in the Performance Agreement. The Performance Agreement will in addition focus on a number of key priorities contained in the Service Plan / Divisional Plan.

In line with the framework the NAS's Balanced Score Card ensures accountability for the four dimensions of Access to services, the Quality and safety of those services, doing this within the Financial resources available and by effectively harnessing the commitment and expertise of its overall Workforce. The NAS's Balanced Score Card sets out both quantitative and qualitative measures. The Agreement will also set the core performance expectations, accountability arrangements and escalation and intervention measures that will be put in place. The NAS is fully aware that a consistent approach to the new arrangements will be required at each accountability level.

The NAS will continue to collate and validate data for inclusion in the monthly Performance Assurance Report (PAR). The PAR is part of the performance assurance process overseen by the National Performance Oversight Group, led by the Deputy DG on behalf of the Director General. The PAR also provides an update to the Department of Health on the delivery of the NSP.

Fostering a culture of strong performance management in 2015 includes:

- Finalising the National Control Centre Project
- Researching, developing and publishing a National Performance and Quality Dashboard
- Managing performance of all ambulance services funded by the NAS
- Ensuring in 2015, that a uniform level of appropriate oversight is in place by seeking to implement changes in governance structures with the Dublin Fire Brigade
- Considering alternate service models
- Optimising the location of ambulance resources including dynamic deployment
- Continuing the expansion of the Community First Responder schemes
- Maintaining aero medical services
- Formalising an engagement process with the hospital groups to ensure alignment of ambulance services resulting from a reconfiguration of acute hospital services

Key Performance Indicators

Performance Indicator	Expected Activity / Target 2015
Intermediate Care Services % of all transfers which were provided through the Intermediate Care Vehicle (ICV) service (Volume 3,100 represents 70% of total transfers by ICV and Emergency Ambulances)	≥ 70%
Clinical Outcome Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation *(Q in arrears)*	40%
Complaints % of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%
Serious Reportable Events % of Serious Reportable Events being notified within 24 hours to designated officer	99%
% of mandatory investigations commenced within 48 hours of event occurrence	90%
% of mandatory investigations completed within 4 months of notification of event occurrence	90%
Reportable Events % of events being reported within 30 days of occurrence to designated officer	95%

Performance Indicator	Expected Activity / Target 2015
Emergency Response Times % of Clinical Status 1 ECHO (life threatening cardiac or respiratory arrest) incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	80%
% of Clinical Status 1 DELTA (life threatening illness or injury other than cardiac or respiratory arrest) incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	80%
Audit % of control centres that carry out Advanced Quality Assurance Audit (AQuA) Audit	100%
Ambulance Turnaround From Acute Hospitals % delay escalated where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework	100%

Balance Scorecard

The Balance Scorecard identifies a set of critical measures in respect of Quality and Safety, Access to Services, Finance and Human Resources. The measures stated below cover key performance indicators contained in the National Service Plan (NSP 2015) which are appropriate for national performance oversight.

Quality and Safety

Clinical Outcome

- Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation (Q in arrears) (40%)

Audit

- % of control centres that carry out Advanced Quality Assurance Audit (AQuA) Audit (M in arrears) (100%)

Serious Reportable Events

- % compliance with the HSE Safety Incident Management Policy for Serious Reportable Events (100%)

Reportable Events (Incidents)

- % of events being reported within 30 days of occurrence to designated officer (95%)

Complaints

- % of complaints investigated within 30 working days of being acknowledged by the complaints officer (75%)

Access

Emergency Response Times

- % of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (M) (80%)
- % of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (M) (80%)

Intermediate Care Vehicles (ICV)

- % of all transfers which were provided through the ICV service (volume 3,100 represents 70% of total transfers by ICV and Emergency Ambulances) (M) (>70%)

Ambulance Turnaround Times

- % delay escalated where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework (M) (100%)

Finance

Budget Management including savings

Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)

- Pay - Direct / Agency / Overtime
- Non-pay (including procurement savings)
- Income
- Acute Hospital private charges income and receipts

Service Arrangements/ Annual Compliance Statement

- % of number and amount of the monetary value of Service Arrangements signed (M)
- % and number of Annual Compliance Statements signed (Annual, reported in June)

Capital

- Capital expenditure measured against expenditure profile (Q)

Key Result Areas – Governance and Compliance (Development focus in 2015)

Internal Audit (Q)

- No of recommendations implemented, against total number of recommendations (Q)

Relevant to Controls Assurance Review output (Quarterly – Development area - from end quarter 2)

- Areas under consideration include: Tax, Procurement , Payroll controls including payroll arrangements and Cash handling

Human Resources

Human Resources Management

Absence

- % and cost of absence rates by staff category (M) (3.5%)

Staffing levels and Costs

- Variance from HSE workforce ceiling (within approved funding levels) (M) (≤0%)
- Turnover rate and stability index
- New development posts filled

Key Result Areas – for development in 2015

- Work force and action plan
- Culture and Staff engagement
- Learning and development

Quality and Patient Safety

Introduction

Ensuring that quality improvement and patient safety is embedded in all work practices and all services is a key focus for the NAS, in 2015.

