



# Operational Plan 2018

National  
Ambulance  
Service

Building a  
Better Health  
Service

Seirbhís Sláinte  
Níos Fearr  
á Forbairt



**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

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# Foreword

The National Service Plan 2018 (NSP 2018) 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 2018, within the funding made available to us. The NAS 2018 revenue budget is **€161.8m**. Further funding (€2.8m) will be made available in 2018 for new developments and the expansion of some services. Collectively representing an increase for 2018 of €10.6m or 6.9%.

Against this financial background, this plan 'National Ambulance Service Operational Plan 2018' sets out the services that we will aim to provide in 2018, together with our priorities, focusing on a small number of key themes that indicates a direction towards a more sustainable and safe healthcare service for the people of Ireland.

## Risks to the delivery of the plan

The NSP 2018 sets out a number of high level risks to the wider health service ability to deliver the level and type of service as set out in the service plan. In addition to these, the NAS has identified a number of key risks which can impact on the successful implementation of this plan, including:

- 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
- Appropriate level of volunteerism to expand the number of linked Community First Responder schemes
- Service capacity to implement the NAS Strategy
- Lack of contingency funding to deal with unexpected service or cost issues

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.



Martin Dunne

**Director  
National Ambulance Service**

# Introduction and Key Reform Themes

Underpinning the NSP 2018, this plan, '**National Ambulance Service Operational Plan 2018**' enables implementation of NSP 2018 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.

## Strategic direction

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 continual 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<sup>1</sup> 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.

## Key reform themes

As we continue our programme to reshape where and how services are provided, the NAS shall be pursuing the HSEs four key reform themes during 2018 and beyond, namely:

1. Improving population health
2. Delivering care closer to home
3. Developing specialist hospital care networks
4. Improving quality, safety and value

## Improving population health

The NAS has traditionally been involved in a range of campaigns to promote awareness of public health and wellbeing. During 2018 and beyond, we will continue to provide public information and education programmes including:

- Play an increasing role in promoting public health and preventing ill health, identifying relevant opportunities for each patient where key messages and advice on health promotion can be conveyed.
- Continue to raise public awareness of the importance of early recognition of Out of Hospital Cardiac Arrest and the importance of early intervention
- Facilitate the expansion of Community First-Response schemes within the community.

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<sup>1</sup> '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)



## **Delivering care closer to home**

Over time, the HSE aim is to meet the vast majority of the population's health and social care needs in local settings, with hospital-based care being reserved for only those individuals requiring complex, specialised and emergency care, and even then only for the shortest period possible. During 2018 and beyond, the NAS will support this aim through the progression of a range of initiatives and actions that:

- Support the development of new roles and competencies for staff.
- Provide care closer to the home, at the lowest appropriate level of complexity, thereby significantly reducing the need for patients to attend hospital.
- Support collaboration and integrated working across professions, across pre-hospital, acute and primary and community services settings, and across localities.

## **Developing specialist hospital care networks**

In parallel with the requirement to shift less complex acute care from hospital to community settings, there is clear evidence that outcomes for patients are improved by aggregating particular services in a specific place. Increasingly, hospital services must be delivered as a package of acute, specialist and emergency services, provided to populations through networked arrangements ensuring timely access to services, regionally and nationally, that consistently deliver the best clinical outcomes.

During 2018 and beyond, the NAS will work collaboratively with our healthcare partners to enhance and further develop care pathways that take patients (dependant on their clinical presentation) to the most appropriate care facility. We will:

- Progress integration of the National Transport Medicine Programme into the NAS
- Support the expansion of aeromedical services
- Further expand Intermediate Care Services

## **Improving quality, safety and value**

In the context of the very significant financial and operational pressures faced by the NAS, it is essential that we ensure a relentless focus on improving quality, safety and delivering better value care. We will continually seek to improve the quality of care and outcomes for patients, ensuring that care is:

- Safe care that avoids harm to patients and learns lessons when things go wrong.
- Effective care that is delivered according to the best evidence as to what is clinically effective in improving health outcomes.
- Person-centred care that is respectful and responsive to individual needs and values.
- Timely care that is delivered within clinically indicated timescales.
- Equitable care that is delivered to the same quality regardless of where patients live, their gender, background or socio-economic status.
- Ensure appropriate data is available to support the identification of improvement opportunities and to monitor the impact of improvement actions.

