

## National Ambulance Service Action Plan for HIQA Recommendations

Reference	Recommendation	Summary of Actions	Summary of Milestones	Responsible Person	Start	End	Status
<b>H1</b>	Both the National Ambulance Service (NAS) and Dublin Fire Brigade (DFB) 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 service	Put agreement in place between Health Service Executive (HSE) and Chief Executive Officer's of Dublin City and County Local Authorities to address action on operational inefficiencies and risks	1.1 Establish a DFB/NAS Operations group to address operational efficiencies.	Director NAS / Chief Fire Officer	Q2 2015	Q4 2015	Complete
			1.2 A joint HSE/DCC review of all aspects of the emergency ambulance service operated by DFB commissioned.	HSE Deputy DG / DCC CEO	Q1 2014	Q1 2016	Ongoing
		Implement Integrated Call Taking and Dispatch model for the National Ambulance Service (except Dublin region) to address immediate risks.	1.3 Appoint a permanent National Control Operations Manager	Director NAS	Q2 2015	Q2 2015	Complete
			1.4 Establishment of control centre migration project team	NEOC Manager	Q1 2013	Q1 2013	Complete
			1.5 An interim protocol between DFB and the NAS to mitigate against identified risks associated with the transfer of calls from Townsend Street to NAS National Emergency Operations Centre (NEOC)	Director NAS / Chief Fire Officer	Q4 2014	Q4 2014	Complete
			1.6 NAS reconfiguration of all previous regional control centres into the integrated NEOC	Director NAS	Q1 2013	Q4 2015	Complete
		Implement Integrated Call Taking and Dispatch model for Dublin region to address immediate risks	1.7 Establishment of control centre migration project under the oversight of the DCC/HSE Governance Group	HSE National Director NAS / DCC Deputy CEO	Q2 2015	Q3 2015	Complete
			1.8 Dublin migration project brief implementation plan agreed between DCC and HSE	HSE National Director NAS / DCC Deputy CEO	Q2 2015	Q1 2016	Ongoing
			1.9 DCC and HSE consultation complete with trade union forums	NAS HR GM / DCC Deputy CEO	Q3 2015	Q1 2016	Ongoing
			1.10 NEOC assume responsibility for call taking and dispatch in respect of all emergency ambulance calls in the Dublin region	HSE National Director NAS / DCC Deputy CEO	Q2 2015	Q2 2017	Ongoing

<b>H2</b>	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.	Ensure that the ambulance service are both (DFB and NAS) embedded as part of the unscheduled care system	2.1 Implementation of an integrated governance model to ensure that ambulance services, (DFB and the NAS), are a key part of the unscheduled care system including clinical programmes.	HSE National Director NAS / HSE National Director AHD	Q2 2015	Q1 2016	Ongoing
			2.2 Strategic Plan for Pre-Hospital Emergency Care complete	HSE National Director NAS / DCC Deputy CEO	Q1 2015	Q2 2016	Ongoing
<b>H3</b>	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.	Implement a Corporate governance model between HSE and DCC	3.1 Corporate and clinical governance structure in place for strategic and operational service management for the Dublin area	HSE DG / DCC CEO	Q1 2015	Q4 2015	Complete
			3.2 SLA in place for Dublin service	HSE National Director NAS / DCC Deputy CEO	Q2 2015	Q2 2016	Ongoing
		Integrated clinical governance model in place	3.3 Clinical governance model developed	NAS Medical Director / DFB Medical Director	Q4 2015	Q2 2016	Ongoing
			3.4 Establishment of an integrated clinical governance structure under the oversight of the NAS Medical Director in consultation with the DFB Medical Director		Q2 2015	Q2 2016	Ongoing
<b>H4</b>	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.	Implement a formal arrangement in place to ensure a seamless service as part of the NAS transfer to NEOC.	4.1 DFB participation on control centre migration implementation project under the oversight of the DCC/HSE Implementation Group.	Director NAS / Chief Fire Officer	Q4 2015	Q4 2015	Complete
<b>H5</b>	The strategic direction of emergency ambulance service provision needs to be clearly articulated by the Health Service Executive, to include both the National	Develop a strategy and action plan for pre-hospital emergency care in Ireland	5.1 Programme Manager appointed and National Steering Group in place to complete strategy and action plan	HSE National Director NAS	Q1 2015	Q2 2015	Complete

