DÁIL ÉIREANN

AN COMHCHOISTE UM SHLÁINTE

JOINT COMMITTEE ON HEALTH

Dé Céadaoin, 8 Deireadh Fómhair 2025

Wednesday, 8 October 2025

Tháinig an Comhchoiste le chéile ag 10 a.m.

The Joint Committee met at 10 a.m.

Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	**Seanadóirí / Senators**
Colm Burke,	Manus Boyle,
Sorca Clarke,	Maria Byrne.
David Cullinane,	
Martin Daly,	
Peter Roche,	
Marie Sherlock.	

I láthair / In attendance: Deputies Cathal Crowe and Claire Kerrane and Senators Cathal Byrne, Martin Conway and Maria McCormack.

Teachta / Deputy Pádraig Rice sa Chathaoir / in the Chair.

National Ambulance Service: Discussion

An Cathaoirleach: We have not received any apologies.

I advise members of the constitutional requirement that they must be physically present within the confines of the Leinster House complex in order to participate in public meetings. I will not allow a member to participate where they are not adhering to this constitutional requirement. Therefore, any member who attempts to participate from outside the precincts will be asked to leave the meeting. In this regard, I ask members partaking on MS Teams that, prior to making their contributions to the meeting, they confirm they are on the grounds of the Leinster House complex.

The minutes of the meeting of 30 September and 1 October have been circulated. Are they agreed? Agreed.

Today, the committee will consider the organisation, operation and performance of the National Ambulance Service. To commence the committee's consideration, I welcome from the HSE, Mr. Pat Healy, the national director of services, and his colleagues.

As a note on privilege, members and witnesses are reminded of the long-standing parliamentary practice that they should not criticise or make charges against any person or entity by name or in such a way as to make him, her or it identifiable, or otherwise engage in speech that may be regarded as damaging the good name of a person or entity. Therefore, if their statements are potentially defamatory in relation to an identifiable person or entity, they will be directed to discontinue their remarks. It is imperative that they comply with any such direction.

To commence our considerations of this matter, I invite Mr. Healy to make a short statement on behalf of the HSE. He has seven minutes.

Mr. Pat Healy: Good morning. I thank the committee for the invitation to meet today. I am joined by my colleagues, Mr. Robert Morton, director of NAS, Professor Cathal O'Donnell, clinical director, Mr. Willie Merriman, director of operations, and Mr. Eamon Hunt, assistant national director of employee relations in the HSE. I am supported by Ms Abbie McCarthy from my office and Mr. Niall Noonan from NAS.

The National Ambulance Service plays a critical role in Ireland's healthcare system, responding to over 430,000 emergency calls in 2024, up 10% on 2023, and with further projected growth to more than 450,000 emergency calls in 2025. Despite this increase in demand, NAS has continued to improve performance against HSE target times, with 74% of purple calls and 46% of red calls responded to within 18 minutes and 59 seconds in 2024 against a target of 75% and 45% respectively. This improvement in performance continues to be maintained.

Responding to increasing demand has required a twin-track approach of both continued investment and reform in NAS. In recent days, the committee will have received a detailed briefing on the progress made the over recent years, the current areas of focus to improve services and our plans for the future. NAS is undertaking significant transformation to enhance service delivery, optimise resources and play a greater role in delivering care and community-based care. Additional investment since 2022 has seen the base budget increase by 41%, or

€83 million, to €285 million this year while headcount WTE increased by 28%, or 588, to 2,655 WTE in the same period. Capital expenditure on fleet replacement and expansion amounted to €126 million.

The current HSE NAS strategy set out a roadmap to 2031. The HSE has commenced work on a new development plan for the next three to five years. This will support effective service planning for the required capacity, service improvement and reform required. The plan will address as a priority improvement in waiting times, the education and training programme to ensure availability of the required professional work force, organisational culture improvement initiatives, expansion of alternative care pathways, and consolidation and expansion of the intermediate care services. We will also have to address in a fundamental way the future development of aeromedical services, including critical care and retrieval.

The recent rejection of the Labour Court recommendation, the product of two years' intensive engagement at WRC, and subsequent referral of phasing of pay by the Labour Court, is disappointing and a significant challenge to the timely implementation of the NAS transformation programme. The deal offered pay increases of between 3% and 14% for approximately 1,500 staff in exchange for service reform and change, including improved rosters, professionalisation of the workforce and a simplified pay system. NAS will continue to engage with the respective trade unions through the recognised industrial relations processes, with a view to finding a solution.

Approximately 20% of patients seeking access to emergency care do so through NAS emergency calls. NAS continues to develop and expand alternative care pathways for these patients, allowing them to be treated out of hospital, closer to or at home. These initiatives include the clinical hub at NEOC, pathfinder, community paramedics and the alternative pre-hospital pathway, APP, cars in CUH and UL hospital.

I want to address the recent concerns raised by the trade unions and members of this committee with regard to the non-urgent patient transport pilot in the Dublin area. It has been acknowledged by the HSE and NAS that this specific initiative was not handled in accordance with the provisions of the public service agreement. The matter is being rectified and engagement is under way with the trade unions through the conciliation process. I want to take this opportunity to restate that the HSE remains fully committed to maintaining and expanding these directly employed intermediate care services in the coming years.

Separately, the acute services through the HSE regions publicly procure private ambulance companies where NAS is unable to meet the demand in a timely fashion. Having reviewed the position with the CEO and in the context of the establishment of the national services and schemes, NSS, directorate, the intention is to provide a more integrated and co-ordinated intermediate care service by consolidating the service under the governance of NSS and NAS. This initiative will be implemented on a phased basis, involving consultation and engagement with trade union partners, REOs, national and regional procurement and other stakeholders.

The need to recruit, train and retain a skilled workforce is critical to the success of the next phase of NAS development. We have a total of 442 students currently progressing through the paramedic training programme. In 2026, we intend to expand the student numbers through the commencement of a new college in Cork, providing for 24 new paramedic training places.

I wish to address specifically the issue of advanced paramedics. There are over 400 HSE staff working in NAS who are currently registered as an advanced paramedic, with the pre-hospital emergency care council, PHECC, and a growing number who are direct-entry staff already holding the PHECC registration. These trained staff are a valuable resource, but NAS data shows that half of calls that advanced paramedics are dispatched to do not require the skill set of an advanced paramedic. In this context, the HSE has informed the representative trade unions that there is a need to strengthen the deployment of existing staff with the specialist advanced paramedic skills to match patient requirements before we consider further increasing the staff with such training. This issue is encompassed within the broader pay dispute around roles and responsibilities, which I referred to earlier. Once this dispute is resolved, NAS will progress with the training programme for specialist advanced paramedics in 2026. In the meantime, NAS has prioritised investment in an MSc in community medics, with more than 20 students currently undertaking the course in 2025, with an additional 13 students commencing the course this year.

As we embark on the next phase of development of NAS, we do so within the context of wider health service reorganisation and reform. The HSE's CEO and board have placed great emphasis on addressing organisational culture as part of this reorganisation. Much work has already been done or undertaken in NAS to create an environment where we treat our patients, service users, families, carers, colleagues and others with compassion, dignity and respect. However, we recognise that there is more work to be done in this area through commitment and leadership at all levels of the service. NAS is committed to implementing the recently completed HSE enabling framework for organisational culture, which will form a core part of the development plan for the next three to five years.

I also want to take the opportunity, in light of recent media coverage of our service relating to protected disclosures and complaints, to reiterate the NAS commitment to the dignity at work policy for the public service, which sets out how the HSE and other public service organisations aim to create and maintain an environment where staff are treated with dignity and respect. The HSE takes such matters very seriously and following investigation, can and will implement appropriate sanction up to and including dismissal. Creating a culture of dignity, inclusion and accountability is everyone’s responsibility, that is, every staff member, supervisor and manager, and NAS is committed to continuing the work required to ensure that standard is met.

In conclusion, I wish to publicly acknowledge the dedication and professionalism of our all of staff, supervisors and managers across NAS and their commitment to delivering quality services in challenging times. As we look to the next five years, I am confident we can build on the strong foundations of our transformation to date and continue to deliver for our staff and the public the professional, agile and responsive urgent and emergency care service they deserve.

I am happy to take questions.

An Cathaoirleach: I thank Mr. Healy. I move to members, who have seven minutes each. We will not take a break and will continue until 12 p.m. I call Deputy Daly.

Deputy Martin Daly: I thank Mr. Healy for his very comprehensive presentation. I recognise that the transformation of the National Ambulance Service in the past 20 to 25 years

has been unbelievable. I am a community GP and have seen the move from ambulances essentially being driven by drivers to a case where we now have a fully professionalised service providing a whole suite of services in the emergency arena and in the sub-acute arena. As we know, ambulance calls can be made for cases and issues that would be better served by different pathways of care. I know there are initiatives within the National Ambulance Service to deal with that and I am reading some of them here. I welcome the development of the different pathways, such as the clinical hub pathfinder, the community paramedic service and the alternative pre-hospital care pathways. They have been very helpful to someone like a rural GP on the ground and for acting as that bridge between primary care, as there is sometimes constrained capacity in that sector, along with the house calls that are done by a suite of people from the National Ambulance Service, depending on the priority. The professionalisation of the service has been remarkable. These are highly skilled health professionals and it is a privilege to work with them as part of a cohesive unit, providing care in the community.

I am conscious of time and I will give time for answers but I will ask about some of the things that were developed, such as the community paramedic scheme where a paramedic goes out rather than sending an ambulance because it is a valuable resource. I would like the witnesses to expand upon the question of dealing with people in the community and looking for different pathways into the hospital sector if it is required, or back to the GP if that is required. In my own area, one of the issues is turnaround times for ambulances, especially in the west and north-west areas. That is not the fault of the ambulance service but it has been reported to me that it can take four to five hours. I will not name the hospitals but it can take four to five hours in some hospitals to turn around the ambulance. For people listening to this, that means an ambulance arrives with a critically ill patient and is kept for up to four or five hours, along with the valuable resource of its healthcare professionals, before that patient can be handed over. Will the witnesses comment on that?

Will Mr. Healy expand on the issue of advanced paramedics and the paramedics issue? He referred to it in his opening statements. In the west and north-west region, we know there has been an expansion of training posts but there was no additional funding in 2025. He might expand on that also.

I thank the witnesses.

Mr. Pat Healy: I will deal with a number of those in turn. I welcome the supportive comments on the progress that has been made. On the alternative pathways, that is really important. As a GP, Deputy Daly will be aware of the changes that have been happening with enhanced community care, chronic disease and so on. Our ambition is that there would be a community paramedic in each of our 96 community healthcare networks. We have trialled working with GPs in out of hours in the north east and in Limerick last winter and we will try to expand that, which is a positive thing.

On turnaround times, we fully acknowledge that work needs to be done there and that work is undertaken. You can see we have invested in the service as I set out in the opening statement. To make it practical, we try to meet a 45-minute turnaround, on average. We are achieving that in some areas but we are not achieving it in others. We have been working very astutely with our regional colleagues. The KPIs we are using now are both KPIs for NAS and a KPI for the hospital site, so they work together. We have had liaison staff and trialled that previously.

Where that worked, it seems to have improved things a lot. We will try to look at that in future years.

Deputy Martin Daly: Sorry to interrupt but is it a west and north-west issue in particular or is it national?

Mr. Pat Healy: It is across the board. All of us have seen that report but on a busy day in Limerick, there are 100 ambulances coming in. It is one every three minutes. It has a turnaround time of 38 minutes against our target of 45 minutes. Cork has improved significantly by more than ten minutes in recent times. There is a requirement for improvement in some of that in the western area. It is improving. It probably needs to improve more and we need to work and support them in trying to achieve that. As I said, we have plans in place. Significant progress has been made but more needs to be done.