# Building a Better Health Service

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. During 2018 we will continue to implement its strategic priorities which will be co-ordinated by the NAS Programme Office, under the auspices of the Programme for Health Service Improvement.

## Providing care in a more integrated way

With the support of the National Clinical and Integrated Care Programmes and enhanced interactions with Community First Responders, Hospital Groups, Primary Care, Social Care, Mental Health Services and other state agencies, we will continue the implementation of a new model of care providing improved care and outcomes for our service users, at the lowest level of complexity that is deemed safe.

In 2018 we will further develop our transformation from a service that has traditionally transported all patients to hospital for treatment, to a service that is clinically-led and treating more patients over the telephone, at the scene, within the community, or in their own homes.

## Performance and Accountable

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 the NAS is held to account for performance. In 2018 we will:

- Implement the HSE 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 2018 as part of the monthly performance reporting cycle
- Further develop data gathering, reporting processes and systems to support the Performance and Accountability Framework



# Quality and Safety

The NAS places significant emphasis on the quality of services delivered and on the safety of those who use them – safety of patients and service users is therefore our number one priority.

During 2018 we will continue to deliver on the following patient safety priorities.

- Improve the quality of the experience of care including quality, safety and satisfaction.
- Implement targeted improvements in the quality of services (e.g. preventing healthcare associated infection (HCAI); and clinical handover)
- Strengthen appropriate governance for patient safety across our services.
- Strengthen quality and safety assurance, including audit.

## Service user involvement

A key focus will be to listen to the views and opinions of patients and service users and consider them in how services are planned, delivered and improved. A key priority is to:

- Ensure that the information pertaining to the NAS, gathered through the HSE's feedback system 'Your Service Your Say', the National Appeals Service Office and the Confidential Recipient is used to inform service priorities and actions.

## Improving the quality and safety of services

Improving quality and safety requires the NAS to further build the capacity and capability of frontline services to implement the Framework for Improving Quality. Key priorities for 2018 include:

- Further develop quality and safety teams within the NAS.
- Promote the continuous development of quality improvement skills amongst all staff
- Roll out the culture of person-centredness programme across the NAS
- Drive quality improvement and patient safety through our quality and patient safety committees
- Continue to develop the capacity and capability for staff engagement to maximise the contribution of staff to improving quality.

## Maintaining standards and minimising risk

Robust quality and patient safety systems and processes, that are an integral part of the day to day operations of service delivery, are essential to maintain standards of care, identify areas for improvement, support learning and responses when things go wrong, and manage risk. Key priorities for 2018 include:

- Support the implementation of National Clinical Effectiveness Committee (NCEC) clinical guidelines and audits.
- Further develop clinical audits, healthcare audits and specialty quality programmes.
- Further develop our capability to report, manage, investigate, disseminate and implement learning from safety incidents that occur.

# Service Delivery

## Population served

The National Ambulance Service (NAS) is a demand-led service serving the whole population. An ageing population and an increase in the number of people living with chronic disease drive a corresponding increase in the demand for pre-hospital emergency care.

The population density and distribution in Ireland is significantly different from that of many other countries. With the exception of Dublin, the population is widely dispersed around the country with a relatively large proportion distributed throughout rural Ireland. As a result of the distribution of the population, the NAS has a far higher percentage of activity in rural areas than, for example, a typical English service.

## Services provided

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 both the NAS and by agreement with the Dublin Fire Brigade. National aeromedical services are provided by the Irish Air Corps and the Irish Coast Guard by agreement with each organisation. At a local level, the NAS is also supported by Community First Responder schemes, responding to particular types of medical emergencies (i.e. cardiac arrest, respiratory arrest, chest pain, choking and stroke) where it is essential for the patient to receive immediate life-saving care whilst an emergency response vehicle is en route to the patient. A memorandum of understanding is also in place with the Northern Ireland Ambulance Service to support working for the benefit of the population on both sides of the border.

