Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Ambulance Service

Operational Plan

2016

Vision

A healthier Ireland with a high quality health service valued by all

Mission

► People in Ireland are supported by health and social care services to achieve their full potential

► People in Ireland can access safe, compassionate and quality care when they need it

► People in Ireland can be confident that we will deliver the best health outcomes and value through optimising our resources

Values

We will try to live our values every day and will continue to develop them

Care Compassion Trust Learning

Goal 1 — Promote health and wellbeing as part of everything we do so that people will be healthier

Goal 2 — Provide fair, equitable and timely access to quality, safe health services that people need

Goal 3 — Foster a culture that is honest, compassionate, transparent and accountable

Goal 4 — Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Goal 5 — Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

NAS Priorities for 2016

NAS Vision

To provide excellent ambulance services to patients and the public through the highest levels of clinical and professional proficiency contributing to the improved health and wellbeing of the people.

NAS Mission Statement

To 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 ambulance services.

Service Priorities

Improve our engagement with patients and service users	Improve operational performance and outcome for patients
Enhance clinical competencies and governance arrangement to improve quality of care and patient safety	Improve engagement with patients and service users and play an active role in improving the health needs of the population
Provide a flexible, safe, responsive and effective service to meet planned alternative models of patient care	Deploy the most appropriate resources safely, quickly and efficiently

Contents

Executive Summary

In line with legislative requirements the National Service Plan (NSP) 2016 sets out the type and volume of services, including those of the NAS, which will be provided within the funding allocated by Government over the course of the year. Mirroring the outcome of NSP2016, this plan reflects the service which will be provided within the resourcing made available.

The National Ambulance Service (NAS) continues to implement a significant reform agenda which mirrors many of the strategic changes underway in ambulance services internationally as they strive for high performance and efficiency whilst coping with a continuously increasing demand on services.

As we strive to achieve our goals, our work is grounded in our vision, mission and values and this plan is designed to place people at the centre of the services we provide. We must also focus on the cost and sustainability of services and ensure that at all times for the public and service users we are achieving the best value for money.

We welcome our increase in budget allocation for 2016. Funding of €5.2m to sustain our existing level of service will assist in funding current payroll and equipment cost pressures. Staffing numbers remain a concern and this funding will help support overtime, in order to minimise the impact on service levels, while more staff are recruited and trained. The priority in 2016 will be maintaining current response times as a result. Development priorities addressed are the training of more paramedics, implementing mobile terminal data terminals in emergency ambulances, initiating the first phase of an alternative care pathway, expanding Community First Responder Schemes and assisting in the delivery of a children's ambulance service. These will be phased in during 2016 with a cost of €2m and a full year cost of €3.6m.

As always, the NAS will pursue all opportunities to achieve increased value and efficiency across its services and will continue to implement cost containment and cost reduction programmes wherever practicable.

As required by HIQA the NAS is developing a strategic plan (Vision 2020) for the next five years. This cohesive plan incorporates key findings from reviews completed in 2014 (internal HSE review to support performance improvement and the Health Information and Quality Authority (HIQA) review of pre-hospital emergency care services in Ireland) and in 2015 (national capacity review of pre-hospital emergency care services in Ireland and a review of the provision of pre-hospital emergency care services in Dublin).

The service continues to develop a modern, quality service that is safe, responsive and fit for purpose, while in the background pivotal, exciting and indeed challenging changes both locally and nationally thrive. Central to this reform is service improvement, quality and patient care with the NAS continually striving to ensure that each patient's experience is not only safe and of a high quality but also caring and compassionate.

A number of transformational changes to improve performance, patient care and manage a continuously increasing demand on services have been implemented. Significant improvement in performance has taken place over the last three years through targeted investment, as part of the reform programme.

This has resulted in an extensive range of service improvements which are currently at various stages of delivery. Some of the service developments will need to be supplemented with work being progressed within the service to address the recommendations of the various reviews and the overall corporate plan for the HSE. As a result, the NAS has established a programme management office and has appointed a programme manager to ensure that an array of projects are prioritised, planned, managed and delivered in a sensible and cohesive manner. The change programme will be managed in line with the System Reform Group methodology and tools to ensure that it integrates with the changes being undertaken in the other divisions within the HSE.

It will not be possible to sustain or indeed improve the performance to required levels without investment in the workforce by training more paramedics and expanding the intermediate care service to increase emergency ambulance availability. 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.

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.

Accountability

The NAS will be held to account in 2016 for efficiency and control in relation to service provision patient safety, finance and human resources. The governance and accountability framework makes explicit the responsibilities of NAS to deliver on the targets set out in the NSP across the balanced scorecard domains of Quality, Patient Safety, Access to Services, Finance and Human Resources. Management will be accountable to the National Performance Oversight Group for performance.

This plan reflects the NSP2016 and the Corporate Plan 2015 - 2017, which sets out the HSE's ambition on improving the health service. Mirroring the vision for the health services underpinned by the core values of Care, Compassion, Trust and Learning and the five goals set by the HSE. It is in line with our strategic plan (Vision 2020). The HSE governance arrangements for monitoring and reporting on performance in relation to the quality and safety of care will be strengthened under the accountability framework in 2016.

Reflecting on lessons learned 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. Our objective is to respond to evidence of what works best to deliver the best possible outcome for patients and service users. Investing in our staff so that they are best equipped to manage their challenging roles is a key priority for us.

Role and Function

The NAS is the statutory pre-hospital emergency and intermediate care provider for the State. In the Dublin metropolitan area, ambulance services are provided by the NAS and the Dublin Fire Brigade. Private and not-for-profit providers also play a role in transporting patients requiring access to health care services and in supporting a variety of public and sporting events. The NAS also works closely with the Northern Ireland Ambulance Service in the border areas for the benefit of the population on both sides of the border. It is envisaged that these arrangements will continue.

The NAS provides 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. 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.

The National Ambulance Service College (NASC) delivers education and training to all new entrants to the service. This training ranges from induction programmes (two week duration) for new registered staff, driver training (3 weeks duration) call taker and paramedic training to new recruits and dispatch training for call taker progression and advanced paramedic training for paramedics. Additionally NASC are involved in the delivery of training that includes Trainer Development programmes (instructional methods, tutor qualifier and phlebotomy programme). Support is also provided to the Defence Forces in relation to the training of their emergency medical technicians, paramedics and tutors. NASC staff are proactively involved and collaborate with the Pre-Hospital Emergency Care Council (PHECC) committees and working groups, in addition to being involved in a large selection of external organisations, panel examinations and reviewing new equipment. The NASC acts as a hub in developing and supporting all in service training. Staff participate in developing new programmes, reviewing current programmes, up skilling and availing of new programmes to ensure current and competent practice.

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, general practitioners, other emergency services and the hospital system and in particular emergency departments.
- Operate the National Emergency Operations Centre (Tallaght and Ballyshannon).
- 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 a transport service to critically ill patients and their clinical care team to high acuity care.
- Assist in the delivery of a dedicated children's ambulance service for routine, urgent and end of life journeys.
- 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.
- Deliver professional education and training to all new entrants to the service.
- Provide re-certification and ongoing training for staff.
- 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.
- Provide funding towards the Dublin Fire Brigade ambulance service

Resource Overview

This Operational Plan is set in the context of a budget of €151.4m.

- Funding of €5.2m to sustain our existing level of service will assist in funding current payroll and equipment cost pressures.
- Development priorities will be phased in during 2016 with a cost of €2m and a full year cost of €3.6m.
- Information and communication technology investment funding of €3m was assigned.
- The allocated fleet budget allocation (€18m) will secure the purchase of approximately 50 new emergency ambulances and 35 emergency ambulance remounts, 10 intermediate care vehicles and 1 rapid response vehicle.

Service Quantum Summary

Activity:

In 2016 the NAS will:

- Respond to approximately 300,000 calls of which 100,000 are ECHO / DELTA (highest acuity level) calls (with a fleet of approximately 500 vehicles)
- Transport approximately 40,000 intermediate care patients
- Train 96 Paramedics
- Train up to 40 Advanced Paramedics
- Train a minimum of 17 control staff
- Provide 3.5 million operational staff hours (estimated awaiting full implementation of national HR system)

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

- 342 Irish Coast Guard calls
- 309 Emergency Aero Medical calls
- 109 Air Ambulance calls
- Over 500 Neonatal Transfers
- Over 70 Paediatric Transfers

Emergency ambulance services are also provided by the Dublin Fire Brigade. Aero medical services are provided by the Irish Air Corps and the Irish Coast Guard by agreement with each organisation.

