Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Ambulance Service Operational Plan 2017

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

National Ambulance Service Goals

Contents

Executive Summary

Introduction

The National Service Plan 2017 (NSP 2017) sets out the type and volume of health and personal social services to be provided by the Health Service Executive (HSE) including those of the National Ambulance Service (NAS) in 2017, within the funding available to the HSE. Underpinning the NSP 2017, this plan, **'National Ambulance Service Operational Plan 2017'** enables implementation of NSP 2017 within the NAS. The NAS operational plan gives focus to more detailed type and volume of services, incorporating explicit links between funding, staffing, specific targets, clearly defined timescales in terms of implementation of actions and the goals of the HSE Corporate Plan 2015 – 2017.

In line with the Health Information and Quality Authority (HIQA) requirement, the NAS has completed a strategic plan, '*National Ambulance Service Vision 2020 Patient Centred Care 2016 – 2020'(Vision 2020)*. Through its implementation, the service will move towards a more multi-dimensional urgent and emergency care provision model which is safe and of the highest quality. This is in accordance with international trends, the desire to implement the recommendations of the various reviews[1] into the service and the ultimate aim of improving patient outcomes whilst ensuring appropriate and targeted care delivery. Our strategic plan will build on evolving improvements to ensure that our staff have the skills, technology and information to support the delivery of a revised pre-hospital emergency care service.

The NAS 2017 revenue budget is **€155.0m** which represents an increase of €3.6m or 2.4%.

Risks to the delivery of the operational plan

The NSP 2017 sets out a number of high level risks for the wider health service to its successful delivery. In addition to these risks, the NAS has identified a number of key risks 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 may not be possible to eliminate them in full. Identified risks include:

- The capacity to recruit, train and retain a highly skilled and qualified workforce
- Attainment of HIQA standards and implementation of the on-going HIQA review recommendations
- Implementation of the recommendations in relation to the Dublin Review
- Meeting NAS obligations in terms of Work Relations Commission (WRC) agreement
- Appropriate level of volunteerism to expand the number of linked Community First Responder schemes

[1] 'Review of pre-hospital emergency care services to ensure high quality in the assessment, diagnosis, clinical management and transporting of acutely ill patients to appropriate healthcare facilities' (HIQA, 2014); 'National Ambulance Service of Ireland emergency service baseline and capacity review' (Lightfoot, 2016); The review of the pre-hospital emergency care services in Dublin (2016)

- Service capacity to implement the NAS Strategy
- Lack of contingency funding to deal with unexpected service or cost issues

The NAS Operational Plan 2017 is underpinned by the:

- NAS Strategy – Vision 2020
- HSE NSP 2017, HSE Capital Plan and HSE ICT Capital Plan
- NAS Annual Workforce Plan 2017
- HSE Performance and Accountability Framework

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HSE National Director
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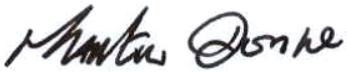

Martin Dunne

Director
National Ambulance Service

Building a Better Service

Introduction

Like the wider health service, the NAS is on a journey of improvement and change. '*Vision 2020*' sets out our strategic approach to improve patient centred pre-hospital emergency care in the future. In 2017 we will continue to implement its strategic priorities.

Improving the quality and safety of our services

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 2017, 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. We will work with the National Patient Safety Office to deliver on its priorities with respect to pre-hospital emergency care:

- Further develop our capacity to manage safety, risk and improve quality including implementing the National Safety Programme priorities
- Ensure clinical leadership in the implementation of related National Clinical Guidelines and Standards for Clinical Practice Guidance
- Implement the new National Standards for the Conduct of Reviews of Patient Safety Incidents 2016, continuing to build our capacity to manage safety incidents including serious reportable events supported by the further roll-out of the National Open Disclosure Policy
- Implement the revised Integrated Risk Management Policy 2016
- Implement new Quality and Safety governance structures in line with HSE guidelines
- Strengthen the accountability for safety, risk and quality by building capacity for gathering and analysing safety information and audit, including clinical audit

Providing care in a more integrated way

In 2017, we will commence implementation of a new model of care which will incorporate cross service, multi-disciplinary care and support to deliver high quality evidence based and coordinated care. Our new model of care will be developed with the support of the HSE Clinical Programmes and enhanced interactions with Community First Responders, Hospital Groups, Primary Care, Social Care, Mental Health Services and other state agencies.

