



National Ambulance Service

STRATEGIC PLAN

2022 - 2031





PARAMEDIC
UNIT

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EMERGENCY RESPONSE - 112/999

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In Case of
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Foreword

Following the major reviews of the service and the subsequent publication of the NAS Strategy 2016-2020 (Vision 2020), the NAS has been implementing a strategic investment programme to develop a modern, quality service that is safe, responsive and fit for purpose. Through Vision 2020, we commenced the 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, or in their own home. The quality initiatives introduced within Vision 2020 confirmed the ability of the service to focus on ensuring that the safety of patients and the delivery of high quality patient-centred services remains a top priority. Building on 'Vision 2020', we aim to continue our long term evolution to a service that is clinically-led, treating more patients over the telephone, at the scene, or in their own home. We will continue to work closely with our staff, key partners and the public to identify innovative ways to improve services and deliver high quality care to all.

Throughout the implementation of Strategic Plan 2022 – 2031, and in recognition of the opportunity to engage in the delivery of Sláintecare, the NAS will continue our long term evolution from an Emergency Medical Service (EMS) to a Mobile Medical Service (MMS) aimed at improving the experience of care and clinical outcomes for patients.

We commit to implementing this Strategic Plan which arises from the desire to build on the implementation of 'Vision 2020' and enable implementation of Sláintecare to reorient healthcare away from a 'hospital centric' model.

Liam Woods
National Director
Acute Operations

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Interim Director
National Ambulance Service



Pre-Hospital Emergency Care in Ireland

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 Dublin Fire Brigade (DFB). NAS currently delivers Aero Medical services using a rotary wing aircraft provided by the Irish Air Corps (IAC), the Irish Coast Guard (IRCG) and the Irish Community Air Ambulance (ICAA) through specific agreements 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 on route to the patient.

Private and not-for-profit providers also play an important role in transporting patients requiring access to health care services and in supporting a variety of public and sporting events. We also work closely with the Northern Ireland Ambulance Service (NIAS) in the border areas for the benefit of the population on both sides of the border.

Our Regulatory Environment

The **Pre-Hospital Emergency Care Council (PHECC)** is an independent statutory agency with the responsibility for standards, education and training in the field of pre-hospital emergency care in Ireland. The Council publish clinical practice guidelines (CPG's) and recognise institutions to provide pre-hospital emergency care training and education. In addition, PHECC maintain a statutory register of practitioners and approve pre-hospital emergency care service providers to implement CPG's.

The **Health Information and Quality Authority (HIQA)** is an independent authority established to drive high quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

The **Health and Safety Authority (HSA)** is an independent authority established to ensure safety in the workplace. The NAS workplace can be dynamic and challenging and in this regard, the role of the HSA is important in supporting the safety and wellbeing of our staff, our patients, visitors and contractors.

The **National Cyber Security Centre (NCSC)** the NCSC is responsible for advising and informing of current threats and vulnerabilities associated with network information security. The main roles of the NCSC are to lead in the management of major cyber security incidents across government and advice on major cyber security incidents.

The **Road Safety Authority** is an independent authority carrying out the function in relation to the roadworthiness testing of commercial vehicles including ambulances – the Commercial Vehicle Roadworthiness Test (CVRT). The NAS are obliged to ensure that ambulances are maintained in a roadworthy condition and that vehicles are inspected and attain a Certificate of Road Worthiness.



Our Service

The NAS operates from 102 locations throughout Ireland. In 2020 we responded to:

- Over 360,000 emergency 999 and urgent calls
- Transported approximately 30,000 Intermediate Care patients
- Co-ordinated and dispatched more than 900 Aero Medical / Air Ambulance calls
- Completed 901 calls via NAS Critical Care Retrieval Service
- Continued to support and develop Community First Responder schemes

Our People

Our services are delivered by our 2,000+ NAS staff members. Our intermediate care service and pre hospital emergency care services are staffed in line with the standards established by PHECC and include Emergency Medical Technicians, Paramedics and Advanced Paramedics. The National Emergency Operations Centre (NEOC) is staffed by Emergency Call Takers, Emergency Dispatchers, Clinical Nurse Managers, Control Supervisors and Control Managers. Our Critical Care and Retrieval Service (NASCCRS) is staffed by Consultants, Critical Care Nurses and EMTs. Our clinical governance is provided by a Clinical Director, Deputy Clinical Director, Clinical Director, NASCCRS, Clinical Leads and Area Medical Advisors. The NAS College delivers the required training to all staff through our Education and Competency Assurance Officers, both within the college and across the service. Current NAS business support roles includes: Business Management, Fleet & Logistics, Finance, Human Resources, Innovation & Portfolio Management and Informatics functions.

Our Fleet and Equipment

We operate a wide range of fleet including Critical Care Ambulances, Emergency Ambulances, Intermediate Care Vehicles, Rapid Response Vehicles and a range of specialised support vehicles. Ongoing implementation of NAS Fleet and Equipment Plan under 'Vision 2020', has ensured that our fleet and equipment are of the highest specification and standard.

Our Estate

The composition of the estate at the end of 2020 included over 100 locations. In conjunction with the HSE Health Business Services (Estate function), we continue to make significant progress in implementing the NAS Estates Strategic Plan, with the purpose of ensuring that our estate is fit for purpose, cost effective, maintained to a high standard and with a reduced carbon footprint.

Our Governance Arrangements

The NAS operates under the HSE's 'Performance Accountability Framework', which sets out the means by which the service is held to account for our performance in relation to access to services and quality and safety of those services.



Section 1 – Strategic Context

Introduction

2020 and 2021 have been extraordinary years. COVID-19 has fundamentally changed the way that healthcare services can safely be delivered and accessed. It has also increased in a sustained way, the level of demand experienced by the health service. Despite the associated challenges, it has influenced the accelerated delivery of many service transformations, fully aligned to the vision of Sláintecare. These are particularly evident within the NAS in the areas of eHealth (telemedicine) and community delivered care and service integration (Community Paramedicine, Pathfinder and Alternative Pre-Hospital Pathway). The way in which staff and services have responded to COVID-19, demonstrates not only enormous resilience and commitment but also the realisation that new and innovative models of care are possible. The Sláintecare Implementation Strategy acknowledges that there is an ever-increasing need to reorient healthcare away from a “hospital centric” model that results in excessive/inappropriate Emergency Department (ED) attendance and potentially unsafe hospital occupancy rates.

The NAS operates at the interface between hospital services and the public. Community-based care options will expand with Sláintecare implementation meaning transfer to hospital may not be necessary or appropriate, and the evolution of the ‘mobile medical’ role of NAS will accelerate. Building on the model of patient care and clinical initiatives that were developed as a result of the NAS Strategy Vision 2020, the NAS has the potential to play a game-changing role in relieving the pressure on hospitals and aiding the reorientation of healthcare as envisaged in Sláintecare. Our Strategic Plan 2022 – 2031 will build on evolving improvements, to ensure that our staff have the skills, technology and information to support to ensure that the patient care we provide is aligned with Sláintecare goals.

HSE Corporate Plan 2021-2024

Strategic Plan 2022 – 2031 will be delivered within the strategic framework of the HSE Corporate Plan 2021-2024. The Corporate Plan was informed by Sláintecare, the Programme for Government and the impact of operating within a COVID-19 environment. The Corporate Plan will guide collective energies of all services and seeks to accelerate innovative reform including the digitisation of wider health service and process improvements, as well as enhancing our model of care and driving value for money.

HSE Corporate Plan builds on the collective experiences of living with and working in a COVID-19 environment, learning from new ways of working with a relentless ‘one team’ focus on patients, users, families and the public. The Corporate Plan, as outlined in Figure 1 overleap, includes six objectives and five enablers which have shaped the development of NAS Strategic Plan 2022-2031.



Figure 1 – HSE Corporate Plan 2021-2024

Our Population

Plans for service developments in NAS Strategic Plan 2022-2031, have been derived from analysis of service need and demand, patient and service user feedback, staff experience and research. From a demographic perspective, this plan takes account of current and projected demands over time so we can take action now to address current needs and prepare for future changes in service requirements. These include:

- **An Ageing Population:** Latest population projections indicate a 38% increase in the over 65 population by 2031 and a 68% increase in the over 85 population. As the population ages, the prevalence of frailty is estimated to increase, affecting 12.7% of adults aged 50 years and over and 21.5% of people aged 65 and over in Ireland.
- **Increase in Chronic Diseases:** With Ireland's growing and ageing population and the increasing incidence of chronic disease comes a much greater demand for health and social care services and a need to shift healthcare provision toward community services and prevention.



