National Ambulance Service

Delivery Plan 2020

Seirbhís Sláinte | Building a
Níos Fearr | Better Health
á Forbairt | Service

Contents

Foreword from the Director

The National Service Plan 2020 (NSP2020) 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 2020, within the funding made available to us. The NAS 2020 opening budget is €173.9m. This represents an increase of €3.5m (1.0%) year on year (2019: €170.4m).

Against this financial background, this plan 'National Ambulance Service Delivery Plan 2020' sets out the services that we will aim to provide in 2020, together with our priorities, focusing on a small number of key themes that indicates continuation towards a more sustainable and safe pre-hospital care service for the people of Ireland.

A key priority for 2020 will be to maintain appropriate capacity in services, mindful of the health needs of a growing, ageing and increasingly diverse population. This has to be balanced with our responsibility to deliver safe services within the resources available to us. As part of the long term evolution of the service, the NAS will continue our journey on a change pathway from an emergency medical service to a mobile medical service.

Dealing with and responding to increased demand for services, in addition to delivering programmes of work to improve service efficiency and meet the goals and objectives of the NAS Strategic Plan and key government strategies to improve patient care, are overriding objectives in planning for 2020.

This Plan sets out our overarching priorities and specific actions to be progressed by the NAS during 2020 to deliver improved pre-hospital care services within a defined financial framework. In 2020 we have committed to do the following:

- Support the Sláintecare Implementation Strategy
- Progress implementation of A Trauma System for Ireland
- Deliver improved governance and patient safety

Finally, I would like to acknowledge the commitment of our staff and the support of our colleagues within the wider health service and the Department of Health in the implementation of NAS Operational Plan 2019 and look forward to their ongoing support throughout 2020.

17 January 2020

Martin Dunne
Director National Ambulance Service

1.   Our Population

The 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 continues to drive a corresponding increase in the demand for pre-hospital emergency care.

Over 4.9m people live in Ireland. The population is growing across all regions, with the most significant growth in the older age group.

An ageing population: The greatest change in population structure over the last ten years is the growth in both the proportion and the number of people aged 65 years and over. It is projected that people aged 65 years and over. The number of people aged 65 years and over has increased by 35% since 2009, which is considerably higher that the European Union (EU) average of 16% over the same period, it is projected that the number of people aged 65 years and over will increase by a further 23,300 (3.3%) in 2020. Similarly, the number of adults aged 85 years and over will increase by some 3,400 (4.5%) in 2020. This continuing growth is due mainly to medical innovations, enhanced treatments and improved lifestyles.

Notwithstanding this growth in the older population, in 2016 approximately a quarter of our population were children aged 0-17 years, which is high by EU comparisons. In terms of future health, protecting and improving the health and wellbeing of children is a priority.

Chronic disease and frailty in older people: The three most common chronic diseases in Ireland are cancer, cardiovascular disease and respiratory disease. These diseases give rise to three quarters of deaths in Ireland. It is estimated that over 1.07m people over the age of 18 years currently have one or more chronic diseases. As chronic disease increases with age, the highest prevalence is observed in the population aged 50 years and over. The number of people in this age cohort, living with one or more chronic disease, is estimated to increase by 40% from 2016 levels, to 1.1m in 2030. Frailty describes the gradual loss in reserves across multiple body systems with ageing. It is estimated to affect 12.7% of adults aged 50 years and over and 21.5% of people aged 65 and over in Ireland, and is important because it is a risk factor for single and recurrent falls, decline in mental health and cognition, and disability among older adults. Frailty leads to increased need for health and social care services, and because both entities are more common with increasing age, they are key considerations for planning health and social care services into the future.

The burden of dementia is also projected to increase from some 55,000 people in 2016 to over 150,000 people in 2046, almost a three-fold increase (The Irish National Dementia Strategy, DoH 2014).

Population health outcomes are positive, but new challenges are emerging: Our service need to be planned and delivered to meet the needs of a changing population. Planning for a rapidly ageing population is a key challenge. From 2019 to 2020 demographically driven pressure of 1.7% is estimated for health service delivery in Ireland which is almost twice the projected rate of growth in the population. This trend is projected to increase in the short to medium term.