Service improvement

The NAS strategy 'Vision 2020' identifies a number of critical projects and initiatives, which will be coordinated by the NAS Programme Office, under the auspices of the Programme for Health Service Improvement. The Operational Plan is the formal document in which the NAS strategic plan priorities will be planned and delivered on an annual basis. These are identified in the section on implementation.

Developing a performance and accountable NAS

We will continue to focus on improving the performance of our services and our accountability for those services in relation to Access to service, the Quality and Safety of service, within the financial resources available and by effectively harnessing the efforts of our Workforce. With the goal of improving services, our *Performance and Accountability Framework* sets out the means by which our managers are held to account for their achievable performance. In 2017 we will:

- Implement the NAS Performance and Accountability Framework, including strengthened processes for escalation, support to and intervention in underperforming service areas
- Measure and report on performance against the key performance indicators (KPIs) set out in NSP 2017 as part of the monthly performance reporting cycle
- Develop data gathering, reporting processes and systems to support the Performance and Accountability Framework

Finance

Introduction

The budget allocation for the NAS in 2017 is **€155.0m**. This represents an increase of €3.6m (2.4%) year on year (2016: €151.4m). Funding of €1.6m to sustain our existing level of service will assist in funding current payroll and equipment cost pressures. Development priorities will be phased in during 2017 with a cost of €2.5m and a full year cost of €7.5m, which includes a €1.5m from the Clinical Strategy and Programmes.

NAS Budget Summary							
	2016	2017				2018	
	Budget	Budget	Increase		Cost	Cost	Incremental Requirement
	€m	€m	€m	%	€m	€m	€m
Income and Expenditure Allocation	151.4	155.0	3.6	2.4%	-		
Full Year Impact of 2016 New Developments	-	-	-	-	1.6		
Pay Rate Adjustments	-	-	-	-	1.0		
Funding to Expand Existing Developments	-	-	-	-	2.5*	7.5	5.0

Existing Level of Service (ELS) - €1.6m

The funding provided to the NAS will offset the growth in costs associated with existing level of services. The incremental cost of developments and commitments approved in 2016 is €1.6m. This includes the cost of providing services, which commenced during 2016, over a full year in 2017:

- Pay related cost pressures associated with recruitment of additional staff
- Funding to assist in the delivery of a dedicated children's ambulance
- Funding associated with the commencement of alternative care pathway Clinical Hub (Hear and Treat)
- Supporting costs associated with the national roll out of digital radio including mobile data terminals

Expanding existing services / developing new services - €2.5m

Within the allocation of €155.0m, funding of €1.0m will be applied to enhance or expand existing developments and to commence new approved services. In addition, €1.5m (recurring cost) has been allocated from the Clinical Strategy Programmes (CSD) to support integrated care.

* 1.5m equates to funding agreed with the National Clinical Strategy Programme

Full year cost in 2018 of NSP 2017 - €7.5m

The allocation referenced above, €1.0m (NSP2017) and €1.5m (CSD) represent funded on a part-year basis within NSP 2017. The full-year cost associated with these investments, translates into and additional funding requirement of €5.0m in 2018 as follows:

	Cost in 2017 €m	Cost in 2018 €m	2018 incremental funding requirement €m
	1.0	4.0	3.0
	1.5*	3.5	2.0
TOTAL	2.5	7.5	5.0

Approach to financial challenge

The NAS has an increase in its budget allocation for 2017 and delivering the maximum amount of services, as safely and effectively as possible, within the limits of the available funding will remain a critical focus in 2017. Our finance function will continue to support management in pursuing increased efficiency, value for money and budgetary control including:

- Governance – continued focus on budgetary control through the Performance and Accountability Framework
- Pay – adherence to the Pay and Numbers Strategy for 2017
- Non-pay – implement targeted cost-containment programmes for specific high-growth categories
- Income – sustain and improve wherever possible the level of income generation achieved in 2016

Cost pressures

A number of cost pressures continue to exist in the service. The area of emergency care service overtime remains a cost pressure. The reliance on overtime, to bring the service up to the required level, also raises staff and safety concerns. NAS have increased the number of paramedics in training to ensure existing vacancies are filled and up to 60 paramedics will be completing year one of their training in 2017 to help reduce the dependence on overtime. The aim is to have all existing vacancies filled by the end of 2018. NAS continues to strictly monitor and control the expenditure on overtime to achieve a break even budget. The Intermediate Care service has introduced limited overtime for the winter period to support hospital pressures.