- The number of individuals living with dementia is projected to increase from approximately 55,000 people in 2016 to over 150,000 people in 2046, representing almost a three-fold increase. Cancer, cardiovascular disease and respiratory disease continue to be the three most common chronic diseases, accounting for three quarters of deaths in Ireland. Approximately 32% of individuals over 18 years of age currently have one or more chronic diseases, with the highest prevalence of chronic disease observed in the population aged 50 years and over. In this age cohort, the number of individuals living with one or more chronic disease is estimated to increase by 40% between 2016 and 2030.
- **Rising expectations of patients and the public:** Patients and the public rightly expect healthcare services that fit around their needs and are tailored to their individual concerns.
- **Geography and population – urban and rural split:** The population density and distribution in Ireland is significantly different to 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 other typical English services. Most services in England have 10 – 30% of their activity in rural areas. This compares to 40% in Ireland (Lightfoot 2015). This has major implications for the NAS and its ability to perform to current response time targets as set out by HIQA.

Strategy Development in a COVID-19 Environment

Development of Strategic Plan 2022-2031, has been undertaken in a new context of the continuing prevalence of COVID-19. NAS must be prepared to respond comprehensively to surge and create an environment that seeks to manage outbreaks. A critical area of focus within this Plan is to ensure that we are deploying resources and committing to actions that will reduce risks in delivery of services. COVID-19 has brought with it challenges of a scale never before experienced. The scale of investment in 2020 allowed NAS to build logistical resilience so we can function as an integral part of the Test and Trace function of the HSE. It will also enable us to make significant progress in addressing service risks which have been ongoing for a number of years, in particular those related to service capacity.

Development of NAS Strategy 2022 - 2031

Beginning at the end of Q2 2019, the service initiated a consultation process to seek the opinions of our staff to inform the development of a new strategy to take the place of Vision 2020. A consultation and engagement plan was established to reach as many staff across the service, through the well-established Staff and Management Forum Groups, engagement with NAS Leadership Team and presentation at NAS annual conference.



Engagement took the form of:

- **Workshops:** Discussion focused on each of the Sláintecare strategic actions, resulting in the identification of initiatives for implementation within the NAS.
- **Regional Forum Group meetings:** To facilitate further debate and staff feedback on workshop outcomes and the identification of any additional initiatives and viewpoints.
- **Email:** The email address nas.vision2020@hse.ie was also used to facilitate staff feedback.

The consultation process captured a wide range of initiatives against relevant strategic actions and recommendations. An example of suggestive initiatives against relevant Sláintecare Strategic Actions are listed below.

Sláintecare Strategic Action 1 'Improve governance, performance and accountability...' <ul style="list-style-type: none"> • Address the current organisational structures • 24/7 governance • Uniformity with regard to policies • Engagement with staff • More Education • Reporting Mistakes 	Sláintecare Strategic Action 2 '...implementation and governance structure for Sláintecare...' <ul style="list-style-type: none"> • Move to 6 operational regions • Bypass protocols • Programme Management • CPGs reform • Utilisation/reform ICV services 	
Sláintecare Strategic Action 3 '...population health-based planning and develop new models of care...' <ul style="list-style-type: none"> • Alternative pathways • Multi-disciplinary teams • Public information and campaigns • Clinical Supervisors 	Sláintecare Strategic Action 4 'Expand community-based care to bring care closer to home' <ul style="list-style-type: none"> • Expand Community Paramedic Role • Expand Pathfinder Model • Telemedicine • Community/school training 	Sláintecare Strategic Action 5 '..capacityand integration between hospital sector and community care' <ul style="list-style-type: none"> • Patient to most appropriate facility • Increased ICV capacity • 24 hr. hospital diagnostics services • Integrate with GP services • Safeguarding
Sláintecare Strategic Action 9 '...workforce... that is supported and enabled to deliver Sláintecare vision' <ul style="list-style-type: none"> • Staff health and wellbeing • Positive work culture • Staff development • Open and accountable • Alternative working patterns 	Sláintecare Strategic Action 10 '...modern eHealth infrastructure and improve data, research & evaluation.' <ul style="list-style-type: none"> • App for completing pay sheets • Integrate ePCR & unique patient ID. • Telemedicine • Point of care testing • Business intelligence • Integrated Financial Management System 	

Ref: National Ambulance Service New Strategy Development, Identification of Initiatives



Section 2 – Clinical Priorities

Clinical Drivers for Change

In the first three months (Dec 2019 to Feb 2020) of the introduction of electronic Patient Care Report (ePCR) use, there were 55,822 patient attendances by emergency ambulance personnel. People aged less than 35 years accounted for 21% of patient attendances compared to 47% of the general population. People aged 75 years or older make up 6% of the general population but accounted for one third of patients attended by NAS emergency resources. Over one third of patients attended had a life-threatening complaint or a condition that would result in serious ill-health in the absence of immediate on-scene treatment/stabilisation and immediate safe transfer to the appropriate acute hospital facility. With the notable exception of patients attended by Community Paramedics or hospital outreach programmes partnered with the NAS, patients attended by emergency ambulance personnel are conveyed to a hospital facility unless they decline ambulance transfer. This meant that from December 2019 to February 2020, over 96% of patients attended by emergency ambulance personnel were transferred to a hospital facility.

Since the onset of the COVID-19 pandemic, the NEOC Clinical Hub has been staffed by doctors alongside our experienced nurses. In the first three months of doctor involvement, 62% of callers received advice on self-care or referral to a community based service (e.g. their own GP, a community pharmacist, or other community service). This avoided almost 2,000 unnecessary emergency transfers to an ED. In May 2020, of 2,000 patients attended from Community Paramedic pilot sites, nearly half were seen and treated in their own home or community. NAS's partnership with hospital outreach projects such as the Beaumont Pathfinder project have proven the concept of paramedic involvement in Irish community-based care, with up to 60% of patients avoiding an acute hospital admission.

In summary, our data shows the high proportion of NAS services already dedicated to our oldest citizens and that provision of high acuity, emergency care remains a core function of the NAS. There is a need to facilitate community-based care for a larger proportion of patients attended to. The merit of doctor involvement in the NEOC Clinical Hub has been demonstrated and the value of community-based paramedic care has been proven. In this context, the NAS is ideally positioned to scale up the availability of such services and in doing so, facilitate the implementation of Sláintecare and support the HSE in finding new ways of working in the COVID era.

NAS Model of Patient Care – Delivering Sláintecare

In order to deliver Sláintecare and to facilitate health service provision, the NAS will build on the Model of Patient Care introduced in the NAS Strategy Vision 2020. Patient care will be divided into three categories – Prehospital Emergency Care, Prehospital Non-Conveyance and Prehospital Specialist Care.