Consistent with Sláintecare, we will continue planning to meet new and emerging population health needs.

2. Preparing for Brexit

The NAS is a member of the HSE Brexit planning group, which has been in place since 2017 and has been working closely with the DoH on a wide range of Brexit contingency planning and mitigating actions. The focus of this work has been on Brexit implications across the following key work-streams:

- Continuity of patient and client health services
- Cross-border and frontier arrangements, including Co-operation and Working Together (CAWT) programmes
- Emergency health services
- Public health matters
- Environmental health services – food import control and export certification
- Workforce issues and recognition of qualifications
- Continuity of supply of goods and services/procurement arrangements
- General Data Protection Regulation (GDPR) compliance
- Communications.

In 2019, the HSE Brexit planning group worked closely with the DoH and other agencies on 'no deal' Brexit contingency planning as part of the whole Government Brexit preparedness on a range of issues. This involved identifying, assessing and addressing the necessary contingency measures and actions required to maintain service continuity in the event of either an orderly or a disorderly Brexit in the coming months.

The NAS continues to engage as a member of the HSE Brexit planning group in relation to Brexit preparedness.

Key Priorities for 2020

The NAS overriding concern is to ensure the continuity in the provision of its services. In order to achieve this, we will work to ensure that:

- The current cross-border co-operation with, Northern Irish and UK health services continues to the benefit of patients in both jurisdictions
- There are adequate supplies of medicines and medical devices required for our services
- Personal data can be shared with Northern Irish and UK based service providers with the appropriate arrangements in place to ensure compliance with GDPR
- There are regular communication briefings with key stakeholders on matters relating to Brexit.

Brexit remains a key risk for the NAS and we will continue to manage and monitor the impact of Brexit now and into the future.

3. Reform and Transformation

The Sláintecare Report (2017) sets out a 10-year high-level policy roadmap to deliver whole-system reforms and a universal single-tier health and social care system. Its reforms centre on health promotion and disease prevention, eligibility, expansion of primary and community services and the funding of health and social care in Ireland into the future.

In response to the Sláintecare Report, the Government approved the Sláintecare Implementation Strategy in July of 2018. Towards the end of 2018 and into 2019, the Sláintecare Programme Implementation Office (SPIO) in the DoH further developed and refined the implementation strategy document into the Sláintecare Action Plan 2019 which outlines key areas of focus for the first full year of Sláintecare implementation.

In 2019, the NAS engaged with the SPIO to play our part in successfully bridging the gap between the vision for health service transformation in Ireland and delivery of that change at the frontline. NAS 2019 actions in the Sláintecare Action Plan 'Implement the Ambulance Reform Plan in line with the NSP (multi -annual project)'[1] have progressed in line with expectations, and we plan to engage further in the development and implementation of a new multi-annual action plan, that aims to support a medium-term lens to successful delivery.

Overarching governance arrangements for Sláintecare are in place for 2020 to provide the necessary oversight and delivery support to give effect to the full intent of Sláintecare reforms.

Implementation of Sláintecare in 2020

A key principle of Sláintecare is the right to timely access to all health and social care services according to medical need. As highlighted earlier in this plan, increasing pressure is being placed on our services as a result of population growth, an increasing incidence of chronic diseases and an ageing population. A greater emphasis will be required on prevention and remaining healthy and well, in addition to shifting more care into the community to meet the needs of service users in their own localities.

Through ongoing implementation of our model of care (Fig, 1) – alternative care pathways, the NAS will continue to avail of opportunities to improve the quality of services for patients and create capacity to respond better to rising demand.