On the advanced paramedics and paramedics, there are two pieces. Regarding the alternative care piece, we have 400 advanced paramedics. We fully recognise that they are a hugely valuable resource and we are committed to continuing the training programme. However, we also want to make sure we can align that better. We are not able to deploy the paramedics to the locations where we really need them. There is a roles and responsibilities dispute under way. If we implement that alignment, we will be in a much better position to deploy them. In the opening statement, I gave a commitment that once we have that done, we will expand that service to a greater degree.

We want to prioritise community paramedics. If we want to have paramedics in each of the community healthcare networks and expand that, we need to increase the training there. I will ask Professor O'Donnell to comment on the advanced paramedics as well. It is an important and specific issue.

An Cathaoirleach: There is less than one minute left.

Professor Cathal O'Donnell: Given his background, one thing that may be of interest to Deputy Daly about the community paramedics is that we are working with the Irish College of General Practitioners to try to develop a shared vision for how community paramedics might work. We are very conscious of the challenges general practice has now and what is coming down the line, particularly in rural Ireland, and we think community paramedics might at least be part of that solution. I know Dr. Diarmuid Quinlan, Dr. Gary Stack and Dr. Illona Duffy are colleagues of his and we have been working really well with those. We hope to have something on that by the end of this year. It will be very helpful for general practice in rural Ireland.

Deputy Martin Daly: I thank the witnesses.

Deputy David Cullinane: I welcome the witnesses. I will start with page 11 of the briefing document Mr. Healy submitted. He says it is acknowledged that the purple or red calls, which fall outside the targets that are set, can see patients waiting for more than two hours for an emergency service response. Obviously, those are the ones that are most problematic for us and I imagine for patients and service users as well. I received a huge number of calls and texts from paramedics on a whole range of issues in advance of this committee session. One crew whom I spoke to yesterday gave me an experience they had on 3 October. The crew was critical of the central command structure for dispatching calls, the National Emergency Operations Centre, NEOC.

In any event, on 3 October, this crew was travelling from St. Vincent's hospital in Elm Park. It was dispatched to a nursing home in Balbriggan. While it was *en route*, the crew got a call and was told it had to go to a two-car crash in Drogheda. There were four people on the side of the road with unknown injuries. The crew asked if there were any other vehicles nearby and was told "No". Obviously, the crew had to go. Within one minute of getting to the scene, it was again diverted and this time it was sent to Navan to attend to a 97-year-old woman.

How can that be? This is an experience that has been recounted to me by a lot of paramedics, this example of being sent around the country rather than a more efficient response and use of paramedics. Why is this happening, and in Mr. Healy's view, is there an issue with the NEOC?

Mr. Pat Healy: In relation to NEOC, the sectoral standard worldwide is that there is a dynamic, centralised, co-ordinated system of deployment so we maximise the deployment of the resource as quickly as possible. I do not believe there is any suggestion that a centralised system is not the way to go. Anything we have done, such as the HIQA reports and others, reference that. The call and dispatch system is really important. The whole idea of having a centralised system where we can actually see the totality of the country is important. I might ask-----

Deputy David Cullinane: I have very limited time and I do not want to go too deep into this. I am just making the point that this is an example of what is being relayed to me. Even in Mr. Healy's own report, he acknowledges that, unfortunately, there are patients waiting two hours or more in some circumstances. These are emergency calls. There needs to be a focus on how we deploy personnel and how that is optimised for best use and better efficiency because that was only one example. There are so many issues I need to get to so I need to move on.

I received a huge number of calls from paramedics. I said to others that there seems to be a toxic culture within the ambulance service for a number of different reasons. Back in March of this year, I know a recording was leaked. I will turn to Mr. Morton now. A number of NAS officials, some of them very high-ranking HR officials, were recorded discussing manipulating recruitment processes to ensure favoured colleagues got promoted, boasting about providing staffing figures that they knew not to be accurate or they knew to be inaccurate, and lots more. Is there an investigation into that and have there been any findings against any senior HR personnel as a result of that leaked recording?

Mr. Pat Healy: First of all if I could say in relation-----

Deputy David Cullinane: No, I am asking Mr. Morton.

Mr. Pat Healy: If I can, there are investigations under way in relation to that and it would not be appropriate to comment on those in public at the moment. They are at an advanced stage and-----

Deputy David Cullinane: That is not what I asked. I asked if there were any findings against any senior HR personnel to date.

Mr. Pat Healy: We are in process so I am not in a position to comment on that. What I can say and what I have said in my statement very clearly is that the HSE is very cognisant of dignity at work. Some of the behaviour and some of the conversations to which the Deputy referred are not what we would recommend-----

Deputy David Cullinane: I am sorry to interrupt Mr. Healy but we have very limited time. These were very senior HR officials within the NAS. I respect the fact that there is an investigation ongoing but manipulating data, boasting about it, and making derogatory comments about other staff members is absolutely unacceptable and shocking. I will leave it there because I want to get to another issue but I hope that investigation concludes and those individuals are held responsible. We actually asked some of those individuals to be here today and they are not here, for whatever reason. These are senior HR representatives, not junior staff, and it was unacceptable.

My next question is for Mr. Morton. We have had two attempts now at a ballot on the roles and responsibilities. As he knows, the most recent one was overwhelmingly voted down by paramedics from both SIPTU and Unite. That is a vote of no-confidence in the management. This was ten years in the making. One of the issues relates to the allowances paid to advance paramedics. Are any members of senior management within the NAS in receipt of that advance paramedic allowance, including Mr. Morton?

Mr. Robert Morton: Obviously we are not going to discuss anybody's pay arrangements here.

Deputy David Cullinane: I am asking Mr. Morton.

Mr. Robert Morton: We are not going to discuss mine either.

Deputy David Cullinane: I am asking Mr. Morton if he is in receipt of that allowance.

Mr. Robert Morton: I am not going to discuss my salary arrangements and the Deputy would not expect me to do so.

Deputy David Cullinane: I would because he is a public servant.

Mr. Robert Morton: I am sorry but I will not be discussing my salary arrangements here and the Deputy knows better-----

Deputy David Cullinane: He is a public servant and I am simply asking if he is in receipt of an allowance. We have to account for allowances that we get. It is a reasonable question to ask. There is an advance paramedic allowance of €10,000, which is to be paid to practising advance practitioners, not people who do not practise. There is an attempt through this roles and responsibilities review to take that away from some paramedics. It is not unreasonable to ask Mr. Morton, as the director of the NAS, if he is in receipt of that allowance. He is a public servant paid by the taxpayer. He is either in receipt of that allowance or he is not.

Mr. Robert Morton: I will not be answering that question. In relation to his statement about-----

Deputy David Cullinane: I am going to go to Mr. Healy. It is unacceptable that we have a very well-paid public servant coming before an Oireachtas committee who cannot even confirm whether he is in receipt of an allowance. It is not an unreasonable question.

Mr. Robert Morton: It is not that I will not confirm or cannot confirm. I am not going to answer the question because it is inappropriate.

Deputy David Cullinane: I do not believe it is inappropriate.

An Cathaoirleach: We might just take Mr. Healy-----

Deputy David Cullinane: It is a reasonable question. I am asking Mr. Healy to answer it.

An Cathaoirleach: There are a couple of seconds left. I invite Mr. Healy to give his response to the question.

Mr. Pat Healy: What the director of the NAS is saying is that it is not appropriate to discuss his specific salary arrangements. Generally, what we do is publish the salary scales. They are all available and I have no problem with making those available to the committee. We certainly will do that-----

Deputy David Cullinane: This is not about salary scales. These are allowances and we are entitled to know who is in receipt of taxpayer-funded allowances, particularly those in senior management.

An Cathaoirleach: Thanks Deputy. Your time is up.

Deputy David Cullinane: I will finish by saying, very forcibly, that it is unacceptable that we have a very senior director in the NAS who is unprepared today to say whether he is in receipt of an allowance. That speaks for itself and the people watching these proceedings will draw their own conclusions.

An Cathaoirleach: The point is well made.

Deputy Peter Roche: I thank Mr. Healy for his opening statement and thank the panel for attending this morning. It would be wrong not to acknowledge the job. Anyone who witnesses the ambulance crews who attend tragic incidents like road traffic accidents can see that the job is very compelling. It is one that a lot of people would not do, given its nature. I say that hand on heart because from time to time we all witness ambulance crews attending very sad and tragic situations and I want to acknowledge that.

I do not have a copy of the opening statement in front of me but I was heartened to hear Mr. Healy say that there was an investment of €126 million in the fleet and service. In terms of recruitment, given what I have just said about the nature of the job, is it easy to recruit staff or is it quite difficult to recruit adequate numbers? Mr. Healy mentioned that there are 442 students.

Mr. Pat Healy: The big issue is not so much the challenging nature of the job. We have a hugely dedicated workforce and a large number of people want to get into it. One of the issues we have is training sufficient staff so that we can maintain the workforce. We have our training college, NASC, which I referenced earlier. There are 96 students going through that every year and with an additional 24, that will rise to 118. However, almost half of those who are trained are required to maintain current numbers, given retirements and so on. One of the key objectives in the development plan will be to make sure we develop our workforce planning processes and our education and training processes to train sufficient paramedics and specialist staff to be able to fill those roles. That is one of the key challenges for us going forward. We have approval for 2,655 staff. We are currently at about 2,425 and are challenged at times, in particular parts of the country, to fill posts. That is a key priority for us going forward and it will be an important part of the next three- to five-year plan. We have made progress. The

development of the college in Cork will be in addition to that so there will be 24 additional students coming in. That is really important but we need to continue that upward trajectory.

Deputy Peter Roche: Mr. Healy also referenced the ambitious 45-minute time limit that is being actively pursued right around the country. We have a growing population that is vastly different from what it was a couple of years ago and response times can be challenged because of that. Traffic is also an issue.

Mr. Pat Healy: The current campaign has just closed and we had 1,044 applicants. That is very positive and shows that there are people who want to train and participate. We have to start to expand that production line so that we can have the required trained workforce. We are committed to doing that.

Deputy Peter Roche: That is excellent. I am not going to give our witnesses any grief. I understand the nature of the challenges within the job. I am heartened by Mr. Healy's opening remarks about the strides that have been made to expand and improve the service and the planning, going forward, which is critical. I want to register my appreciation for the NAS. Any time I have encountered ambulance crews, I have been impressed by their professionalism and dedication, which is quite compelling.

There was an incident recently in my own native town of Tuam. An ambulance was called but ironically, even though we have an ambulance base in the town and there were two or three ambulances parked there, waiting to go, none of them was deployed to the incident. Possibly an ambulance that was en route to one of our hospitals in the west responded to that call. I am curious to know how vehicles are deployed from ambulance bases. How is that managed?

Mr. Pat Healy: I will ask Mr. Morton, the director, to respond to that question.

Mr. Robert Morton: I thank the Deputy for the question. Tuam has two crews around the clock. It is often the case that there may be spare vehicles based at the location. The perception might be that the crews are available but they may not actually be on duty at all. The two existing crews at that location may be deployed to other calls. They could be turning around at, for example, GUH in Galway. What NEOC will do is it will deploy the nearest available crew. That could be Loughrea, for example. It could be a crew from Galway or Loughglynn, wherever the nearest available crew is. Quite often, you will see vehicles parked at stations but they are off-duty vehicles, or vehicles available for a night crew.