Currently, the NAS operates from over 100 locations throughout Ireland, responding yearly to over 300,000 emergency and urgent calls, transporting approximately 30,000 intermediate care patients, co-ordinating and dispatching over 850 air ambulance calls, and completing approximately 700 paediatric and neonatal retrievals.

## Issues and opportunities

A particular challenge faced by the NAS is the recruitment and retention of a highly skilled and qualified workforce due to increasing competition in the labour market internationally, age profile and increasing competition between the public and private sectors. There will be on-going challenges in meeting compliance with response time targets, particularly for calls in rural areas rather than urban areas because of the longer travel distances, and in the continued implementation of the recommendations of the HIQA review of pre-hospital emergency care services. Performance in ambulance turnaround times (at ED) also represents a key challenge to the NAS.

We will continue to address these challenges through on-going implementation of the NAS Strategic Plan, National Ambulance Service Vision 2020 Patient Centred Care 2016-2020.

Through NSP 2018 and the on-going implementation of the strategic plan, the NAS will strive to avail of opportunities for service improvements. These include the opportunity to progress the development and implementation of alternative care pathways, move towards a multi-dimensional urgent and emergency

care provision model, expansion of Community First Responder schemes, and service improvements underpinned by the development of additional clinical performance indicators.

In cases where total demand for services exceeds what can be supplied, taking account of realistic efficiencies that can be achieved, the available funding level and planning assumptions provided by the DoH, the HSE is required to manage within the available resources while seeking to prioritise services to those in greatest need. Within pre-hospital emergency care, this primarily applies to increases in service demand.

## **Priorities 2018**

- Continue to improve operational performance and access.
- Progress the development and implementation of alternative care pathways.
- Support the expansion of aeromedical services.
- Continue to improve clinical outcome.
- Enhance clinical competencies to improve quality of care and patient safety.
- Continue to deploy the most appropriate resources safely, quickly and efficiently.

## **Implementing priorities 2018 in line with Corporate Plan goals**

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

- **Continue to improve operational performance and access**
  - Improve response times in targeted areas with the recruitment and training of additional staff.
  - Expand the intermediate care service to support Hospital Groups in inter-hospital transfers.
  - Progress the development of the National Transport Medicine Programme.
- **Progress the development and implementation of alternative care pathways**
  - Progress Hear and Treat as an alternative care pathway.
  - Expand the number of Community First Responder schemes in line with the National Ambulance Service of Ireland, Emergency Service Baseline and Capacity Review, 2015.
- **Support the expansion of aeromedical services**
  - Support the expansion of aeromedical services, in particular the potential development of a second base.

### **Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable**

- **Continue to improve clinical outcomes**
  - Pilot a new set of clinical key performance indicators for pre-hospital emergency care services.
  - Improve engagement with patients and families.

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

- **Enhance clinical competencies to improve quality of care and patient safety**
  - Support the additional education and competency assurance capacity of the NAS College, including on-going progression of the Road Safety Authority Emergency Services Driving Standards.

- Introduce a community paramedic (pilot) scheme, in partnership with the Northern Ireland Ambulance Service and the Scottish Ambulance Service – a cross-border Co-operation and Working Together initiative.
- Progress the introduction of a clinical support capacity.

**Corporate Plan 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**

- Continue to deploy the most appropriate resources safely, quickly and efficiently
  - Strengthen and embed effective fleet management and maintenance

# Finance

NSP 2018, identifies a budget allocation for the NAS in 2018 of €165.6m. This represents an increase of €10.6m (6.9%) year on year (2017: €154.9m). The allocation consists of funding of €4.5m to sustain our existing level of service and an allocation of €3.4m to assist in funding current payroll pressures. Development priorities will be phased in during 2018 with a cost of €2.8m and a full year cost of €4.4m.