During 2020, the NAS will participate in the planning and redesign of large scale service programmes to facilitate increased volume of complex hospital avoidance and early discharge cases.
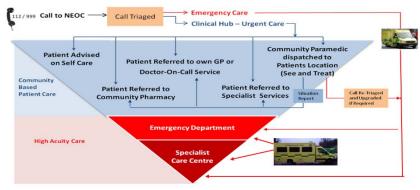

Figure 1 NAS Model of Care

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[1] Sláintecare Action Plan 2019 p32

Sláintecare Integration Fund

Budget 2019 provided €20m to the SPIO to put in place a ring-fenced Sláintecare Integration Fund to test and scale how new service models and approaches might best be delivered. Sláintecare Integration Fund guidance documentation informed applicants that projects: should be capable of being scaled for national implementation; clearly demonstrate that the project would facilitate a shift in care to community-based settings or reduce demand on the acute care system; and must be implementation ready.

Following a three stage selection process, a joint Beaumont Hospital and NAS imitative (Pathfinder Service) was selected for funding.

4. Clinical 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 staff, patients and service users is therefore our number one priority.

During 2020, we will continue to work to support the delivery of sustainable high-quality, effective, accessible and safe services to meet the needs of our population. Our focus is to support and further initiate programmes of work to strengthen clinical leadership and expertise, to develop and nurture collaboration with patients and service users, to improve and assure safety and improve the patient and service user experience.

Patient Experience

Partnering with patients at all levels of the health service ensures that the NAS is informed and driven by the needs of the patients and the communities we serve. We are committed to listening to our patients and ensuring their perspectives inform the design, development and delivery of services. This involves engaging with patients and their families, responding to their feedback, learning from their experience and improving care.

Priorities and Actions

Facilitate patient engagement with their own health and wellbeing and with the healthcare delivery system

- Embed the Your Voice Matters survey framework as an option within the suite of patient experience tools available to the NAS
- Develop and strengthen systems which ensure meaningful patient engagement

Gather qualitative information about patient experience and use it to drive systemic change

- Develop a cohesive framework for patient engagement, experience and advocacy

Increase transparency, openness and access to accurate and reliable patient information

- Continue to support staff and services to comply with investigative reports, legislation, including the Patient Safety Bill, and policies relating to open disclosure, mandatory reporting, assisted decision-making and consent
- Enhance that effective open disclosure occurs in all instances of harm in our service.

Improvement and Assurance

To raise and sustain a culture of patient safety, we need to focus on continual improvement in the safety and quality of care, learning from patient experience, and in developing systems to maintain standards and minimise risk. Supported by national quality improvement services, we will work to champion, partner, demonstrate and enable sustainable safety and quality improvement in line with the new Patient Safety Strategy and the Framework for Improving Quality in our Health Service.

Priorities and Actions

Strengthen a culture of patient and staff safety

- Commence the implementation of the national Patient Safety Strategy towards reducing patient harm
- Continue implementation of the Incident Management Framework 2018

- Ensure that there is a formal system in place for sharing learning from the reviews of patient safety incidents to inform patient safety improvement plans
- Ensure compliance with the Protected Disclosure legislation to strengthen a culture of listening to and supporting staff that raise concerns

Embed quality as a core function at the heart of the health services
- Implement the recommendations of the 2019 National Review of Clinical Audit
- Strengthen our commitment to quality improvement and patient safety

Analyse evidence from experience, data and metrics to inform policy, planning and practice
- Facilitate the development of quality of care through the use of data and the delivery of training
- Ensure the use of evidence to identify opportunities for improvement and measure and evaluate the impact of quality improvement initiatives

5.   Population Health and Wellbeing

A fundamental goal of the health service is to support the health of its population. Sláintecare recognises the importance of supporting people to look after and protect their own health and wellbeing. Healthy Ireland is the national strategy for improved health and wellbeing. This strategy is underpinned by a whole-system philosophy involving cross-government and cross-societal responsibility. The health system will continue to play an important leadership role in driving this whole-system shift towards a culture that places greater emphasis and value on prevention and keeping people well.

As outlined earlier, there are many positive trends visible within our health service, life expectancy is increasing, mortality rates are declining and survival rates from conditions such as heart disease, stroke and cancer are improving. Despite these encouraging developments, we know changing lifestyles, chronic disease patterns and ageing population trends are altering our population's healthcare needs.