Staff:

Services are delivered by a staff number of approximately 1,700 WTEs. In addition services in Dublin are supplemented by Dublin Fire Brigade staff that rotate to operate twelve ambulances.

- The intermediate care service is staffed by a crew of emergency medical technicians.
- The pre-hospital emergency care service is staffed by paramedic and advanced paramedic staff.
- The National Emergency Operations Centre is staffed by emergency call takers, emergency dispatchers, control supervisors and control managers.
- Medical oversight is provided by a medical director, deputy medical director and three area medical advisors.
- The NASC delivers the required training to all staff through our education and competency assurance managers both within the college and across the service.

❍ NAS business support roles includes: fleet, finance, human resources, communications, and business management and programme management functions.

Estate, Fleet and Equipment:

The NAS supply services from 102 locations throughout Ireland. We are currently developing a long term plan with HBS Estates for our estate. The NAS operates a wide range of fleet including emergency ambulances, intermediate care vehicles, rapid response vehicles and a range of specialised support vehicles. Over the last number of years the NAS has invested significantly in the purchase of new vehicles and a fleet maintenance programme. The fleet profile at this point in time is as follows:

Vehicle Type[1]	Number
Emergency Ambulances	258
Intermediate Care Vehicles	50
Rapid Response Vehicles	119
Specialised Vehicles	59

Risks to the Delivery of the Operational Plan

The NSP2016 sets out the general risks at a high level for the wider health service in delivering on the plan. In addition to these risks, the NAS has identified the following factors which can impact on the successful implementation of this plan. In identifying potential risks to the delivery of this operational plan, it is acknowledged that while every effort will be made to mitigate these risks, it will not be possible to eliminate them in full.

❍ The capacity to recruit, train and retain a highly skilled and qualified workforce to achieve improved performance levels. To date the NASC has exceeded its capacity to meet the immediate and required needs of the NAS.
❍ Meeting of HIQA standards.
❍ 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.
❍ Management capacity risk given the scale of reform underway.
❍ Risks associated with the control and approval of new drugs.
❍ Lack of contingency funding to deal with unexpected service or cost issues.

Damien McCallion
HSE National Director Ambulance Services

Martin Dunne,
Director of the National Ambulance Service

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[1] Figures accurate as of December 2015 will fluctuate over coming weeks as new vehicles are commissioned and decommissioned.

Improving Quality and Reforming Service Delivery

Introduction

The NAS places a significant emphasis on the quality of services delivered and on the safety of those who use them. A key focus for the NAS, in 2016, is ensuring that quality improvement and patient safety is embedded in all work practices and all services. Every person who comes into contact with the NAS should be able to access safe, compassionate and quality care.

The NAS has developed a strategic plan (Vision 2020) for the next five years, focusing on person centred care. This cohesive plan incorporates key findings from reviews completed in 2014 (internal HSE review to support performance improvement and the Health Information and Quality Authority (HIQA) review of pre-hospital emergency care services in Ireland) and in 2015 (national capacity review of pre-hospital emergency care services in Ireland and a review of the provision of pre-hospital emergency care services in Dublin). We will work with the Quality Improvement Division, who is on our steering group, as part of our strategic plan development to incorporate the HSE Quality Framework within our service

The Quality and Patient Safety Manager, in the execution of the role, will with the management team and staff coordinate and ensure that the NAS effectively delivers the service's quality and patient safety agenda in line with the national quality programme.

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.

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

The responsibility for oversight and improvement of the complaints and compliments system, within the NAS lies within the remit of the Quality and Patient Safety Manager. It has and will continue to have senior management focus within the regions and is integrated with all other learning within our service.

Patients are at the centre of everything and through enhanced engagement; our aim is to build open, respectful and trusting professional relationships with our patients and service users.

To develop a learning culture, we will continue to engage and listen to patients and service users so that we learn from their experience. To achieve this objective, the NAS will develop and implement a patient, public and service user engagement strategy and formally seek information on patients experience annually through a patient and service user's survey.

As per the national Open Disclosure Policy the NAS will ensure that patients, their families and staff feel supported when patient safety events occur or something goes wrong. The NAS will also improve transparency in data reporting to ensure that information on our performance results is available for public scrutiny through multimedia platforms including social media.

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. The NAS will further development Quality and Safetiy KPIs during 2016.

Current Position

The Quality, Patient Safety and Enablement Programme established by the HSE captures the continuum of activities required to effectively deliver on all aspects of quality improvement and patient safety.

The NAS works 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.

A range of service improvements, at various stages of delivery are cited below:

❍ Completing, in September 2015, the reconfiguration of command and control from multiple centres to a modern National Emergency Operations Centre (NEOC), Tallaght and Ballyshannon, on full digital systems. This effectively means that all 112 / 999 emergency calls for the country with the exception of the area in Dublin covered by Dublin City Council's Fire Brigade are answered and dispatched from the NEOC (Tallaght and Ballyshannon). This allows for the nearest available resource to be dispatched in the shortest possible time to each emergency request. The NEOC (Tallaght and Ballyshannon) an accredited Centre of Excellence, will continue to serve the public to the highest standard of patient care.

❍ Introducing the national Computer Aided Dispatch (CAD) system (this went live on the 16th September 2015, at 7am). The MIS Nexus C3 System is a state-of-the-art CAD system which allows the two control rooms to dispatch the most appropriate resources for every incident across the country regardless of location. The CAD interfaces with other elements in the emergency management suite including gazetteer, call triage and automated vehicle locator to ensure accurate and timely response. From a patient's perspective it does not matter where you are when you dial 999 / 112, you will be put through to the next available call taker whether they are in Ballyshannon or Tallaght regardless of location. Resources are dispatched by dispatch teams. Dispatchers use the CAD system and its integrated elements to identify the nearest available appropriate resource. NAS dispatchers can now identify appropriate vehicles to optimise responses and with a powerful mapping and incident location facility and have the ability to get the appropriate resources to the patient faster than before. Speed and accuracy in identifying the incident's location are critical to faster response times and the new CAD system gives this. Operationally in the Control Room the new CAD system speeds call taking and dispatch by allowing staff to swiftly pinpoint the caller's location, as onscreen coordinates on the system's digital map in readiness for call processing and dispatch. The system is also designed to accept the caller's Eircode to further enhance address identification. The architecture of the solution enables better, faster service with built in resilience. If the system fails then full operations can automatically switch to the backup system without the need to revert to pen and paper.

❍ Prioritising a process of procurement of an electronic patient record to support more effective clinical audit.

❍ Reporting Out-of-Hospital Cardiac Arrest (OHCA) outcomes. The national 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. This 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.

❍ Focusing on improving how OHCA is recognised, treated and measured, hence improving survival rates. The ONE LIFE Project is an unprecedented initiative undertaken by the NAS with the clear aim of increasing OHCA survival rates in Ireland. This project also further enhances the services commitment to be at the forefront of innovation and continuous improvement in patient focused pre hospital care.

❍ Playing a pivotal role in the delivery of an improved performance aimed at saving lives. The Acute Coronary Syndrome (ACS) National Clinical Programme was a programme, initiated in 2010, as a joint venture between the Irish Cardiac Society (under the auspices of the Royal College of Physicians of Ireland (RCPI)) and the Health Services Executive. The ACS programme was set with the aim of saving lives by standardising the care of ACS patients across the country, with the primary goal that all STEMIs within a 90 minute drive time to a primary percutaneous coronary intervention centre from first diagnostic ECG would have primary percutaneous coronary intervention. Monitoring of treatment of all STEMI patients was recorded by the centres whether brought directly or referred from surrounding general hospitals. Hence performance at the centres reflects the hinterland served the response of the NAS as well as the functioning of the centre. The findings of the first full year in operation (published May 2015) show that data on 1,246 patients with STEMI were recorded from eight out of the nine

centres in 2013. A major change in the way patients with STEMI are treated has occurred in Ireland with a shift from both thrombolysis and primary percutaneous coronary intervention used in equal measure in 2011 compared with a rate of 92% (⇧42% from 2011) PPCI in 2013 in reperfusion treated patients. This major achievement has been realised in all centres reflecting change equally across the country. Furthermore this high level intervention compares favourably with other countries such as England 97% and Wales 72%.The NAS's pivotal role in the delivery of this improved performance includes:

- Training all frontline staff (1600) in ECG interpretation and STEMI diagnosis
- Purchasing and deployment of state of the art defibrillator / monitors across the emergency fleet
- Introducing a dedicated 1800 telephone number connecting the paramedic in the ambulance directly with the consultant cardiologist in the receiving centre
- Using the Emergency Aero Medical Service in bringing STEMI patients from areas remote from centres

○ Auditing emergency calls received using the Advanced Quality Assurance Audit process. This computer based system enables monitoring and auditing of calls effectively and efficiently ensuring that compliance levels are maintained at Accreditation Centre of Excellence Standards.