Quality of service and patient safety are core service principles and the *National Standards for Safer Better Healthcare* provides the focus for improving quality services and ensuring patient safety.

Staff across all levels and disciplines aim to be professional, accountable and progressive. The NAS will continuously monitor a range of activities, performance indicators and clinical outcomes and will remain open to learning and change in the light of performance outcomes and review feedback.

A process of procurement of an electronic patient record to support more effective clinical audit is prioritised for 2015.

The service and other stakeholders such as acute hospitals will work together on the implementation of clinical handover protocols and the monitoring of performance indicators related to the ambulance turnaround framework.

A full time Quality, Patient Safety and Risk Coordinator will be recruited in 2015, ensuring that the NAS effectively delivers the organisation's quality, patient safety and risk agenda. In the execution of the role the Quality, Patient Safety and Risk Coordinator will work with the NAS Management Team coordinating and ensuring that the NAS effectively delivers the organisation's quality, patient safety and risk agenda. The Quality, Patient Safety and Risk Coordinator will lead on the quality, patient safety and risk agenda of the NAS and coordinate, advise, support, facilitate and standardise quality initiatives.

A Project Manager will be recruited to ensure the delivery of key projects which will have a quality and patient safety impact.

Quality and Patient Safety Strategic Priorities for 2015

The NAS welcomes the new Quality, Patient Safety and Enablement Programme established by the HSE to capture the continuum of activities required to effectively deliver on all aspects of quality improvement and patient safety. The NAS will work proactively with the Quality Improvement Division (QID) and the Quality Assurance and Verification Division (QAVD). In compliance with the National Standards for Safer Better Health the NAS will work towards measuring the structures and processes to produce measurable improvements in patient experience, effectiveness, safety health and wellbeing and assurance for quality and safety within the service.

The recommendations contained within the major reviews: HIQA Report (2014) published 2nd December 2014, the National Ambulance Service Capacity Review (2014), the Review of the provision of emergency ambulance service in Dublin City and County (2015), the Review of NAS Management Structures (2015) and Fleet Management (2015) will inform the strategic and quality planning process which will shape the development of ambulance services in the coming years.

The NAS has invested in a single national control and command system with the most up to date technology enabling an efficient national service and effective deployment of all resources. These systems are due to go live in 2015. This infrastructural development will be accompanied by changes in processes to move the service to best practice.

The National Out-Of-Hospital Cardiac Arrest Register (OHCAR) is hosted by the Department of Public Health Medicine in the HSE West with the NAS as the major funder. It is administered and supported by the Discipline of General Practice, NUI Galway. The National OHCAR project was established in June 2007, in response to a recommendation in the Report of the Task Force on Sudden Cardiac Death. The need for OHCAR was reinforced in the policy document 'Changing Cardiovascular Health' and the 'Emergency Medicine Programme Strategy'. Since 2012, OHCAR became one of only three national OHCA registries in Europe. OHCAR data is increasingly used in national reports and

documents. Most recently OHCAR data from 2012 and 2013 was included in Health Technology Assessment of Public Access Defibrillation by HIQA. The ONE LIFE Project is an unprecedented initiative undertaken by NAS to increase out of hospital cardiac arrest (OHCA) survival rates in Ireland. The primary focus is on improving how OHCA is recognised, treated and measured. Reporting of OHCA outcomes is the first clinical key performance indicator for the NAS.

Ongoing evaluation of an Emergency Medicine Programme initiative aimed at improving the effectiveness of handover at emergency departments will continue in 2015.

The 'Treat and Discharge Pilot Scheme' will be evaluated in Q1 2015. The Pre Hospital Emergency Care Council developed clinical practice guidelines, permitting paramedics and advanced paramedics to assess, treat and discharge patients under approved protocols.

The NAS will continue to play an active role in supporting community engagement on the development of community first responder schemes. Volunteers operate the community first responder schemes within the community they live or work and are trained to respond to incidents within a pre-defined geographical area such as a village or small town, and are linked to the NAS. Community First Responders (CFRs) are trained as a minimum in basic life support and the use of a defibrillator and can attend an actual or potentially life-threatening emergency. CFRs can play a vital role in helping the NAS to save lives. A new National Forum for Community First Responder Schemes is now in place. The NAS supports the continued development of first response schemes and agrees that the most rural and sparsely areas should be targeted.

Driving Clinical Excellence in 2015 includes:

- Finalising the National Control Centre Project
- Commencing a procurement process to deliver an electronic patient care record solution to improve patient care record keeping and facilitate clinical audit
- Developing and implementing information technology including National Ambulance Service College E-Learning (NASCEL) to facilitate improved communication and performance
- Engaging with pre-hospital emergency research institutions
- Continuing to support the National Transport Medicine Programme
- Developing and implementing clinical performance measures
- Eliminating on call and staffing additional ambulance stations in the West

Finance

Introduction

The NAS finance function will continue to support management in reporting and controlling expenditure for 2015. It will support to the HSE in its implementation of a robust Accountability Framework Plan. It is considered key to the support of the Accountability Framework that the NAS develops a zero based approach to its own internal budget setting for 2015.