The NAS has traditionally been involved in a range of campaigns to promote awareness of public health and wellbeing. During 2020, we have priorities the following initiatives focusing on awareness and health promotion and improvements:

Priorities 2019

- Develop and implement NAS Healthy Ireland Implementation Plan
- Continue to support evidence-based staff health and wellbeing initiatives
- Facilitate the expansion of Community First Responder schemes within the community
- Raise public awareness of the importance of early recognition of Out of Hospital Cardiac Arrest (OHCA) and the importance of early intervention
- Continue to play an increasing role in promoting public health and wellbeing

6. Health & Social Care – National Ambulance Service

Introduction

The National Ambulance Service (NAS) is delivering a significant reform agenda in line with Sláintecare and the National Ambulance Service Strategic Plan 2016-2020 (Vision 2020). The aim is to provide care closer to home for patients and service users, to be more responsive to needs and to deliver better outcomes which are safer and of the highest quality.

Services Provided

The NAS is a demand-led service serving the whole population of the state, working in conjunction with the Dublin Fire Brigade, Irish Air Corps, Irish Coast Guard, Irish Community Rapid Response and at a community level with First Responder teams. The NAS operates a singular platform for all call taking and dispatch and utilises a range of models to respond to emergency and urgent calls, and transports intermediate care patients and operates an adult, paediatric and neonatal critical care and retrieval service. As part of the long term evolution of the service the NAS is transitioning from an Emergency Medical Service to a Mobile Medical Service as it integrates more with community and other health care provider services across the State.

Priorities and Actions 2020

Support the Sláintecare Implementation Strategy

- Work collaboratively with healthcare providers to identify and develop alternative patient care pathways and a directory of services
- Target capacity deficits identified in the National Ambulance Service of Ireland, Emergency Service Baseline and Capacity Review and strengthen NAS operational governance
- Support the NAS Critical Care Retrieval Service
- Expand Community First Responder schemes in line with NAS Baseline and Capacity Review

Implement A Trauma System for Ireland

- Continue to implement trauma and orthopaedic bypass protocols as recommended in A Trauma System for Ireland

Deliver improved governance and patient safety

- Progress the implementation of additional clinical key performance indicators
- Complete the move from paper-based patient data collection in clinical operations to an electronic patient care record (ePCR)
- Continue to support the NAS business continuity and emergency planning function
- Continue to develop NAS monitoring and assurance mechanisms for quality and patient safety and risk and incident management.
- Implement the NAS fleet and equipment plan.

7. Finance

Summary

NSP2020, identifies a budget allocation for the NAS in 2020 of €173.9m. This represents an increase of €3.5m (2.1%) year on year (2019: €170.4m).

Budget Summary				
	2019	**2020**		
	Budget	Budget	Increase	Cost
	€m	€m	€m	€m
Income and Expenditure Allocation	170.4	173.9	3.5	

Please see Appendix 1, tables 1 – 3 for full 2020 budgetary breakout as applies to the NAS

Expanding existing services / developing new services

The total NAS budget for 2020 includes an additional investment of €1.0m, which will be applied to enhance or expand existing services and to commence new approved service developments. In addition, a total of €0.6m in funding has been received to enhance implementation of trauma and orthopaedic bypass protocols (Trauma System for Ireland) and €0.348m Sláintecare Integration Funding 'Pathfinder Service', joint Beaumount Hospital and NAS initiative.

- €1.0m for NAS Strategic Plan
- €0.6m for National Strategy – Trauma
- €0.348m – for 'Pathfinder Service'

This funding of €1.948m, will be released to the NAS on approval of implementation plans and commencement of specific developments.

Service challenges and related risks to the delivery of the plan

Within the NSP, the NAS have planned, within the level of available resources, to maximise the delivery of safe service activity levels subject to the delivery, service and financial risks being managed within the overall plan.