Deputy Peter Roche: That is grand. I thank Mr. Morton.

An Cathaoirleach: I have a number of questions. It is clear that there is a range of issues across the board. What is concerning for me is the rejection twice by staff of what was put to them. That signals to me real issues and concerns. We had proposals rejected in 2023 and again this year. Some 69% of members rejecting an agreement that was put to them is quite high and would be quite concerning. Despite these proposals including pay increases, staff had concerns around unsafe crew models. What does the National Ambulance Service intend to do to rebuild trust with staff and ensure reforms prioritise safety over cost cutting?

Mr. Pat Healy: Importantly, a distinction has to be made. It is absolutely a challenging role. We have the resource we have. Our job is to do the best we can with the resource we have. Of course we could do more. However, with regard to the significant change required in the specific WRC and Labour Court consideration, it is challenging for staff but not all staff. It

will mean it will be different. There will be pay increases and there are different parts of the staff who have perspectives and concerns with regard to it. It was a total package put together after two years of work.

An Cathaoirleach: It was overwhelmingly rejected.

Mr. Pat Healy: I take the point and that is something we have to look at. Where we sit at the moment is that we have been in process. The trade unions, as they should, are going back to consult their members. What we will have to do, and we are committed to doing so as I said in my opening statement, is use the industrial relations machinery to come back and see how we find a solution to that.

What I am also saying is that after two years of significant work and collaboration by all sides, we came with a set of proposals out of the WRC that both sides agreed to. The only thing that went to the Labour Court was the phasing. The unions wanted it backdated and the State wanted a phasing forward. The Labour Court came down on paying it from 1 August this year.

The point I was trying to make is that we will of course engage on this but we went through a very comprehensive process and came out with what was regarded as the best set of proposals to meet the totality of needs of the teams. Of course, there are people who are disappointed. Some are receiving increases of 14% and some 3% so there is obviously a variation there. We will continue to work, as we do, through the industrial relations machinery to see how we can bring that to a resolution.

An Cathaoirleach: On the advanced paramedics, am I right in thinking that since early 2023, the National Ambulance Service has stopped training new advanced paramedics and the last internal recruitment was 2021?

Mr. Pat Healy: I might ask the director to comment.

Mr. Robert Morton: The last group finished training in 2023. The last recruitment or selection process was in 2021. We had a group this year that went through a privileging process. What that means basically is these are people who are either returning to practice or who have joined us and may have registration with the Pre-Hospital Emergency Care Council. They went through a privileging process, which I believe concluded in the last week of July.

An Cathaoirleach: Would Mr. Morton accept that this has stalled? My question is why this has happened, given its central role in the National Ambulance Service strategic plan and Sláintecare. I know the pay deals were mentioned but if the National Ambulance Service wants to reach its strategic objectives-----

Mr. Robert Morton: There are two key reasons. One has been touched on by my colleague Mr. Healy. On the one hand, we were training more advanced paramedics each year and we had reached a point where we had over 400 advanced paramedics engaged in the National Ambulance Service. Of that 400, what we were seeing was a decrease in the number of patients benefiting from advanced paramedics. In fact, it dropped from 79% of patients who needed advanced paramedic care down to 75%, even though we were training more. At the same time, we were seeing an increase in the number of patients who did not need an advanced paramedic care having an advanced paramedic arriving on scene. That speaks to deployment. We have an issue around deployment and that was the issue we wrote to our trade union partners on.

We informed them that we needed to unpick these issues. They are quite complex because people who have engaged in advanced paramedic training are expected to go back to where they came from even though that is perhaps not where they are required. That is the work that has been part and parcel of the roles and responsibilities piece. The idea of creating a new role called "specialist paramedic" gives us much more freedom and it means that is the task the person is dedicated to. Deployment is a lot easier.

An Cathaoirleach: A concern has been raised with me around privatisation of ambulance work. Is there an increasing reliance on private providers to cover emergency calls?

Mr. Pat Healy: Not at all with regard to ambulance calls. Where that comes into play is the intermediate care service and that is why I specifically addressed that in the opening statement and the briefing. We have an intermediate care service, which we have committed to. It is significant and does a very good job. There are times where the hospitals require, for expediency, access to additionality in private provision. The balance in that has probably shifted where the hospitals, through the regions, engage a lot of additional private provision in order to do that. What we have looked, in particular with the establishment of the national service-----

An Cathaoirleach: There was a proposal to do outsourcing and there were objections to that. Is that correct?

Mr. Pat Healy: That was a specific thing in the Dublin area. We got the consultation and engagement part of that wrong. We put our hands up and said that is going to be corrected. We are in conciliation over that. That was a relatively small issue around a pilot initiative that was planned for Dublin.

The more fundamental thing is the broader intermediate care service and full-time employees. We are committed to the continuation and expansion of that. There is also, in that space, private provision, procured appropriately by the hospitals. We are going to bring the totality of that in under national services and NAS to move to centralise that in a more significant way.

An Cathaoirleach: I note that many of the concerns raised with us were around rostering practices in particular and inadequate notice. We are out of time on this slot but maybe it is something we can come back to. Another member may wish to pick it up. Our next slot is Deputy Sherlock.

Deputy Marie Sherlock: I thank the officials from the National Ambulance Service for attending today. I want to pay tribute to paramedics and national ambulance crews across the country who do incredible work day in, day out and have to witness some pretty appalling situations. It is important to pay tribute to them.

Mr. Healy has been asked a number of times about the two rejected ballots. Some of the words used to me suggest that there is a fairly poisoned environment between senior and middle management and staff. I am not quite clear, from what I have heard, on the plan to try to rescue this in terms of where we go from here. Can the witnesses set out what the next steps are to resolve what is effectively a crisis within the National Ambulance Service at this point in time?

Mr. Pat Healy: I will respond to that. First - I think this is important for the public - there is not a crisis in the ambulance service and I do not believe there is a toxic relationship either. There is a very difficult negotiation and engagement going on and in those circumstances you

can have very strong views. Different parts of the system and the workforce have different perspectives. I go back to the broad piece I talked about. We have gone through a two-year process, including the WRC and the Labour Court. I have gone through all that. Where we are currently is that the trade union is engaging with its members, as is appropriate, after the ballot and the rejection which was, for the reasons that were said, a significant rejection. It has work to do to look at that. My expectation is that, collectively, we will be back using the industrial relations machinery of the WRC to see how we move forward. I might ask Mr. Eamon Hunt, our assistant national director in HR, to comment on that.

Mr. Eamonn Hunt: I am not sure there is significantly more I can add to what Mr. Healy has said. Negotiation processes and complex industrial relations disputes can be protracted and difficult. There will be competing positions. Through the engagement with SIPTU and Unite, it is a professional engagement. We will utilise the Work Relations Commission, WRC. We believe that what is proposed is in the interests of the service and employees. It is up to us to engage and achieve that outcome.

Deputy Marie Sherlock: When I talk to staff in the service, people are very much on for the modernisation of the service and service reform, but ultimately there are historic issues that have to be resolved. It is up to management now to step up to the mark, deal with those and then be able to move on.

I wish to ask about the helicopter emergency service. There is a review by the national office for trauma services at the moment. When is that is going to be reported? Is the National Ambulance Service satisfied that the current operating model is to international standards?

Mr. Pat Healy: To reassure the Deputy, committee and public, we are absolutely satisfied that the current helicopter emergency service model - I will ask Professor O'Donnell to comment on that in a minute - works well. There are always improvements that can be achieved. The advocacy group engaged with HSE. We had a meeting with them with the CEO. We agreed that we would look at the crewing model. There is a view that maybe physicians should be involved. We are open to looking at that. The CEO asked me and our chief clinical officer, Dr. Colm Henry, to oversee a process, chaired by Mr. Keith Synnott and involving the team here and others, to look at how that can be developed, principally around trauma patients, which is what the advocacy group was most concerned about. We will look at that in the first phase. To be proactive, Mr. Morton, Professor O'Donnell and others have visited Scotland. They have got that broader aspect. As well as dealing with that specific issue, we have to look at the wider critical care and aeromedical services. We can learn from what has been done in Scotland that can be translated here to join that up in a more significant way. We are intending to deal with that. The Synnott review will be concluded in the first quarter of 2026. I hope that will inform our plans.

Deputy Marie Sherlock: Does Mr. Healy reject any allegation that it is clinically operationally unsafe at the moment? We have received some allegations. I wish to hear from Mr. Healy on the record.

Mr. Pat Healy: I would of course. Professor O'Donnell might wish to comment on that.

Professor Cathal O'Donnell: Yes, I completely reject any of those assertions.

Deputy Marie Sherlock: There were quite a number of revelations during the summer with regards to female members of the workforce who had been subjected to harassment and other unacceptable forms of activity in the workplace, and a sense that certain staff could not speak out about what they were experiencing in the workplace. What specific actions has the National Ambulance Service taken on foot of those reports? Is it satisfied that every person, and in particular every woman - I am conscious I am talking to a group of men, so that is not to colour it in any shape or form - working within the staff can come forward and report if there is inappropriate behaviour in the workplace?

Mr. Pat Healy: That is the type of culture and organisation that we want to have. Significant progress is being made. It is why I specifically addressed in my opening statement the culture issue and dignity at work issue.

Deputy Marie Sherlock: What specific actions has the NAS taken? I just want to hear about those for the record.

Mr. Pat Healy: We have a significant process. There were 41 complaints over the last period of time. Will Mr. Morton cover that?

Mr. Robert Morton: There are three points, the first of which is overarching improvement. We actively promote at the point of induction the values and actions programme from the HSE. We make it clear to everybody what standards of behaviour are expected. Thankfully, about 25% of our middle management structure are female, about 22% of our senior management structure are female and about 50% of all student intakes are female. There is a balance change taking place, which will drive other changes. The first point is about people coming into the organisation.

The second is about making sure that people are aware of the HSE's expectations in relation to dignity in the workplace. On HSeLanD, which is our internal learning system, there are programmes that people are expected to complete. Those are mandatory. That is the second point in terms of engagement and training.

Third, where there are disclosures, allegations or complaints, they are dealt with robustly using the HSE's policies and procedures. In the past three years, we had 41 dignity at work complaints. A total of 17 of those met the threshold for further investigation. Of those 17 complaints, three of them related to sexual harassment. We are dealing with a case right now, which I obviously will not go into. Of those three cases, there has been one dismissal and two others have been sanctioned. We take the matter seriously. On top of all of that, we have reminded all our colleagues across the National Ambulance Service that such behaviour has no place in our service. We will not tolerate it. There is a strong line management structure in place where people can go and speak up. They will get support. We have designated contact persons in place. We are actively monitoring the situation and we will continue to act whenever anybody brings any matters to our attention.

Deputy Sorca Clarke: I thank the witnesses for their time. In response to the Cathaoirleach in relation to a question to do with the use of private ambulances, Mr. Healy said he would like to see this brought in totality under a national service. Has there been progress to date on that? What are they key performance indicators, KPIs, for that? What is the plan for that?

Mr. Pat Healy: We have a well-developed plan for intermediate care services. NAS runs the intermediate care service. I have made a commitment here today. To restate, we are committed to that. They are permanent employees. Not only will we maintain the existing service, but we intend to expand it.

Deputy Sorca Clarke: If Mr. Healy looks back over the past two years, what progress has been made on those actions?