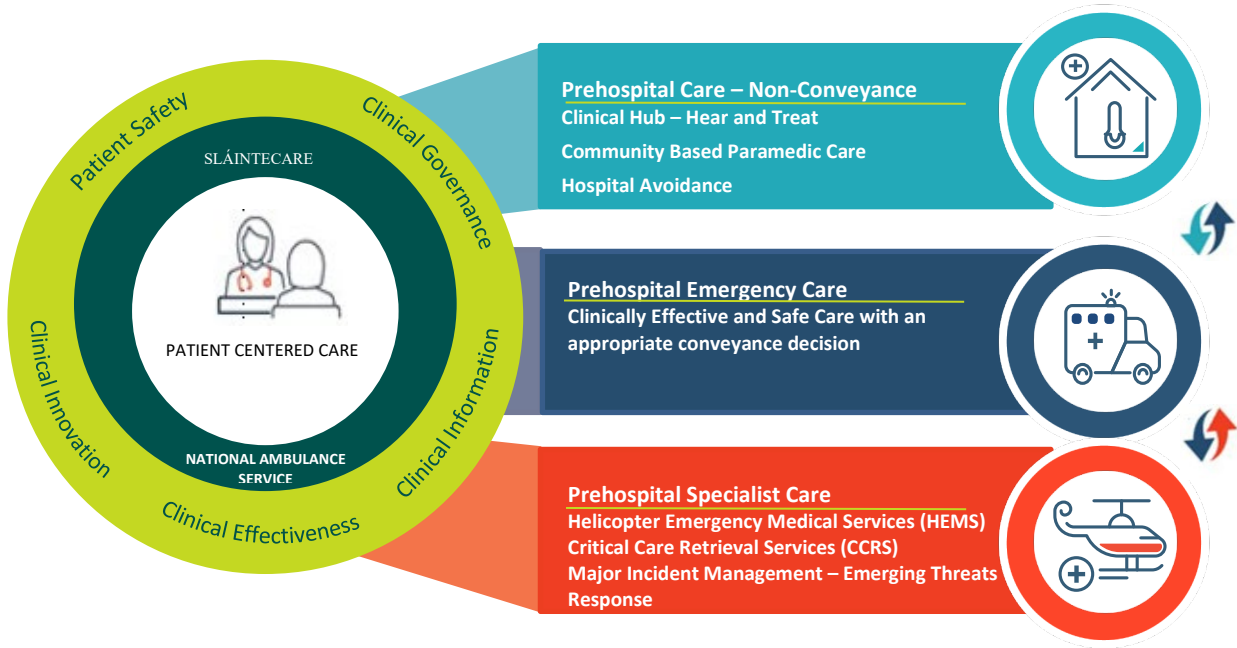


Figure 2 – Patient Centred Care

These three categories create the foundation for the NAS Strategic Plan 2022-2031. Each category is an enabler for Sláintecare and will be supported by a focus on patient safety, clinical governance, clinical effectiveness, clinical development and clinical informatics.



Prehospital Emergency Care

A substantial proportion of NAS patients whom experience serious illness or injury will continue to require emergency care in the prehospital setting. This form of patient management requires: rapid and accurate patient assessment; prehospital treatment and stabilisation; and safe transfer to the most appropriate acute care facility. This level of emergency care will continue to be provided by NAS practitioners as part of **Emergency Ambulance** crews or as solo rapid responders.

A subset of these patients initially present as emergency cases and require an emergency response. However, through comprehensive investigation and/or intervention it may be clinically appropriate that the patient is cared for in the home or the community setting and will not to be conveyed to a hospital. Clinically effective emergency care provision and safe appropriate conveyance decisions will be further supported by focus on patient safety, clinical guidance, clinical supervision, monitoring and outcomes.

Intermediate Care Service: The main purpose of the NAS Intermediate Care Service is to provide inter-hospital and inter-facility transfer of patients in order to support acute hospitals' planning, bed management and discharge policies. The Intermediate Care Service will continue to work to reduce reliance on emergency ambulances by providing a safe transport alternative for appropriate patients.



Support and activation of Community First Responder Schemes: Community First Responders are groups of volunteers who, within the community in which they live or work, are tasked by the NAS to respond to emergencies appropriate to their skill set. Programmes operating throughout Ireland include: **Community First Responder Schemes** – where Community First Responders (CFRs) respond to particular types of medical emergencies (i.e. cardiac arrest, respiratory arrest, chest pain, choking and stroke); Community Rapid Response – where a network of volunteer medical professionals are tasked to deliver more advanced interventions in response to both medical and trauma emergencies. Out-of-hospital cardiac arrest is the most time-critical and life threatening condition attended by the NAS, CFRs and Community Rapid Response are a vital part of community activation of the chain of survival.

Prehospital Care with Non-Conveyance

Non-conveyance includes three modes of care delivery by the NAS.

Hear and Treat: Hear and treat services will be provided to patients with care needs that can be managed with telephone advice provided by the medical or nursing staff of the National Emergency Operations Centre (NEOC) Clinical Hub. This service will be provided to patients who are deemed by emergency call takers to have a low acuity care need i.e. not requiring an immediate emergency response. Where telephone advice is not sufficient, Clinical Hub staff will triage patients to receive on-scene NAS practitioner treatment and/or transport.



See and Treat: Since the COVID-19 pandemic, a policy for 'Home Assessment of COVID-19 Patients', has enabled NAS Paramedics and Advanced Paramedics to assess and leave a patient at home rather than transporting to an acute facility (i.e. See and Treat). Prior to the pandemic, transport to hospital was the expected outcome for the vast majority of patients attended by NAS. When PHECC non-conveyance Clinical Practice Guidelines are developed, we will expand our capacity to leave more patients safely at home through further development of clinical supervision at station level and provision of medical oversight by the Clinical Hub. These developments will also enable NAS practitioners to transport appropriate patients to alternative destinations such as medical assessment units, local injury units and community assessment hubs.

Community-Based Paramedic Care: NAS Community Paramedics and NAS partnerships with hospital outreach programmes have begun to demonstrate the impact of community-based paramedic care. The success of community-based paramedic care is dependent on the level of integration between the NAS practitioner and the teams with which they work. We will work with the PHECC to establish an appropriate regulatory framework for specialist paramedic practice. In addition, NAS, in partnership with our current academic partner (University College Cork), will increase the number of Community Paramedics by providing postgraduate training that embeds student training in primary care and community teams. We will also develop telehealth opportunities that will enable consultation and referral pathways between Community Paramedics and GPs. NAS partnership with hospital outreach programmes will be maintained and opportunities for further development will be sought.



Prehospital Specialist Care

It is envisaged that the vast majority of patients will be cared for by NAS Emergency Care or Non-Conveyance services. However, NAS will also serve patients who require care in specialised circumstances, e.g. trauma and cardiovascular bypass to the appropriate care setting.

Extended Scope of NAS Critical Care Practice: The NAS has a key role in transporting very sick patients to specialist centres. In some cases, this may entail single journeys over longer distances, to ensure the patient is transported to the right place for the right care, first time. We will work with the PHECC to establish an appropriate regulatory framework for specialist paramedic practice. In addition, NAS, in partnership with our current academic partner (University College Cork), will establish a recognised programme of education for Critical Care Paramedics.

NAS Aeromedical Services: NAS co-ordinates aeromedical services on behalf of the HSE and works directly with three rotary wing providers in the provision of Helicopter Emergency Medical Services (HEMS). The NAS also co-ordinates the transport logistics of paediatric emergency organ transplant patients to the UK. NAS will work with key stakeholders to strengthen the availability of both rotary and fixed wing aircraft services to support and enable the future requirements of the health service.

Critical Care Retrieval Services: The NAS Critical Care and Retrieval Service (NAS-CCRS) is a comprehensive retrieval/transfer system for seriously ill babies, children and adults. It enables the timely retrieval/transfer of critically ill or severely injured patients by appropriately trained and skilled teams of healthcare professionals who get the right patient, to the right care, in the right condition, in the right time. The resilience of NAS-CCRS will be strengthened by enhancing the critical care retrieval skills of the paramedic staff involved in the service and ensuring sufficient capacity is available to meet the growing demand for this service.

Pandemic Response: The NAS COVID-19 testing service and COVID Response Room was introduced prior to the initial lockdown and was a critical aspect of pandemic management. The NAS COVID response room in NEOC has been responsible for coordinating the NAS testing service across multiple settings. Since March 2020, NAS have been responsible for coordinating and performing approximately 15% of all COVID-19 tests that were carried out in Ireland. The NAS will continue to directly contribute to the public health capacity to respond to COVID-19 and other emerging threats by strengthening and further developing a NAS COVID-19 Emerging Threats capability in 2022.