This delivery plan has been prepared on the basis of a range of assumptions and with careful consideration of risks to delivery, as outlined below:

- Delivering a volume of activity in 2020 in demand-led service which is not usually amenable to normal budgetary control measures – which exceeds budgeted levels of activity and available funding
- Meeting the regulatory requirements, within the limits of funding available without impacting on service levels
- While the NAS continue to increase the number of paramedics in training with the aim of filling all existing vacancies as soon as possible, the area of emergency care services overtime remains a cost pressure

Approach to addressing the financial challenge 2020

The NAS in 2020 will work to maximise the delivery of safe service, within the level of available resource, in order to meet the activity volume and other targets in this plan, subject to the delivery, service and financial risks being managed within the overall plan.

In doing so the NAS seeks to use the totality of the funding available as flexibly as is practical to best meet the needs of those who rely on our services whilst also moving forward with the implementation of Sláintecare. However, in determining the extent of such flexibility due regard has to be had to the various parameters and constraints within which any organisation must operate, including those related to industrial relations, change management, regulatory matters and policy.

All senior managers have been requested to tighten financial and staffing controls in the last quarter of 2019. A similar level of focus on financial management with the same core assumption, including control of pay costs to ensure planned affordable growth in staff, will be maintained and where necessary strengthened in 2020.

The NAS is not in a position to hold a contingency

As in previous years it is reiterated that the NAS does not hold a contingency against delivery or other financial risks contained within this plan. Risk areas included (but not limited to the following):

- There is no scope for the NAS to deal with any financial impacts from the outcome of any legal, IR, regulatory or other processes, beyond what is already specifically provided for in this plan.
- Any relevant 2020 costs that arise with respect to response to a major emergency, will be the subject of direct engagement between the HSE and the DoH in order to address the impact in a way that does not impact on the provision of services in 2019.

Existing Level of Service

The cost of maintaining existing services increases each year due to a variety of factors including:

- Incremental costs of developments commenced during 2019.
- Impact of national pay agreements.
- Increases clinical non-pay costs
- Inflation related price increases
- Additional costs associated with demographic factors.

Pay rate funding – €2.9m

This funding is provided in respect of the growth in pay costs associated with National Pay Agreements, Labour Court or WRC recommendations and other pay pressures. It is provided to offset the increased cost of employing existing levels of staff and does not allow for an increase in staff numbers.

Capital funding 2020

Separately, an allocation of €3.48m for funded projects (including the completion of a new ambulance stations in Mullingar, Co. Westmeath and the provision of facilities at Stranorlar, Co. Donegal) will be made available to the NAS in 2020. In addition, the NAS awaits confirmation of funding allocation for its fleet replacement programme.

8. Workforce

People Strategy 2019-2024

Building on progress to date, the People Strategy 2019-2024 will continue to guide the NAS Human Resources services in 2020 with an emphasis on encouraging leadership, talent and capability.

The People Strategy is focused on our shared purpose – to deliver safer better healthcare and services that are valued by the public and by staff. The People Strategy Framework outlines our vision and mission and identifies three key areas for development:

Our focus for 2020 is to progressing key priorities outlined below.

Leadership and Culture

- Develop leaders of the next generation, working together towards a shared purpose, creating a caring and compassionate culture, nurturing talent and inspiring innovation and excellence throughout the system.

Employee Experience

- Promote health and wellbeing through liaison with the HSE Workplace Health and Wellbeing Unit which provides support for all staff and assists in preventing staff becoming ill or injured at work
- Create a positive working environment whereby all employees are respected, valued and can reach their full potential
- Develop our workforce to reflect the diversity of service users, and strengthen it through accommodating and valuing different perspectives, ultimately resulting in improved service user experience
- Continue engagement with our workforce through forums and staff feedback and implement initiatives based on these findings

Capability and Talent

- Continue to avail of the national coaching service which is a confidential service available to all staff
- Ensure that our staff has access to develop HSeLanD (Health Services eLearning and Development), the HSE's online learning portal enabling delivery of broad targeted programmes such as Children First, Dignity at Work, etc.

Workforce Planning and Intelligence

- Strengthen capability and capacity for workforce planning, with a particular focus on engagement with education and other key sectors in an effort to support a sustainable and responsive workforce.