Mr. Pat Healy: We only recently the made decision. We operate the intermediate care service. In addition to that, there are publicly procured private services directly engaged by the hospitals for intermediate care and to also deal with the same set of services. The balance has probably shifted between the national service as run by NAS and the individual hospital services. We need to look at that. What we have decided to do, with the agreement of the CEO, is that over time - the decision has only been recently made-----

Deputy Sorca Clarke: Is there no timeframe on that?

Mr. Pat Healy: We have started; we are going to do that. We have started a working group. We will do it collaboration. There are existing contracts in place. We will talk to our procurement people. The regional executive officers, REOs, and their teams will be involved. We have a working group that will be chaired by the director of NAS, which includes representation of integrated healthcare area, IHA, managers and others. We will bring forward a set of proposals. We will engage with the trade unions and their representatives. The intention is to have a unified intermediate care service that is responsive. We will deal with the totality of that over time.

Deputy Sorca Clarke: I wish to move on to another aspect of intermediate care. This is one of the most concerning issues that was brought to my attention in the run-up to this meeting. I was told that the intermediate care vehicles were being sent to road traffic collisions, often lacking essential equipment, such as vacuum mattresses. As a result of that, where there is not a vacuum mattress to transfer a patient if required, that ambulance needs to wait for another ambulance to present, and then the patient can be transferred. Is that true?

Mr. Pat Healy: I will ask Mr. Morton to deal with that.

Mr. Robert Morton: I will check with Mr. Merriman, but my understanding is that it is appropriate to send an intermediate care vehicle to any 999 call-----

Deputy Sorca Clarke: Do those vehicles carry vacuum mattresses?

Mr. Robert Morton: Some do. All new vehicles have them and all old vehicles-----

Deputy Sorca Clarke: How many?

Mr. Robert Morton: I do not know how many, but we can certainly come back to the committee with that information.

Deputy Sorca Clarke: Okay.

Mr. Robert Morton: All old vehicles are being retrofitted.

Deputy Sorca Clarke: What percentage of the fleet are new vehicles?

Mr. Robert Morton: We have 61 intermediate care vehicles in operation. I would need to check and come back to the committee on the exact number.

Deputy Sorca Clarke: Is it in Mr. Morton's opinion good enough at the moment that they are not being carried? In my mine, it is not.

Mr. Robert Morton: Our view is that they need to have them. They should have them because we are sending those incidents. We want to make sure that staff have the equipment they need.

Deputy Sorca Clarke: To move on to another issue that was raised with me, I will outline what a member of staff said to me in relation to defibrillators, specifically the ZOLL AED defibrillators. I have looked, and I can see that there was a Health Products Regulatory Authority safety notice issued in respect of the G5 in July 2024. On the National Ambulance Service's website, there is a troubleshooting guide for another defibrillator, namely, the ZOLL XA. It advises members of staff to contact a manager if these defibrillators are not working. That is on the National Ambulance Service's website. What the staff member told me was that these devices sometimes malfunctioned, meaning secondary defibrillators were being carried on some ambulances in case the ZOLL device did not work. This member of staff said to me – I am not going to mention the town – that this happened in the case of a child. The device did not give the shock. A second ambulance came along and its defibrillator just happened to work. Is this accurate? How many of our ambulances carry ZOLL defibrillators? What action has the NAS taken to ascertain the effectiveness and safety of these devices?

Mr. Pat Healy: An issue with ZOLL defibrillators was identified. When this issue arose back in 2023, we replaced all of the defibrillators at the time, which totalled more than 400. In that time, a small issue arose. It was identified-----

Deputy Sorca Clarke: Define "small".

Mr. Pat Healy: I will ask Professor O'Donnell to deal with this question because there is a lot of technical and clinical detail involved.

Professor Cathal O'Donnell: We went through a procurement process to replace what we call our advanced monitor defibrillator solution right across the fleet. ZOLL Medical won that process. Our existing solution at the time was from a different manufacturer, so we had to go through a really complex process where we had to switch out all of those devices and train more than 2,000 staff on the new device. That went on over a period of approximately 14 or 15 months. These are complex devices and, sometimes, there are difficulties with them, but we are now well past that. We are comfortable and happy that they are safe. We do not use the G5 defibrillator device the Deputy mentioned. That is what is called an automated external defibrillator, which is used in public places.

Deputy Sorca Clarke: They are wall mounted.

Professor Cathal O'Donnell: I passed one in my way in this morning. It is of that nature. The device we have is robust and we are very confident in it. We absolutely had some teething troubles, but I went through this process eight years ago with the previous install of the LIFEPAK defibrillators and we had exactly the same experience then. I am sure that, in eight years' time if we go through a procurement process and switch to another manufacturer's

device, we will probably go through the same experience again. We go through a very complex process.

Deputy Sorca Clarke: Just to be clear, while there was an issue, Professor O'Donnell is confident and can give the health committee a commitment today that the issue has been rectified and no longer exists.

Professor Cathal O'Donnell: We had a number of issues with the ZOLL defibrillators. I am confident that we have worked through those issues and are past them, and I am very confident in the equipment that our paramedics use every day.

Deputy Sorca Clarke: I have one final question. Have the KPIs, which have been provided in the briefing document and Mr. Healy's opening statement, been independently verified, specifically with regard to response times?

Mr. Pat Healy: They are our performance-related data.

Deputy Sorca Clarke: Does NAS produce them? Who produces them?

Mr. Pat Healy: Our organisation produces them and they form part-----

Deputy Sorca Clarke: Have they been looked at by an external third party to be independently verified?

Mr. Pat Healy: They are reviewed through our performance process up to and including the board. The Department of Health also reviews them.

Deputy Sorca Clarke: There is no external involvement in reviewing those figures.

Mr. Pat Healy: The Department of Health is an external body that oversees the HSE. It certainly reviews those figures closely with us. Our board, which has a governance function, reviews them. All of those are dealt with very positively and proactively. We have a monthly engagement with the Department on the overall HSE performance where these types of issues are dealt with regularly. Turnaround times form part of that performance meeting at the moment.

An Cathaoirleach: There are three members remaining who wish to speak. There are also two non-committee members who wish to contribute. We may then come back to the first round if we have time. Senator Boyle is next.

Senator Manus Boyle: Good morning. The witnesses are very welcome. I am sure they know I am from Donegal. It goes without saying that I have problems with the ambulance service. I had a lot of information ready, but I did not know the time would be cut. To give the witnesses a brief overview, my mother became seriously ill a couple of years ago. Only for my sister managing to get her into the health centre in Killybegs, she would not be here today. The ambulance had to come from Letterkenny and it took one hour and a half.

The first thing I must say is that the ambulance service's personnel could not be better people. They are so polite and highly trained. They are a credit to NAS. They turn out day after day to every kind of scene and they are so good to both the patient and family. That has to be commended.

Another example is the case of an 86-year old man who fell outside his house in Kilcar in April. His daughter called 999 at two minutes past 11 o'clock, but the ambulance did not arrive for an hour and 40 minutes later. The ambulance had to come from Roscommon. A family in Portnoo who have a son with severe disabilities called for an ambulance at 9.30 p.m. but it only turned up at 11 p.m.

I have a couple of questions for the witnesses. I am going to be very blunt with my first. I met Mr. Martin Dunne, Mr. Robert Morton's predecessor, previously. He promised that he would carry out a review into Killybegs, but I have not heard diddly squat about it since. Why was the second crew taken out of Killybegs? Can someone answer that now? For as long as I remember, there were always two crews in that station. That station covers the area from Inver Bridge to Malin Beg to Fintown. It is a large geographical area. Why was that second crew taken away?

Mr. Robert Morton: I am not aware that there was ever a second crew in Killybegs. Is the Senator referring to an on-call crew?

Senator Manus Boyle: Yes. We used to have two crews on call at all times. Now, that number has been cut.

Mr. Robert Morton: On call was abolished. I cannot remember how long ago. I will need to check that for the Senator, but I think it was at least ten years ago. On-call arrangements were abolished in Donegal and replaced with a 24-hour on-duty system. There was only ever one crew on duty around the clock. That is all there has ever been for as long as I can remember in Donegal.

Senator Manus Boyle: We used to have two crews at night.

Mr. Robert Morton: No. There may have been a second crew on call but that was abolished when the on-call system was eliminated.

Senator Manus Boyle: Why was something that was working abolished?

Mr. Robert Morton: The staff wanted to get rid of on call. It is not a particularly productive way of working. It is a very restrictive lifestyle. Nowadays, people only want to work a 12-hour shift pattern and that is pretty much what we do. All of our resources are layered on a 12-hour shift pattern. We do not have on call anywhere. Actually, I think we may have a couple of hours of on-call cover in somewhere like Belmullet, but that is about the size of it.

Senator Manus Boyle: Why is Belmullet different to the Killybegs area? We have a far greater geographical area. Let us call a spade a spade here: we are up in Donegal and left on our own. I know of cases where people have been put into cars to take them to the accident and emergency centre rather than calling an ambulance because they know no one is available. Is that what we are coming down to?

Mr. Robert Morton: I completely agree with the Senator. We accept that we do not have enough resources pretty much anywhere, but particularly in large rural areas. That is why we are expanding our alternative care pathways to try to provide opportunities for people to stay closer to home rather than undertaking long treks. For example, and as the Senator knows better than I do, it is quite a significant trek for a person to travel from Killybegs up to Letterkenny or from Killybegs down to Sligo for acute care. We have based four community

paramedics in Donegal town. That is having a big impact, particularly on the older population. It is providing more opportunities for things like catheter changes, for example, which means that patients do not have to be brought all the way to hospital. That is keeping the ambulance more available in the community. Ultimately, there is a significant gap between demand and capacity.

From a good perspective in Donegal, part of our service plan this year is the expansion of our helicopter emergency medical service in the west and north west. The use of helicopters will be a specific feature in how we respond and meet the needs of patients in highly rural areas. We accept that we need more of everything everywhere, though.

Senator Manus Boyle: I am glad to hear that because securing a helicopter service to look after Donegal is one of the things that I have been trying to work on, along with party members who are also on the cross-Border committee on Northern Ireland. It is really crucial. We are totally left on our own.

I will give one example from last Wednesday, which really maddened me. While the times might not be exactly right, our ambulance left Killybegs at 12 midnight and headed to Letterkenny, where it went to the Garda station in Letterkenny. That station is located exactly three quarters of a kilometre from the Letterkenny accident and emergency department. Who in their right mind sends for an ambulance from there? Then it returned and was back at the base at 5 a.m. that night and got another call for Letterkenny. When it was over at Meenirroy it was told to stand down. Who was covering my area when that ambulance was away? There was absolutely nobody there. We are left on our own. It is not right and I do not care what people say. We are over there and we need our ambulance service. Maybe I am being too hot-headed about it here but I have people coming to me day after day about this. This has been going on this last four years. I met Mr. Morton's predecessor and he promised me the sun, the moon and the stars when I met him at the Tallaght office. He had a lovely place up there. He had a big board and he told me, "Look at this Mr. Boyle, we have a call in Cork and we can reroute this ambulance back." He did do it and it was great but when we are left in Donegal we have nobody to reroute. We are on our own. The National Ambulance Service needs put in a plan for rural Ireland.

I have a heap of questions here but I do have not time to ask them all. With regard to emergency calls in rural areas like Mayo, Sligo or other counties, how does Donegal tally against that?

Mr. Robert Morton: Overall, the response times in Donegal are actually among the best in the country. It probably does not feel that way but that is the truth of the situation. We have a very strong memorandum of understanding, for example, with our colleagues in the Northern Ireland Ambulance Service, which does help to some extent. While we have a 24-hour ambulance in Dunloe and we have one in Killybegs, I would completely accept that in somewhere like south Donegal, they are light. When they are gone, they are gone. I completely accept that. The only solution in rural Ireland is actually more resource.