○ Providing a safe and timely transfer for non emergency patients when transferring between hospitals within the healthcare system or moving to step down facilities in the community. The intermediate care service has 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.

○ Managing, reviewing and monitoring of ECHO and DELTA response times to meet specified targets. The strategic planning process going forward, in relation to emergency response times and expected activity / targets will be informed by the recommendations from the capacity review.

○ Developing a national framework document, establishing clear lines of responsibilities and the standards expected, supported by the evaluation from the Emergency Medicine Programme initiative,. Practitioner patient handover information i.e. IMIST - I (identification of patient) M (Mechanism of injury or medical complaint) I (Injuries or information related to complaint) S (Signs) T (Treatment and trends) and AMBO- A (Allergies) M (Medication) B (Background) O (Other Information) - ensures a structured clinical handover. Secondly, an escalation process is used by NAS to alert the required levels of management both within NAS and the wider healthcare system in regards to delays in the release of ambulance resources. Thirdly, a new key performance indicator introduced in 2015 measures the percentage of delays escalated where ambulance crews were not cleared nationally in 60 minutes in line with the process / flow path in the ambulance turnaround framework. This particular performance indicator has been on an upward trajectory since its introduction.

○ Staffing additional ambulance stations and developing a HR and Organisation Development Strategy to ensure we have the appropriate governance arrangements and the right numbers and type of staff.

○ Continuing a joint Emergency Aero Medical Service between the NAS and the Irish Air Corps.

○ Working with TV3 to produce a series of programmes called 'Paramedics.' This series consisted of six one hour episodes and gave an insight into the normal day to day working of the NAS and reflects the range and scale of the calls received and attended on a daily basis.

○ Playing an active role in supporting community engagement on the development of Community First Responder (CFR) schemes. The NAS is fully committed to working with the CFR schemes nationally and greatly value the contribution that these voluntary schemes make. NAS is proud to have worked with existing CFR schemes and looks forward to supporting CFR Ireland in significantly expanding the number of schemes.

○ Continuing the implementation of the Educational and Competency Assurance Plan 2015 – 2017 will see both an increase in the numbers of paramedics and advanced paramedics available to the NAS as well as an expanded scope of practice for emergency medical technicians, paramedics and advanced paramedics through the implementation of a range of Clinical Practice Guidelines.

○ Participating actively in the Emergency Department Taskforce to alleviate overcrowding / congestion / patients waiting on trolleys for long periods in emergency departments continues.

○ Developing a stronger system wide approach to incorporating patient feedback into the service at all levels while being fully aware of the importance of ensuring that a strong complaints and compliments management system is in place.

Key Quality Priorities in 2016

○ Integration of quality and patient safety across our operational service through appropriate leadership, governance, structures and processes
- Implementing the National Standards for Safer Better Healthcare
- Implementation of strengthened quality and patient safety governance structures within NAS, including an assurance process

○ Developing and implementing a patient and service user engagement strategy that defines an operating model which will bring together service user advocacy, complaints, incident management and response, learning systems and service improvement
- Implementing an annual patient survey
- Ensuring compliance with the national complaints policy to address the learning from the implementation of the Ombudsman's report '*Learning to get better'*
- Fostering a culture of improved complaints and compliments reporting
- Rolling out the National Complaints and Compliments Reporting System (NIMS)
- Establish a patient engagement forum
- Instigating and promoting patient feedback systems

○ Strengthening the quality and risk management systems, within the NAS
- Implementing the HSE Incident Management Strategy
- Rolling out the National Incident Management Reporting System (NIMS)
- Fostering a culture of improved incident reporting
- Rolling out of the National HSE Open Disclosure Policy
- Work with the HCAI Clinical Programme to improve infection prevention and control
- Implementing and further developing clinical audit to support a patient safety culture

○ Develop a key performance indicator (KPI) framework for pre-hospital emergency care services that provides for a balanced set of measures between response time, patient outcome measures and patient satisfaction.

○ Implementing Alternative Care Pathways for example 'Hear and Treat'

○ Expanding the Community First Responder Scheme

○ Assisting in the delivery of dedicated children's ambulance service for routine, urgent and end of life journeys

○ Working with the Acute Hospitals Services to reduce emergency department handover delays thereby improving ambulance turnaround times

○ Ensuring that front line staff are supported and supervised in a manner aligned with requirements

○ Introducing an electronic patient care record in emergency ambulances

○ Implementing an Education and Competency Assurance Plan, ensuring the continued development of staff

○ Continuing the development of the Computer Aided Dispatch system with integration of a suite of management reporting systems enhancing patient care and service delivery

○ Procuring additional fleet to ensure reliability, improve patient care and response times

○ Progressing priority items for the reform programme from reviews in tandem with the development of Vision 2020

○ Continuing to serve the public to the highest standard of patient care in the NEOC (Tallaght and Ballyshannon)

○ Continuing to support the National Transport Medicine Programme

○ Engaging with pre-hospital emergency research institutions

Service Reform

In recent years, the 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 and efficiency whilst coping 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.

Major reviews of the service were undertaken or commissioned during 2014. Two of these reviews were completed in 2014. These were an internal HSE review to support performance improvement and the Health Information and Quality Authority (HIQA) review of pre-hospital emergency care services in Ireland, published in December 2014. The priority items from the HIQA review are being progressed. Based on funding received in 2016, addressing immediate risks identified in the HIQA review relating to governance arrangements and quality of clinical care will be addressed by:

- Implementing the electronic patient care record and clinical audit programme
- Strengthening governance arrangements for services in Dublin with Dublin City Council
- Improving public and patient engagement by establishing a Community First Responder (CFR) Programme.

The first ever national capacity review of pre-hospital emergency care services in Ireland and a review of the provision of pre-hospital emergency care services in Dublin were also undertaken. An action plan has been developed to support implementation of the recommendations.

In order to pull together the outcomes from the various reviews, a single cohesive strategic plan for the NAS is being developed (Vision 2020). This was one of the key actions mandated by HIQA. This sets out all the actions necessary to implement the various recommendations and to address the range of other demands and changes facing the ambulance service. While the reviews are fundamental there are other key strategic impacts on ambulance services including for example the national clinical programmes and the strategic plans for hospital groups. Vision 2020 pulls all of these together into a single plan for the service to ensure a clear direction for ambulance services.

It has involved a review of all existing projects in the NAS, a series of staff consultations, engagement with NAS senior management, HSE Leadership team meetings, meetings with other senior healthcare leaders, review of key reports on ambulance and pre-hospital emergency care services and an international literature review to identify best practice.

A project steering group was established to oversee the project with senior representation from acute hospitals division, primary care division, health and wellbeing division, quality improvement division and the NAS. Engagement and consultation with patient groups, a wide range of stakeholders (other service providers, other partners and regulatory bodies and staff associations) in addition to a series of staff forums were a key part of the process. In drawing up this plan a review of international trends was conducted over a short period of time and took a targeted and pragmatic approach to gathering and analysing evidence from documents produced on ambulance services in recent years.

The NAS established a programme management office to ensure that an array of projects are prioritised, planned, managed and delivered in a sensible and cohesive manner. The change programme will be managed in line with the System Reform Group methodology and tools to ensure that it integrates with the changes being undertaken in the other divisions within the HSE.