Call Activation

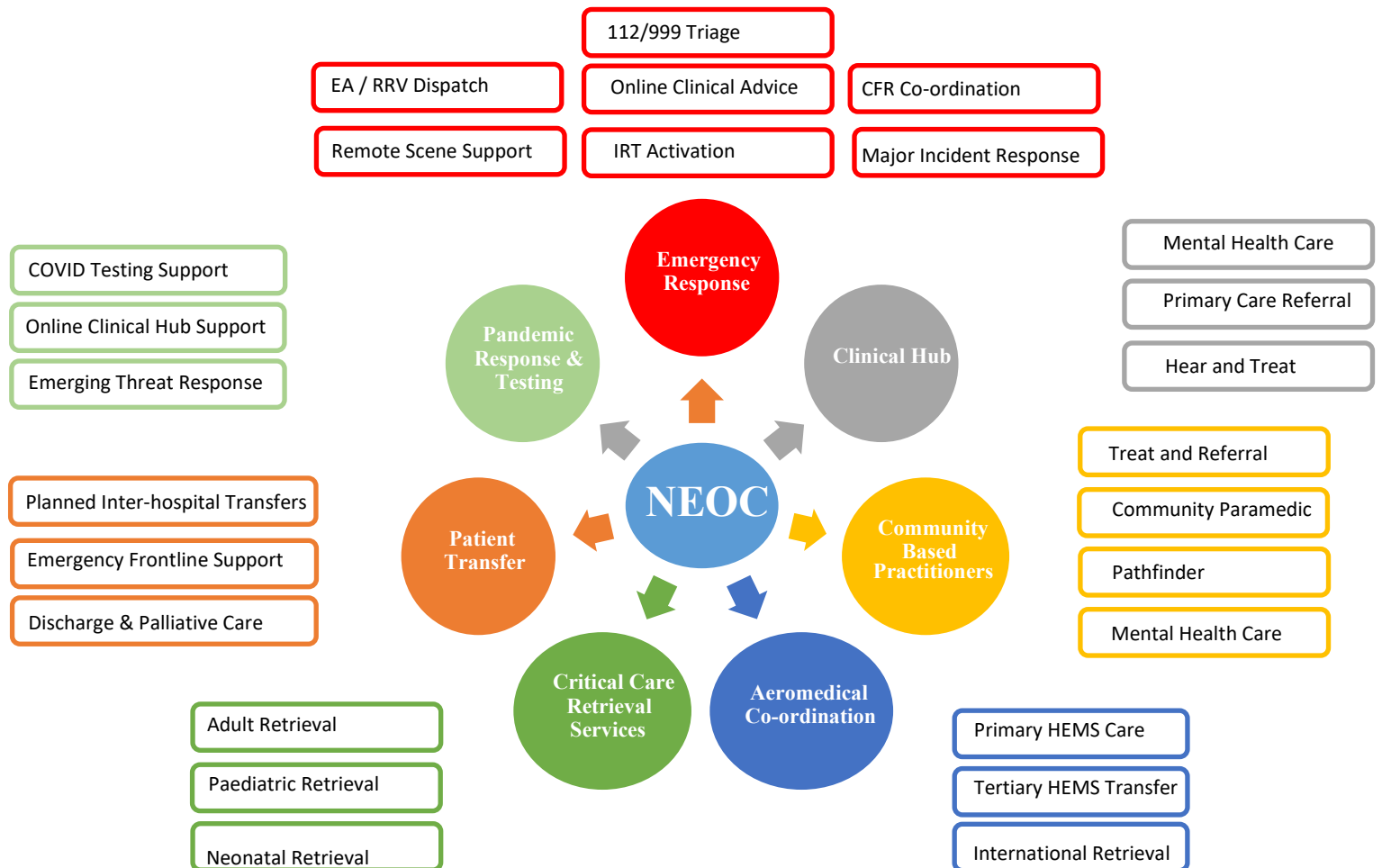


Figure 3 – Call Activation



Case Study

Prehospital Care with Non-Conveyance		
Scenario 1 (Clinical hub Example)	Kate is a 20 year old student living with her family. She has insulin-dependent diabetes and is found in a collapsed state at home by her mother who rings 112/999.	
	2020	2022 - 2031
	<p>The potentially serious nature of the call is identified by the Call Taker and the Dispatcher immediately sends an emergency ambulance crew and an Advanced Paramedic (AP) in a rapid response vehicle to attend Kate.</p> <p>The crew arrive, establish that Kate is having a hypoglycaemic episode and begin treatment. The AP administers intravenous dextrose and Kate responds quickly, becoming fully conscious. Kate and her mother are transferred to the closest Emergency Department for further assessment and monitoring. Kate remains in the care of the emergency ambulance crew until space and staff for emergency department triage are available.</p> <p>Kate is fully recovered when she is reviewed by the emergency department doctor and is not admitted to the hospital.</p>	<p>The immediate and potential serious nature of this call is identified by the Call Taker and the Dispatcher sends an emergency ambulance crew and an AP in a rapid response vehicle to attend Kate.</p> <p>The crew arrive and establish that Kate is having a hypoglycaemic episode and begin treatment. The AP administers intravenous dextrose and Kate responds quickly, becoming fully conscious. The AP releases the emergency ambulance crew, completes Kate's immediate care needs and advises that an appointment with Kate's diabetic team is made.</p> <p>The AP arranges a follow-up call from the Clinical Hub to Kate on the following day to check on her status and reinforce the advice for her to see her diabetic team.</p>
Scenario 2 (Sláintecare example)	Mary lives in a small rural village. She is a 76 years old, has a chronic lung condition, lives alone and has had three recent admissions to the ED due to exacerbation of her lung condition. She has had a fall today with no apparent injuries.	
	2020	2022-2031
	<p>The call taker categorises Mary's call and the Dispatcher arranges for the next available emergency crew to attend Mary. The attending emergency ambulance crew assess Mary and transfer her to the nearest emergency department.</p> <p>Due to emergency department capacity and the stability of Mary's medical condition, the crew are unable to perform an immediate handover. In-hospital capacity is also reduced, so Mary spends a long time in the emergency department.</p> <p>Mary remains in hospital for an extended period as the Advanced Nurse Specialist in respiratory care had to reduce the number of patients that can be seen in their assessment facilities.</p>	<p>The Call Taker categorises Mary's call and the Dispatcher arranges for a Community Paramedic (CP) to attend Mary.</p> <p>The CP carries out a comprehensive medical assessment – exacerbation of Chronic Obstructive Pulmonary Disease (COPD) confirmed.</p> <p>Together with Mary, the CP liaises via tele-link with Mary's GP to agree any necessary changes to Mary's medication and care plan. The GP revises Mary's prescription electronically and the local pharmacy arrange delivery of her medication.</p> <p>The CP arranges for the local Community Occupational Therapist (COT) to attend Mary. The COT assesses Mary and her home environment, identifies trip hazards and areas that can be adapted to Mary's needs. The COT provides Mary with advice and equipment, rearranges areas where there are immediate fall risks, and organises a follow-up visit for railings to be fitted where needed.</p> <p>The CP also arranges for an Advanced Nurse Practitioner in respiratory care to attend Mary later in the day and ensures that Mary is comfortable and safe before leaving.</p> <p>Mary remains living independently at home.</p>



Prehospital Specialist Care		
Scenario 3 (Trauma System for Ireland Example)		Tom is a 25 year old motorcyclist who has been involved in a high speed road traffic collision in a rural area on a Saturday afternoon.
	2020	2022 - 2031
	<p>The immediate and serious nature of the call is identified by the Call Taker and the Dispatcher sends an emergency ambulance crew and an AP to the scene. The Dispatcher also requests the Emergency Air Support desk send the Helicopter Emergency Medical Service (HEMS) – staff includes an AP.</p> <p>The ground crews arrive before HEMS and recognise that Tom has a traumatic brain injury, and an isolated femur fracture. He is combative and agitated, has vomited and is not able to maintain his airway. The crews work together to stabilise Tom and fly him to the closest hospital that can provide neuroprotective anaesthesia.</p> <p>Upon hospital arrival, Tom is handed over to a team who immediately perform a rapid sequence intubation, providing airway protection and neuroprotective anaesthesia. Bedside ultrasound confirms that Tom does not have any significant bleeding in the chest or abdomen. After performing computerised tomography scans, the closest neurosurgical centre is contacted and an inter-hospital transfer via road is organised.</p> <p>A team incorporating an anaesthesia registrar, a senior emergency department staff nurse and two emergency ambulance crew members transfers Tom to the neurosurgical centre. Tom is handed over to the waiting hospital team and brought to theatre.</p>	<p>The immediate and serious nature of this call is identified by the Call Taker and the Dispatcher sends an emergency ambulance crew and an AP to the scene. The Dispatcher also requests the Emergency Air Support desk send the Helicopter Emergency Medical Service (HEMS) – staff now includes a Critical Care team.</p> <p>The ground crews arrive before HEMS and recognise that Tom has a traumatic brain injury and isolated femur fracture. He is combative and agitated, has vomited and is not able to maintain his airway. The crews work together to stabilise Tom.</p> <p>The HEMS Critical Care team perform roadside rapid sequence intubation providing airway protection and neuroprotective anaesthesia. They also perform a roadside ultrasound and confirm that Tom does not have any significant bleeding in the chest or abdomen. This means that they can take the time to traction Tom's fractured femur thereby preventing further blood loss. If required, the Critical Care team can also administer blood products.</p> <p>Based on the initial clinical assessment and the fact that Tom's condition has been stabilised, the Critical Care team makes the decision to fly Tom to the major trauma centre, reducing delays to vital treatment and eliminating the need for inter-hospital transfer. On arrival, the receiving team immediately continue Tom's major trauma treatment.</p>