Despite the complexities and data and system constraints outlined at national level, it is intended to produce a 2015 Pay Budget on a zero based approach at regional level within the NAS. This will be concluded in the first quarter of 2015 with a pay budget re-alignment planned to correct any anomalies found. This will enable the management within the NAS to implement the Accountability Framework to the lowest level possible thereby focusing on Pay Variance reports where base budgets have been set at realistic as opposed to historic bases.

The development of a zero based approach to non-pay budget setting will be developed over the course of the year utilising the results of the various reviews currently ongoing as well as other activity data expected to be available from new control systems when fully implemented. This will also assist the NAS to deliver on its own stated priority to foster a culture of strong performance management within its own service.

Another key element of supporting the NAS in the reporting and controlling of revenue expenditure is the migration of all NAS expenditure onto a singular centralised financial system. This will facilitate the NAS Management to receive more timely information on expenditure variances resulting in earlier intervention and corrective action where possible. At the end of 2014 the NAS achieved migration of the expenditure in non-pay for the North Leinster region and for eight former local control rooms to one financial system. The continuation of the phased migration in 2015 is planned to deliver on migration of expenditure in head quarters and the National Control Centre to one financial system.

The use of existing services, resources and expertise in Human Resources Business Solutions will also be explored in order to progress full migration of both pay and non pay for all regions. The development of a common Chart of Accounts for the HSE as part of the Financial Reform Program is also welcomed and will be fully supported. This will also facilitate the NAS Finance function in the production of more meaningful, consistent reports across all areas of the NAS.

Finance Framework

In 2014, the net budget for the NAS was €138m. The budget allocation, in 2015 for the NAS is €144m (4.6% change versus 2014 budget), which includes funding of the 2014 deficit and the provision of €5.4m for internal service priorities. Increased accountability in 2015 will mean that items identified in the NSP2015 and the Operational Plan can only be funded to the extent to which a budget has been available i.e. must manage with the budget available.

2015 Base Budget				
	Pay	Non Pay	Income	Total
	€	€	€	€
2014 Base Budget	103,496,858	34,822,327	-316,039	138,003,146
Funding				
2014 deficit funding	850,000	150,000	0	1,000,000
Internal Priority Funding	1,972,000	3,401,000	0	5,373,000
2015 Base Budget	106,318,858	38,373,327	-316,039	144,376,146

Internal service priorities for which funding was received include the completion of the National Control Centre Project, staffing ambulance stations and eliminating on call in the West (on a phased approach), the commencement of a procurement process of an electronic patient care record system and service costs associated with mechanical cardiopulmonary resuscitation (CPR) and defibrillator devices. As well as infrastructural developments, the NAS will ensure that clinical and managerial professionalism and excellence is enhanced and embedded in the service.

National Control Centre	2.112	17 WTEs
West on call / ambulance stations	1.261	50 WTEs
Electronic Patient Care Record	.600	
Mechanical Cardiopulmonary Resuscitation Devices	.250	
Defibrillator Devices	.150	
Emergency Aero Medical	1.000	
Total	5.37	

Incoming Deficit

The funding provided in 2015 will enable the NAS to deal with any unfunded costs, in 2014.

Existing Level of Service (ELS)

The funding provided to the NAS will offset the growth in costs associated with existing level of services. This refers to services already in place or commenced during the year end.

The NAS had already committed to the continued delivery of a number of strategic phased developments in 2014. Many of these developments have now reached the final and critical phase of multiyear strategic plan for the service. A number of these programmes have already received significant initial capital funding allocations for set up costs over the project lifetimes.

In addition a number of these programmes are considered essential to the delivery on prior assurances given on the enhancement of clinical excellence in the service:

- Continuing to support the final phase of a 4 year National Control Centre Project
- Recruiting additional WTEs to eliminate on call and staff additional ambulance stations in the West
- Continuing support for the aero medical service
- Commencing the procurement process of an electronic patient care record system
- Funding the necessary and additional revenue costs associated with the running and maintenance costs of the assets for:
    - The National Defibrillator Programme
    - The National Mechanical CPR Devices Programme

Cost Pressures

A number of cost pressures will continue to exist in the service, which are currently unavoidable. This includes costs associated with the higher maintenance and repair costs of an ageing fleet. The fleet replacement allocation of (€7.5m) for 2015 will secure the replacement of 47 emergency ambulances.

Continuous monitoring, reporting and management decision making will be required to achieve a balanced budget in the following areas: fleet, aero medical and overtime.

The area of overtime has for a long time been an area of concern for the service both in terms of the additional costs and more importantly the reliance on overtime to bring the service up to the required level. To that end the NAS continues to strictly monitor and control the expenditure on overtime to achieve a break even budget.

Pay and Pay Related Savings including Agency and Overtime

The agency costs incurred in the NAS are mainly as a result of:

- The front loading of agency staff recruited to assist the migration phase for the National Control Centre Project.
- Agency staff employed in a former control room, which has since migrated

Expenditure on both will no longer be required following full migration to the National Control Centre. The savings made will be matched with the cost of recruiting full time permanent employees to the two sites.