Service Design and Integration

- Implement the recommendations of the NAS Review of Organisational Design (Mazzars Report)

Performance Accountability

- Implement the People's Needs Defining Change – Health Services Change Guide as the agreed approach that will underpin our process for change and reform in line with the Public Service Stability Agreement 2018-2020

- Implement the personal achievement programme, designed to assist staff develop within their role, add value to the work they deliver and encourage greater levels of engagement between all employees.

Network and Partner

- Implement key projects which ensure a partnership approach to the delivery of HSE priorities and Sláintecare developments including:
  - Ensure the strategies and policies of the HSE are implemented uniformly across our service
  - Implement policies to encourage cross working relationships and the creation of networks
  - Develop and enhance relationships with our external partners
- Continue to improve working relationships with Trade Union partners to create a workplace culture and environment based on ongoing dialogue and engagement and to ensure compliance with negotiated agreements underpinned by People's Needs Defining Change – Health Services Change Guide.

HR Digital Transformation

- Support the development of a digital workforce – driving and enabling new management and work practices that bring about a network-based organisation and a culture of innovation and sharing.
- Use the benefits of digital solutions achieved through eHealth and technology to bring about practice changes, and to support connectivity and service improvements, with a particular focus on the impact for people and teams.
- Invest in technology tools that encourage team working, enhance engagement and support learning and development.
  - HR website – connect and integrate our developments
  - Optimise HSELanD and e-learning solutions
  - Use of webinars and podcasts for learning
  - Use of social media platforms to communicate and connect globally

Professional HR Services

- Ensure a strong link with professional HR services to avail of strategic, specialist and operational advice and practice-based interventions to optimisation of our workforce, including:
  - Implementation of agreements
  - to address deficiencies and support improvements in conforming with policies, procedures, guidelines and laws
  - Support in the areas of absence management, quality improvements, standardisation of procedures, implementation of circulars and access to relevant information.

Pay and Staffing Strategy 2020

In 2020, the approach taken to the development and implementation of affordable staffing levels will continue. The focus will be on ensuring overall pay and staffing levels are within budget, in line with Government policy on public service numbers and costs.

Effective control over workforce numbers and associated pay expenditure will be essential to ensure that we deliver services within the available financial resources for 2020 and thereby ensuring planned and affordable levels in 2020. The progress made on aligning our workforce with associated funding in 2019 is acknowledged and will be a key focus in 2020. An integral component to this is the setting of WTE limits, aligning pay budget with employment levels in a way that is planned and affordable.

Central to the process for 2020 is:

- Development of robust operational workforce plans based on a centrally constructed WTE limit
- Striking the balance between safe, effective, efficient service delivery and affordability
- WTE limit reviews and refresh at key intervals throughout the year, underpinned by evidence to ensure alignment with budgetary processes
- Necessity of monitoring WTE movement against the limits alongside overall pay expenditure so as to appropriately manage direct employment costs, in addition to overtime and agency costs.

The monitoring of both WTE limits and pay expenditure at all service levels will further support and enhance performance and governance of same, with key actions and interventions on deviation in place, in line with the Performance and Accountability Framework. In line with this framework, as with any other key performance areas, performance against these WTE limits will ultimately be considered as part of the National Performance Oversight Group.

People's Needs Defining Change – Health Services Change Guide

People's Needs Defining Change is the policy framework and agreed approach to change signed off by HSE Leadership and the Joint Information and Consultation Forum representing the trade unions. It presents the overarching Change Framework that connects and enables a whole system approach to delivering change across the system and is a key foundation for delivering the people and culture change required to implement Sláintecare and Public Sector Reform. The Change Guide complements all of the other service, quality and culture change programmes that are currently making progress towards the delivery of person-centred care, underpinned by our values of Care, Compassion, Trust and Learning and can be applied at all levels to support managers and staff to mobilise and implement change. Building this capacity will enable and support staff to work with and embrace change as an enabler of better outcomes for service users, families, citizens and local communities.