Section 3 – Strategy Implementation

NAS Strategic Plan 2022 – 2031

This Plan sets out the direction of the NAS for the next ten years. Building on NAS Strategy 2016-2020 (Vision 2020) it aims to build on current and emerging thinking, by introducing innovative ideas about how the NAS can deliver safe and effective patient centred pre-hospital emergency care in different ways in the future. Through implementation of NAS Strategic Plan 2022-2031, the aim is to continue our transformation from a service that has traditionally transported all patients to hospital for treatment, to a delivery model that is clinically-led, where care is provided in the most appropriate place and where our performance is measured to a greater extent on the quality and clinical outcome of care received by our patients. The service will ensure that staff have the skills, technology and information to support the delivery of existing and new pre-hospital emergency care services.

Strategic Goals

NAS Strategic Plan 2022 – 2031 is set in the context of the HSE Corporate Plan 2021 – 2024. Of the nine overarching focus areas to guide collective energies of all health services and accelerate innovative reform, the NAS Strategic Plan 2022 – 2031 will be delivered aligned to the following:



Objective 1	Manage the impact of the COVID-19 pandemic and respond to new and emerging threats
Objective 2	Enhance primary and community services and reduce the need for people to attend hospital
Objective 3	Addressing the gap between demand and capacity
Objective 4	Prioritise prevention and early intervention services
Enabler 1	Patient and User Quality and Safety
Enabler 2	Data and Information
Enabler 3	Technology and eHealth
Enabler 4	Communications and Engagement
Enabler 5	Infrastructure and Equipment
Our People	Implement an Organisation Re-Design, strengthen governance and align to Sláintecare regions
Our People	Supporting Our People and Becoming a High Performing Organisation
Our Resources	Resourcing and Delivering Our Plan



Objective 1: Manage the impact of the COVID-19 and respond to new and emerging threats

We are all living and working with a situation that was unimaginable at the start of 2020. The COVID-19 pandemic has impacted severely on every part of our society and our economy. In the face of this, the biggest challenge Ireland has encountered in decades, Irish people have almost universally stepped up to the plate and adhered to the strict guidelines put in place by the Government resulting in one of the lowest number of COVID-19 cases per capita in Europe.

Alongside the challenges in maintaining service delivery, redeployment to generate capacity for COVID-19 response and new ways of working, our staff have demonstrated exceptional dedication, resounding adaptability and skill in the fight against COVID-19.

Now, as we move into the future, we need to make sure that we adhere to the rules of the new way of working, to continue to suppress the spread of the virus and deliver our services safely using new models of care and technology where appropriate. In addition, we must also build resilience and capabilities to proactively respond to such incidents in the future.

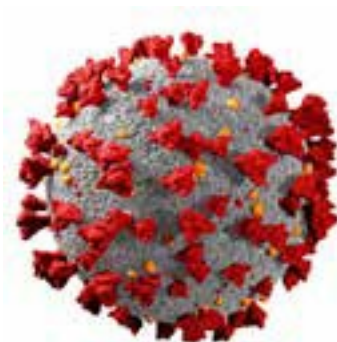


Figure 4 – COVID-19 Virus

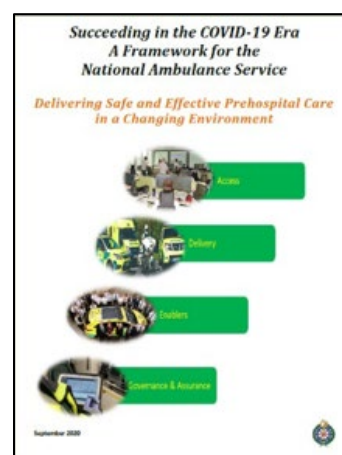


Figure 5 – Succeeding in the COVID-19 Era

What We Will Do

- Develop an 'Emerging Threat Team' capability with the capacity to support the public health response to current and new variants of virus and other potential healthcare threats
- Increase the availability of Infection Prevention and Control capacity
- Strengthen NAS emergency planning, preparedness and resilience through the introduction of specialist roles



Objective 2: Enhance primary and community services and reduce the need for people to attend hospital

Expanding primary and community services is at the heart of the Sláintecare vision, where the vast majority of healthcare services will be available in the community, in the home or close to home. Referral to an acute hospital will only occur for episodes requiring specific specialist intervention, with discharge back to community-based care as required.

Establish Non-Conveyance of Patients (Alternative Care Pathways)

Building on the clinically-led model of patient care introduced through NAS Vision 2020, we will continue to ensure that care is provided in the most appropriate place and further develop alternative care pathways as set out in Section 2.

We will build on the success of the Pathfinder Frailty Intervention Model currently operating in partnership with Beaumont Hospital. We will also engage with Clinical Programmes including for Older People and Chronic Disease Management to understand how Community Paramedicine and Pathfinder can collaborate and integrate with primary, community and acute care services.

The introduction of nursing and medical staff into the NAS Clinical Hub has demonstrated the value of workforce diversity in improving the safety and effectiveness of non-conveyance services.

What We Will Do

- Increase the proportion of paramedic practitioners who are able to refer to and participate in the provision of community-based care
- Further develop the NAS Clinical Hub as a critical step in establishing non-conveyance as a routine, safe and appropriate outcome for our patients
- Expand the Pathfinder Model in collaboration with the national integration care programme (older persons) and every Model 4 and Model 3 Hospital
- Collaborate with Primary Care and the Enhanced Community Care Programme to expand Community Paramedicine to Community Health Networks
- Introduce a Joint Mental Health Response in conjunction with Mental Health Services



Objective 3: Addressing the gap between demand and capacity

In 2015, NAS published the results of a Demand and Capacity Analysis which indicated the need for 471 additional staff for prehospital emergency care services. Much progress has been made in the recruitment and education of additional staff between 2015 and 2020.

Since 2015, demand is increasing annually at 3.4% an overall increase of 20% with the most critical ECHO (Life threatening cardiac or respiratory arrest) calls increasing by 6.4% annually and overall 38.7% on 2015 in the most recent data and a similar increase in DELTA (life threatening illness or injury, other than cardiac arrest).

Arrival to Handover Delays are now a global phenomenon for ambulance services around the world and continue to deteriorate in Ireland. In the context of rising demand which regularly exceeds capacity, losing an additional 5% of emergency ambulance capacity impacts on our ability to respond to a life threatening 999 call in a timely manner. The key hazard arising is potential patient harm and the associated lack of public confidence in service provision.

The implementation of the Trauma Strategy and the ongoing reconfiguration of acute hospital specialties is expected to increase the job cycle time of emergency calls and increase demands for both critical care retrieval and repatriation services.

What We Will Do

- We will undertake a new Demand and Capacity Analysis to understand the workforce requirements to address current challenges and understand future requirements
- We will develop a rolling Workforce Plan to cover a 24 month period
- We will continue to recruit additional clinical staff to minimise vacancies and increase capacity in Pre Hospital Emergency Care Services in both new and existing locations
- We will continue to expand Intermediate Care Services to meet the needs of acute hospitals and future repatriation requirements arising from implementation of the Trauma Strategy
- We will work with the PHECC to develop a specialist paramedic grade
- We will continue to expand NAS Critical Care Services and work with the PHECC to support the development of an NAS Critical Care Paramedic role
- We will work with the Department of Health and other stakeholders to strengthen the dedicated capacity of both rotary wing and fixed wing aeromedical capacity

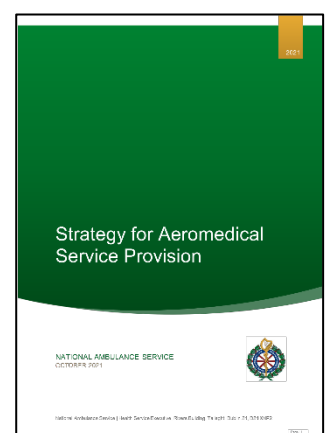


Figure 6 – NAS Strategy for Aeromedical Service Provision



Objective 4: Prioritise prevention and early intervention

The NAS has traditionally been involved in a range of campaigns to promoting public health and preventing ill health, identifying relevant opportunities for each patient where key messages and advice on health promotion can be conveyed. Over the next ten years, we aim to play a strengthened role in engaging with the public, service users and wider stakeholders to provide health education, advice and support.