Model of Care

Through Vision 2020 the NAS will develop a service delivery model that provides care in the most appropriate place and where the NAS 's performance is measured to a greater extent on the quality and clinical outcome of care received by patients.

Historically, ambulance services were primarily concerned with transport of ill or injured patients to hospital. Modern ambulance services, including the NAS, are staffed with highly trained clinicians, so that patient treatment as well as transport is part of our core service. International evidence suggests ambulance services are moving away from having only time based measures of quality, and are looking more towards more balanced measurement between time based targets and the outcome for the patient.

The role of the ambulance service is to deliver a range of clinical services for our patients. Currently all patients are transported to hospital, unless a patient requests not to do so. In the NAS's future model patients needs will be met in ways other than dispatching an emergency ambulance or transporting patients to hospital emergency departments, for example, some 112 / 999 callers may not need an emergency ambulance to attend them, rather we may be able to identify how their health needs may be met by another part of the health service e.g. a GP, community pharmacist, mental health professional etc. For those patients to whom an emergency ambulance is dispatched, their needs may be met by treatment on scene or transport to a facility other than an emergency department.

Where people might be suffering from a life-threatening situation, such as a stroke or heart attack, ambulance services will still deploy the nearest available resource as fast as possible and the NAS will continue to be measured in terms of response times. The emerging new clinical model will introduce new ways in which callers to 112 / 999 are assessed to ensure they are receiving the most appropriate care and response to suit their needs. The changes will clearly identify those patients who require an immediate life-saving response, and these patients will receive the highest priority response in the quickest time possible.

The NAS's model of care will be developed in line with Irelands changing demographics, technological changes and balance of care and enhanced interactions with Hospital Groups, Primary Care, Social Care, Mental Health, Health and Wellbeing, Community Healthcare Organisations and Clinical Care Programmes and other state agencies.

Operational Framework - Financial Plan

Introduction

The NAS finance function will continue to support management in reporting and controlling expenditure for 2016. 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 2016. Despite the complexities and data and system constraints at national level a 2016 pay budget on a zero based approach at regional level within the NAS is in place.

Compliance with the Heath Service Code of Governance and other regulations as set out remains a key objective.

The use of existing services, resources and expertise in the Health Business Service (HBS) will continue to be explored in order to progress full migration of both pay and non pay for all regions. Ongoing engagement with the HBS will facilitate the NAS to develop additional pay roll reporting and further enhancement of zero based pay budget. 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.

In 2015, the budget for the NAS was €144m. The budget allocation in 2016 for the NAS is €151.4m (a 5% increase). Funding of €5.2m to sustain our existing level of service will assist in funding current payroll and equipment cost pressures. Staffing numbers remain a concern and this funding will help support overtime in order to minimise the impact on service levels, while more staff are recruited and trained. Development priorities will be phased in during 2016 with a cost of €2m and a full year cost of €3.6m.

The NAS welcomes its increase in its budget allocation for 2016. The NAS, as always, will pursue all opportunities to achieve increased value and efficiency across its services and will continue to implement cost containment and cost reduction programmes wherever practicable.

2016 Base Budget				
	Pay	Non Pay	Income	Total
	€'000	€'000	€'000	€'000
2015 Base Budget	106,470	37,893	(225)	144,139
Once Offs Returned	68	0	0	68
2015 Base Budget	106,538	37,893	(225)	144,207
2015 Deficit Funding	4,000	1,200	0	5,200
Internal Priority Funding	1,300	700	0	2.000
Corporate Finance Budget Adjustments	23	0	0	23
2016 Base Budget	111,861	39,793	(225)	**151,430**

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 2015. 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:

❍ Funding the necessary and additional revenue costs associated with:
- Full year costs of 2015 developments
- Pay related cost pressures associated with maintaining the current level of service

❍ Unavoidable cost pressures e.g. aero medical service.

❍ Funding the necessary and additional revenue costs associated with the running and maintenance costs of the assets for fleet management.

❍ Funding ongoing service costs associated with maintaining fleet and equipment within the guidance and recommendation of the original equipment manufacturer.

Cost Pressures

A number of cost pressures will continue to exist in the service, which are currently unavoidable. Continuous monitoring, reporting and management decision making will be required to achieve a balanced budget.

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. In the absence of our ability to recruit and train and retain staff this reliance will not change in the short term. Despite the fact the NAS were funded for additional posts the return on investment in terms of savings on overtime will not materialise in the short term. To that end the NAS continues to strictly monitor and control the expenditure on overtime to achieve a break even budget. In the absence of funding, reliance on overtime as a result of the intermediate care service evolving to additional hours including weekends will also have an impact on overtime expenditure.

Savings and Efficiency Measures

The NAS will work with relevant parties in relation to specific savings and efficiencies measures as identified in the areas of procurement, prescribing and drug costs.

New Initiatives

Internal service priorities for which funding were received includes addressing staff deficits and implementing improved response times through increasing the training intake of paramedics, implementing mobile terminal data terminals in emergency ambulances, initiating the first phase of a Clinical Hub which is an alternative care pathway 'Hear and Treat', expanding the Community First Responder Schemes and assisting in the delivery of a children's ambulance service.

As well as infrastructural developments, the NAS will continue to ensure that clinical and managerial professionalism and excellence is enhanced and embedded in the service.

Development priorities will be phased in during 2016 with a cost of €2m and a full year cost of €3.6m.

List of Internal Service Priorities Funded	Total €m	2017 €m	Start Date	WTE Impact
Recruitment of additional staff	1.2	2.10	Q3	40
Support service associated costs associated with the national roll out of digital radio communications including mobile data terminals.	0.2	0.30	Q1	
Implement a Clinical Hub i.e. alternative care pathway Hear and Treat Model	0.1	0.62	Q4	2
Expand the Community First Responder Schemes	0.3	0.30	Q1	3
Assist in the delivery of a dedicated children's ambulance service for routine, urgent and end of life journeys	0.2	0.20	Q1	2
Total	**2.0**	**3.60**		**47**

Information and communication technology investment funding of €3m was assigned (Mobile Data Terminals €1.286m, Electronic patient care record €1.050m, CAD solution €0.252m, extend call taking to include Dublin City €0.203m, alternative care pathway project €0.125m and ambulance arrivals / emergency department handover €0.108m). The allocated fleet budget allocation (€18m) will secure the purchase of approximately 50 new emergency ambulances and 35 emergency ambulance remounts, 10 intermediate care vehicles and 1 rapid response vehicle. To accelerate the purchase process a small portion of this amount was allocated and drawn down in 2015.

Approach to Financial Challenge

As part of the Estimates 2016 process, the NAS identified a funding requirement of €5.3m to maintain existing levels of service through 2016. It also identified funding of €13.9m as necessary to keep pace with demographic pressure, critical services and ministerial priorities expected to arise during the year.

Pay and Pay Related Savings including Agency 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. Despite the fact the NAS were funded for additional posts the return on investment in terms of savings on overtime will not materialise in the short term. To that end the NAS continues to strictly monitor and control the expenditure on overtime to achieve a break even budget. In the absence of funding, reliance on overtime as a result of the intermediate care service evolving to additional hours including weekends will also have an impact on overtime expenditure.

Financial Risk Areas

All current accountable budget holders will need to operate within the planned cost level in order for the NAS to deliver a breakeven position and there is extremely limited scope to address any over run in one area by compensating under spends in another area. Current accountable budget holders must focus strongly upon service delivery and expenditure control. Another key element of supporting the NAS in the reporting and controlling of revenue expenditure would be the migration of all NAS expenditure on to a singular centralised financial system. The NAS will work with corporate finance and HBS in prioritising this action. This initiative would facilitate management to receive more timely information on expenditure variances resulting in earlier intervention and corrective action where possible. The Health Service Code of Governance, financial, procurement and human resources regulations of the Heath Service apply and set out categorically the behaviours expected.

Operational Framework - Workforce Plan

Introduction

The NAS workforce is at the core of the delivery of services. The NAS will continue to nurture, support and develop a workforce that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork, fosters inclusiveness and diversity, and maintains continuous professional development and learning. Staff are central to bringing about improvements in patient care, production and performance.

The *People Strategy 2015-2018* has been developed in recognition of the vital role the workforce plays in delivering safer and better healthcare. The strategy is underpinned by its commitment to engage, develop, value and support the workforce.

