

Public Service Agreement 2010 – 2014
Action Plan for Change for the Health Sector

National Ambulance Service

4.5 National Ambulance Service (National Control Reconfiguration Project)

- 4.5.1 The requirement is to ensure that patient safety and efficiency issues are addressed as a priority. This includes the reduction in the number of Ambulance Control Centres so as to ensure safe and effective deployment of emergency resources.
- 4.5.2 The National Ambulance Service currently operates from 98 Stations located throughout the country and is controlled from 10 Command and Control Centre locations.
- 4.5.3 The HSE has concluded, in conjunction with HIQA and the Department of Health and Children, that the optimal configuration of Ambulance Control Centres is two. This should include a single ambulance control centre in Dublin. (This is a crosssectoral issue involving staff employed by Dublin Fire Brigade.)
- 4.5.4 This configuration needs to be supported by the introduction of modern technologies, including the Advanced Medical Priority Dispatch System (AMPDS). This is a medically approved, unified system, used to dispatch appropriate aid to medical emergencies.
- 4.5.5 Co-operation with the full implementation and use of this system is critical to the management of emergency calls and deployment of appropriate resources to patients in emergency situations. The benefits to patient safety and improved patient outcomes are clearly defined and have already being achieved in other jurisdictions.
- 4.5.6 The timeframe proposed for full implementation is to commence the first quarter and end by the last quarter 2011.

4.6 National Ambulance Service (Advanced Paramedic Deployment)

- 4.6.1 The National Ambulance Service has educated approx. 200 Advanced Paramedics to date each of whom receive an allowance valued at 25% of basic salary. This allowance is consolidated with basic pay for the purposes of calculating other premia pay, thereby increasing it's value.
- 4.6.2 To date, there has been little progress on implementing effective rostering arrangements to ensure that Advanced Paramedics are effectively deployed in line with AMPDS criteria
- 4.6.3 Co-operation by all operational staff with changes to rostering including separate rostering of Advanced Paramedics and Paramedics which ensure effective deployment of resources and that ensure that every Paramedic works on a rotational basis with an Advanced Paramedic or to accommodate an alternative deployment option by either the Paramedic or Advanced Paramedic. This includes the ability to deploy either a Paramedic or Advanced Paramedic as a single responder, for example, in the event that we are unable to crew an emergency ambulance.
- 4.6.4 The timeframe proposed for full implementation is the second quarter 2011.

4.7 National Ambulance Service (Clinical Governance)

- 4.7.1 Co-operation with the introduction of Clinical Audit, Data Collation and Submission by individual practitioners, Clinical Supervision by existing Supervisory grades (e.g. Leading EMT) and participation in reflective practice, incident review and case study sessions during down time on Stations
- 4.7.2 The timeframe proposed for full implementation is the second quarter 2011.

4.8 National Ambulance Service (Elimination of Work Restrictive Practices)

- 4.8.1 Co-operation with the elimination of all restrictive practices including practices regarding locum cover for sick leave, call rotation, long distance journeys, overnights stops in Dublin and any other location any other practice that inhibits the maximum efficiency from available workforce.

- 4.8.2 All arrangements with regard to fixed payment for work practices to be phased out, e.g. (minimum call out or minimum payments for long distance runs)
- 4.8.3 Co-operation with an increase in the available relief factor for the purposes of reducing overtime costs and as may be required in any part of the country where service exigencies require.
- 4.8.4 Cooperation with the full utilisation of the existing relief factor so as to ensure every hour of locum requirement for any reason is covered in the first instance by relief personnel, including short notice changes to rosters, in line with the provisions of the Organisation of Working Time Act 1997, to address unforeseen absences.
- 4.8.5 The timeframe proposed for full implementation is the second quarter 2011.

4.9 National Ambulance Service (Performance)

- 4.9.1 Co-operation with the introduction of new work practices to achieve significant improvements in response times performance as required by HIQA Response Times Standards including technological driven activation (to include, alerting, mobile data, automatic vehicle location and satellite navigation), 45 second targets for allocation and mobilisation, Tactical Deployment including dynamic deployment to non HSE locations for specific periods as determined by a Tactical Deployment Plan.
- 4.9.2 The timeframe proposed for full implementation is the last quarter 2011.