A range of health educational and training programmes, including Basic Life Support within the community and at schools will continue to be developed and facilitated. These will be developed in conjunction with public health and health promotion staff and key external partners such as the Irish Heart Foundation and Community First Responder Ireland, as part of a wider commitment to promote health and wellbeing of patients and the wider public.

In addition, NAS staff will play an increasing role through daily interactions with our patients, members of the public and our staff in promoting public health and preventing ill health, identifying relevant opportunities where key messages and advice on health promotion can be conveyed.

A Prevention-Focused Approach to Staff Health and Wellbeing

In accordance with our vision and values, it is acknowledged that staff health and well-being is of paramount importance and looking after the health and wellbeing of our staff directly contributes to the delivery of quality patient care. We will ensure a meaningful and safe work culture exists where the NAS enables healthy behaviours among staff, supporting them to take responsibility for their own health and wellbeing, and where staff feel valued, are emotionally engaged and deliver services they are proud of.

What We Will Do

- Engage with Health and Wellbeing community promotion programmes
- Participate in the delivery of community and schools based education and training programmes
- Implement our Out of Hospital Cardiac Arrest Strategy
- Design and implement a national educational programme on the appropriate use of 112 / 999 and the use of alternative care pathways
- Implement the WHO Healthy Workplace Framework in partnership with Healthy Ireland, and integrate the work of the Workplace Health and Wellbeing Unit across the NAS



Enabler 1: Patient and User Quality and Safety

Patient safety is a priority for the NAS and the wider healthcare system. Our vision for patient safety is that all patients engaging with our services will consistently receive the safest care possible. We must acknowledge that many excellent patient safety initiatives have been implemented in recent years resulting in measureable improvements.

Through NAS Strategic Plan 2022-2031, we will continue to focus on the six strategic commitments of National Patient Safety Strategy 2019-2024 to create an environment where our patients, their families and/or carers are listened to and are actively involved in making our services better and safer. The importance of quality improvement, patient safety and safe reliable delivery of care is central to the Strategy.

By implementing the National Patient Safety Strategy, our staff will understand the need for responding with compassion, openness and transparency when harm events occur. We will continue to learn from things that go wrong and from examples of good practice along with showing measurable progress in reducing levels of preventable harm.

What We Will Do

- We will implement a suite of clinical key performance indicators to maximise positive patient experiences and outcomes and minimise the risk of error and harm
- We will appoint clinical supervisors to support NAS practitioners in making complex decisions, ensure the safest outcomes for our patients and embed a culture of learning and improvement that is compassionate, just, fair and open
- We will develop and implement an integrated improvement plan to reduce patient harm, with particular focus on the most common causes of harm
- We will embed a culture of quality and safety improvement through increasing quality and patient safety leadership and governance capacity

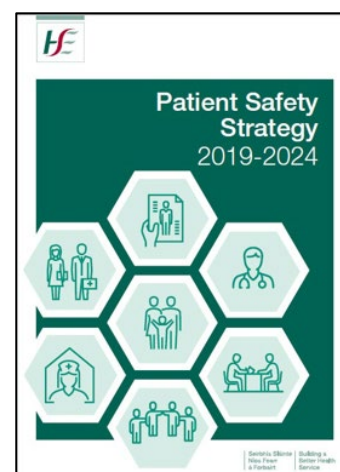


Figure 7 – Patient Safety Strategy



Enabler 2: Data and Information

Data and information is an essential support to the delivery of high quality and effective prehospital care. People expect their health and care information to be available to them when and where they need it. At the same time, they want assurance that their personal information is being handled appropriately, safely, securely and in an approved and controlled way.

Access to high quality, timely and relevant data will help us understand the needs of our population. With appropriate access to information we will be able to measure and track our progress and the impact of our actions. It will also identify areas of underperformance and support improved decision making. Additionally, support, conduct and facilitation of research are enablers of innovation in ambulance services internationally. It is important that we use our data and information for research purposes when appropriate.

Strengthen Clinical Effectiveness and Governance (Clinical Supervision / Clinical Directorate)

A clinical effectiveness programme is necessary to support achievement of optimum processes and outcomes for patients. This will be delivered through Key Performance Indicators, clinical audit and quality improvement. A clinical effectiveness programme will underpin the ever-increasing clinical role of the NAS in Irish health services.

What We Will Do

- We will continue to integrate data sources to allow analysis of a broader spectrum of data that will enable better informed decision making
- We will ensure that all relevant data is captured and provided in a timely manner that it is easily understood by key decision makers
- We will engage in high quality research that will inform improved service provision to our patients
- We will ensure information is Specific, measurable, Accurate, Relevant, and Timely (SMART)
- Ensure that our Tetra communications is encrypted and safe to use in any environment
- Our 112/999 systems are secure and have built in resilience and backups
- Ensure that electronic Patient Care reports are stored and communicated in a secure way



Enabler 3: Technology and eHealth

The last decade has seen the pace of change of technology accelerate, with much progress in digital technologies and innovations. The implementation of NAS Vision 2020, has seen a renewed focus on digitisation and the benefits it offers. Across the service, the introduction of a number of initiatives have all contributed to improved access to services and the delivery of patient care.

Whilst continuing to develop technology to support healthcare teams, there is an increased focus to place patients at the centre of their own care through a 'digital-first' approach. We aim to provide resilient, efficient, effective, accessible and sustainable services.

- Digital technology will continue to help us to perform our various roles (including clinical navigation, co-ordination, diagnostics and treatment), more consistently and efficiently
- Increased analysis of data stemming from our interactions with patients and internal processes will help us to continuously improve, leading to enhancements in the safety and effectiveness of our ways of working
- Technology and business analytics will enable predictive analysis on resource responses and having appropriate responses where they are needed most
- Digital technology will also enable us to provide a sustainable service in the face of increasing demand, enabling new approaches to predicting demand, and to triaging and responding to calls in a more efficient way

In addition to providing a reliable service, it is also clear that we need to embrace digital transformation to improve patient outcomes, enable a greater proportion of care to be delivered within community settings and act as a gateway to the wider healthcare system.

What We Will Do

- Develop a NAS Patient Centred Digital Strategy (supported by eHealth Ireland Strategy), to enable digital technology and eHealth in supporting the work of the service
- We will continue to invest in a modern eHealth and technology infrastructure to ensure technology and eHealth solutions can deliver patient centred outcomes in a robustly secure environment
- We will develop a Digital Obsolescence Plan to ensure we plan for the replacement of all related infrastructure
- We will ensure that system GDPR regulations are in place and we are compliant with the NIS Directive

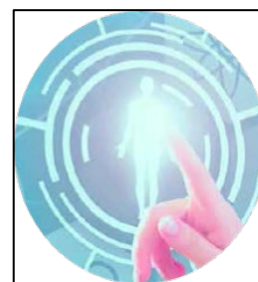


Figure 8 – NAS Patient Centred Digital Strategy



Enabler 4: Communications and Engagement

Effective communication and engagement is fundamental to how we manage, deliver and improve our services. It benefits the general public, people who use our services, staff and all of our stakeholders. We know that honest, transparent and frequent communications in healthcare improves outcomes for the people who use our services. We also know that two-way communication is integral to ensuring that our services are informed by the experiences of staff, patients, service-users and families. We are committed to developing structures and processes that will allow us to work more effectively with staff and the public to co-design changes and improvements. This will support us to better meet population needs and to demonstrate our values of care; compassion; trust and learning.