Financial Risk Areas

As a result of reductions in overtime payments to staff between 2011 and 2012 the Employee Union have lodged a claim for loss of earnings, as per the Haddington Road Agreement.

Current accountable budget holders must focus strongly upon service delivery and expenditure control. The Health Service Code of Governance, financial, procurement and human resources regulations of the Heath Service apply and set out categorically the behaviours expected. Compliance with the Heath Service Code of Governance and other regulations as set out remains a key objective.

Workforce

Introduction

The NAS staff are central to bringing about improvements in patient care, production and performance. Recruiting and retaining a motivated and skilled staff is a key objective in 2015.

The NAS relies on its staff to deliver its significant reform agenda, as outlined earlier in a challenging public service environment.

In order to ensure that the NAS has the ability to supply a safe and consistent service, in 2015 an internal review of the existing agreed rosters across the country will conclude. This review will validate the service baseline and the associated rostered and non-rostered staff requirements.

The Workforce Position

The NAS is fully aware that management of the workforce in 2015 must transition from an employment control frameworks with its particular focus on a moratorium on recruitment and compliance with employment ceilings, targets and numbers to one operating strictly within allocated pay frameworks. This will be challenging and in the absence of up-to-date systems / information will require an integrated approach and requires finance and HR workforce data, monitoring and reporting to be aligned.

The Management Structural Review will ensure that governance and management arrangements will support the implementation of future strategic objectives.

The overall context for the NAS workforce position in 2015 is set out below.

- The NAS employment ceiling stated at the end of 2014 in the NSP 2015 is 1,633 WTEs
- Uplift of 67 WTEs in 2015

WTE Numbers			
WTE Dec 2013	WTE Sep 2014	Projected Outrun Dec 2014	End 2014 Employment Ceiling
1,615	1,611	1,625	1,633

Reducing Agency and Overtime Costs

The NAS is happy to engage and avail of any additional supports to reduce its agency and overtime costs including those specified in NSP 2015 e.g.

- Greater use of e-rostering and time and attendance systems
- The development of an e-management strategy for the effective management of the workforce and its costs and leading to an integrated and unified technology platform, in time
- The option of the creation of staff banks, based on geographical or service cluster, initially if approved on a pilot basis to provide evidence based evaluations

2015 Developments and Other Workforce Additions

- Recruitment of National Control Centre Project personnel from the 2014 Service Plan is ongoing. Engagement with the Public Appointment's Service to provide a staffing solution for an Emergency Call Taker deficit continues. Other options through the National Recruitment Service are also being explored.
- In order to ensure that the NAS has the ability to supply a safe and consistent service, there is an ongoing internal review of the existing agreed rosters across the country. This review will validate the service baseline and the associated rostered and non-rostered staff required to provide it in terms of actual WTE's in place.
- The NAS Workforce Support Staff Transfers Policy was signed off under collective agreement, effective from the 1st November 2014. The developed National Database to manage transfers in a transparent open fashion is used to collate the applications. The National Transfer Operation Procedure SOP is with the trade unions for consideration. We have developed a National Database to manage transfers in a transparent open fashion in anticipation of the union's acceptance of this SOP.
- Discussions on compensation claims for overtime losses to NAS employees, continues.

The Haddington Road Agreement

The NAS will endeavour to achieve greater flexibility as provided for under this agreement e.g. increase use of redeployment, systematic review of rosters (skill mix and staffing levels), continue the improvement in addressing absence rates, greater use of shared service and combined services focussed on efficiencies and cost effectiveness.

Attendance Management and Absence Management

The ongoing management and reduction of absenteeism is a key focus for management. A rigorous and consistent approach will continue and is being closely monitored through its implementation.

The NAS will continue to build on the significant progress made over recent years.

The performance target for 2015 nationally remains at a 3.5% absence rate.

The NAS absent rate in 2012 was 5.73%, 2013 5.27% and 4.98% (in October 2014).

Operational Service Delivery

Overview - Health Information and Quality Authority (HIQA) Report

Review of pre-hospital emergency care services to ensure high quality in the assessment, diagnosis, clinical management and transporting of acutely ill patients to appropriate healthcare facilities

The above report was published by HIQA on the 2nd December 2014. The review was intended to identify if the necessary elements were in place to ensure high-quality performance in the assessment, diagnosis, initial and ongoing clinical management and transporting of acutely ill patients to appropriate healthcare facilities. The report is silent on whether or not the necessary elements are in place but, it must be assumed that if the recommendations made are taken on board and implemented then the elements are taken to be in place. The report does, however, conclude that the service is not as good as it could, or should be.

This Operational Plan includes an initial response on the recommendations made by HIQA; and proposes the next steps for dealing with the HIQA report and a series of NAS related reports (referred to in the NSP 2015) in a coherent and structured manner.

It should be noted that the HIQA report is the output of nine months work by HIQA staff and an external (UK) team and merits careful consideration by both the HSE (in respect of NAS) and Dublin City Council (in respect of Dublin Fire Brigade).