NAS Budget Summary							
	2017	2018			2019		
	Budget	Budget	Increase		Cost	Incremental Requirement	
	€m	€m	€m	%	€m	€m	
Income and Expenditure Allocation	154.9	165.6	10.6	6.9%	-		
Full Year Impact of 2017 New Developments	-	-	-	-	4.5		
Pay Rate Funding	-	-	-	-	3.4		
Value Improvement Programme (retraction)							
Funding to Expand Existing Developments	-	-	-	-	2.8	4.4	
						1.7	

Following a retraction of €1.0m under the Value Improvement Programme, the revised NAS budget in 2018 is **€164.6m**, representing an actual increase of €9.6m (6.2%) year on year.

## Existing Level of Service (ELS) - €4.5m

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 2017 is €4.5m. This includes the cost of providing services, which commenced during 2017, over a full year in 2018:

- Pay related cost pressures associated with recruitment of additional staff
- Funding associated with the commencement of alternative care pathway Clinical Hub (Hear and Treat)
- Demographics and inflation costs

## Expanding existing services / developing new services - €2.8m

Within the allocation of €165.6m, funding of €2.8m will be applied to enhance or expand existing developments and to commence new approved services in 2018. These development monies are being held by the DoH, and their release is dependent on the commencement of initiatives to address deficits identified in the Baseline Capacity Review and in particular to further expand:

- the Intermediate Care Services
- the Clinical Hub in the National Emergency Operations Centre
- the National Transport Medicine programme
- Aeromedical Services

## Full year cost in 2019 of NSP 2018 - €4.4m

The allocation referenced above, €2.8m represent funded on a part-year basis within NSP 2018. The full-year cost associated with these investments, translates into and additional funding requirement of €4.4m in 2019 as follows:

	Cost in 2018 €m	Cost in 2019 €m	2019 Incremental Funding Requirement €m
<b>TOTAL</b>	2.8	4.4	1.7

## Approach to financial challenge

The NAS has an increase in its budget allocation for 2018 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 2018. 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 2018
- Non-pay – implement targeted cost-containment programmes for specific high-growth categories

## 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 with the aim of filling all existing vacancies as soon as possible. NAS continues to strictly monitor and control the expenditure on overtime to achieve a break even budget.

## Capital Funding

Separately, a provision of €7.66m in capital funding will be made available to the NAS in 2018, comprising of €7.00m for the fleet replacement programme, and an allocation of €0.66m for funded projects (including the completion of a new ambulance stations in Edenderry, Co. Offaly and Carlow as well as the provision of facilities at Stranorlar, Co. Donegal)

# Improving Value and Services

Health and social care systems (including Pre-Hospital Emergency Care Services) around the world are under increasing pressure due to growing and ageing populations, increases in chronic disease, rising costs of specialist drugs and therapies, and slow funding recovery from the 2008 global financial crisis. Given wider competing pressures on Government funding, there is an onus on the health and social care system to drive efficiencies, productivity and value from its existing funding base, informed by national policy and in line with the HSE Corporate Plan Goal 5: managing resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money.

While there are a number of opportunities to secure improved value that are within the remit and role of the HSE to deliver, there are others that will require wider consideration of policy, legislation and regulatory issues and therefore will benefit from the involvement and support of the DoH and other stakeholders.

Recognising the necessity to secure improved value, the HSE is taking forward a systematic review of its existing activities to drive value with a view to taking forward, from the beginning of 2018, a comprehensive **Value Improvement Programme**.

## Scope and key themes

The Value Improvement Programme will be a single over-arching programme, but with three broad priority themes:

### Priority theme 1: Improving value within existing services

Within this theme, the programme will identify realistic and achievable opportunities to improve economy, efficiency and effectiveness prioritised within, but not restricted to, the specific service areas that have the greatest financial challenges in 2018

### Priority theme 2: Improving value within non-direct service areas

Within this theme, the programme will identify realistic and achievable opportunities to reduce the costs of corporate and other overhead-type costs that exist at national and local level across services.

### Priority theme 3: Strategic value improvement

Within this theme, the programme will identify the strategic changes that are required to ensure that, from 2018 and thereafter, the resources available to health and social care are prioritised and committed to in a way that will ensure the best outcomes for service users. The aim will be to identify the key strategic changes required to ensure alignment between funding and the costs of service delivery.