Senator Manus Boyle: Could I get a commitment from the witnesses here today that they will especially look at the Inver to Malin Beg to Fintown area which the Killybegs ambulance looks after?

Mr. Robert Morton: I will not commit to a review because we already know from an independent capacity review done in 2022 that the entire western seaboard needs more resources. We already know that. This is in the briefing note. Since 2022 there has been a substantial increase in resourcing. Some of that has gone into Donegal but none has gone this year. The big thing for the west and north west this year is an additional helicopter-----

Senator Manus Boyle: I am sorry to cut across Mr. Morton but the base is there in Killybegs. All we need is a crew. What is it going to cost? It could save lives. That is what we are all here for. It is to save lives.

Mr. Robert Morton: If we had a million euro and 12 whole-time equivalents we would put it in but we do not at the moment.

An Cathaoirleach: I know Senator Boyle has more questions. I suggest that he submit them in writing and we might get him answers, if that is agreeable. We may have some time at the end and I might be able to give the Senator a second slot to come back in. I know you have more questions so hopefully we might come back to you again on that.

Senator Maria Byrne: I apologise that I was not here for the opening statement but I read it and the report. I thank the witnesses for being here today. One thing that has come up clear to me from the conversation here is the shortage of paramedics throughout the country. I know that the National Ambulance Service is educating and expanding the numbers but perhaps the witnesses will comment about the risk to patient safety as a result of those shortages.

I am based in Limerick and we have the pathfinder service 352. It is working in Limerick and in Cork. Is it something that should be rolled out across the country? I think it is only in those two areas. It seems to be working in some cases.

I also wish to raise the issue of hospital offload delays, especially around UHL. We often see ambulances stacked up in the car park there with patients on board waiting to get into the hospital. Is something being done to address that? These are my first three questions.

Mr. Pat Healy: Absolutely. The Senator may have missed the earlier reply to one of her colleague's questions, in which I was complimenting Limerick and UHL because they have actually done a huge job in improving the turnaround time, at 45 minutes for both the NAS and the hospitals. I gave the example of how on a bad day at UHL it could be 200 or 250-plus and there would be 100 ambulances coming in. They are now down to 38 minutes. In the Senator's own area they are actually performing extremely well. Of course there are always opportunities to improve, and we were saying that, but we acknowledge that UHL is doing extremely well in comparison with its colleagues.

On pathfinder, I referred in my opening statement to trying to develop that whole alternative care pathway. There are actually eight hospitals that the pathfinder service is now engaged with across the country and it is increasing. We want to expand that. When we are developing our three- to five-year plan we certainly will be including those alternative care pathways. As the director said earlier, whether it is in Donegal or other rural areas or in urban areas, that whole issue where the volume is increasing, and complexity and ageing are other factors, we do need to develop it. That is part of the whole Sláintecare approach and enhanced community care. It is about developing alternative pathways where we are able to deal with people at home

and in the home. That is actually happening in the National Ambulance Service and will continue to happen.

Perhaps the Senator will remind me of her third question.

Senator Maria Byrne: It was on the shortage of paramedics, the NAS investing in recruitment and education, and patient safety.

Mr. Pat Healy: The director should address that.

Mr. Robert Morton: On average every day we do experience a number of patients who will wait over an hour for an ambulance. There is small number every day who will wait over two hours. That happens every day without fail. That is the average. Within that space they are very small numbers, bearing in mind we respond to about 1,000 999 calls every day, or sometimes up to 1,200 calls every day, but within that small cohort of patients is where the potential for harm exists. Internally we have a safety-netting process in our clinical hub where we have doctors, nurses, and now specialist paramedics, who can look and revisit those calls and re-contact those patients to check on them. If necessary, we can re-prioritise those patients and they will go up the queue of calls waiting to be responded to. There is a robust safety-netting process in place. In an ideal world, as my colleague Mr. Healy has touched on, part of the strategic health investment plan we are aiming to develop is to try to secure more resources so we can focus not just on improving response times but also on reducing the long waits. That is the first thing. We want to improve the safety of these small numbers of patients overall. That is our principal focus at the moment. As we get more investment each year, we will focus on more staff. We have a very clear view on where those staff need to go.

Senator Maria Byrne: I should have started by thanking all the paramedics out there. They do a fantastic job under very difficult circumstances. They often have to visit horrific scenes. With regard to the well-being and support that is there for paramedics, is there a well-being and support programme in place? Those people need the same supports as they give to the people who are on the road. There is also a question around the whole area of dignity, inclusivity and accountability. Do the witnesses believe that this exists in the service? These are my final two questions.

Mr. Pat Healy: Absolutely. I have covered at some length in the briefing and the opening statement our absolute commitment to the issue of dignity in work. I have tried to cover that and the director has already talked about it and I will ask him to comment again on some of that, including the values in action programme we rolled out. We are also rolling out a health and safety programme. We are providing a significant focus, and it will continue to be a significant focus for now and into the future.

Specifically, the organisation as a whole is going through a very significant reorganisation programme. At a national level we have agreed a new framework for organisational and cultural reform. The CEO has established a dedicated office for this. The six regions and ourselves in national services, including NAS, will be engaged in that in a very significant way over the coming period. It was adopted in July. All of us in the six regions, the national services and NAS have committed to rolling out that model. It is a very significant model and it is a really important contribution that the CEO and the board want us to focus on. We are committed to it ourselves. I have tried to say that very clearly in the opening statement and I just want to reiterate it again here today.

Senator Maria Byrne: I thank the witnesses.

Mr. Robert Morton: Regarding support, there are a number of overall HSE supports and then a number of internal supports. They focus on psychological safety and physical well-being. From a physical well-being perspective, we are developing an in-house occupational health service. In fact, after three attempts, because it is a very difficult speciality to recruit to, we have just secured a candidate who accepted an offer of a job on Monday this week. That is our first internal occupational health position, which is really important. We are in the process of recruiting a dedicated physiotherapist because one of the key areas of injury for our staff is musculoskeletal injuries. We are also recruiting a counsellor - a psychotherapist who will focus on psychological safety. We also have access to employee assistance programmes within the HSE and we have a critical incident stress management programme within the organisation. That is where we have peer supporters, that is, individual members of staff who support other members of staff. It is a highly successful model and it is very well respected by the staff. A range of supports is in place. On the Senator's piece on inclusivity, we actively support diversity. We actively staff participating in the Pride parade every year. People's needs are met insofar as we possibly can.

An Cathaoirleach: I thank Mr. Morton. Deputy Burke is next and then we will take Senator McCormack and Senator Cathal Byrne.

Deputy Colm Burke: I have come across two difficult cases recently involving patients who were transferred from hospital by the National Ambulance Service. It is not the fault of the ambulance service but it is about the co-ordination. In one case there was a transfer from Sligo to Cork, which does not sound very sensible. The other one was a transfer from Clare to Cork. In both cases, there were substantial delays, even stopovers, and not very good outcomes. I wonder about the management of co-ordination of the transfer of patients where the National Ambulance Service is brought in. What is the structure that is in place? Who does the co-ordination?

Mr. Pat Healy: I will ask the director to comment on that.

Mr. Robert Morton: I thank the Deputy. On critical care and retrieval, which is another aspect of the services we deliver, there is a co-ordination function where there are essentially three parties involved. There is the dispatching consultant, who is the consultant actually making the decision to refer the patient to another hospital. Then there is the receiving consultant and a retrieval consultant. Those three consultants together have a conversation and agree the matrix, what is involved, what the patient's needs are and what resources are required. Obviously, that is determined by the availability of resources on the ground from our own perspective and also from the perspective of acute bed availability; invariably intensive care bed availability. Once that is discussed and agreed, a plan is put into place. If we have to rely on road, which we do predominantly at night, it often involves a road journey. The Deputy mentioned Sligo and Cork, for example. A retrieval team would have to leave Dublin, drive to Cork, or in that case drive to Sligo, support the local team, prepare the patient for transfer and then basically head to Cork if that is the destination. That may be because there is no intensive care bed available in Dublin.

Deputy Colm Burke: I am asking the question to explore the logistics of transferring a patient out of Sligo and down to Cork. My understanding is that there was a stopover in Galway

on the way, which meant there was a really substantial delay. Likewise, in a case out of Clare there was a stopover in Limerick and, again, substantial delay. Both of these cases had fairly adverse outcomes. I am wondering about the management of co-ordination. In fairness to the team in the ambulance, they have to take instructions. Are these cases looked at? In cases where there are adverse outcomes, the hospital deals with them, but is there feedback to the National Ambulance Service as to how it could have been done better?

Mr. Robert Morton: If there is a role for us, yes. If there is a systems review analysis, we will be involved in that and will get feedback from that. If there is nothing in it for us then----

Deputy Colm Burke: There is something in it for the National Ambulance Service given that decisions are being made and the ambulance crew are not able to make the decision because they are being managed by the people co-ordinating the transfer. My issue is whether they are consulted when an inquiry is held. They have a lot of expertise and experience and if they are not consulted when an inquiry is held then a valuable piece of information is lost in any such inquiry.

Mr. Robert Morton: That is not actually correct. The ambulance crew is not directed about how to actively care for the patient. That is a decision for the crew. In the case of a retrieval, it could be a doctor and a nurse in the ambulance rather than two paramedics. It could also involve a paramedic. They have full autonomy to decide what is the appropriate course and they have to act and react dynamically to meet the needs of the patient. However, in the overall logistics plan, the missing piece - Mr. Healy touched on this in his briefing note to the committee - is that there is a broader need to examine the availability of aeromedical services. In many of the types of cases that the Deputy is touching on, the patients are being transported by road, which is not the optimum solution. The optimum solution is to transport those patients by air. The availability of helicopters, particularly at night-time, is a limiting factor. As such, patients are quite often exposed to quite considerable journeys. Sligo to Cork is a perfect example. Ideally, we would make that transfer by air ambulance. That will be part of our plan going forward. Part of that learning is coming back in and hearing what works for patients. Where crews are involved in those situations, they are always included. Mr. O'Donnell may be able comment further.

Mr. Pat Healy: What might be helpful on that point is that the trauma strategy includes that and that is the reason we are doing that review. The Deputy knows that Cork is one of the two centres, along with the Mater, and the availability of the whole aeromedical service is one of the reasons I said earlier that we need to look at that in its totality. The Deputy has often talked to me about that issue of speedy transfer by helicopter and so on. It is a-----

Deputy Colm Burke: In relation to areas like west Cork, Donegal and places that are a long distance from the nearest service, when a situation arises and for some reason an ambulance is not available, at what stage are decisions taken to try to get in some other level of support to deal with the issue? Who takes that decision at that stage?

Mr. Robert Morton: Is the Deputy thinking about a hospital to hospital transfer or a 999 call?

Deputy Colm Burke: I am talking about an accident situation or a heart attack situation, say, away down in Castletownbere where someone needs to be brought to hospital. When an

ambulance is called, the ambulance is not available, which has occurred on a number of occasions, because it is involved in providing other services. What is the scenario in that case? Who is the person who takes the ultimate responsibility for making sure that patient is transferred in a timely manner to a hospital?

Mr. Robert Morton: First, every 999 call is clinically triaged. It goes through primary triage. We are looking for the very sick patients, that is, the ones who need to be treated with the highest priority. Resources are dispatched to those. That is done in NEOC. That is where all that activity takes place. There is clinical governance over that. The clinical governance will go back to Mr. O'Donnell but there will be a deputy clinical director who oversees clinical decision-making in NEOC. Ambulances are prioritised. If somebody has to wait, and that often happens, it is the lowest acuity cases that wait for the response. The nearest ambulance is then prioritised by the dispatch function. There are multiple functions in NEOC. That is basically where all of that co-ordination takes place.