Recommendations

Recommendations 1 to 8 are national recommendations to be addressed individually and collectively by the NAS and Dublin Fire Brigade (DFB).

Recommendation 1
Both the National Ambulance Service and Dublin Fire Brigade must address the operational inefficiencies identified within this report and publish a joint action plan outlining proposed steps to improve individual and collective performance in call-handling, address verification, dispatch, ambulance deployment, mobilisation, navigation and the coordination of calls between both services.

It has been the view of the HSE that the new centre at Tallaght would fully integrate the DFB ambulance calls currently handled by the DFB at the Townsend Street Centre. The single National Control Centre, coupled with the implementation of the new Computer Aided Dispatch (CAD) system in 2015, the introduction of new processes will lead to improved performance. It is intended that recognised audit tools will be applied to enable the service to demonstrate performance levels comparable to best international standards.

Recommendation 2
State-funded emergency ambulance services should be operated as a clinical service embedded in the unscheduled care system, under the remit of the Acute Hospitals Directorate of the Health Service Executive (HSE), and a key part of the wider reform of hospital health service provision. This should be reflected in the strategic plans of the HSE and ambulance services.

State-funded emergency ambulance services include both the NAS and DFB. The HSE recognises the critical interdependence between acute hospital and ambulance services. The HSE organisational arrangements have ensured the development of an NAS as a national organisational unit and the HSE has provided the budgetary support to address long-standing operational and infrastructural difficulties in the ambulance service. HIQA acknowledges that the service has transformed to a national ambulance service within a single governance structure and that it has made significant range of issues. The position of the DFB is dealt with in the next recommendation.

Recommendation 3
As a matter of urgency, both the National Ambulance Service and Dublin Fire Brigade must put the necessary corporate and clinical governance arrangements in place to provide a fully integrated ambulance service in the greater Dublin area. This should include a binding service level agreement, which includes formal quality and performance assurance reporting mechanisms.

The HSE and Dublin City Council (as the service provider through the DFB) have a responsibility, in the interest of patient care to ensure that services are integrated. The HSE and Dublin City Council have already jointly commissioned a review of DFB ambulance service. As in the case of the providers of services, the HSE would expect that any agreement would encompass activity levels, quality standards and budget as well as governance arrangements.

Recommendation 4
The Health Service Executive and National Ambulance Service must immediately involve Dublin Fire Brigade in the National Ambulance Service Control Centre Reconfiguration Project to ensure a seamless and safe transition of services in Dublin.

The NAS has involved the DFB in this major project and has agreed the interim arrangements to be put in place for the Dublin area during the interim phase (when NAS staff at the Townsend Street move to the National Control Centre) before the transfer of DFB ambulance call services from Townsend Street Centre to the National Control Centre at Tallaght.

Recommendation 5
The strategic direction of emergency ambulance service provision needs to be clearly articulated by the Health Service Executive, to include both the National Ambulance Service and Dublin Fire Brigade. In addition, both ambulance service providers must now review the current model of care provided which requires 100% transporting of patients to hospital emergency department in all cases. In the interim, both services should act to implement 'hear and treat' and direct access to alternative care pathways, to include local injuries units in smaller hospitals, where appropriate.

This recommendation will require deeper consideration and wider consultation. Alternative pathways are being introduced in the UK to cope with an ever-increasing demand on the ambulance and acute hospital services. The successful implementation of alternative pathways could arrest the growth in the demand on the ambulance and acute hospital services make better use of staff and fully exploit their expertise and most importantly, provide more appropriate care to patients. Public acceptance of the alternative model will be key to successful implementation.

Recommendation 6
A comprehensive workforce plan should be devised and implemented to deliver an up skilled and modernised emergency response workforce, enabling greater levels of professional autonomy and clinical decision-making.

The NAS has invested in both training and in incrementally implementing changes in the rosters to ensure appropriate staffing and expertise was in place across the ambulance service (the NSP 2015, for example, provides for the elimination of on call in the West – on call has already been eliminated in the other regions). It is recognised that there is now an obligation on the service to ensure that the enhanced staffing levels can consistently deliver high-quality care and use their greater skills to maximum effect.

Recommendation 7
Both the National Ambulance Service and Dublin Fire Brigade must continue to enhance their approach to the collective monitoring of service performance through the ongoing development of an accurate and balanced system of measurement and public reporting against both clinical, response time and other key performance indicators for pre-hospital emergency care. This suite of measures should include the 7 minute 59 second first-response time for all ECHO and DELTA calls (patients who are in cardiac or respiratory arrest; and patients with life-threatening conditions other than cardiac or respiratory arrest) to include specific response times for cardiac arrest, stroke and heart attack, alongside measurement of ambulance turnaround times at hospitals. Response time targets should differentiate between urban, rural and combined response results, with the aim of driving incremental improvement in each setting.

The NAS publishes current data on response times. Targets by their nature should be ambitious and response times do provide an incentive to drive performance. However, targets that are unachievable or unrealistic de-motivate the service. The capacity report commissioned by the HSE is expected to shed light on the response times that would represent stretched performance for the NAS as it is currently configured and resources and the targets that would be adopted if services were to receive additional resources.