NAS Annual Workforce Plan 2020

NAS faces challenges in maintaining the current level of service delivery and in meeting new requirements due to the shortage of appropriately qualified staff across a range of operating areas. In order to address this gap this Workforce Plan for 2020 has been developed to meet the current priority needs and service developments. The workforce plan seeks to address the immediate and short term workforce deficiencies.

New Developments Recruitment Priorities in 2020

Post Title	WTE Number
Paramedics	14
Advanced Paramedics – Pathfinder	3
Community Paramedics	6
Community Engagement Officer	1
Critical Care Practitioners	2
Patient Safety and Risk Manager	1
Quality Patient Safety Administrative Support	1

Appendices

Appendix 1: Financial Tables

Table 1: Finance 2019

Strategic Area	2019 NSP Budget €m	2019 Movements €m	2019 Closing Recurring Budget €m
Operational Service Area			
National Ambulance Service	168.6	1.8	170.4

Table 2: Income and Expenditure 2020 Allocation

Division / Service Area	2019 Budget (See table 1) €m	2020 Budget €m	Increase (Column B-A) €m	Increase (Column B-A) €m	Total Increase Excl Pay Rate Funding €m	Increase Excl Pay Rate Funding €m	Gross Budget €m	Income €m	Net Budget €m
Operational Service Areas	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I
National Ambulance Service	170.4	173.9	3.5	2.1%	1.8	1.0%	174.1	(0.1)	173.9

Table 3: Finance Allocation 2020

	2019 Budget €m	Full Year Impact of 2019 New Developments €m	ELS Funding €m	2020 Pay Rate Funding (supports existing staffing levels) €m	Expand Existing Services New Developments €m	2020 NSP Budget €m	Less: 2020 NSP Budget held at DoH €m	2020 Opening Budget €m	2020 Internal Funding to be applied €m	2020 Available Funding €m
Operational Service Area	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
National Ambulance Service	170.4	-	(0.4)	2.9	1.0	173.9	1.0	172.9	0.0	172.9

Table 4: 2021 Full Year Costs related to NSP2020

Strategic Area	Cost in 2020 €m	Cost in 2021 (Note 1) €m	2021 Incremental Funding Requirement (Column B-A) €m	2020 WTEs (Note 5)
Operational Service Area	Column A	Column B	Column C	Column D
National Strategies – National Ambulance Service	1.0	1.0	-	

Note 1: Indicative costs for 2021 have been included, pending clarification of their actual expected costs in 2021 through the operational planning process and engagement with the DoH
Note 5: Staffing whole time equivalents (WTEs) for the funded initiatives listed above are indicative pending the outcome of the operational planning process and engagement with the DoH

Appendix 2: HR Information

	NSP Limit 2019	Medical / Dental	Nursing	Health and Social Care	Management / Admin	General Support	Patient and Client Care	Total Actual WTE Sep 2019	Initial Limit Dec 2019	Affordable Limit Dec 2020
National Ambulance Service	2,003	1	3	1	80	5	1,826	1,917	1,955	1,940

Appendix 3(a): National Scorecard

Note: The scorecard reflects the format to that in NSP2020 as relevant to the NAS

Extract from National Scorecard as relevant to the NAS		
Scorecard Quadrant	Priority Area	Key Performance Indicator
Quality and Safety	Complaints investigated within 30 days	% of complaints investigated within 30 working days of being acknowledged by complaints officer
	Serious Incidents	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident
	Ambulance Turnaround	% 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 30 minutes
	Ambulance Response Times	% 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

Appendix 3(b): National Performance Indicator Suite

Note: The Performance Indicator Suite reflects the format to that in NSP2020 as relevant to the NAS

System Wide				
Indicator	**Reporting Period**	**NSP 2018 Target**	**Projected Outturn 2019**	**Target 2020**
Finance Net expenditure variance from plan (total expenditure)	M	≤0.1%	To be reported in Annual Financial Statements 2019	≤0.1%
Gross expenditure variance from plan (pay + non-pay)		≤0.1%		≤0.1%
Non-pay expenditure variance from plan		≤0.1%		≤0.1%
Capital Capital expenditure versus expenditure profile	Q	100%	100%	100%
Governance and Compliance Procurement - expenditure (non-pay) under management	Q (1 Qtr in arrears)	25% increase	80%	80%

