

**PUBLIC SERVICE AGREEMENT 2010 – 2014**  
**TEMPLATE FOR CONSULTATION PURPOSES**

**Title of proposed change: Elimination of Restrictive Work Practices**  
**(National)**

**Strategic/ policy / legislative basis for change**

The HSE is charged with delivering quantum improvements in response times to emergency calls against a background of the current economic climate.

It is incumbent on the HSE to ensure that all funding available to the National Ambulance Service is focussed on delivering the best possible service to patients by ensuring maximum efficiency from all expenditure.

This can only be achieved where all restrictive practices that inhibit maximum efficiency are eliminated

**The objectives of the plan**

To ensure that all public expenditure on the National Ambulance Service achieves the greatest possible levels of service delivery to patients

To ensure that all public expenditure on the National Ambulance Service achieves maximum value for money

This plan will significantly benefit the patient, maximise service resources and optimise the care offered to patients by targeting available funding to meet patients needs.

## **An Analysis of the need/demand, which underpins the plan**

Maximum utilisation of available funding is not being achieved due to a number of restrictive work practices which necessitate expenditure over and above the level of service to patients that could otherwise be achieved from that expenditure.

Key Work Practices identified include:

Practices regarding locum cover for sick leave whereby the first two days of sick leave are paid as overtime rather than utilising existing relief staff, e.g. Cork and Kerry. This funding should be utilised to increase the number of staff employed over and above the current relief factor of 30%

Practices regarding long distance journeys that have not taken into consideration changes to the road network, e.g. where staff in Galway receive 12 hours payment for what is often 5-6 hours work on a trip to Dublin

Practices regarding long distance journeys whereby staff about to finish duty are paid overtime to complete a journey to Dublin even though other staff are actually on duty, e.g. Castlebar

Practices regarding call rotation which prevent Ambulance Control Centres from deploying the most appropriate resource and/or skill mix to meet the patients needs, e.g. Ballyshannon, where two Advanced Paramedics crew together and are tasked to inappropriate calls despite the additional training they have received

Practices regarding overnights stops in Dublin and any other location that have not taken into consideration changes to the road network or changes to crewing arrangements, e.g. staff in Letterkenny who stay overnight in Dublin

Practices regarding resource utilisation which prevent Ambulance Control Centres from utilising resources sent on journeys to hospitals where patients are undergoing diagnostic procedures, e.g. Roscommon ambulances going to Galway or Waterford ambulance going to Dublin

Practices regarding resource utilisation which prevent Ambulance Control Centres from utilising resources to maximum effect.

Practices which inhibit 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.

Cessation of Shift Allowance paid to staff who are not doing shift work, i.e. restore compliance with National Ambulance Agreement 1978

Elimination of Overtime built in to Roster in some stations which was introduced to meet service hours requirement.

Elimination of work practice in some locations where staff are automatically called in before start of shift

Elimination of subsistence payments to staff who are not outside the 5km radius for 5 hours, i.e. restore compliance with DoH Circular 10/82 Travel and Subsistence Regulations

Non compliance with HSE Managing Attendance Policy, i.e. 24 hour notification – fit to resume duty

The timeframe proposed for full implementation is the first quarter 2012.

**Confirmation by management that the alternative working arrangements will meet quality and clinical care requirements**

The proposed arrangements will be in keeping with PHECC and HIQA standards and in keeping with international best practise on pre hospital emergency care

**Impact on human resources – numbers/rosters/earnings across all disciplines**

Traditional tasks will have to be rearranged to suit this new deployment method – e.g. if a traditional duty is to perform a task not in keeping with the PHECC standards this will be realigned by the Control Centres to ensure that the appropriate skills are sent to each incident.

Some aspects of overtime earnings may be affected, however, other streams of access to overtime are anticipated so no major impact on staff is anticipated.

**Information on cost savings (if any)**

The emphasis of this plan is to improve efficiency so as to improve services to patients within the existing financial allocation. There are no savings anticipated from this plan.

**Impact of the alternative attendance pattern on earnings, family commitments and personal or social arrangements**

It is not anticipated that this plan will impact significantly on any of the above. Any impact will be processed in keeping with the PSA 2010-2014.