Recommendation 8
Both the National Ambulance Service and Dublin Fire Brigade must develop and implement an ongoing community education programme promoting appropriate use of ambulances. Such public education should seek to reduce unnecessary requests for ambulances, and improve public awareness of the clinical skills and competencies that pre-hospital emergency care practitioners possess. Public awareness of, and support for alternate care pathways will be critical to their successful application.

The NAS is supportive of ongoing public education on the use of ambulances and the creation of a greater awareness of the clinical skills and competencies of its staff. The NAS will, for example, be featured in a television documentary series in 2015 on the work of the ambulance service. While the approach to-date has been largely opportunistic, the NAS will be happy to work with DFB in developing and implementing a more structured ongoing programme.

The development and implementation of a programme should not, however, involve the creation of a costly infrastructure or shifting resources from the front-line as this would result in a loss of support and create public cynicism.

Recommendations 9 to 12 relate specifically to the NAS / HSE.

Recommendation 9
The National Ambulance Service needs to more effectively support managers at all levels. To enable this, the National Ambulance Service should undertake: • a review of all job descriptions for executive, management and supervisory positions to ensure that key accountabilities and management competencies are properly articulated against business requirements • an assessment of current management capabilities against revised job descriptions • the provision of routine and ongoing training in a number of core areas for managers, to include: financial management, human resource management, performance management, quality improvement and information management.

These issues will be addressed in the Management Structural Review planned for 2015.

Recommendation 10
To achieve timely and appropriate response to ECHO calls (patients who are in cardiac or respiratory arrest), the National Ambulance Service must as a priority actively promote the development of a comprehensive national programme of community first-response schemes in all rural and sparsely populated areas. The successful further development of these schemes will also require a significant increase in local volunteerism.

The NAS supports the continued development of first-response schemes and agrees that the most rural and sparsely areas should first be targeted. The capacity report commissioned by the HSE will identify the areas to be prioritised for the development of first-response schemes.

The NAS is acutely aware of the need for an increase in volunteerism to initiate new schemes. Considerable effort is also required in supporting existing schemes in circumstances where skills are rarely used but have to be maintained.

Recommendation 11
The National Ambulance Service must review the totality of its approach to both corporate and clinical risk management, to enable it to effectively determine and manage risk at all levels of the organisation. This requires the full cooperation of all National Ambulance Service personnel.

The NAS has already embarked on such a review and the approach to be followed by the NAS for the management of risk will conform to HSE's Quality and Patient Safety Division requirements in relation to the management and reporting of risk.

Recommendation 12
The National Ambulance Service must act to further enhance clinical governance capability, to include both the setting of standards and improved assurance. The National Ambulance Service must commence clinical audit, to allow it to be able to assure itself that the standard of clinical performance provided to the public is timely, effective and safe. This needs to begin now, and need not be delayed by the current lack of an electronic method of recording data. To facilitate clinical audit, it is recommended that the National Ambulance Service publically advertise and appoint a clinical quality lead at a senior level, reporting to the Medical Director of the National Ambulance Service.

In the absence of an electronic patient care record system (for which a procurement process will commence in 2015), the NAS is trialling alternative means of data capture to implement effective clinical audit.

A recruitment process (invitations of interest from all health staff) for a dedicated Quality, Patient Safety and Risk Coordinator in the NAS was conducted and, as it was not possible to make an appointment under that process, the NAS has requested that the position be publicly advertised by the HSE's Human Resources Division.

General Commentary - HIQA's Recommendations

In large part, the HIQA recommendations reflect issues on the HSE / NAS agenda and their implementation will maintain progress on its development trajectory. Indeed the HIQA provides further impetus to speed up the pace of change and to fully realise the benefits of the changes already implemented. The NAS has had to cope with significant change and has made progress in a difficult period for public services but, change will be ongoing and a feature of the service for the coming years.

The emphasis, in the first instance, has been on the enhancement of staffing levels, building up the skills and expertise of staff and investing in facilities and IT systems to support high performance. More than many other services, the ambulance services are amenable to detailed measurement and scrutiny. The service accepts that it must, as a critical health service, be able to demonstrate through systematic audit, assurance and reporting systems that it is actually delivering high performance against the appropriate standards. The NAS has made some progress but further investment is required in these areas.

The skills and professionalism at the operational level must be matched at management and corporate function levels and the future overall organisational and governance arrangements will support a culture of high performance and accountability.

Service Priorities

Key Priorities with Actions to Deliver in 2015

Quality and Patient Safety

Drive clinical excellence.

