



**Feidhmeannacht na Seirbhíse Sláinte**  
**Health Service Executive**



**Internal Memorandum**

To: Each Manager, National Ambulance Service  
Each Supervisor, National Ambulance Service  
Each Staff Member, National Ambulance Service

c.c.: NAS Leadership Team

From: Robert Morton, Director, National Ambulance Service

Date: 10<sup>th</sup> January, 2011

Subject: **NAS PRIORITIES FOR 2011**

Colleagues,

I refer to previous internal memorandum dated 1<sup>st</sup> April 2010 from Mr. Brian Gilroy, National Director, Integrated Services Directorate (includes overall responsibility for the National Ambulance Service) in relation to a revised interim management structure for the National Ambulance Service.

As the next step in this process, the HSE has, following a public recruitment campaign, selected and appointed the undersigned to take up the position of Director of the National Ambulance Service (Assistant National Director, Integrated Services Directorate).

The HSE is committed to developing and supporting the National Ambulance Service to become a world class service. In this regard, one of our first priorities has been to establish a National Leadership Team who will oversee the transition of our existing 8 Divisions (based on former Health Board boundaries) to a lesser number as well as the centralisation of key support functions. To further support this, we have also commenced work on developing three Area Leadership Teams who will be charged with directly managing service delivery and performance improvement as well as the transition from the 8 current Divisions to three NAS Areas. Additionally, the NAS is also working on establishing a national Education and Competency Assurance Team as well as a full time Medical Directorate focussed on providing real clinical leadership.

In this regard, a Presentation and associated Briefing Paper should accompany this internal memorandum setting out these matters in more detail. If you have not received this correspondence by email, please contact your immediate reporting Supervisor or Manager to secure electronic copies of both.

Seirbhís Náisiúnta Otharchair  
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You will be aware of the serious funding challenges faced by the HSE in the current year. Whilst the current year will be very difficult, the expectations placed upon us all are that we must deliver the same level of services to the public with less funding being available compared to previous years.

At a time of reduced funding, the HSE is also engaged in Acute Hospital Reconfiguration as well as a wide range of Clinical Care Programmes focussed on providing improved healthcare to specific groups of patients, e.g., Acute Coronary Syndrome, Stroke, Emergency Medicine, etc. The view of the HSE is that the NAS will be central to the success of each of these programmes and the changes required to deliver them. Of particular importance and interest to all of us, is the very recent inclusion of the National Ambulance Service as a specific Clinical Care Programme in it's own right. Indeed, the HSE is currently in the process of identifying Programme Managers to support each of these programmes including one for activities relating to the National Ambulance Service. This approach clearly demonstrates the importance now placed by the HSE on ensuring that the NAS achieves and delivers on it's full potential as part of the wider healthcare family.

In this context, the future will be both challenging and exciting. Each of us will be presented with both personal and collective challenges in how we think about and approach our work. In essence, this means that each and every one of us will need to make an extra effort for our patients and clients. Our recent response to the severe weather has already demonstrated our commitment to public service and our ability to adapt to change.

At times, our ability to match the development of our patient care delivery systems against the professional development of our staff has been slow for a number of reasons. What is certain, is that the vast majority of us working in the NAS think and act professionally, perform our work to an exceptionally high standard and most importantly, put the patient at the centre of everything we do.

Ireland and all of us as it's citizens are experiencing very difficult times. Notwithstanding this, it falls to us as citizens, taxpayers and public servants to work collectively and do our utmost to create a highly efficient and effective National Ambulance Service that we are all proud to be a part of, that collectively portrays our professionalism and above all, that delivers services to our fellow citizens in need in a manner that is comparable with the best systems internationally.

In order to begin the process of delivering on these objectives, it is our intention to prioritise our work in 2011 as follows:

- Engage with staff to secure your support for a wide ranging programme of change under the Public Service Agreement 2010 – 2014 focussed on ensuring all resources are utilised to maximum benefit
- Establish a mechanism to communicate with all staff and keep you informed about changes that are ongoing and yet to come
- Implement the National Control Reconfiguration Project by last quarter 2011
- Implement Clinical Governance structures to include managing clinical errors in line with best practice, providing clinical supervision and measuring outcomes through audit

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- Develop and implement a Performance Improvement Plan focussed on meeting the challenges associated with future HIQA Response Times and Clinical Standards
- Commence the implementation of a national Education, Development and Competency Assurance Plan so as to ensure the piecemeal approach to staff education is addressed
- Implement a number of models of Advanced Paramedic Deployment that comply with the current PHECC EMS Dispatch Standard
- Deliver a decision and policy on the future of PTS and begin the process of implementing an alternate level of service in line with the PHECC Inter Facility Patient Transfer Standard
- Continue the planning requirements to support the Re-configuration of Acute Hospital Services
- Commence planning for the centralisation of all Business Support processes
- Develop the Pre Hospital elements of the Clinical Care Pathway for victims of ST Elevation Myocardial Infarction, Stroke and Trauma
- Engage with PHECC in relation to the development of alternate pathways for low acuity (Omega) 999 calls

While a minority of commentators will want to focus on the past, the energies of the NAS Leadership Team will be on working in unison with the majority on what we collectively want to see changed, i.e. the future. As previously stated, the future will be challenging, exciting and professionally rewarding. With this in mind, I am asking each of you to embrace the changes to come, to objectively listen to and consider the rationale, to understand the obstacles that must be overcome and to continue to represent our service, our professions and serve our patients to the very best of our collective ability.

In anticipation of your support

Yours sincerely



Robert Morton  
Director  
National Ambulance Service

*Note:*

*Any queries regarding the contents of this internal memorandum should be directed through your immediate Line Supervisor/Line Manager in the first instance.*

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