During 2018, the NAS will work with the Value Improvement Programme to seek ways to improve value in terms of improvement of services and service user experience alongside evidence of economy, efficiency and effectiveness.

# Workforce

## The Workforce Position

At the end of December 2017 the NAS has a workforce of 1,843 whole-time equivalents. Recruiting and retaining a motivated and skilled staff is a key objective for the NAS in 2018, as we continue to address capacity deficits identified in the NAS Baseline Capacity Review and a revised management structure that supports the future direction of the NAS as identified in our strategic plan.

## The Health Services People Strategy 2015-2018

The Health Service People Strategy 2015-2018 was developed in recognition of the vital role the HSE workforce plays in delivering safer better healthcare. The strategy provides the anchor to support HR developments throughout the HSE. Key priorities for the NAS in 2018 include:

- Implementation of strategy: Engage in the next phase of implementation of the strategy, building on progress to date.
- HR operating model: Work with HR business partners, national HR services and HR shared services in an integrated manner to support people managers across the service delivery areas.
- Empowerment and engagement: Participate in the third staff survey and further develop and implement staff engagement and staff health and wellbeing programmes in response to what staff are telling us.
- Recognising performance and achievement: Continue to recognise, celebrate, and share endeavours and examples of excellence within the NAS.
- Implement and operationalise the Staff Health and Wellbeing Strategy that was launched in 2017.

## Pay and Staffing Strategy 2018 and Funded Workforce Plans

Overall pay expenditure, will continue to be robustly monitored, managed and controlled to ensure compliance with allocated pay budgets as set out in the NAS Annual Workforce Plan 2018.

Pay and staff monitoring, management and control, will be further enhanced in 2018 in line with the Performance and Accountability Framework. Early intervention and effective plans to address any deviation from the approved funded workforce plans will be central to ensuring full pay budget adherence at the end of 2018. The approved additional posts funded in 2018 NSP include:

Post Title	WTE Numbers	2018 New Funding €m	Appointment
Paramedic	44	2.8	Q1 – Q3 2018
Intermediate Care Operative	14		Q2 2018
Clinical Advisors (CNM II)	2		Q2 2018
Dispatchers	3		Q3 2018

This table excludes recruitment and training of people required to address natural turnover and existing vacancies which is set out in detail in the NAS Annual Workforce Plan 2018.



NAS will also progress the implementation of a revised operating model (organisation structure) in 2018 in line with the HIQA recommendation.

### **Public Service Stability Agreement 2018 - 2020**

The Public Service Stability Agreement, which represents an extension of the Lansdowne Road Agreement, was negotiated between government and unions in 2017 and will continue until December 2020. It provides for the continuation of the phased approach towards pay restoration, targeted primarily at low-paid personnel, as well as providing a number of general pay adjustments in the course of the Agreement. The Agreement builds on the provisions of previous agreements to support reform and change in the health services. The NAS via the HSE will support the work of the Public Service Pay Commission as established under the Agreement.

### **Workforce Planning**

The Department of Health (DoH) published a National Strategic Framework for Health Workforce Planning – Working Together for Health in 2017, providing an integrated, dynamic and multi-disciplinary approach to workforce planning at all levels of the health service. The NAS Workforce Plan will support and provide an input to the wider workforce planning process during 2018.

# Appendix 1: Financial Tables

**Table 1: Finance 2017**

Division / Service Area	2017 NSP Budget €m	2017 Movements €m	2017 Closing Recurring Budget €m
<b>Operational Service Areas</b>			
<b>National Ambulance Service</b>	<b>155.0</b>	<b>(0.1)</b>	<b>154.9</b>

**Note:** This table illustrates the movement in recurring budgetary allocation, in respect of agreed service movements and also the centralisation of pensions funding, from the published NSP2017 budget to the final 2017 closing recurring budget. The 2017 closing recurring budget is then referenced in tables 2 and 3.