What We Will Do

Through implementation of our NAS Communications Enabling Plan, we will ensure that:

- We will develop an internal Communications and Engagement function to manage our engagement with a complex stakeholder landscape the patient voice is heard and that the patients wellbeing is central in the design of the models of care
- Staff feel part of the service where they are informed and motivated
- Effective working relationships are build
- Openness and transparency in the work of the NAS and the design of models of care is transparent
- Two-way communication is encouraged at all times

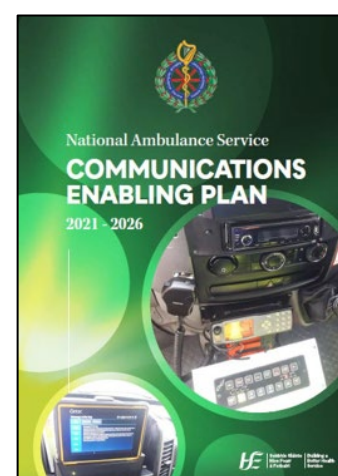


Figure 9 – NAS
Communications Enabling Plan

Evolving over the lifetime of NAS Strategy 2022-2031, the Communications Enabling Plan aims to highlight the key strategic and operational communication priorities and maps out the steps to deliver same.



Enabler 5: Infrastructure and Equipment

Investment in infrastructure and equipment is essential to the provision of good health services. The years since 2016, has seen substantial capital investment in both NAS infrastructure and equipment.

We have made significant progress in implementing the NAS Estates Strategic Plan, with the purpose of ensuring that the NAS estate is fit for purpose, cost effective and maintained to a high standard. Ongoing implementation of the Estate Strategic Plan, will see the provision of appropriate buildings and facilities (both refurbish and new build) to fully support all of the NAS business activities and contribute towards achieving operational performance improvements and ensure the NAS meets its statutory obligations, such as Health and Safety Authority.

What We Will Do

- Under the management of HSE Estate, we will continue the delivery of the NAS Estate Strategic Plan and manage the NAS capital asset base to achieve the most cost effective and appropriate provision of buildings and facilities necessary for the performance of our services
- Through implementation of the revised NAS Fleet and Equipment Plan, we will continue to invest in improving the quality and range of our fleet and equipment to ensure continued delivery of safe patient care
- Continue to implement the objectives of the 'Fleet and Equipment Replacement Policy'
- Through the introduction of alternative power sources for fleet and continued use of renewable sources e.g. solar power
- Review current vehicle types and future requirements for vehicles to meet changing demands on service delivery e.g. Pathfinder
- Pursue the introduction of a Managed Coordination Centre in relation to Fleet and Equipment to ensure compliance and meeting best standards
- Incremental program of amalgamating core HSE fleet with the NAS fleet to ensure compliance and standardisation
- Introduce quality information streams for fleet and equipment maintenance and replacement

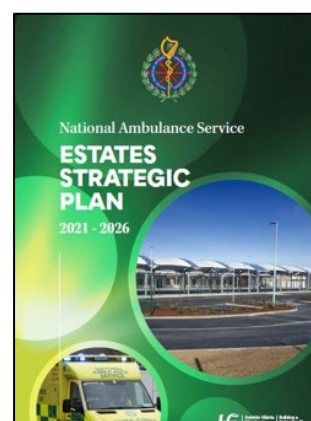


Figure 10 - NAS Estates Strategic Plan



Figure 11- NAS Fleet and Equipment Plan



Implement an Organisational Re-Design, strengthen governance and align to the Sláintecare regions

The underdeveloped nature of the management structures in NAS has led to a number of significant issues creating a high and unsustainable level of risk exposure for the HSE. An Organisational Health Intervention was carried out in January 2021 to understand the scale of these challenges and the level of risk. As a result of the outputs of that process, an evaluation of the current structure and re-design of the organisation from Grade V to AND was initiated.

To address these risks and to position NAS to continue its transformation as described in the NAS Strategy 2022-2031, all core, technocratic and business functions need to be re-designed and populated with the appropriate staffing numbers and grades.

The Health Service is undergoing deep, transformational reform through the introduction of Sláintecare. This reform extends to all elements of the wider health service and heralds a shift in focus from care in acute settings to more community based care where appropriate.

NAS have already demonstrated an ability to play a key role in enabling this shift. NAS is on a journey, endorsed in Sláintecare, transitioning from its current model as an Emergency Medical Service to a Mobile Medical Service. This transition will support the overall vision of Sláintecare: to move from an overly acute-centric model to a more community based and integrated model of care.

This significant change will require appropriate levels of core, technocratic and business support leadership and management resource to effectively design, implement, manage, evaluate and support the new model of care. Presently, the NAS's management structure is significantly underdeveloped and under resourced which has challenged the Service's ability to evolve.



Figure 12 - NAS Organisational Re-design Business Case

What We Will Do

- We will address 24/7 Tactical and Operational Management deficits within NAS
- We will implement a new Core Governance, Leadership and Structural Design
- We will align NAS Service Delivery structures with Sláintecare Geographical Structures
- We will complete the implementation of new technical specialties and core structures
- We will complete the implementation of business and support structures in Sláintecare regions and a new educational model



Supporting Our People and Becoming a High Performing Organisation

As an organisation, the NAS has made considerable progress in implementing a significant reform agenda whilst continuously striving for high performance and efficiency in the delivery of our services. Despite the challenges we have faced, we are proud to say that our staff have remained individually and collectively dedicated to the delivery of high quality and safe patient care. We recognise that the success of our organisation is dependent on the quality and commitment of our staff, and therefore we must ensure that our employees are appropriately supported so that we can continue to put the needs of patients at the heart of everything we do.

We Value Our Staff

We are committed to creating a culture across our organisation where staff feel valued and supported to be the best that they can be. We need to develop, support and retain our existing staff and engage a newer generation of healthcare employees. We will encourage increased flexibility in our work patterns, locations and ways of learning, with people moving through their work and careers to fit their personal needs. Developing the next generation of leaders is critical for the future.

Strategic Workforce Plan

Addressing key challenges around recruitment and retention of staff will be critical to implementing the ongoing transformation of the NAS. As we continue to operate in a COVID-19 environment and implement NAS Strategic Plan 2022-2031, we need to ensure that staffing levels and skills reflect our new ways of working. We will develop a strategic workforce plan and work with colleges, universities and governing bodies to ensure that we have a rolling 24 month plan in place, aligned to the output of a Demand and Capacity Analysis and new service development needs.

Deliver a Professional HR function for Our Staff

We are committed to the continual deliverance of a professional HR function enabled by strong relationships and collaboration across the NAS. By engaging with and supporting our staff we can strengthen our connection with the people we serve. Listening carefully to the views of frontline staff and recognising their contribution in a meaningful way will result in better employee experiences and better outcomes for all. We want our people to feel engaged: passionate about our strategic direction; connected to our values; motivated to achieve their potential; and committed to continuous improvement.

We need to create the environment for our people to excel in their work

To create this environment, we will support our people to have a healthy work/life balance and encourage our staff to speak up about concerns and areas for quality improvement. By developing and implementing a strategic workforce plan, we will support leadership capability and personal growth, and work towards having the appropriate staffing levels and skills mix in place.

We will provide regular feedback to our staff and seek regular feedback from our staff with an increased focus on teamwork and collaboration. We will strive to ensure that our people feel proud to work with the NAS, remove obstacles, and empower people to attain their personal and professional ambitions.



We need to enable our employees to be the best that they can be

At the core of the HSE Corporate Plan, is the organisations commitment to enable employees to ‘be the best they can be’. An engaged and empowered NAS workforce will enable us to turn NAS Strategic Plan 2022 – 2031 into action and realise significant improvements over its lifetime. Together we will deliver on the ambition to ensure ‘we have the right people, with the right skills, in the right place, and at the right time delivering safer better healthcare’.