4.10 National Ambulance Service (Standardised Terms and Conditions)

- 4.10.1 Co-operations with the introduction of Standardised Terms and Conditions of Employment so as to facilitate migration to a single national payroll system and HR system
- 4.10.2 The timeframe proposed for full implementation is the last quarter 2011.

4.11 National Ambulance Service (Alternative Models of Service Delivery)

4.11.1 Co-operation with the introduction of new services such as Intermediate Care Services and new grading structures to support same. Co-operation with alternative structures within the National Communications Centres to support alternative models of care including referral to other Health Services, activation and support of other services and integration of new functions including Bed Bureau Management, GP Out of Hours Call Handling, Social Alarm monitoring, etc.

4.11.2 The timeframe proposed for full implementation is the last quarter 2011.

4.12 National Ambulance Service (ICT)

4.12.1 Co-operations with the introduction and operation by all grades of staff of ICT systems to include Fleet Management System, Workforce Planning System, electronic Patient Care Reporting, Clinical Audit Software and all new technologies designed to achieve improvements against HIQA Response Times Performance

4.12.2 Cooperation with the Roster Management System to include text alerts for additional shift cover requirements

4.12.3 The timeframe proposed for full implementation is the third quarter 2011.

4.13 National Ambulance Service (Reduction/reorganisation of on-call working)

4.13.1 Co-operation with work practice and rostering changes including delivery of efficiencies to fund the reduction and or re-organisation of on call working arrangements. Co-operation with roster changes to eliminate any Health and Safety issues associated with on call.

4.13.2 The timeframe proposed for full implementation is the second quarter 2011.

4.14 National Ambulance Service (Acute Hospital Reconfiguration)

4.14.1 Cooperation with implementation of Acute Hospital Reconfiguration programmes including changes to destination and retrieval hospitals and adoption of new work practices designed to ensure patient safety is foremost

4.14.2 The timeframe proposed for full implementation is the second quarter 2011.

4.15 National Ambulance Service (Clinical Care Programmes)

4.15.1 Cooperation with implementation of Clinical Care Programmes designed to improve health outcomes for specific categories of patients including alternative care pathways so specialist centres

4.15.2 The timeframe proposed for full implementation is the last quarter 2011.

4.16 National Ambulance Service (Management Re-structuring)

4.16.1 Cooperation with the reconfiguration of NAS management structures including improved supervision by appropriate grades (e.g. LEMT and EMCTL), elimination of payment variations with national terms and conditions, re-titling of existing posts, changes to geographical areas and performance management and reporting systems

4.16.2 The timeframe proposed for full implementation is the first quarter 2011.

4.17 National Ambulance Service (Centralisation of Support Functions)

4.17.1 Cooperation with the centralisation of Business Support Functions in various locations around the country where staff are currently located.

4.17.2 Functions will be assigned based on existing staff, estate and ICT infrastructure and available expertise

4.17.3 The timeframe proposed for full implementation is the last quarter 2011.

4.18 National Ambulance Service (Education and Competency Assurance)

4.18.1 Cooperation with work practices changes designed to deliver a well educated and competent workforce for the purposes of improving patient safety and enhancing staff performance.

4.18.2 Co-operation with the implementation of E-Learning and Distance Learning during downtime as an effective and efficient utilisation of working time to achieve educational objectives.

4.18.3 Co-operation with the implementation of roster changes designed to ensure that all class based education is conducted during working time and does not incur overtime costs

4.18.4 The timeframe proposed for full implementation is the second quarter 2011.

4.19 National Ambulance Service (Professionalisation)

4.19.1 Co-operation with the introduction of mandatory registration for all staff working at EMT/LEMT grades at PHECC Paramedic level or above so as to deliver compliance with current national standards and improve patient safety

4.19.2 The timeframe proposed for full implementation is the first quarter 2011.