**Table 2: Income and Expenditure 2018 Allocation**

Division / Service Area	2017 Budget €m	2018 Budget €m	Increase €m	Increase %	Total Increase Excl Pay Rate Funding €m	Increase Excl Pay Rate Funding %	Gross Budget €m	Income €m	Net Budget €m
<b>Operational Service Areas</b>	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>	<b>Column F</b>	<b>Column G</b>	<b>Column H</b>	<b>Column I</b>
<b>National Ambulance Service</b>	<b>154.9</b>	<b>165.6</b>	<b>10.6</b>	<b>6.9%</b>	<b>7.3</b>	<b>4.7%</b>	<b>165.7</b>	<b>(0.2)</b>	<b>165.6</b>

**Table 3: Finance Allocation 2018**

Division / Service Area	2017 Budget €m	Full Year Impact of 2017 New Developments €m	Demo-graphics and Inflation €m	Other ELS Funding €m	2018 Total ELS Funding €m	2018 Pay Rate Funding (supports existing staffing levels) €m	2018 New Developments €m	2018 NSP Budget €m	2018 NSP Budget held at DoH €m	2018 Opening Budget €m	2018 Once off Funding to be applied €m	2018 Available Funding €m
Operational Service Areas	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L
<b>National Ambulance Service</b>	<b>154.9</b>	<b>3.0</b>	<b>1.5</b>	<b>-</b>	<b>4.5</b>	<b>3.4</b>	<b>2.8</b>	<b>165.6</b>	<b>2.8</b>	<b>162.8</b>	<b>-</b>	<b>162.8</b>

**Note 1:** As per the Letter of Determination, €2.8m in respect to development funding will be held by the DoH, and its release is dependent on implementation of agreed initiatives

**Table 4: 2019 Full Year Costs related to NSP 2018**

Division / Service Area	Cost in 2018 €m	Cost in 2019 (Note 1) €m	2019 Incremental funding requirement €m
<b>National Ambulance Service</b>	<b>2.8</b>	<b>4.4</b>	<b>1.7</b>

## Appendix 2: HR Information

	Medical / Dental	Management / Admin	General Support	Patient and Client Care	WTE Sep 2017	Projected Dec 2017
National Ambulance Service	1	85	16	1,724	<b>1,826</b>	<b>1,848</b>

# Appendix 3: Scorecard and Performance Indicator Suite

## Scorecard

*Note: The scorecard reflects the format to that in NSP2018 adapted to the NAS*

Extract from National Scorecard as relevant to the NAS		
Scorecard Quadrant	Priority Area	Key Performance Indicator
Quality and Safety	<b>Complaints investigated within 30 days</b>	% of complaints investigated within 30 working days of being acknowledged by complaints officer
	<b>Serious Incidents</b>	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident
	<b>Ambulance Response Times</b>	% 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
Finance, Governance and Compliance	<b>Financial Management</b>	Net expenditure variance from plan (total expenditure)
		Gross expenditure variance from plan (pay + non-pay)
		% of the monetary value of service arrangements signed
	<b>Governance and Compliance</b>	Procurement - expenditure (non-pay) under management
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received		
Workforce	<b>Attendance Management</b>	% absence rates by staff category
	<b>Funded Workforce Plan</b>	Pay expenditure variance from plan

## Performance Indicator Suite

Note: The PI Suite reflects the national PI Suite (adapted from NSP2018) as relevant to the NAS

System-Wide – relevant to NAS					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
<b>Finance</b>	Finance, Governance and Compliance	M	≤0.1%	To be reported in Annual Financial Statements 2017	≤0.1%
Net expenditure variance from plan (total expenditure)					
Gross expenditure variance from plan (pay + non-pay)					
Non-pay expenditure variance from plan			≤0.1%		≤0.1%
<b>Capital</b>					
Capital expenditure versus expenditure profile		Q	100%	100%	100%
<b>Governance and Compliance</b>					
Procurement - expenditure (non-pay) under management		Q (1 Qtr in arrears)	New NSP PI 2018	New NSP PI 2018	25% increase
<b>Audit</b>					
% of internal audit recommendations implemented within six months of the report being received		Q	75%	65%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received			95%	78%	95%
<b>Service Arrangements / Annual Compliance Statement</b>					
% of number of service arrangements signed		M	100%	100%	100%
% of the monetary value of service arrangements signed			100%	100%	100%
% annual compliance statements signed			100%	100%	100%
<b>Workforce</b>	Workforce	Annual	New NSP PI 2018	New NSP PI 2018	20%
<b>Staff Engagement</b>					
% of staff who complete staff engagement survey annually					
<b>Attendance Management</b>					
% absence rates by staff category		M (1 Mth in arrears)	≤3.5%	4.4%	≤3.5%
<b>Pay and Staffing Strategy / Funded Workforce Plan</b>					
Pay expenditure variance from plan		M	New NSP PI 2018	New NSP PI 2018	≤0.1%