- Commence a procurement process to deliver an electronic patient care record solution to improve patient care record keeping and facilitate clinical audit.
    - Scoping exercise to determine the most economically advantageous system and implementation options in the context of the available funding. (Q2)

- Develop and implement information technology including NAS College E-Learning (NASCEL) to facilitate improved communication and performance.
    - Continue the use and expansion of the clinical portal / hub for NAS staff on HSE's online learning centre facilitating receipt of Clinical Practice Guidelines and distance learning, as appropriate. (Ongoing)

- Ongoing development of the Treat and Discharge Pilot Programme. (Ongoing)

- Engage with pre-hospital emergency research institutions. (Ongoing)

- Continue to support the National Transport Medicine Programme. (Ongoing)

- Develop and implement clinical performance measures. (Ongoing)
    - Clinical Outcome - Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation (Q in arrears) - 40%. (Q in arrears throughout 2015)
    - Serious Reportable Events: Compliance with the HSE Safety Incident Management Policy for Serious Reportable Events - 100%.
    - Audit: % of control centres that carry out Advanced Quality Assurance Audit (AQuA) Audit – 100%. (Q1 2015)

- Eliminate on call in the West using a phased recruitment approach i.e. Sligo and Belmullet and Ennistymon / Kilrush and Carndonagh/ Killybegs / Lifford. Dependent on recruitment and training timelines. Q4 2015 – Phased Approach)

- Staff additional ambulance stations 24 /7 in the West i.e. Tuam and Mulranney. Dependent on recruitment and training timelines. (Q4 2015 – Phased Approach)

Increase public confidence in the National Ambulance Service

- Engage with patients and families. (Ongoing)
- Develop a National Ambulance Service Community Relations Programme. (Q1 2015 – Q4 2015)
- Report on key performance indicators. (Ongoing)

Performance

Foster a culture of strong performance management.

- Research, develop and publish a National Performance and Quality Dashboard. Continually reviewed as new measures are developed. (Ongoing)
- Manage performance of all ambulance services funded by the NAS. (Ongoing)
    - Complete a Performance Improvement Framework. (Q 1 2015 - Q4 2015)
    - Will be informed by the Capacity Review and HSE and Dublin City Council Joint Review of all aspects of the emergency ambulance service operated by the Dublin Fire Brigade (DFB) in Dublin City and County.
- Ensure, in 2015, that a uniform level of appropriate oversight is in place by seeking to implement changes in governance structures with the Dublin Fire Brigade. (Full Year)
    - Reform agenda will be informed by the outcome of the HSE and Dublin City Council joint review of all aspects of the emergency ambulance service operated by the Dublin Fire Brigade (DFB) in Dublin City and County.

Deploy the most appropriate clinical resources safely, quickly and efficiently.

- Finalise the National Control Centre Project.
    - Migrate Townsend Street Control Centre to Rivers Building in Tallaght (Q 1)
    - Complete the establishment of a modern Single National Control Centre across two sites (Tallaght and Ballyshannon) in line with international best practice. (Q 4)
    - Implement a single Computer Aided Dispatch (CAD) system transforming the way in which the ambulance service is operated and emergency vehicles are deployed. (Q 3)
- Optimise the location of ambulance resources (including dynamic deployment). (Full Year)
    - The Capacity Review commissioned by the HSE and the Dublin City Council joint review of all aspects of the emergency ambulances services operated by the DFB in Dublin City and County, once complete ,will inform the planning phase for dynamic deployment pertaining to locations, staffing and equipment and fleet requirements.

- Maintain Intermediate Care Service at current activity levels; maintain positive impact on the availability of emergency ambulances for pre hospital care and facilitate emergency ambulance personnel to focus on the core function of the delivery of pre hospital care.

- Continue the expansion of the Community First Responder schemes. (Full Year)

  - The NAS supports the continued development of first-response schemes and agrees that the most rural and sparsely areas should be targeted.
  - The Capacity Review commissioned by the HSE will identify the areas to be prioritised for the development of first response schemes.
  - 100% of approved schemes will be connected to the National Control Centre

- Maintain Aero Medical Service (Full Year)

- Formalise an engagement process with the hospital groups to ensure alignment of ambulance services resulting from a reconfiguration of acute hospital services. (Full Year)

Service Efficiency

Ensure a comprehensive and coherent response to major reviews of the service.

- Work with the DOH and HSE to develop an action plan with timeframes (Full Year)

Develop workforce planning and control capabilities.

- Will be informed by the outcome of the Capacity Review. (Q1 2015)
- Implement a single national roster system (Q4 2015)
- Use Human Resource Business Solutions for support functions (Full Year)

Design and implement appropriate organisation structures.

- Complete the Management Structural Review to ensure that governance and management arrangements to support the implementation of future strategic objectives informed by the major reviews are in place. This review is expected to be completed Q2 2015.
- Review national operational management structures (Q2 2015)