	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.		5.2 Draft strategy and integrated action plan prepared for consultation	NAS Programme Manager	Q2 2015	Q2 2016	Ongoing	
			5.3 Strategic Plan completed and approved by National Steering Group and HSE System Reform Group	HSE National Director NAS	Q1 2016	Q2 2016	Ongoing	
			Develop alternative models of care to ensure that patients are directed to or taken to the appropriate location for treatment	5.4 Implement a Clinical Hub desk within the National Emergency Operations Centre	Director NAS/ NAS Medical Director	Q1 2016	Q4 2016	Ongoing
				5.5 Develop and implement an alternative care pathway 'see and treat'		Q1 2016	Q4 2018	Ongoing
<b>H6</b>	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-	Develop and implement a workforce plan	6.1 Implement an interim workforce plan 2015/2016	NAS HR GM	Q1 2015	Q4 2015	Complete	
			6.2 Implement a five year workforce plan	NAS HR GM	Q2 2015	Q1 2016	Ongoing	
			6.3 Develop DFB workforce Plan	Chief Fire Officer	Q4 2016	Q1 2017	Ongoing	
<b>H7</b>	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.	Complete the capacity review on pre-hospital emergency care services	7.1 Capacity Review Report complete	HSE National Director NAS	Q2 2014	Q4 2015	Complete	
			7.2 Additional capacity implemented as per capacity review in priority areas	HSE National Director NAS / HSE CFO / HSE Director of HR	Q1 2016	Q4 2020	Ongoing	
		Develop an accurate and balanced system of measurement for pre-hospital emergency care	7.3 Develop Key Performance Indicators (KPI's) Framework	HSE National Director NAS	Q1 2016	Q4 2016	Ongoing	
		Implement a real-time performance management system at all levels	7.4 Implementation a real-time Performance and Quality Dashboard	Director NAS / Chief Fire Officer	Q1 2015	Q4 2016	Ongoing	
			7.5 Implementation of daily performance review	National Control Operations Manager	Q1 2015	Q1 2018	Complete	

			7.6 Escalation plans for patient handover and ambulance turnaround in place with AHD	Director NAS / Chief Fire Officer	Q2 2014	Q2 2015	Complete
		Implement public reporting of clinical response times and KPI's for NAS and DFB	7.7 Upload HSE NAS performance report (which includes DFB) on the HSE and DCC websites	HSE National Director NAS / DCC Deputy CEO	Q2 2015	Q2 2016	Ongoing
			7.8 KPI data provided by DCC in line with HSE National Performance Reporting Framework and Integrated Report on service availability including real-time dashboard management	Director NAS	Q1 2015	Q1 2015	Complete
			7.9 Publish HIQA action plan on HSE and DCC website	HSE National Director NAS / DCC Deputy CEO	Q2 2016	Q2 2016	Awaited
<b>H8</b>	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.	Play an active role in improving the health needs of the population through community education programmes	8.1 Design and implement national patient education programme on the appropriate use of 112 / 999 and the use of alternative care pathways	Director NAS / Chief Fire Officer	Q1 2017	Q4 2017	Awaited
			8.2 NAS and DFB implement national community education programme on the use of alternative care pathways	HSE National Director NAS / HSE National Director Communications	Q1 2017	Q4 2018	Awaited
			8.3 Appoint a Community Engagement Officer in each NAS Area	Director NAS	Q2 2016	Q4 2016	Awaited
<b>H9</b>	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.	Strengthen the leadership, workforce and governance structure of the NAS to assist in the delivery of best possible patient care	9.1 Initial review of all job descriptions with all managers to ensure clarity on roles and responsibilities	Director NAS	Q4 2014	Q1 2015	Complete
			9.2 NAS have commissioned a HR and Organisation Design Strategy that will: • Review the existing organisation design for NAS and identify if any deficits and gaps in the current model. • Ensure that governance and management arrangements will support the implementation of future strategic objectives for pre-hospital emergency care. • Revise and develop job descriptions to ensure alignment with future NAS and HR strategic direction.	HSE National Director NAS	Q2 2015	Q2 2016	Ongoing
			9.3 Develop and Implement NAS 'People Strategy' in line with HSE People Strategy	NAS HR GM	Q1 2016	Q4 2020	Awaited

			9.4 Implement a NAS management training and professional development programme	NAS HR GM	Q1 2014	Q4 2017	Ongoing
H10	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.	Implement a comprehensive national programme of Community First Responder (CFR) schemes	10.1 Complete a modelling and identification of priority CFR schemes	Director NAS	Q1 2014	Q4 2015	Complete
			10.2 Develop a CFR Strategy and Implementation Plan in conjunction with the various statutory and non-statutory bodies including recommendations from the National Capacity Review	NAS Programme Manager	Q3 2015	Q2 2016	Ongoing
			10.3 Implement the CFR Strategy and Action Plan (Priority sites over first two years)	NAS Director / NAS Medical Director	Q2 2016	Q4 2020	Awaited
H11	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	Embed effective clinical and corporate risk management structures throughout the NAS	11.1 Appoint a NAS National Quality and Patient Safety Manager (NQPSM)	Director NAS	Q1 2015	Q3 2015	Complete
			11.2 Review and agree NAS quality and patient safety structures	Director NAS	Q3 2015	Q2 2016	Ongoing
			11.3 Implement the HSE Open Disclosure National Policy	NAS NQPSM	Q4 2015	Q4 2016	Ongoing
			11.4 Implement HSE corporate policy on integrated risk management	NAS NQPSM	Q4 2015	Q3 2016	Ongoing
			11.5 Training of all managers and supervisors on the risk management policy	NAS NQPSM / Director NAS	Q4 2014	Q2 2016	Ongoing
			11.6 Ensure NAS Corporate Risk Register is formally reviewed each month at the NAS Performance Review Group, NAS Leadership Team and at each NAS Area Operations meeting	HSE National Director NAS / Director NAS / AOM's	Q2 2014	Q3 2014	Complete
H12	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	Enhance clinical competencies and governance arrangements to improve quality of care and patient safety.	12.1 Appoint NAS Clinical Information Manager, Quality, Safety and Risk	NAS Medical Director / NAS HR GM	Q2 2015	Q3 2015	Complete
			12.2 Implement interim audit solution to enable clinical audit	NAS Medical Director	Q2 2014	Q2 2016	Ongoing
			12.3 Development of clinical support capacity (cohort of clinical support supervisors)	Director NAS / NAS Medical Director	Q1 2018	Q4 2019	Awaited