System-Wide – relevant to NAS					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
<b>Quality and Safety</b> <b>Service User Experience</b> % of complaints investigated within 30 working days of being acknowledged by the complaints officer	Quality and Safety	Q	75%	74%	75%
<b>Serious Incidents</b> % of serious incidents being notified within 24 hours of occurrence to the senior accountable officer		M	New NSP PI 2018	New NSP PI 2018	99%
% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident			New NSP PI 2018	New NSP PI 2018	90%
<b>Incident Reporting</b> % of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS		Q	90%	48%	90%
Extreme and major incidents as a % of all incidents reported as occurring			<1%	0.8%	<1%
% of claims received by State Claims Agency that were not reported previously as an incident		Annual	40%	38%	<30%

Pre-Hospital Emergency Care Services					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
Total no. of AS1 and AS2 (emergency ambulance) calls	Access and Integration	M	315,000	312,127	318,370
Total no. of AS3 calls (inter-hospital transfers)			30,503	30,156	31,100
No. of clinical status 1 ECHO calls activated			5,589	5,674	5,787
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)			5,290	5,386	5,494
No. of clinical status 1 DELTA calls activated			125,985	126,506	129,036
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)			122,159	122,650	125,103
Aeromedical Service - Hours (Department of Defence)	Access and Integration	M	480	480	480
Irish Coast Guard - Calls (Department of Transport, Tourism and Sport)			144	316	200

## Pre-Hospital Emergency Care Services

Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018	
<b>Clinical Outcome</b> 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 (1 Q in arrears)	40%	40%	40%	
<b>Audit</b> National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon - % of control centres that carry out Advanced Quality Assurance Audits (AQuA)		M	100%	100%	100%	
National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon - % medical priority dispatch system (MPDS) protocol compliance			90%	93%	90%	
<b>Emergency Response Times</b> % of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	Access and Integration		80%	80%	80%	
% of ECHO calls which had a resource allocated within 90 seconds of call start			85%	98%	95%	
% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less			80%	65%	80%	
% of DELTA calls which have a resource allocated within 90 seconds of call start			85%	92%	90%	
<b>Intermediate Care Service</b> No. of intermediate care vehicle (ICV) transfer calls				26,846	26,578	28,000
% of all transfers provided through the intermediate care service				80%	89%	90%
<b>Ambulance Turnaround</b> % of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (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 within: <ul style="list-style-type: none"> <li>• 30 minutes</li> <li>• 60 minutes</li> </ul>				100%	100%	100%



## Appendix 4: Capital Infrastructure

*This appendix outlines capital projects that: 1) were completed in 2016 / 2017 and will be operational in 2018; 2) are due to be completed and operational in 2018; or 3) are due to be completed in 2018 and will be operational in 2019*

Facility	Project Details	Project Completion	Fully Operational	Capital Cost €m		2018 Implications	
				2018	Total	WTE	Rev Costs €m
Edenderry Ambulance Station, Co. Offaly	New ambulance station	Q1 2018	Q3 2018	0.41	1.22	0	0.05
Carlow Ambulance Station	New ambulance station	Q1 2018	Q1 2018	0.10	0.30	0	0
St. Joseph's Hospital, Stranorlar, Co. Donegal	The provision of an ambulance restroom at St. Joseph's Hospital, Stranorlar	Q2 2018	Q2 2018	0.15	0.30	0	0

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