Recruiting and retaining a motivated and skilled staff is a key objective in 2016. This challenge is even greater now as the Health Reform Programme requires significant change management, organisation redesign and organisational development support. The NAS will continue to work with Corporate HR, developing a robust strategic intent for HR across the wider health system to ensure there is one unified and consistent HR function, embracing statutory and voluntary providers, that will ensure human resources has an operating model that is fit for purpose and aligned to the services and evolving new structures. This will ensure that the NAS has the ability, flexibility, adaptability and responsiveness to meet the changing needs of the service while at the same time ensuring a consistent experience of human resource services is delivered throughout the health system. The NAS is acutely aware of the critical importance of engaging with and continually investing in the development of staff to ensure that they are capable of delivering care in line with need and the highest international standards.

The National Ambulance Service College (NASC) is obliged to provide all training in accordance with approved PHECC accreditation. The Education and Competency Assurance Plan aims to address mandatory training requirements for staff. As the NASC has exceeded its capacity to meet the immediate and required needs, endeavouring to harness and develop the talent of our staff to contribute to high quality performance and outcomes through comprehensive and appropriate learning, development, training and education opportunities will be challenging. Please refer to data below for a detailed overview.

The Workforce Position

Government policy on public service numbers and costs is focused on ensuring that the numbers of people employed are within the pay budgets available. It is estimated that the number of whole time equivalent posts in place at the end of 2016 will be 1,747.

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 2016 is set out below.

❍ The NAS employment threshold stated at the end of 2015 in the NSP2016 is 1,700 WTEs
❍ Uplift of 47 WTEs in 2016

The challenge to the management of the workforce in 2016 is:

❍ Continuing the transition from an employment control framework driven by moratorium on recruitment

- Operating strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed
- Strictly complying with public sector pay arrangements and policy on public sector pay costs
- Identifying further opportunities for pay savings to allow for reinvestment purposes in the health sector workforce

The discretion now being provided in managing the workforce presents potentially greater and different management challenges. Managers will have to focus on stretching pay expenditure to deliver optimal hourly labour costs and optimising the capacity and capability of their workforce, while strictly adhering to the pay envelope. This requires an integrated approach, with service management being supported by human resources and finance. It further requires finance and HR workforce data, monitoring and reporting to be aligned.

Reducing Agency and Overtime Costs

Workforce management in 2016 will be aligned with the allocated pay envelope, adhering to government policy on public sector numbers, pay and workforce related costs. This will be underpinned by a revised and strengthened Accountability Framework. This will continue to require an integrated approach and requires finance and HR workforce data, monitoring and reporting to be aligned.

The NAS is happy to engage and avail of any additional supports to reduce its agency and overtime costs including:

- Greater use of e-rostering and time and attendance systems, which in time will need to be integrated with HR management information systems and with payroll.
- The e-Human Resource Management (e-HRM) strategy to support the effective management of the workforce and costs, being developed as part of the *People Strategy*, will lead in time to an integrated and unified technology platform.
- Review of management structures.

2016 New Service Developments and Other Workforce Additions

The planning, approval, notification, management, monitoring and filling of new posts (47) will be in line with the previous process for approved and funded new service developments specified in the NSP. Other workforce additions, not specifically funded, will be implemented only where offset by funding redirection within allocated pay envelopes.

The Lansdowne Road Public Service Stability Agreement 2013-2018

The Lansdowne Road Agreement, concluded in May 2015, between government and public sector unions represents an extension of the Haddington Road Agreement (HRA) until 2018. A key additional factor in the agreement is a strengthened oversight and governance arrangement for dealing with matters of implementation and interpretation in respect of disputes that may arise.

The key enablers, such as additional working hours, that existed under the HRA up to now will remain for the duration of the extended agreement and will continue to assist clinical and service managers to manage their workforce through the flexibility measures contained. These enablers will support the reform, reconfiguration and integration of services and contribute to delivering a workforce that is more adaptable, flexible and responsive to needs of the services, while operating with lower pay expenditure costs and within allocated pay envelopes.

This continues to provide the necessary enablers to allow for:

❍ Workforce practice changes
❍ Reviews of rosters, skill mix and staffing levels.
❍ Increased use of productivity measures
❍ Use of redeployment mechanisms
❍ Greater use of shared services and combined services focused on cost effectiveness and cost efficiencies

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.

Workforce Planning

The Department of Health has committed to establishing a Workforce Planning Group in January 2016 in order to develop an Integrated Strategic Workforce Planning Framework for the health sector. The Group will address the workforce planning and development requirements contained in *Future Health, Healthy Ireland and the Corporate Plan 2015-2017*. HR will support the work of this group and will operationalise the framework for the health sector. This support will be guided by relevant themes and work streams of the *People Strategy 2015-2018*, in conjunction with the Systems Reform Group.

Through the introduction of a comprehensive workforce plan, the NAS will expand the operational and clinical skill mix (based on an academic training model) of staff. This is required to deliver our new model of care and support outputs of the national clinical programmes. The NAS also plans to address current staffing deficits over the lifetime of Vision 2020, where possible in line with funding streams.

An increase in Education Competency Assurance Officer (ECAO) posts and clerical officer posts will allow the NASC to maximise the output of both paramedic and intermediate care operatives and bring the number of training places for paramedic students from 40 to 96 in one year. Given the existing deficit of paramedic staff, the turnover of call-takers, the forecasted retirements over the coming years and the emphasis on improving response times it is likely that significant intakes of staff to the NAS will be required for the next five to ten years, in line with funding streams.

If we are unable to enhance the current ECAO numbers then we are dependent upon the current small team of trainers to work constantly at maximum capacity with no resilience. Consequently, we may need to modify our current work streams and prioritise intakes in recognition of the current limited capacity. This will impact negatively on the ability of the NAS to meet its commitments in the coming decade.

Due to the ability to dedicate one trainer to each of the advanced paramedic and call taker / dispatcher training programmes we can estimate how many students we can train in 2016. It is important to take cognisance of the fact that although 2016 will provide potential programmes of training for intermediate care operatives and paramedics, NASC must still manage the paramedic students, and advanced paramedic students, who return for various modules or examinations as a consequence of course commencements during 2015 totalling over 100 students.

Estimated Student Intake Achievable within Current NASC Staff Complement:

Paramedic programmes:

▪ Dublin: Two courses - Eight students per course. Total sixteen students
▪ Ballinasloe: Three courses - Eight students per course. Total twenty four students
▪ Total year capacity to train 40 paramedic students over two sites and five courses

Once recruitment of additional Educational and Competency Assurance Officers, as outlined is in place the following will be possible.

Paramedic programmes:

- Dublin: Two courses - Twenty four students per course. Total forty eight students
- Ballinasloe: Two courses - Twenty four students per course. Total forty eight students
- Total year capacity to train 96 paramedic students over two sites and four courses

Intermediate Care Operatives (ICO):

- ICO training entails two weeks induction training and three weeks driver training. Assuming that the ICO recruitment process includes a clinical theory assessment to ensure a level of competence, we can plan induction courses at times when paramedic students are on placements.
- However, multiples of three to a maximum of twelve can only be taken; due to our current driver training vehicle complement and only if we do not have any other driver training or advance paramedic internship at the same time.

Leadership, Education and Development

Effective leadership, governance and management, are fundamental prerequisites for the sustainable delivery of safe, effective person centred care. The NAS acknowledges that these are areas that are identified for improvement, by both the staff survey and the HIQA review (2014). Through implementation of the *HR and Organisational Development Strategy* the NAS will introduce an appropriate management structure; the NAS will improve management and leadership development and introduce revised integrated corporate and clinical governance arrangements, with clearly defined roles, accountability and responsibilities throughout the service for assuring quality and safety. In the context of a rapidly changed and evolving service it will be critical to support new emerging senior teams and to build managerial capacity. Part of this support will include the NAS becoming proactively involved in the HSE's implementation of a Leadership Development Programme (multidisciplinary) across the management spectrum – with particular focus on line managers. Talent management and career mobility frameworks will be provided and core and specialist competencies developed. These will be part of a people development planned interventions' supported by coaching, mentoring and action learning.