What We Will Do

- To support and underpin the ‘Health Services People Strategy 2019-2024’, the NAS will implement an Action Plan that sets out the detail, people responsible, key performance indicators and timeframes needed to implement the nine People Strategy Priorities
- We will develop, support and retain our existing staff by supporting career progressions and offering professional development opportunities, including secondments, to support our staff to achieve career and personal ambitions
- We will empower our staff to drive change, identify barriers and implement improvements for patients and service users by developing the necessary channels to meaningfully engage with our staff, identifying opportunities for staff to participate in the planning process for change, and amplifying the voice of our staff across the organisation
- We will work in partnership with our staff and their trade unions to further progress the professionalization of our workforce and the Paramedic profession
- We will establish capacity within our HR function dedicated to supporting a healthy work/life balance, encouraging staff to raise concerns and ideas, and both seeking and providing feedback more frequently. This environment will enable us to retain and attract highly skilled professionals who are aligned to our shared vision

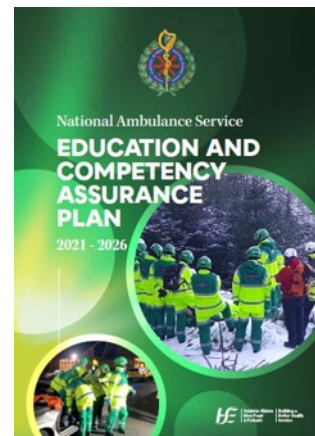


Figure 13 – NAS Education and Competency Assurance Plan



Figure 14 – Health Services People Strategy



Becoming a High Performing Organisation

Developing an organisational culture that supports our vision

We need to develop a culture which will support us on our ambitious journey ahead. Organisational culture is built on shared values, beliefs and assumptions about how people behave and interact, how decisions are made and how activities are carried out. We recognise that we need to work hard to develop a culture which supports our organisation and enables the long-term evolution of the service. NAS is committed to building a positive culture where there is a common sense of purpose and pride in the team and all our staff are treated with dignity and respect. We will continue to address both written attributes, such as the organisational structure, accountability, and processes and unwritten attributes, such as behaviours and leadership styles.

Ensuring our organisation structure is fit for purpose

To be successful, we need to have the right structures, systems, processes and procedures in place for delivering and managing our services and to support effective performance management, risk management, internal control and financial control.

We must ensure that the NAS is rationally organised, and that our funding is always spent wisely and on the right things. By evolving the way in which the NAS is run and managed, we hope to build the trust and confidence of those that work in the service, that use our services and that we work with to deliver our services. Any future organisational design changes to the NAS will be made with the singular purpose of converging the whole of our system around a high quality, integrated model of patient care.

Developing an accountable organisation

One of the key features for high-performing organisations is having an effective performance management framework. In line with HSE policy, we have made good progress in this area. Some of the key developments include the introduction of regular reviews of performance and financial reports, setting out performance against budgets/forecasts. In addition, there are regular reviews by the Department of Health of our performance in terms of budget and service plans and other non-financial reporting such as workforce planning.

Leadership and Governance

To uphold the performance management framework, NAS will ensure that an appropriate and robust leadership and governance structure is in place. The organisation will address governance and leadership challenges identified through internal reviews and will transition to an improved organisational and geographical model that is aligned to the HSE and the six Regional Health Authority structures to be developed as part of the Sláintecare Action Plan. The leadership and governance structural design will ensure the effective delivery of the transformation priorities set out in this strategy plan, the HSE corporate plan and national strategies. The NAS leadership and governance structure will continue to uphold the quality and delivery of levels of service and care and will ensure that there is an adequate system of internal control and compliance with same.



Improving risk management and internal controls

The management of risk and having effective internal controls is an integral part of a high-performing organisation. The NAS is committed to ensuring that risk management is seen as the concern of everyone, is embedded as part of normal day to day business and informs the strategic and operational planning and performance cycle.

Management at all levels of the HSE are responsible to the CEO for the implementation and maintenance of appropriate and effective internal controls in relation to their respective functions and organisations i.e. the NAS. This embedding of responsibility for the system of internal control is designed to ensure not only that we are capable of detecting and responding to control issues should they arise, with appropriate escalation protocols, but also that a culture of accountability and responsibility pertains throughout the whole organisation.

Improving financial control

The NAS is required to use the resources available to it to deliver the type and volume of services provided for in the annual national service plan. An ongoing challenge is to both maximise the provision of safe services to the people we serve and to deliver these services within our budget.

Despite improvements to the overall financial planning and financial management of the HSE, it remains an area for improvement. A key action to address this is the development of the Finance Reform Programme, to implement a single modern Integrated Financial Management and Procurement System (IFMS) across the Irish health service. It will enable finance teams to better support services in operating within their available resources while also enhancing their ability to deliver and demonstrate value for patients.

What We Will Do

- We will continue to develop an organisational culture that supports our vision, mission and values
- We will continue to work to strengthen our approach to performance management and develop a more accountable organisation
- We will address any capacity deficits and will ensure the organisation is fully staffed to meet the demands of the service
- Address the Governance and Leadership capacity risks identified through internal reviews and commence the transition of NAS to an improved organisational and geographical model
- We will improve risk management and internal controls by adopting the health services wide Enterprise Risk Management approach
- We continue to engage with colleagues on the development and implementation of a single modern Integrated Financial Management and Procurement System (IFMS) across the Irish health service



Resourcing and Delivering Our Plan

Funding the Plan

As was the case for Vision 2020, the annual estimates and service planning approach is the formal process by which this strategic plan will be prioritised, delivered and monitored on an annual basis to make demonstrable improvements in the delivery of prehospital services over the next ten years.

While the current HSE Capital plan includes the required funding to address Fleet and Equipment as well as NAS Estate Plan requirements as outlined within their enabling plans, for NAS Strategic Plan 2022 – 2031 to be successfully delivered, the necessary financial resources need to be made available.

Implementation Principles

In order to make real change and transform our services, we have identified six principles set out below, that will reflect a practical and agile approach to drive real progress, build momentum and engage our stakeholders in the implementation of NAS Strategic Plan 2022-2031.

- **We will be agile and flexible:** Given the uncertainty around when and how we will emerge from the COVID-19 pandemic, we will be agile and flexible throughout the implementation phase of this Plan. This means that anticipated timelines, approaches, activities and available resources may change during the implementation stage
- **All of our processes will be patient-centred:** With a shared vision of improving patient and service-user experience, we will work together more effectively and overcome barriers that have made change more difficult in the past
- **We will co-design improvements with staff and service-users:** We will continue to involve staff and service-users to increase the likelihood of successful implementation. This will ensure that changes are informed by experience, are appropriately designed to deliver the intended benefits, and have the support of our staff
- **We will align with Government direction:** Our objectives will enable us to progress key Government priorities and we will continue to work collaboratively with colleagues in the Department of Health
- **We will maintain the momentum and appetite for change:** The NAS has experienced significant improvements through implementation of Vision 2020 and our response to COVID-19. In order to maintain this momentum and appetite for change, we will identify and communicate the existing challenges and work collaboratively to generate and implement innovative solutions



- **We will measure and monitor our progress:** We will put in place the required infrastructure and processes that allow us to collect, analyse and leverage data to track progress against identified performance measure

Implementation Governance

The implementation of NAS Strategy 2022 – 2031 will be under the auspices of the NAS Corporate Governance Group and the remit of the NAS Innovation & Portfolio Management Office (IPMO) who, in line with the NAS Innovation & Portfolio Management Charter will provide guidance, support and quality assurance to each programmes and projects in the delivery of NAS Strategic Plan 2022-2031.

Specifically, the IPMO will provide key goals and activities as follows:

- **Methodology:** Act as a central point for approved project methodology, lessons learned and best practice to enable successful project delivery of work to agreed time, cost and quality requirements
- **Governance:** Drive and oversee NAS improvement at a local level and ensure that the Innovation & Portfolio Steering Group, programme working groups and project teams have the appropriate information to make necessary change decisions
- **Integration:** Connect appropriate programmes and projects across the health service; identify interdependencies and risks; networking and promotion of programme efforts throughout the health system
- **Delivery Support:** Assist project teams to deliver on an agreed scope of work by providing advice, suggestions and developing required team competencies
- **Oversight and Traceability:** Collate and report programme and project status reports to the NAS Innovation & Portfolio Steering Group and appropriate stakeholders (i.e. HSE, DoH); manage project documentation, including risk registers, schedules, incident logs, benefits plan etc.; monitor and review programme and project performance



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PARAMEDIC
UNIT

SEPSIS

CRITICAL THINKING & SKILLS

- 1. Hypotension
- 2. Tachycardia
- 3. Altered mental status
- 4. Oliguria
- 5. Lactate
- 6. Coagulopathy
- 7. Acidosis
- 8. Hypoxia

In Case of
Emergency
dial 112/999



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An tSeirbhís Náisiúnta Otharcharranna,

Bloc 4, Lár- Pháirc Gnó, Cluain Mínse, An Tulach Mhór, Uíbh Fhailí R35 FH59