System Wide				
Indicator	Reporting Period	NSP 2018 Target	Projected Outturn 2019	Target 2020
Audit % of internal audit recommendations implemented within six months of the report being received	Q	75%	74%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received		95%	78%	95%
Service Arrangements / Annual Compliance Statement % 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	Annual	100%	100%	100%

System Wide				
Indicator	**Reporting Period**	**NSP 2018 Target**	**Projected Outturn 2019**	**Target 2020**
Workforce **Attendance Management** % absence rates by staff category	M (1 M t h i n a r r e a r s)	≤3.5%	4.5%	≤3.5%
Pay and Staffing Strategy / Funded Workforce Plan Pay expenditure variance from plan	M	≤0.1%	To be reported in Annual Financial Statements 2019	≤0.1%
WTE variance from plan		Reporting to commence in 2020	To be reported in December Employment Reports	≤0.5%
Respect and Dignity % of staff who complete the HSE-land Respect and Dignity at Work module	A n n u	60%	10%	60%

	System Wide			

Indicator	Reporting Period	NSP 2018 Target	Projected Outturn 2019	Target 2020
Performance Achievement % of staff who have engaged with and completed a performance achievement meeting with his/her line manager	a l	70%	30%	70%
Quality and Safety **Service User Experience** % of complaints investigated within 30 working days of being acknowledged by the complaints officer	C	75%	60%	75%
Serious Incidents % of serious incidents being notified within 24 hours of occurrence to the senior accountable officer	N	80%	35%	80%
% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident		80%	20%	80%
Incident Reporting % of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS	C	90%	55%	90%
Extreme and major incidents as a % of all incidents reported as occurring		<1%	0.7%	<1%

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Indicator	Reporting Period	NSP 2019 Expected Activity	Projected Outturn 2019	Target 2020
Clinical Outcome Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using Utstein comparator group calculation	Q (1 Q in arrears)	40%	40%	40%
Audit National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon - % medical priority dispatch system (MPDS) protocol compliance	M	93%	93%	94%
Emergency Response Times % of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less		80%	80%	80%
% of ECHO calls which had a resource allocated within 90 seconds of call start		95%	98%	98%
% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less		80%	60%	70%
% of DELTA calls which have a resource allocated within 90 seconds of call start		90%	90%	90%
% of all transfers provided through the intermediate care service		90%	90%	90%
Ambulance Turnaround % 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 30 minutes	M	95%	58%	80%
% 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 60 minutes		95%	98%	98%

Appendix 3(c): Activity 2020

Activity	Reporting Period	NSP 2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020
Total no. of AS1 and AS2 (emergency ambulance) calls	M	333,800	337,000	340,000
Total no. of AS3 calls (inter-hospital transfers)		34,000	33,000	33,000
No. of intermediate care vehicle (ICV) transfer calls		32,000	30,000	30,000
No. of clinical status 1 ECHO calls activated		5,100	5,100	5,100
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)		4,940	4,940	4,940
No. of clinical status 1 DELTA calls activated		141,000	141,00	142,000
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)		129,000	129,00	130,000
Aeromedical Service - Hours (Department of Defence)		480	480	480
Irish Coast Guard - Calls (Department of Transport, Tourism and Sport)		200	200	200
Aeromedical Service South – Tasking (Irish Community Rapid Response)		New PI NSP2020	New PI NSP 2020	600

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that are due to be completed and operational in 2019

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
						2020	Total	WTE	Rev Costs €m
St. Joseph's Community Hospital, Stranorlar, Co. Donegal	The provision of an ambulance restroom at St. Joseph's Hospital, Stranorlar	Q2 2020	Q3 2020	0	0	0.48	0.65	-	-
Mullingar Ambulance Base	New ambulance base	Q1 2020	Q1 2020	0	0	0.34	1.23	-	-

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