Attendance 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 target for 2016 remains that no more than <3.5% staff be absent at any point.

Staff Engagement

The NAS will continue to build on relations with staff and staff representative groups through an approach which is fostered on mutual understanding, trust and openness. An engaged and motivated workforce delivers better patient outcomes. It is only by listening to the views and experiences of staff that improvements to the health service, as a place to work, can be delivered. The NAS will promote a culture of meaningful staff engagement and ensure that, similar to service users, the voice of staff is heard consistent with corporate engagement strategies and used to inform improvements in service delivery and the environment within which staff work. The NAS will also work to improve relationships with staff representative groups through an approach which is fostered on mutual understanding, trust and openness. Employee engagement is a core and central theme to the *People Strategy 2015-2018* with a focus on developing mechanisms for more effective internal communications to support listening and learning across the whole sector involving staff more in planning and decision-making. This includes ensuring staff have the space to discuss their professional and career aspirations with their managers and that these engagements will inform learning and development.

Health and Safety at Work

The NAS recognises the need to continually invest in promoting and maintaining the health and wellbeing of its staff. In this context, the NAS has ensured that the areas of staff health, safety and wellbeing are given key focus in the development of our *HR and Organisational Design Strategy*, consistent with and reflective of the *People Strategy*. With the support of specialist services the NAS will assure that the strategy's recommendations are implemented. With the support of the Health and Wellbeing division we will also develop and implement an *NAS Staff Health and Wellbeing Strategy*, including the revision of our policies, procedures and practices to maintain staff safety and welfare.

In 2016 safer workplaces will be created by reviewing and revising the Corporate Safety Statement, developing key performance indicators (KPIs) in Health and Safety Management and Performance and developing and commencing a national proactive audit and inspection programme. Staff will be supported to become healthier in their workplaces and an Occupational Health Business Unit will be established.

Accountability Framework and Performance Management Improvement

Introduction

The HSE is the statutory body with responsibility for the delivery of health and personal social services within the resources allocated to it by the Minister. In discharging its public accountabilities, the HSE has in place a Governance Framework covering corporate, clinical and financial governance. While the HSE's primary accountability is to the Minister for Health, it also has a range of other accountability obligations to the Oireachtas, Oireachtas Committees and to its Regulators. An accountability framework was developed and operationalised in 2015. This sets out the arrangements in place between the Planning and Performance Assurance Group in the HSE known as - National Performance Oversight Group and the National Directors in accounting for and responding to areas of underperformance in relation to service delivery, quality and safety of care, financial management and HR. An Escalation and Intervention Framework was also implemented as part of this process. It sets out four levels of escalation identifying supports, interventions and sanctions when service areas are underperforming in line with agreed thresholds. The framework continues to be developed to respond to the evolving needs of the organisation and to ensure that its operation, effectiveness and application best meet the needs of the organisation and evolves to improve overall performance. The accountability framework 2016 reflects these changes. In line with the framework the NAS 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.

Accountability Levels

There are three main levels covered by this accountability framework. These are the accountability of the:

❍   HSE National Director NAS to the Director General
❍   Director of the NAS to the HSE National Director NAS
❍   Operations Managers to the Director of the NAS

The term Operations Managers is used to refer to areas of operation within NAS. This includes:

❍   NAS Area Operations South
❍   NAS Area Operations West
❍   NAS Area Operations North Leinster
❍   National Emergency Operations Centre
❍   NAS College
❍   NAS Medical Directorate

The Director of the NAS is accountable for the delivery of the Operational Plan. There will be a National Director Performance Agreement between the Director General and the HSE National Director NAS. The priorities for NAS will be captured in a Balanced Scorecard reflected in this plan.

Accountability Suite

There are a number of plans that form the basis of the HSE Accountability Framework:

- The Corporate Plan (3 year strategic plan for the Health Service)
- The NSP2016 sets out prospectively the performance commitments of the HSE. This plan serves as the contract between the HSE and the Minister for Health, against which performance is measured
- Operational Plans together with the NSP2016 are the basis against which performance is measured and reported

Accountability Processes

National Directors will continue to be directly accountable to the Director General for their performance and that of their Divisions.

A National Performance Oversight Group (NPOG) is in place. This Group has formal delegated authority from the Director General to serve as a key accountability mechanism for the health service and to support him and the Directorate in fulfilling their accountability responsibilities. It is the responsibility of the NPOG as a part of the overall accountability process to hold each National Director as the head of their Division to account for performance against the NSP, under the four Balanced Score Card quadrants of Quality and Safety, Finance, Access and Workforce.

The standing membership of the NPOG is:

- Deputy Director General (Chair)
- Chief Financial Officer
- National Director Quality Assurance and Verification
- National Director Human Resources

Performance compliance is cascaded between:

- HSE National Director NAS and the Director of the NAS
- Director of the NAS and the NAS Operations Managers

The NAS ensures delivery against its plan through robust monthly reporting and a review process including the following key documents:

- Health Service Performance Report (sets our performance against NSP commitments)
- NAS Performance Overview
- NAS Performance Report

The HSE National Director NAS will formally review the delivery of the Operational Plan at the monthly NAS Performance Meeting. There is a standard agenda for performance review and the area operational review meetings. This is based on the NAS Balanced Scorecard.

This agenda is designed to help support a fully integrated performance management system. The listing included in the agenda is not an exhaustive list but reflects core performance elements that need to be considered at each performance meeting.

The standing membership of the NAS Performance Review Group is:

- HSE National Director NAS (Chair)
- Director of the NAS
- Medical Director NAS
- Quality and Patient Safety Manager
- Head of Finance
- Head of HR and Organisational Developmental
- Business Manager

Following this meeting the NAS performance overview and NAS performance report is formally approved and issued. In addition any final suggested amendments to the report are made at this meeting.

Escalation, Interventions and Sanctions

- The NAS performance review follows the individual performance reviews between the Director of the NAS and NAS Operations managers.
- A set of escalation measures is defined and rolled out in line with the National Accountability Framework. Each quarter there is a formal review of progress against the NAS Operational Plan with remedial actions identified where actions are not on target.
- The Director of the NAS formally reviews the delivery of the NAS Operational Plan in each area of operations through an area operational review.
- NAS managers are aware that 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.

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 *National Standards for Safer Better Healthcare* set out the principles of a high quality safe healthcare service. This supports providers, such as the NAS, in implementing quality and safety programmes to improve services for patients. One of the key principles is that providers must implement performance monitoring using appropriate and relevant measures, including key performance indicators. NAS currently utilises the HSE balanced scorecard system which measures quality, access, financial and people performance. HIQA produced a number of reviews on key performance measures for healthcare services and specifically on pre-hospital care services including:

2012:   Pre-Hospital Emergency Care Key Performance Indicators for Emergency Response times

2013:   Guidance on Developing Key Performance Indicators and Minimum Data Sets to Monitor Healthcare Quality

These serve as a guide to the future development of performance indicators for pre hospital emergency care services. It is the NAS's intention to focus on improving outcomes for patients including patient's experience of the service while continuing to measure response times where there is clear evidence that this is critical to the patient's outcome, particularly for life threatening conditions. Thus in future we will be developing a balanced set of measures for emergency ambulance services between response times, patient outcome and patient satisfaction measures.

In relation to NAS approved key performance indicators in 2016 it is important to note that:

❍ Managing, reviewing and monitoring of ECHO and DELTA response times to meet specified targets, continues. The recommendations from the capacity review will inform the strategic planning process going forward, in relation to emergency response times and expected activity / targets.

❍ A national framework document on the transfer of care of patients to the emergency department establishes clear lines of responsibilities and the standards expected. A formal escalation process is used to alert the required levels of management both within NAS and the wider healthcare system about delays in the release of ambulance resources. The measurement of delays escalated remains a key performance indicator in 2016.

❍ An intermediate care service was established to assist with the timely transfer for non emergency patients. The percentage of intermediate care transfers, based on completed AS3 (patient transfer) calls, continues to exceed the target set. The 2014 level of funding was maintained for 2016 which will have an impact on meeting the increased key performance target set i.e. 80%.