Indicators of Quality Performance

Service			
Indicator	NSP 2014 Expected Activity / Target	Projected Outturn 2014	Expected Activity / Target 2015
Intermediate Care Services % of all transfers which were provided through the Intermediate Care Vehicle (ICV) service (Volume 3100 represents 70% of total transfers by ICV and Emergency Ambulances)	New KPI	75%	≥ 70%
Clinical Outcome Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation (Q in arrears)	New KPI	New KPI – Not previously reported	40%
Emergency Response Times* % of Clinical Status 1 ECHO (life threatening cardiac or respiratory arrest) incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	80%	75%	80%
% of Clinical Status 1 DELTA (life threatening illness or injury other than cardiac or respiratory arrest) incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	80%	64%	80%
Audit % of control centres that carry out Advanced Quality Assurance Audit (AQuA) Audit	New KPI	New KPI – Not previously reported	100%
Ambulance Turnaround From Acute Hospitals** % delay escalated where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework	New KPI	New KPI – Not previously reported	100%
Complaints % of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%	69%	75%
Serious Reportable Events % of Serious Reportable Events being notified within 24 hours to designated officer	New PI 2015	New PI 2015	99%
% of mandatory investigations commenced within 48 hours of event occurrence	New PI 2015	New PI 2015	90%
% of mandatory investigations completed within 4 months of notification of event occurrence	New PI 2015	New PI 2015	90%
Reportable Events % of events being reported within 30 days of occurrence to designated officer	New PI 2015	New PI 2015	95%

* The NAS has invested in personnel, systems and infrastructure to deliver improved response times over a number of years. The NAS will review response time targets in the light of the findings of the Capacity Report commissioned by the HSE in 2014.

** The acute hospitals PIs include a 'turnaround time' metric for ambulances. Both the acute hospital division and National Ambulance Service have a mutual interest in ensuring full compliance with this PI.

Estate Infrastructure

Estate infrastructure funding (€0.550m) secured is targeted to complete the National Control Centre (€0.250m) and an ambulance base in Swords (€0.300m).

Facility	Project details	Project Completion	Fully Operational	Capital Cost €m		2015 Implications	
				2015	Total	WTE	Rev Costs €m
Rivers Building, Tallaght and Ballyshannon campus	Provision of a National Ambulance Control and Call Centre and National Ambulance HQ at the Rivers Building Tallaght and upgrade of Ballyshannon Ambulance HQ to provide backup and support to the Tallaght Centre	Q4 2014	Q1 2015	0.25	12.96	17	2.112
Swords, Co. Dublin	Ambulance base	Q3 2015	Q4 2015	0.30	0.50	0	0

Vehicle Replacement

The allocated fleet budget allocation (€7.5m) will secure the purchase of 47 new emergency ambulances.

An expert technical review undertaken in relation to older vehicles was commissioned in 2014 and is due for completion in Q1 2015.

A full review of the fleet policy will take place in 2015.

Governance and Accountability

The NAS recognises the critical importance of good governance and of continually enhancing its accountability arrangement. To this end it will engage and participate fully with the new Accountability Framework. This enhanced framework for 2015 makes explicit the responsibility of NAS to deliver on the targets set out in the National Service Plan across the balanced scorecard.

The NAS welcomes the Performance Accountability Framework which is set out clearly in the NSP 2015 Schedule 1. A key feature of this framework will be the introduction of formal Performance Agreements:

- The first level will be the National Director Performance Agreement between the Director General and each National Director.
- The second level will be the Hospital Group CEO Performance Agreement and the CHO Chief Officer Performance Agreement which will be with the National Director Acute Hospital and relevant National Directors for community services respectively.

National Directors will be accountable for the delivery of their Divisional component of the NSP. The will be reflected in the Performance Agreement. The Performance Agreement will in addition focus on a number of key priorities contained in the Service Plan / Divisional Plan.

In line with the framework the NAS's Balanced Score Card ensures accountability for the four dimensions of Access to services, the Quality and safety of those services, doing this within the Financial resources available and by effectively harnessing the commitment and expertise of its overall Workforce. The NAS's Balanced Score Card sets out both quantitative and qualitative measures. The Agreement will also set the core performance expectations, accountability arrangements and escalation and intervention measures that will be put in place. The NAS is fully aware that a consistent approach to the new arrangements will be required at each accountability level.

The introduction of an Accountability Framework as part of the HSE's overall governance arrangements is an important development and one which will support the implementation of the new health service structures. Many of the accountability processes sare already in place and have operated over a number of years.

The main developments in 2015 are:

- Strengthening of the performance management arrangements between the Director General and the National Directors and between the National Directors and the newly appointed Hospital Group CEOs and the CHO Chief Officers.
- The introduction of formal Performance Agreements between the Director General and the National Director and between the National Directors and the Hospital Group CEOs and the CHO Chief Officers.

Current accountable budget holders must focus strongly upon service delivery and expenditure control. The Health Service Code of Governance, financial, procurement and human resources regulations of the Health Service apply and set out categorically the behaviours expected. Compliance with the Heath Service Code of Governance and other regulations as set out remains a key objective.

Potential Risk to Delivery

The National Service Plan sets out the general risks at a high level for the wider health service in delivering on the plan for 2015. In addition to these risks, the NAS has identified that the following factors which can impact on the successful implementation of this plan:

- Recruitment and training of staff in sufficient numbers to achieve improved performance levels.
- Industrial relations environment and progress on changes to work practices.
- Appropriate level of volunteerism for Community First Responder schemes.
- Unexpected demands on the NAS arising from factors outside HSE's control including public health issues e.g Ebola Virus Disease

The NAS will make every effort to manage and mitigate these risks.