* equates to funding agreed with the National Clinical Strategy Programme

Capital Funding

Separately, a provision of €19.87m in capital funding will be made available to the NAS in 2017, comprising €14.53m for the fleet replacement programme, an allocation of €0.75m for minor capital works, €4.0m for funded projects (including €2.5m for the completion of a new ambulance station in Drimnagh, Dublin) and €0.59m for ICT. There is additional ICT capital allocation in the Infrastructure and eHR allocations to support the NAS ICT Programme.

Workforce

Introduction

At the end of December 2016 the NAS has a workforce of 1,734 whole-time equivalents, who deliver pre-hospital care services across the country, 365 days a year. Recruiting and retaining a motivated and skilled staff is a key objective for the NAS in 2017. This challenge is even greater now, as our strategic plan requires a significant increase in staff and a revised management structure that supports the future direction of the NAS.

Workforce Plan

The NAS developed a five year workforce plan for the service in 2016 having considered the emerging requirements from the various reviews and our overall strategic plan. This requires the development of an annual workforce plan each year. There is an NAS annual workforce plan for 2017 that sets out the profile of recruitment and training of new operational staff including addressing projected staff turnover for 2017, the full year costs of new 2016 posts[2] and new posts resulting from 2017 development funding.

The approved additional[3] posts funded in 2017 NSP include:

Post Title	WTE Numbers	2017 Funding €m	Appointment	2018 Full Year Costs €m
Paramedic	111	2.5	Q 1 – Q 4 2017	7.5
Intermediate Care Operative	63			
Clinical Advisors (CNM II)	2		Q2 2017	
Clinical Audit Supervisor	2			
Fleet Manager	1			
Emergency Planning Manager	1			
Driving Instructor	2			
Out of Hospital Cardiac Arrest Project Manager	.5			

Ref: Version 10 NAS Annual Workforce Plan 2017

This table excludes recruitment and training of people required to address natural turnover which is set out in detail in the NAS Annual workforce plan 2017.

NAS will also progress the implementation of a revised operating model (organisation structure) in 2017 in line with the HIQA recommendation. This proposed operating model is currently being finalised for final consultation in line with other parts of the HSE Service Delivery System.

[2] Community Engagement Officers; Clinical Advisors; Infection Prevention Officer – recruited end 2016 and take up appointment in early 2017
[3] New posts and retention of existing funded posts

Pay and staff monitoring, management and control at all levels will be an area of significant focus in 2017 in line with the Performance and Accountability Framework. The NAS Annual Workforce Plan will be monitored (monthly) by the Financial Review Group to ensure compliance with allocated pay budgets and the Performance Review Group to ensure implementation of agreed actions.

Early intervention and effective plans to address any deviation from the approved funded workforce plans will be central to maximising full pay budget adherence at the end of 2017.

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.

Staff health and wellbeing and occupational health

The NAS recognises the need to continually invest in promoting and maintaining the health and wellbeing of its staff. In 2017 there will be an emphasis on: improved staff engagement, reviewing and revising the NAS Corporate Safety Statement, developing key KPIs in health and safety management and performance, and engaging with the planned HSE national proactive audit and inspection programme. This will build on the lessons learned from the 2016 HSE Staff Survey for NAS.

Delivery of Service

Implementation Plan

The NAS will deliver on the following priorities and priority actions in 2017 as outlined in the following implementation plan with explicit accountability and timelines to deliver successful results:

Corporate Goal	Key Priorities	Operational Plan Action	Action Owner	Completion Date
Goal 1	Play an active role in improving the health needs of the population	Participate in the delivery of community based education/training programmes	Director NAS	Q4 2017
	Promote health and wellbeing as part of everything we do	Progress implementation of Making Every Contact Count	NAS Medical Director	Q3 2017
		Increase support for staff health and wellbeing	NAS HR Manager	Q1 2020
Goal 2	Improve operational performance and outcomes for patients	Continue to expand the Intermediate Care Service to support Hospital Groups in inter-hospital transfers	Director NAS	Q4 2017
		Continue the development of patient retrieval services (neonatal, paediatric and adult) in support of clinical networks and in line with national policy	Director NAS	Q4 2017
		Implement an emergency management function within the NAS	Director NAS	Q2 2017
Goal 2	Provide a flexible, safe, responsive and effective service to meet planned alternative models of patient care	Progress the development of alternative care pathways Clinical Hub (Hear and Treat)	NAS Medical Director	Q4 2017
		Develop protocols for the transport of patients to facilities other than EDs where clinically appropriate	NAS Medical Director	Q3 2017
		Further develop a comprehensive national programme of Community First Responder schemes	Director NAS	Q4 2017
		Implement Community Paramedic role as part of cross border initiative	NAS Medical Director	Q2 2017
		Commence the implementation of a clinical directorate model within NAS	NAS Medical Director	Q4 2017
		Commence implementation of NAS Operating Model	Director NAS	Q3 2017
Goal 2	Enhance clinical competencies and governance arrangements to improve quality of care and patient safety	Implement the Electronic Patient Care Record (ePCR)	NAS Medical Director	Q3 2017
		Progress the introduction of a clinical support capacity	NAS Medical Director	Q4 2017
		Develop an appropriate set of KPIs for pre-hospital care services and a framework for implementation	National Director EM + NAS	Q3 2017

Corporate Goal	Key Priorities	Operational Plan Action	Action Owner	Completion Date
	Quality, safety and service improvement	Implement priorities of the national clinical programmes	National Director EM + NAS	Q4 2017
		Implement the National Safety Programme initiatives including those for HCAI and medication safety	NAS Medical Director	Q4 2017
		Continue implementation of the HSE's Framework for Improving Quality	NAS Medical Director	Q4 2017
		Progress the implement programmes of clinical audit	NAS Medical Director	Q4 2017
		Implement National Clinical Effectiveness Guidelines	NAS Medical Director	Q3 2017
		Put Children First legislation into action	NAS Medical Director	Q4 2017
		Continue to implement the National Standards for Safer Better Healthcare	NAS Medical Director	Q4 2017
	Transparency and accountability	Continue to measure and respond to service user experience including complaints	NAS Medical Director	Q4 2017
		Carry out annual patient experience surveys and implement findings	NAS Medical Director	Q3 2017
		Continue to implement open disclosure and assisted decision-making processes	NAS Medical Director	Q4 2017
		Continue to report serious reportable events and other safety incidents and undertake appropriate reviews or investigations of serious incidents	NAS Medical Director	Q4 2017
		Continue to implement the HSE's Performance and Accountability Framework	National Director EM + NAS	Q4 2017
		Put in place standards / guidelines to ensure reputational and communications stewardship	NAS Communications Client Director	Q3 2017
	Improve operational performance and outcomes for patients	Implement improved response times in targeted areas with the recruitment and training of additional staff	Director NAS	Q4 2017
		Progress the implementation of the Road Safety Authority Emergency Services Driving Standards	Director NAS	Q4 2017
		Implement the Protected Disclosures legislation	NAS Medical Director	Q3 2017
	Deploy the most appropriate resources safely, quickly and efficiently	Commence implementation of our fleet and equipment plan	NAS Fleet Manager	Q3 2017
		Implement eHealth Ireland programme – digital plan	ICT	Q3 2017
		Continue to implement and monitor internal and external audit recommendations	Director NAS	Q4 2017

Volume of services in 2017

The table below, sets out the expected activity for the NAS to deliver based on its funding allocation in 2017:

Area of Service Provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Total no. of AS1 and AS2 (emergency ambulance) calls	300,000	309,485	315,00
No. of clinical status 1 ECHO calls activated	5,350	5,472	5,589
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)	5,107	5,187	5,290
No. of clinical status 1 DELTA calls activated	121,560	123,515	125,985
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)	118,050	119.764	122,159
Total no. of AS3 calls (inter-hospital transfers)	25,000	29,656	30,503
No. of intermediate care vehicle (ICV) transfer calls	22,500	26,320	26,846
Aeromedical service (Department of Defence) – Hours	480	480	480
Irish Coast Guard (Department of Transport, Tourism and Sport) – Calls	144	362	144