❍ Reporting of Out-of-Hospital Cardiac Arrest (OHCA) outcomes was the first clinical key performance indicator for the NAS (quarterly in arrears). Reporting on this indicator represents a significant development for NAS in that this is the first time in pre hospital care in Ireland that a clinical outcome indicator was introduced and is publically reported. The target is that 40% of patients still have a pulse on arrival at hospital. This illustrates that to improve patient outcomes requires a significant investment across a range of areas but can be worthwhile in saving and improving lives.

❍ The Advanced Quality Assurance Audit process enables the NAS to audit the emergency calls which are received at NEOC (Tallaght and Ballyshanon). 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.

❍ The Emergency Call Centre is accredited by the International Academies of Emergency Dispatch. Additionally in 2016, a new audit key performance indicator measuring medial priority dispatch system protocol compliance was introduced.

○ In relation to serious reportable events reporting the appointment of the National Quality and Patient Safety Manager and introduction of National Incident Management System will facilitate a focussed, robust monthly review and reporting, in 2016.

○ The ongoing management and reduction of absent rates is a key focus for management. A rigorous and consistent approach continues and is being closely monitored through its implementation.

The NAS continues to explore proactively a number of new potential key performance indicators, particularly where the NAS already collects and produces such information. The NAS is endeavouring to ensure that key performance indicators are robustly tested internally for 1.5 years thereby facilitating data benchmarking and quality assurance of same. The NAS will continue to build on the significant progress to date.

Key performance measures going forward will be dealt with via Vision 2020 with a requirement to engage with external stakeholders e.g. Dublin Fire Brigade, Pre-Hospital Emergency Care Council, HSE, DOH and patient advocacy. It is our intention to formalise a process in 2016 to identify appropriate key performance measures for ambulance services for the next five years.

The NAS continues to engage proactively with the Business Information Unit (BIU) in relation to the performance assurance process. The provision of relevant and timely data compliant with the reporting style guide for the NPOG, led by the Deputy Director General on behalf of the Director General continues. Monthly performance reports provide an update to the Department of Health on the delivery of the NSP2016.

Delivery of Service

Key Priorities and Actions to Deliver on Goals in 2016

The NAS Vision 2020 strategic plan is set in the context of the *Corporate Plan 2015-2017* and the *National Standards for Safer Better Healthcare*. Through Vision 2020, a service delivery model will be developed that provides care in the most appropriate place and where performance is measured to a greater extent on the quality and clinical outcome of care received by patients. The first tier of the strategic plan will be implemented in 2016 with target dates and owners assigned.

Goal 1 **Promote health and wellbeing as part of everything we do so that people will be healthier**

Improve engagement with patients and service users
► Deliver important staff initiatives with the implementation of a HR strategy.

Goal 2 **Provide fair, equitable and timely access to quality, safe health services that people need**

Improve operational performance and outcome for patients
► Implement improved response times with the recruitment of additional staff. *(New funding €1.2m)*
► Expand the Community First Responder Scheme, improving response times. *(New funding €0.3m)*
► Assist in the delivery of a dedicated children's ambulance service for routine, urgent and end of life journeys. *(New funding €0.2m)*
► Implement a Clinical Hub, ie an alternative care pathway Hear and Treat Model. *(New funding €0.1m)*
► Work with acute hospital services to reduce ED handover delays thereby improving ambulance turnaround times.

Enhance clinical competencies and governance arrangements to improve quality of care and patient safety
► Implement and further develop clinical audit to support a patient safety culture.
► Introduce an electronic patient care record in all emergency ambulances.

Goal 3 **Foster a culture that is honest, compassionate, transparent and accountable**

Improve engagement with patients and service users and play an active role in improving the health needs of the population
► Implement a new complaints and compliments management process.
► Strengthen the quality and risk management systems within the NAS.
► Ensure a compassionate approach continues to be embedded in the culture of the organisation and as per the National Open Disclosure Policy.
► Establish a patient forum.
► Develop a set of performance measures that reflect the balance between time and clinical based targets.

Goal 4 **Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them**

Provide a flexible, safe, responsive and effective service to meet planned alternative models of patient care

► Build on relations with staff and staff representative groups, through an approach which is fostered on mutual understanding, trust and openness.

► Promote a culture of meaningful staff engagement.

► Implement an Education and Competency Assurance Plan, ensuring the continued development of staff.

► Support the workforce planning work streams in the dependant programmes and structures flowing from the Integrated Strategic Workforce Planning Framework.

► Develop a national workforce planning process and structure that will support the service units in workforce planning, that will leverage the output of local and regional planning and will identify the workforce planning implications of clinical programmes, national health policy and national employment and migration policy.

► Build capacity to redesign / reconfigure services and the workforce based on best practice, evidence based models of care and anticipated future needs.

► Work with the DoH, Department of Education and Skills (DoES) and Department of Jobs, Enterprise and Innovation (DJEI) and other external bodies, to influence the quality and quantity of the future supply, acquisitions and deployment of health care workers.

► Assist in the development and implementation of a relevant and effective resource allocation system.

► Integrate multi-discipline employee development strategies and programmes with workforce planning thereby building the internal supply.

► Provide workforce data intelligence, workforce profiles and research.

Goal 5 **Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money**

Deploy the most appropriate resources safely, quickly and efficiently

► Support service associated costs associated with the national roll out of digital radio communications, including mobile data terminals. *(New funding €0.2m)*

► Continue the development of the Computer Aided Dispatch system with integration of a suite of management reporting systems enhancing patient care and service delivery.

► Develop and implement NAS eHealth Strategy to deliver initiatives including single national manpower management and payroll systems.

► Procure additional fleet to ensure reliability, improve patient care and response times in compliance with policy.

   ▪ Implement the recommendations of the NAS Fleet and Equipment Strategy including continued upgrading of the fleet and equipment to deliver the proposed new model of care

   ▪ Reduce in a phased approach the replacement program from a 7 year to a 5 year cycle over the coming years

► Continue engagement with HBS Estates on a national and local level developing a project plan, priority based for the next 5 years in line with the service's direction. Influence the project plan by:

   ▪ Carrying out a fit for purpose review of current NAS estate and future NAS estate requirements

   ▪ Identifying requirements for an upgrading programme

   ▪ Identifying new locations which can be shared with other health care providers

   ▪ Identifying new locations (new build)

   ▪ Commencing an estate upgrade and a new build programme

Evaluating Progress

The first tier of the strategic plan (Vision 2020) will be implemented in 2016 with target dates and owners assigned.

Refer to Appendix 1 for the Implementation Plan 2016 with action owners assigned and start and finish dates.

By using the Benefits Realisation Framework, the NAS will actively monitor and review progress against objectives. It will also provide management reports and assess achievements, allowing for necessary directional change in approach if required.

The NAS will report annually on progress with implementation of Vision 2020.

Quality and Access Indicators of Performance

Quality	Expected Activity / Target 2016
Service User Experience • Complaints **Safe Care** • Serious Reportable Events • Safety Incident Reporting	*System-wide PIs. See Appendix*
Effective Care **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	40%
Audit • National Emergency Operations Centre (NEOC)* – % of control centres that carry out Advanced Quality Assurance Audits (AQuA)	100%
• National Emergency Operations Centre (NEOC)* – % Medical Priority Dispatch System (MPDS) Protocol Compliance	90%
Access	**Expected Activity / Target 2016**
Emergency Response Times • % of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	80%
• % of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	80%
• % of ECHO calls which have a resource allocated within 90 seconds of call start	85%
• % of DELTA calls which have a resource allocated within 90 seconds of call start	85%
Intermediate Care Service • % of all transfers provided through the Intermediate Care Service	80%
Ambulance Turnaround Times • % of ambulance turnaround delays 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%

*Tallaght and Ballyshannon Control Centres

Appendix 1 - Implementation Plan [2]