An Cathaoirleach: Three more members are indicating. We will take Senator McCormack, then Senator Byrne and then Deputy Kerrane.

Senator Maria McCormack: I thank the witnesses for coming in. It seems that there is a complete disconnect between paramedics on the ground and the information we are hearing here today. I have 15 points before me that come from a large group of workers in the ambulance system. I am from Laois. In Laois at the moment, as I am sure Mr. Morton will be aware, we have a big problem with ambulances not getting to patients on time. It has led to the death of patients. My father was one of those patients in 2023. An ambulance did not get to him on time. That is where we are.

Mr. Morton brought up the well-being of staff. I have a survey here of 52 women in the National Ambulance Service. They were asked if they had been invited to partake in a survey regarding women's health rights. They were also asked if they have ever been offered women's health well-being since becoming members of the NAS and 96.2% replied that they had not. Specifically in the context of what Mr. Morton said about all the services available for their well-being, a total of 96.2% of women said they had not been offered well-being.

Mr. Robert Morton: I am not aware of that, to be honest. If the Senator could provide the information, we will come back to her on it. However, I am not aware of the survey or of what is specifically meant by well-being. We have a full service in place that is freely available to everybody. Anybody can access it. Line managers can refer people to it.

Senator Maria McCormack: This was a survey carried out in May. National Ambulance Service female staff of the north-east and east regions were invited to take part in it online. Has Mr. Morton any information about that survey?

Mr. Robert Morton: I am not aware of it. I do not know who conducted it.

Senator Maria McCormack: As the director, Mr. Morton is not aware of a survey that the women in his organisation took part in. I ask that he make himself aware of it. Maybe he could come back with those responses.

Mr. Robert Morton: Certainly.

Mr. Pat Healy: If a survey was conducted, either in the north east or in any part of the system, I will have that looked at. If there is a survey-----

Senator Maria McCormack: Mr. Morton has no information on that.

Mr. Pat Healy: No.

Senator Maria McCormack: The responses are very different from the information the witnesses have provided. The points that are raised by a number of paramedics across the board include that staff morale is at an all-time low and that there are high levels of staff turnover. I want to talk about that. I hear everything about recruitment, different managerial roles and positions and how the service is expanding and getting new training and new staff, but I am concerned about the existing staff and the levels of turnover. I will not quote from the survey if the witnesses do not have it with them, but I want to talk about the level of turnover and what the service is doing.

Mr. Pat Healy: I touched on this earlier when talking about the number we train. It is about seven a month. Given the scale of our service, where 2,655 is our approved ceiling, we replace about seven a month, so over a year-----

Senator Maria McCormack: Is Mr. Healy happy with that?

Mr. Pat Healy: When you look at the type of service it is and compare us with other jurisdictions, I think it is around the norm. As referenced by members earlier, it is a challenging role.

Senator Maria McCormack: No. The reasons that have been brought to me for staff turnover include non-compliance with the European working time directive and putting staff health and safety at risk. These are the reasons for staff turnover. What has Mr. Healy to say to that? Overtime and overruns have become the norm. This is information that staff on the ground are giving me.

Mr. Pat Healy: The HSE overall is an organisation-----

Senator Maria McCormack: I am talking specifically about the NAS.

Mr. Pat Healy: As an organisation, we may have an issue with the working time directive in some places. I do not believe it is an issue with the NAS.

Senator Maria McCormack: That is where the disconnect seems to be between the workers on the ground and the witnesses. The workers clearly see staff burnout caused by constant overruns.

Mr. Pat Healy: When the Senator says overruns-----

Senator Maria McCormack: Overruns are where they have to work past the end of their shifts or go to calls after their shifts have ended.

Mr. Pat Healy: We have a situation, as I talked about earlier, whereby there is a mismatch between our recruitment and expanding the number of people we train and the demand that we have. Of our trainees, about half of those we train are needed for replacements in the system. We have a situation where significant overtime is worked in order to fill our rosters. At the end of 2024 and into this year, with the agreement of the CEO and the support of the Department,

I was able to secure 136 additional whole-time equivalents. We distributed them across the system. That was specifically into the system to reduce the amount of overtime that individuals are having to work, along with doing their own jobs. That was an important initiative we took this year to try to deal with that.

Senator Maria McCormack: I am sorry. I am caught for time. To follow up on what Deputy Sherlock said, what plans are actually in place to deal with the disconnect? From the information I received from a number of colleagues across the country, it appears that there is definitely a crisis and a toxic atmosphere. If the witnesses do not see it, they must be living on a different planet.

Mr. Pat Healy: I said what I said clearly. I will repeat it. I was quite open and clear in my opening statement and in the briefing statement that we emphasise the importance of dignity in work. We acknowledge that there are issues, and we are dealing with those. I already went through, and will not go through again, the initiatives that we are taking regarding organisational culture and so on, not only in the NAS but also right across our organisation. We will not be found wanting in the implementation of that. The director has gone through some of the specific initiatives on values, actions, the well-being programmes and so on. Of course we take that seriously. We listen to what people are saying. We listen to our staff. The Chair referred to the roles and responsibilities and the fact that there was a rejection of such. Of course, we have to take that into account and we will listen to people. We will continue to engage.

Senator Maria McCormack: Even since this has gone on, even with the rejection of the roles and responsibilities, I am not hearing anything positive to go back to the service's workers with today. Those people feel the disconnect between the witnesses and them. There is nothing positive to say.

An Cathaoirleach: The Senator's time is up.

Senator Cathal Byrne: I welcome our guests and acknowledge the hard work that is done, day in, day out, by members of the National Ambulance Service, namely paramedics and all those employed who deliver the service across the country. I want to focus on a number of areas. On the question of training, it was stated that there are 1,044 applicants for the most recent places. Is that right?

Mr. Pat Healy: That is correct.

Senator Cathal Byrne: How many of those people will actually be taken on?

Mr. Pat Healy: Next year, for paramedic training, we have 96. We are adding 24, so we will have 118 places available.

Senator Cathal Byrne: How many colleges is that spread across? Is it per college?

Mr. Pat Healy: It is spread around three colleges. We are adding Cork to that. We use University College Cork and the University of Limerick because they also have training programmes. We take them into second year. The point is that one of the things we have to do is expand the training programme. If we are going to have a sufficient number of trained and qualified personnel, we have to expand that or we will not be able to meet the demand we will have going forward. That is important. I stated earlier that we will deal with this in a

comprehensive way in the three- to five-year plan that we have commenced work on, but we have taken an immediate step to do something with the 24 places in Cork. We hope that will improve things in the coming year, but more absolutely has to be done.

Senator Cathal Byrne: Are there plans for further training colleges around the country beyond Cork?

Mr. Pat Healy: Utilising that resource and expanding those training programmes to bigger numbers is probably the number one thing. It has taken quite a bit to get that, and it is successful. We are getting the Cork college off the ground. We have an interim arrangement in Ringaskiddy, but we are building a permanent facility in Youghal. The design team is being put in place. That will be built as a significant new €20 million investment. We have to put the arrangements in place to expand the training in a significant way. I hope we do, and we will come to a resolution on the roles and responsibilities issues that exist. When we do that, we will expand the advanced paramedic training.

Looking at alternative care pathways, enhanced community care and so on, we will also hopefully, as is a real ambition of mine, train more community paramedics. That is significant, and I am trying to signal that we do not have the resources to do all that now, but we will in the future. There is a commitment in the Sláintecare programme. We are having in particular areas of that. The NAS has a huge role to play in that broader remit. I would like to see that developed. We will deal with that comprehensively in the three- to five-year plan.

Senator Cathal Byrne: When the HSE publishes the database of figures and response times, my home county of Wexford and the south east are consistently shown up as having the longest average wait times in the country. Pre-pandemic, in 2019, the standard response time was 21 minutes, then it went up to 30 minutes and now we are looking at 29 minutes. I have people ringing me regularly right across County Wexford who say they are almost afraid of how long it will take for an ambulance to come to their home, particularly in urgent cases. Given the fact that the figures seem to remain persistently and stubbornly over an average response time of half an hour and that the latest figures show that in Wexford in 2023 there were 850 calls which exceeded the national target of 19 minutes, what is being done to specifically address this?

Mr. Pat Healy: The first thing we have done is that this year we have put 12 additional paramedics into the Dublin south-east area. We have put in additional staff into other areas as well. This year, 180 staff are being deployed as part of our developments. I have given the figures in relation to the improvements, namely a 28% increase and a 41% increase in terms of numbers and funding. More needs to be done, of course, and we will do more.

Senator Cathal Byrne: What is the NAS's target? Having put these extra resources in place, where does it hope to get to in 2026, 2027, 2028 and thereafter?

Mr. Pat Healy: If you look back over the past three to four years - and we have tried to give the data on that - we are on an upward trajectory. The population, the complexity and the ageing are increasing. We will have to keep moving in that direction, but the reform and the reorganisation is part of that. That is why the roles and responsibility are really important. We need to have both reform and investment. That is what I was saying.

Senator Cathal Byrne: Specifically, what is the NAS's timeline? What is the targeted response that it expects to get in the average wait time for a person in Wexford to get an ambulance?

Mr. Pat Healy: First, we want to achieve the targets we have set. That is the first step, but we obviously want to do better than that. The key at the moment is that we start to achieve and meet our own targets in a consistent way across the board. That is the priority. We have made progress over the past three to four years. We plan to make progress in the next three to five years. This will require additional resources. There is no question about that. We will look for that and will ensure we have appropriate plans to put in place. That is the reason we want to put a dedicated plan in place, cost it and set out the timelines and the targets we will achieve. At the same time, however, we also need to have the reorganisation and reform in terms of having the best rostered system we can have for the resource we have today. We can-----

Senator Cathal Byrne: I have just one last question. Could I get an update on the new ambulance base for north Wexford, which will cover-----

Mr. Pat Healy: In Gorey, is it?

Senator Cathal Byrne: Yes. It will cover the north of County Wexford.

Mr. Pat Healy: The Minister made an announcement on that recently. We are progressing with that. The full capital submission has been lodged. We have that done and it is in our capital plan. There is a commitment there to complete it. I will come back to the Deputy with a specific timeline relating to that.

Senator Cathal Byrne: I would appreciate it.

An Cathaoirleach: Next up is Deputy Kerrane.

Deputy Claire Kerrane: I thank all the witnesses for being here. My first question requires a more or less yes-no answer. Is there a difference between a paramedic and an advanced paramedic?

Mr. Robert Morton: There is.

Deputy Claire Kerrane: Great. In County Roscommon, after the closure of the accident and emergency department in 2011 and as a result of the distance to the next nearest available accident and emergency service, the people of Roscommon were promised a rapid response vehicle to be staffed by an advanced paramedic on a 24-7 basis. For about a year and a half at this point, a paramedic has been on one of the lines when it should be an advanced paramedic. That is unacceptable. It breaks a commitment made to the people of Roscommon and leaves those in live in some of the many rural parts of the county in a very vulnerable position. Given that there is a difference between paramedics and advanced paramedics - although at one point the HSE informed me that there is no difference - why is an advanced paramedic line in County Roscommon being filled a lot of the time by a paramedic? The rapid response vehicle is parked up on Monday nights. Again, that was promised to available 24-7.