Appendix 1 – NAS Scorecard

Quality and Safety	Access
Safe Care ▪ Serious reportable events (SREs): investigations completed within 120 days **Safe User Experience** ▪ Complaints investigated within 30 working days **Audit** ▪ % of control centres[4] that carry out Advanced Quality Assurance Audits (AQuA) ▪ % Medical Priority Dispatch System (MPDS) Protocol Compliance[2] **Clinical Outcome** ▪ Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using Utstein comparator group calculation **Resource** ▪ % of ECHO calls which have a resource allocated within 90 seconds of call start ▪ % of DELTA calls which have a resource allocated within 90 seconds of call start	**Emergency Response times (ECHO and DELTA)** ▪ % of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less ▪ % of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less **Intermediate Care Service** ▪ % of all transfers provided through the Intermediate Care Service **Ambulance Turnaround Times** ▪ Timely clearance from hospitals
Finance, Governance and Compliance	**Workforce**
▪ **Pay and non-pay control** ▪ **Income management** ▪ **Service arrangements** ▪ **Audit recommendations** (internal and external) ▪ **Reputational governance and communications stewardship**	**Staffing Levels** ▪ Adherence to funded staffing thresholds **Absence** ▪ Absence rate by staff category

[4] National Emergency Operations Centre Tallaght and Ballyshannon

Appendix 2 – NAS Performance Indicator Suite

Key Performance Indicator (KPI)	KPI Type	Reporting Frequency	NSP 2016 Target	2016 Outturn	NSP 2017 Target
Budget Management including savings **Net expenditure variance from plan** (within budget) ▪ Pay	Finance, Governance and Compliance	M	≤ 0.33%	To be reported in Annual Financial Statements 2016	≤ 0.1%
▪ Non-pay		M	≤ 0.33%		≤ 0.1%
▪ Income		M	≤ 0.33%		≤ 0.1%
Capital ▪ Capital expenditure versus expenditure profile		Q	100%	100%	100%
Audit ▪ % of internal audit recommendations implemented within 6 months of the report being received	Finance, Governance and Compliance	Q	75%	75	75%
▪ % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received		Q	95%	95%	95%
Service Arrangements / Annual Compliance Statement ▪ % of number of service arrangements signed	Finance, Governance and Compliance	M	100%	100%	100%
▪ % of the monetary value of service arrangements signed		M	100%	100%	100%
▪ % annual compliance statements signed		A	100%	100%	100%
Workforce ▪ % absence rates by staff category	Workforce	M	≤ 3.5%	4.3%	≤ 3.5%
▪ % adherence to funded staffing thresholds		M	> 99.5%	> 99.5%	> 99.5%
Health and Safety ▪ No. of calls that were received by the National Health and Safety Helpdesk		Q	15% increase	15%	10% increase
Service User Experience ▪ % of complaints investigated within 30 working days of being acknowledged by the complaints officer	Quality and Safety	Q	75%	75%	75%
Serious Reportable Events ▪ % of serious reportable events being notified within 24 hours to the senior accountable officer	Quality and Safety	M	99%	40%	99%
▪ % of investigations completed within 120 days of the notification of the event to the senior accountable officer	Quality and Safety	M	90%	0%	90%
Safety Incidents Reporting ▪ % of safety incidents being entered onto NIMS within 30 days of occurrence	Quality and Safety	Q	90%	50%	90%
▪ Extreme and major safety incidents as a % of all incidents reported as occurring		Q	New PI 2017	New PI 2017	Report on actual result
▪ % of claims received by State Claims Agency that were not reported previously as an accident		A	New PI 2017	55%	40%

Key Performance Indicator (KPI)	KPI Type	Reporting Frequency	NSP 2016 Target	2016 Outturn	NSP 2017 Target
Clinical Outcome ▪ Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using Utstein comparator group calculation	Quality and Safety	Q	40%	40%	40%
Audit ▪ % of control centres[5] that carry out Advanced Quality Assurance Audits (AQuA)	Quality and Safety	M	100%	100%	100%
▪ % Medical Priority Dispatch System (MPDS) Protocol Compliance[3]		M	90%	90%	90%
Emergency Response Times ▪ % of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	Access	M	80%	78%	80%
▪ % of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less		M	80%	65%	80%
▪ % of ECHO calls which have a resource allocated within 90 seconds of call start		M	85%	85%	85%
▪ % of DELTA calls which have a resource allocated within 90 seconds of call start		M	85%	85%	85%
Intermediate Care Service ▪ % of all transfers provided through the Intermediate Care Service	Access	M	80%	70%	80%
Ambulance Turnaround ▪ % 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	Access	M	100%	90%	100%

[5] National Emergency Operations Centre Tallaght and Ballyshannon

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