Goal	Key Priorities	Action	Action Owner	Start	Finish
Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier	Improve our engagement with patients and service users	Engage with health and wellbeing community promotion programmes	Director of the NAS	Q2 2016	Q4 2020
		Participate in the delivery of community based educational/training programmes	NAS Communications Manager	Q1 2016	Q4 2020
		Appoint a community engagement officer in each NAS area to support communities	Director of the NAS	Q2 2016	Q4 2016
		Undertake an investigation into why emergency calls in Ireland are so low	Health & Wellbeing	Q3 2016	Q2 2017
		Review NAS policies, procedures and practices to maintain staff safety and welfare	Director of the NAS	Q3 2015	Q4 2020
		Improve occupational health support to NAS	NAS HR Manager	Q2 2016	Q4 2016
Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need	Enhance clinical competencies and governance arrangements to improve quality of care and patient safety	Introduce an electronic patient care record in all emergency ambulances	Medical Director	Q1 2016	Q2 2017
	Improve operational performance and outcome for patients	Implement a Clinical Hub, ie an alternative care pathways Hear and Treat Model	Medical Director	Q1 2016	Q4 2016
		Implement improved response times with the recruitment of additional staff	Director of the NAS	Q2 2016	Q4 2020
		Expand the Community First Responder Scheme	Director of the NAS	Q2 2016	Q4 2016
		Expand the Paediatric Retrieval Service	Director of the NAS	Q1 2016	Q4 2020
		Introduce an Adult Retrieval Service, supporting the National Retrieval Transport Medicines Programme	Director of the NAS	Q1 2016	Q4 2020
		Develop the aero medical and retrieval service	Director of the NAS	Q1 2016	Q4 2020

[2] As per Vincent Cronly | Programme Manager | National Ambulance Service

Goal	Key Priorities	Action	Action Owner	Start	Finish
		Assist in the delivery of a dedicated children's ambulance service for routine, urgent and end of life journeys	Director of the NAS	Q1 2016	Q4 2016
		Work with the Acute Hospitals services to reduce ED handover delays thereby improving ambulance turnaround times	Director of the NAS	Q2 2016	Q4 2016
Goal 3 - Foster a culture that is honest, compassionate, transparent and accountable	Improve engagement with patients and service users and play an active role in improving the health needs of the population	Establish a patients forum	NAS Communications Manager	Q3 2016	Q4 2016
		Ensure a compassionate approach continues as per the National Open Disclosure Policy	Quality & Patient Safety Manager	Q1 2016	Q4 2020
		Implement a new complaints and compliments management process	Quality & Patient Safety Manager	Q1 2016	Q4 2016
		Strengthen the quality and risk management systems, within the NAS	Quality & Patient Safety Manager	Q1 2016	Q4 2016
		Develop a set of performance measures that reflect the balance between time and clinical based targets	Director of the NAS / Medical Director	Q1 2016	Q4 2016
Goal 4 - Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them	Provide a flexible, safe, responsive and effective service to meet planned alternative models of patient care	Implement the NEOC recommended workforce	NAS HR General Manager	Q1 2016	Q4 2016
		Build on relations with staff and staff representative groups, through an approach which is fostered on mutual understanding, trust and openness	NAS HR General Manager	Q2 2016	Q4 2016
		Promote a culture of meaningful staff engagement	NAS HR General Manager	Q1 2016	Q4 2016
		Implement an Education and Competency Assurance Plan, ensuring the continued development of staff	Head of Education & Competency Assurance	Q1 2016	Q4 2020
	Strengthen the leadership, workforce and governance structure of the NAS	Commence implementation of NAS Organisation Design project	NAS HR General Manager	Q2 2016	Q3 2017

Goal	Key Priorities	Action	Action Owner	Start	Finish
		[3] Support the workforce planning work streams in the dependant programmes and structures flowing from the Integrated Strategic Workforce Planning Framework. Develop a national workforce planning process and structure that will support the service units in workforce planning, that will leverage the output of local and regional planning and will identify the workforce planning implications of clinical programmes, national health policy and national employment and migration policy. Build capacity to redesign / reconfigure services and the workforce based on best practice, evidence based models of care and anticipated future needs. Work with the DoH, Department of Education and Skills (DoES) and Department of Jobs, Enterprise and Innovation (DJEI) and other external bodies, to influence the quality and quantity of the future supply, acquisitions and deployment of health care workers. Assist in the development and implementation of a relevant and effective resource allocation system. Integrate multi-discipline employee development strategies and programmes with workforce planning thereby building the internal supply. Provide workforce data intelligence, workforce profiles and research.	NAS HR General Manager	Q1 2016	Q4 2016
Goal 5 - Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money	Deploy the most appropriate resources safely, quickly and efficiently	Support service costs associated with the national roll out of digital radio communications	Director of the NAS	Q1 2016	Q2 2017
		Continue the development of the Computer Aided Dispatch system with integration of a suite of management reporting systems enhancing patient care			

Goal	Key Priorities	Action	Action Owner	Start	Finish
		and service delivery	Director of the NAS	Q1 2016	Q4 2016
		Develop and implement NAS eHealth Plans to deliver initiatives including single national manpower management and payroll systems	HSE National Director NAS	Q3 2016	Q2 2018
		Procure additional fleet to ensure reliability, improve patient care and response times Implement the recommendations of the NAS Fleet and Equipment Strategy including continued upgrading of the fleet and equipment to deliver the proposed new model of care Reduce in a phased approach the replacement program from a 7 year to a 5 year cycle over the coming years	Director of the NAS	Q1 2016	Q4 2016
		Continue engagement with HBS Estates on a national and local level developing a project plan, priority based for the next 5 years in line with the service's direction. Influence the project plan by: ➤ Carrying out a fit for purpose review of current NAS estate and future NAS estate requirements ➤ Identifying requirements for an upgrading programme ➤ Identifying new locations which can be shared with other health care providers ➤ Identifying new locations (new build) ➤ Commencing an estate upgrade and a new build programme	Director of the NAS	Q1 2016	Q4 2016

Appendix 2 - Performance Indicator Suite

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016**
Finance Pay – Direct / Agency / Overtime	M	< 0%	To be reported in Annual Financial Statements 2015	0.33%
Non-pay	M	< 0%		0.33%
Income	M	< 0%		0.33%
Acute Hospital private charges – Debtor Days consultant sign off	M	New PI 2016	New PI 2016	90% @ 15 days by 31-12-16
Acute Hospital private income receipts variance from Actual v Plan	M	New PI 2016	New PI 2016	< 5%
Capital expenditure v expenditure profile	Q	New PI 2016	New PI 2016	100%
Audit % of internal audit recommendations implemented by due date	Q	New PI 2016	New PI 2016	75%
Service Arrangements / Annual Compliance Statement % of number of Service Arrangements signed	M	100%	100%	100%
% of the monetary value of Service Arrangements signed	M	100%	100%	100%
% of Annual Compliance Statements signed	A	100%	100%	100%
HR % absence rates by staff category	M	3.5%	4.19%	<3.5%
% variation from funded staffing thresholds	M	New PI 2016	To be reported in Annual Report	< 0.5%
EWTD < 24 hour shift (Acute and Mental Health)	M	100%	96%	100%
< 48 hour working week (Acute and Mental Health)	M	100%	78%	95%
Health and Safety No. of calls that were received by the National Health and Safety Helpdesk during the quarter	Q	New PI 2016	New PI 2016	15% increase
Server User Experience				
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	M	75%	75%	75%
Serious Reportable Events % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)*	M	New PI	New PI	99%
% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	62%	90%
Safety Incident reporting % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	New PI 2016	New PI 2016	90%

System-Wide

Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016
% of claims received by State Claims Agency that were not reported previously as an incident	A	New PI 2016	New PI 2016	New PI 2016

*All incidents including SREs are to be reported on the NIMS system. Until the IIMS system has been formally stood down, all SREs must also be reported onto the Incident Information Management System (IIMS)

National Ambulance Service

Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016
% of all transfers provided through the Intermediate Care Service	M	70%	80%	80%
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	40%	37%	40%
Emergency Response - % of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less.	M	80%	78%	80%
Emergency Response - % of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less.	M	80%	67%	80%
National Emergency Operations Centre (NEOC)* - % of control centres that carry out Advanced Quality Assurance Audits (AQuA)	M	100%	100%	100%
National Emergency Operations Centre (NEOC)* - % Medical Priority Dispatch System (MPDS) Protocol Compliance	M	New PI 2016	New PI 2016	90%
% of ambulance turnaround delays 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%	72%	100%
% of ECHO calls which have a resource allocated within 90 seconds of call start	M	New PI 2016	New PI 2016	85%
% of DELTA calls which have a resource allocated within 90 seconds of call start	M	New PI 2016	New PI 2016	85%

*Tallaght and Ballyshannon Control Centres

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