Mr. Pat Healy: I might ask our director-----

An Cathaoirleach: Our timer is not working, so I will let the Deputy know when there is a minute left.

Mr. Robert Morton: As Deputy Kerrane is probably aware, we have made a couple of efforts through our national transport policy to try to get people to transfer into Roscommon without any success. We have a current internal recruitment process - I think it is approaching a conclusion - for people to commence an advanced paramedic programme in January. A place has been identified for Roscommon on that course. While we have tried to fill the position on a couple of occasions, we have not been able to do so. It looks as though the only way we will be able to address the deficit that exists in Roscommon is to do it by training somebody to go in there. That seems to be the only mechanism we have at the moment.

Deputy Claire Kerrane: Will that complete the line for advanced paramedics and return the 24-7 cover on the RRV?

Mr. Robert Morton: We believe so. I would need to check and come back to the Deputy, but I think there are two places required for Roscommon. I would just need to confirm that. Roscommon is definitely on the list of sites that were identified by local managers for the programme in January. I would just need to confirm the numbers.

Deputy Claire Kerrane: It is really important that we get that back. We need it. It was a commitment. Eighteen months have passed. I have raised this matter repeatedly. It needs to be dealt with.

The privileging courses eventually came back into play. How many advanced paramedics will come through those courses?

Mr. Robert Morton: Fifteen have completed the process. One of those is subsequently leaving us, or leaving the road, basically, to take up a tutor position. Then one was a manager. That leaves 13 people who have come through, and they have been active since 1 September.

Deputy Claire Kerrane: Does the NAS intend to have further courses? Is it aware of other paramedics who are working as paramedics but are fully qualified, APs from perhaps outside of the country?

Mr. Robert Morton: There may be from outside the country who are registered with PHECC. At the moment, the only people we have visibility on are those who may be on a panel with the national recruitment service. As we get vacancies, we will express offers to that panel, and if somebody comes in with an advanced paramedic registration, which is possible, or they may have some other level of qualification - South African, for example - that may be equivalent, once they go through the recognition-of-qualification process with the Pre-Hospital Emergency Care Council, they are eligible to go through a privileging process with us.

Deputy Claire Kerrane: Separately, in relation to Ballinasloe and the NAS college there, has the NAS sought funding for a new ambulance college, a replacement ambulance college, in Ballinasloe, in County Galway?

Mr. Pat Healy: Our priority, as I have said, was increasing capacity and the number of places. In that context, the priority was Cork, and getting the geography across the country as well. That was the most immediate priority. We do need expansion and will be required to expand. If we are going to expand capacity in the way I was talking about, we will also need to improve and expand the facilities in the different locations, and we will have to deal with that through our three- to five-year plan.

An Cathaoirleach: One minute left, Deputy.

Deputy Claire Kerrane: Thank you. So is Ballinasloe on the radar in terms of seeking capital funding?

Mr. Pat Healy: It is, yes, absolutely.

Deputy Claire Kerrane: That would be important.

To conclude, I take the opportunity to commend Mr. Healy's predecessor, Martin Dunne. I worked with him previously in relation to west Roscommon. I went to him to flag the ambulance black spot that was there and to make the service 24-7. At the time, it was impossible, but he went away, did a report, looked at the figures and made it 24-7. I commend him because it has made a huge difference in a very rural part of my county. While I have the opportunity, I want to put that on the record.

An Cathaoirleach: In the second round, we will go to members who have indicated. Then we will try to bring in the other Members who are here as well. We will take five minutes each. I have Deputies Daly and Cullinane and Senator Wall, if they want to come back in, and then we will take Senator Conway. We will conclude with Deputy Crowe. Is that agreed? Agreed.

Deputy Martin Daly: To follow on from Deputy Kerrane's questions about Roscommon, I looked at the response times nationally and, as regards the purple life-threatening cardio and respiratory arrest response, 75% of such calls were within 18 minutes, and there is a target of 45% for the reds, but it appears that there may be variation nationally. Are there figures for the Roscommon, Galway and west-north west areas in terms of response times? How do they vary from the national average?

Mr. Pat Healy: I will ask the director to cover that.

Mr. Robert Morton: In the north west the figures would generally be marginally above the national average. The Deputy is right that there is considerable variation across the country. The variation was pointed out to us in our independent capacity review in 2022. A lot of new staff investment we get is targeted at those areas. Overall, there is considerable variation.

Deputy Martin Daly: Is that variation due to staffing in the Roscommon-Galway area or is to do with turnaround times in hospitals?

Mr. Robert Morton: It is a combination of all. One of the things we look at everyday internally is a job-cycle time. That is essentially all of the moving parts of a single 999 call together. The average job-cycle time used to be 1.5 hours. It is now bouncing to two hours per incident. That is due to a conglomeration of issues, such as the amount of time crews spend on the scene as they are delivering a higher level of care, new infection prevention and control guidelines, the time it takes to hand over to the emergency department, and in some cases, the journey time. It is an overall aggregate. What we are seeing overall is we need more resources for every call and we are receiving more calls.

Deputy Martin Daly: I have been told of a four-to-five hour turnaround time for Castlebar Hospital. That is pretty unacceptable. That affects a region that extends from Roscommon to east Galway.

Mr. Pat Healy: That is one of the issues. It is not only in the west-----

Deputy Martin Daly: But Mr. Healy has agreed it is a particular issue in the west and north west.

Mr. Pat Healy: What I talked about earlier was turnaround times. Significant work has to be done across our system on turnaround times.

Deputy Martin Daly: On the west-north west compared to the rest of the country, Mr. Healy did concede in response to my first question-----

Mr. Pat Healy: There is work to be done there.

Deputy Martin Daly: I was not given time to expand on that.

Mr. Pat Healy: There is work to be done there.

Deputy Martin Daly: What variation is there? Is it significant or marginal?

Mr. Pat Healy: If we look at Letterkenny-----

Deputy Martin Daly: I am talking about the Mayo-Galway-Roscommon area.

Mr. Pat Healy: That is 60 plus minutes.

Mr. Robert Morton: Galway is closer to the national average. In terms of the overall time, Castlebar is above the national average. There is overall variation, which Mr. Healy touched on. Limerick has by far the fastest turnaround time in the country. Others are probably ten minutes above the national average.

Deputy Martin Daly: What lessons can we learn from Limerick that could be applied to Castlebar and Galway?

Mr. Pat Healy: Two things there are important. What I said earlier was that we have set out the KPIs for both the hospital and NAS. They have to work collaboratively. Where they are doing that well, it is reflected in the performance times. We are working closely with the REOs on this and there has been learning. The CEO mentioned it on his last visit here that we did a trial previously of HAS as they were called. These are dedicated staff who try to deal with the issues giving rise to delays. We did that previously and in a number of areas. There were trials and it seemed to be something that worked well. We are looking at that now with the REOs to see how might we deploy it.

Deputy Martin Daly: Finally, regarding the response times for the purple and red, I notice a paragraph that states that if one misses the target time, one could be waiting one to two hours, and these are life-threatening situations. Are there variations nationally? Is the Roscommon-Galway, the west and the north west, region suffering because it does not have those resources?

Mr. Pat Healy: No.

Deputy Martin Daly: So there is no variation between Galway-Roscommon and the rest of the country.

Mr. Pat Healy: What the director has been saying is that the west–north west is probably doing relatively better and is probably relatively better resourced in that sense. In answer to Senator Boyle, we said it may not feel like that but when you look at the totality and the data and the statistics we have, the west-north west is probably in a better position relative to others.

Deputy Martin Daly: Would it be possible to get figures to me directly on that? I thank the witnesses.

An Cathaoirleach: Deputy Cullinane has five minutes.

Deputy David Cullinane: I wish to come back to the point that was made about some of those emergency calls taking two hours for a response time. That is obviously very concerning. I put a number of questions to Mr. Healy earlier, but we had limited time and it was difficult to get into the teeth of it. What are the reasons that would be the case and that in some instances people would be waiting two hours in what would be an emergency?

Mr. Pat Healy: There are a number of reasons and we were just talking about them. One is the resources we have and another is the capacity. There can be capacity issues. Another is the interplay between turnaround times being poor and ambulances being tied up at the hospitals when they should be on the roads.

Deputy David Cullinane: We hear from hospital managers that there are ambulances parked outside hospitals waiting to transfer patients, which they cannot do because the beds are not there, is that a problem? Is it one of the contributing factors as to why there is a longer turnaround?

Mr. Pat Healy: I was talking to the previous Deputy about this. It is a shared problem. We have to work on this collectively. The hospital and NAS must work together to make sure we minimise the turnaround time where ambulances are there. What we are also saying is that there are parts of the country, which we referenced, where that is working better than in other parts. We must learn from those and translate that learning to the other areas and assist them where there is support required by ourselves either by way of resources or new ways of doing things such as the idea of HALs and so on.

Deputy David Cullinane: Does Mr. Healy accept that two-hour wait times are unacceptable?

Mr. Pat Healy: They are totally unacceptable, yes.

Deputy David Cullinane: I wish to address the helicopter medical emergency service and issues relating to doctors being on air ambulance services. I have received representations from a number of personnel who work in these areas. There is a concern regarding the HEM service where there is one advanced paramedic, if I am correct, on the helicopter. The people who work in the service and who contacted me say they believe that best practice is that it should be two. Is Mr. Healy aware of their concerns?

Mr. Pat Healy: We are aware of a number of concerns and I touched on them earlier. Our main focus is a view among a national HEMS advocacy group that there should be a physician on the service. What we have done-----

Deputy David Cullinane: Is it not true, and this is information I have been given, that this year there was what was called a "physician onboard study", which recommended there be two advanced life-support practitioners on both helicopters?

Mr. Pat Healy: The Deputy may have been out of the room at the time, but I said that is tied into what has been agreed between the CEO, myself and Dr. Henry to oversee a review. Dr. Synnott is chairing that process and undertaking that review.

Deputy David Cullinane: Is it possible that could change?

Mr. Pat Healy: That is right. The point is we are actively looking at that and intend to deal with it through the trauma strategy. That is why Dr. Synnott is chairing the process.

Deputy David Cullinane: In relation to doctors providing pre-hospital care on air ambulances, that is something that was in the public domain as Mr. Healy knows.

Mr. Pat Healy: These are the issues being looked at in the first instance of the review process. I mentioned in my opening statement that we will have to address the issue of the air medical services and critical care in its totality. We have been to Scotland and have looked at the good work the Scottish services have done and there may be transferable learning skills from there. That is going to be a process. The first step is the trauma-type patients we are going to deal with and after that we look at the whole.

Deputy David Cullinane: I say that because it obviously makes sense to me as layperson that doctors on helicopters can attend very bad accidents. The air ambulance service itself is critically important. We have people who work in that space who tell us it is not fit for purpose. They talk about risk to patients and to themselves. I am conscious Mr. Healy is saying there will be review and we will see what comes from it.

Mr. Pat Healy: To make the point again, we said very clearly that the existing service is safe. We are satisfied it is. We may improve it.

Deputy David Cullinane: I have one final comment before I go. The reason I stepped out was that I contacted a senior official in the Department of Health to ask if it was reasonable and fair to ask a senior member of the National Ambulance Service if they were in receipt of an allowance. I was told it was. It is not just fair but it is straightforward that if a public servant is in receipt of an allowance it is public information. I say to Mr. Morton that when I hear of a toxic culture in the National Ambulance Service - and people have raised concerns with me about management - and I come into an Oireachtas committee and ask a very straightforward question and not get an answer, I find it unacceptable. We will put it in parliamentary questions and get the answer to it. It is just disappointing it could not be given here at the committee today. As I said, it was a senior civil servant of the Department who confirmed to me it is not unreasonable or unusual for that information to be in the public domain. There is no reason it should not be.