<p>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.</p>	<p>12.4 Implement Electronic Patient Care Record (ePCR)</p>	<p>Director NAS / NAS Medical Director</p>	<p>Q2 2014</p>	<p>Q4 2017</p>	<p><b>Ongoing</b></p>
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## Status Update

Oversight group and operational group in place

Review scheduled to complete in Q1 2016 post completion of capacity review

NCOPM in post mid July 2015.

Project team in place

Protocol in place and operations reviewed each month by NAS and DFB operations group

All regional control centres have migrated to the NEOC

Control centre migration project brief agreed. DCC going through union consultation

Migration implementation plan agreed

DCC/HSE proposal has completed consultation phase with trade unions and an alternative proposal has been put forward. This is being reviewed at present

DCC/HSE proposal has completed consultation phase with trade unions and an alternative proposal has been put forward. This is being reviewed at present

Draft governance paper produced on integration between Acute Hospitals and Pre-hospital Emergency Care Services. Further consultation will take place with AHD and DFB before signoff in Q1 2016. Due for sign off Q1 2016.

Consultation stage and International Literature Review stage complete. Draft strategy being complete at present. Further consultation on the final draft will take place before approval

Corporate governance strengthened through establishment of HSE/DCC Governance Group & NAS/DFB Operations Group.

Signed funding agreement in place for 2015. Discussion on SLA to proceed following Dublin services review

Joint DCC HSE Medical Director Working Group in place and developing the Clinical Governance model.

Implementation will commence once the clinical governance model has been adopted. In the interim immediate priorities are being addressed through the working group.

Protocol in place and operations reviewed each month by NAS and DFB operations group.

NAS Programme Manager appointed and in post from 01.04.15



Consultation stage and International Literature Review stage complete. Draft strategy being complete at present. Further consultation on the final draft will take place before approval.

Consultation stage and International Literature Review stage completed. Draft strategy being completed at present.

Business case drafted for approval. Funding secured for implementation in December 2016.

Pilot programme run in 2014. Review completing. Detailed Project Plan Being Developed. The joint medical director working group will address the implications in Dublin.

Interim workforce plan completed and approved

Mazars drafting workforce plan with HR and NAS

To be achieved on a phased basis and is contingent on funding in estimates process each year to fund additional resources

Engagement with PHECC, HIQA, DFB and key HSE Divisions commenced. Pre-Hospital clinical outcome measures proposal drafted

Procurement process commenced and preferred supplier notified. Director NAS will update the Chief Fire Officer as the project progresses. Implementation in Dublin is dependent on progressing the integrated call taking and dispatch project

Escalation protocol in place. This will be reviewed on an annual basis (Q4 period)

Currently published on HSE website and process being agreed with DCC for publishing on DCC website

Monthly reporting on KPI's provided by DCC to NAS

Publish as joint action plan with Capacity Review

Contingent on funding in 2017 estimates process

Funding to commence first phase in Dec 2016

Job description currently being drafted by HR for advertisement

All job descriptions reviewed, confirmed with key staff. A file of all job descriptions has been collated

Development of HR and OD Strategy in progress by Mazars

Implementation plan awaited from Mazars

Some NAS areas advanced. HR Performance & Development to pull into a NAS National Management Development Programme. HR Strategy defining.
82 new locations identified
Draft plan developed and proposed to establish National Group in partnership with CFRI and other stakeholders. Funding provided in 2016 NSP to kick start process.
Awaiting strategy development and sign-off
NAS QPS GM commenced appointment on 06.07.15
Being developed as part of HR Strategy
Staff awareness programme ongoing
Policy adopted and in place. Further training to be provided through management development programme. Audit to be undertaken in 2016 to ensure compliance.
Incident Investigation Management training for NASLT 13.10.15
Review of the NAS Corporate Risk Register is an integral part of governance arrangements
Post holder commenced appointment on 01.08.15.
Clinical Audit pilot complete. Full rollout of interim solution by end of May 2016.
Not funded in 2016 NSP. Realistically with staffing levels will be 2018/2019 at earliest before rollout could commence.

EPCR procured and funded to commence in 2016. Full rollout over 18 months subject to further funding.