An Cathaoirleach: The Deputy has made that point. If Mr. Morton wishes to reply he can but we are out of time.

There are three speakers remaining - Senators Boyle and Conway and Deputy Crowe.

Senator Manus Boyle: I have a few questions to come back on. The Minister was in here last week and I brought up the issue of ambulances waiting at Letterkenny for four to five hours on average. She informed me that ambulance personnel were put into Letterkenny last year to help push it forward so the waiting times would not be as long. I think that person was there to hand over to the matron in charge. Is that going to be rolled out this year?

Mr. Robert Morton: Is this the hospital ambulance liaison service?

Senator Manus Boyle: Yes.

Mr. Robert Morton: We trialled it and it worked very successfully. The hospitals were very supportive of it and we have made a play for it in the Estimates process for 2026. We have to wait and see what comes back in terms of the service plan. It is certainly something we aspire to.

Mr. Pat Healy: That is what I was talking about earlier. We are working with the REOs. One part of it is the Estimate but we also have a lot of existing resources. We are looking at the whole issue with the REOs and colleagues to see if there is a way of dealing with that one way or another.

Senator Manus Boyle: I heard from the people in Letterkenny that it worked well. It should be there on a daily basis. At the end of the day, if we can keep the ambulances on the road going to calls, it will reduce people's stress. If we can get them turned around in Letterkenny within an hour and get the blue lights to where they need to go, it will save lives. It is something we really need to enforce in the Estimates. I said it to the Minister that it should be a given for hospitals like Letterkenny where ambulances have so far to travel.

Mr. Pat Healy: That is something we are looking at.

Senator Manus Boyle: I always hear about the golden hour. It is just not happening in rural parts of Donegal. The witnesses talked about the air ambulance. How far is it away? Is it ten years away or is it pie in the sky that we would have a helicopter service for rural communities?

Mr. Pat Healy: We are moving towards a helicopter emergency medical service, HEMS, in the west this year. We are at an advanced stage with that. We hope to be in a position where it will be rolled out at the end of this year or the beginning of next year.

Senator Manus Boyle: Could I see one in Donegal in a few years?

Mr. Pat Healy: The Senator will see one in the west anyway. It will be a significant improvement for that whole corridor because the north west, west and mid-west will all benefit from that.

Senator Manus Boyle: At the minute, we have cruise ships coming into Killybegs and could have 3,000 to 4,000 people coming in to the town in a day and do not have one ambulance to cover it. If the ambulance in Killybegs leaves, we have no cover. People keep saying to me that the ambulance service needs to double up. When our ambulance rolls in Killybegs, we have no cover. In fairness, the witnesses mentioned Dungloe and Donegal town but they are still half an hour away from Killybegs, an hour and 20 minutes away from Malin Beg - the furthest point away - and an hour away from Fintown.

I cannot just sit here and listen. We are here to try to save people's lives. The HSE needs to look at County Donegal. We are a black spot. It seem that we are forgotten about for everything. The HSE really needs to sit down and look at strengthening the ambulance service on the ground until we get the helicopter service. That is what I ask the HSE to do.

Some 4,000 or 5,000 people are coming into Killybegs from cruise ships on particular days and there were 22 or 23 cruise ships this year. I counted that there was no ambulance cover on ten days in Killybegs as it was away elsewhere. It is just not good enough. I plead with the witnesses to look at Donegal and try to do something for the service. We really need it. We are not asking just for the sake of it. We are on the periphery and have nobody. It is getting to

the point that when people ring me I am telling them that they are better putting them in the car and going to the hospital.

Mr. Pat Healy: We appreciate what the Senator is saying. I was here at the last joint committee on health meeting and the CEO talked about Donegal on a range of fronts. We do recognise its peripherality. We recognise it across the western seaboard. We know and appreciate the challenges that arise in Donegal and parts of Connemara, west Kerry and west Cork. We will not be founding wanting from considering them.

Senator Martin Conway: I commend all the people who work in the ambulance service, particularly the paramedics who are on the front line and do an excellent job. Does the ambulance service get real-time information quickly on, for example, the previous week in terms of time delays, etc.?

Mr. Robert Morton: We do, indeed, yes.

Senator Martin Conway: Are the witnesses aware of a situation in Clare where there has been a vulnerability due to sick leave and people going on leave in general? The county has been exceptionally vulnerable due to the lack of personnel in the National Ambulance Service.

Mr. Pat Healy: I will ask the director, Mr. Morton, to deal with that.

Mr. Robert Morton: Yes, we do appreciate that sometimes short notice absenteeism can have an impact on our ability to provide full cover on all of the rosters. The local management team will actively work on that on the day. We take-----

Senator Martin Conway: What I am looking to know relates specifically to County Clare. Has there been an issue when it comes to absenteeism, people on sick leave and so on that has led to a critical situation?

Mr. Robert Morton: Not that we are aware of. Nothing has been escalated to us. We have seen situations in other parts of the country, but we have not seen it in the mid-west or County Clare.

Senator Martin Conway: Okay. What is the longest time someone has had to wait for an ambulance in County Clare over the past three or four weeks?

Mr. Robert Morton: I would not have it off the top of my head but we can find out.

Senator Martin Conway: My understanding is that it is not unusual for people to wait an hour or two and in some cases even three hours. There is one documented case from a road traffic collision in Doonbeg last March where a lady was waiting three hours for an ambulance. Are the witnesses aware of many other examples of somebody in County Clare waiting three hours and more for an ambulance that they can share with us?

Mr. Pat Healy: If it is okay, I commit to getting all of the specific information on the waiting times in Clare and will come back to the committee. I am aware of the case the Senator refers to in relation to the two or three hour wait. There is quite an amount there. We will get that information and come back.

Senator Martin Conway: A number of cases have been brought to my attention. I will be examining them further and submitting freedom of information requests to establish what is

happening because it is extremely concerning. I have a question about something that really annoys me. It is not the witnesses' fault but do they have data on bogus calls for ambulances? What are the statistics on people acting the goat and calling for ambulances when they are not necessary? How much ambulance service time is wasted dealing with bogus call? Have the witness any statistics they can share with us?

Mr. Robert Morton: We do not have anything with us today but I am aware that there has been a freedom of information request in relation to this in the past. We are more than happy to dig it out and send it on to the Senator. Bogus calls make up a very small volume of our overall activity but they can be incredibly disruptive because quite often they happen in a particular location. It can be the same person ringing over and over again which can become a local draw and quite frustrating for the staff involved.

Senator Martin Conway: Will the ambulance service supply the committee with these statistics? Finally, we are all aware of the 999 scandal that happened some time ago. Can Mr. Morton give us any fresh information on unanswered 999 calls?

Mr. Robert Morton: I think that might pertain to An Garda Síochána. It does not pertain to the National Ambulance Service.

Senator Martin Conway: I thought there was some issue relating to the National Ambulance Service as well.

Mr. Robert Morton: No.

Senator Martin Conway: Okay, that is fine.

Deputy Cathal Crowe: I thank the witnesses and the Chair for allowing me to contribute. I am not ordinarily a member of this committee. I was in the last Dáil but Members are accommodated if they want to come in at the end. I want to take up the last member's questions on 999 calls. In the past two years, the procedure for making emergency calls has changed. Heretofore, if an antisocial incident was happening in a local village, people would phone the local Garda station number and speak to an on-duty garda who would say they will get a car out. In the past few years, gardaí have said that every single incident in the country, from low-level to high-level, all has to be funnelled through the 999 system.

The call centre is competing with emergency calls for the ambulance service, calls about youngsters causing a nuisance at a local shop and a chimney fire on the other side of town. With An Garda Síochána headquarters in the Phoenix Park directing that every single call in the country, from a stone thrown at a car to a murder, goes through the 999 system, are the witnesses experiencing delays in having calls passed through to their operator at the ambulance base?

Mr. Pat Healy: It has not come up as a major issue I am aware of.

Mr. Robert Morton: It has not. To be fair to the 999 operator, that is the emergency call answering service. It operates on the basis of 45% latent capacity. Its operational model is to only use 55% of all of its available capacity so that it is always available to deal with any surges in activity so that if there is a surge in demand, it is able to handle it. That is generally the principle of the contract in place with the service.

Deputy Cathal Crowe: On 999 calls, people answering the calls are call answering civil servants and are not medically trained or trained in policing. It has long been bemoaned that they do not have a level of expertise. They are taking a call at face value, yet calls are triaged. How does that work in practice?

I will give an anonymised example that illustrates the difficulties of the system. A parent in west Clare called an ambulance and was informed that it would be there in 20 minutes. The person's son continued to deteriorate in their arms and they called 999 again to notify the service of the worsening condition of the child. The person was advised that the ambulance would be a further 49 minutes, a wait time of over 70 minutes despite communicating the urgency of the condition. During this time, the child's breathing was slowing down. The initial call was from a parent seeking an ambulance and it then became apparent to the call centre that the ambulance was delayed and the child was deteriorating. That could happen anywhere in the country.

Would it not be standard or good practice for a call centre to call the parent back and advise them of the delay? Why should a person making a call, who has a child who is slumped in their arms and struggling to breathe, have to make a second and third phone call? Would not be good practice to advise the parent that the ambulance has been delayed and has had to be diverted to another more serious incident and advise the parent to go to a neighbour's house or drive straight to hospital? Why does that not happen?

Mr. Robert Morton: I completely understand the Deputy's point. From a triage perspective, calls are triaged by emergency call takers who are trained. They are not clinicians, but they are trained and use-----

Deputy Cathal Crowe: What training?

Mr. Robert Morton: They are trained in advanced medical priority dispatch-----

Deputy Cathal Crowe: Are they trained in house?

Mr. Robert Morton: They are trained in house. It is an international standard. It is internationally accredited and examined. In fact, NAS is one of only ten centres worldwide to have that international accreditation. The service operates to a very high standard.

As I said, there is clinical oversight of everything we do. There is also secondary triage if necessary by clinicians, including doctors, nurses and specialist paramedics. If a call is triaged and the caller rings back and the condition changes – we always encourage people to advise at the end of every call that if there is any change to please ring us back – we re-question or re-interrogate the caller to determine if any changes have happened and then re-prioritise and re-categorise the call. That is a patient safety activity to make sure that happens.

Inevitably, if there is no crew available to respond then there is a delay. The priority is elevated based on the information given when someone calls back. We do not ring back callers to tell them there is a delay. I take the Deputy's point. It is something that is being debated at length.

Deputy Cathal Crowe: My time has run out. I suggest the service make that change. I have given one example, but have as others have said there have been accidents in my county where people have waited two and half to three hours. There is radio silence from the National

Ambulance Service. The service has fantastic paramedics and no one is criticising that. They are great when they arrive, but the issue is the procedure for getting them. I suggest the service needs a secondary or tertiary communication level so that if an ambulance is delayed the person who has called is told the service has run into a problem and can monitor the situation on site. I do not think it should take a second, third or fourth 999 call to elicit that information.

An Cathaoirleach: That concludes our slot on that. I thank the witnesses for engaging today. There were a number of follow-up issues and questions we will engage with them on. Members have a number of questions to which answers in writing were committed. I appreciate that. We will now adjourn until next Tuesday at 3.30 p.m. when we will meet in private session.

The joint committee adjourned at 12.05 p.m. until 9.30 a.m. on Wednesday, 15 October 2025.